Index Page

Replies to initial questions raised by Legislative Council Members in examining the Estimates of Expenditure 2024-25

Director of Bureau : Secretary for Health
Session No. : 8
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Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
HHB001	02466	CHAN Hak-kan	140	(3) Subvention: Hospital Authority
HHB002	03032	CHAN Hak-kan	140	(2) Health
HHB003	00635	CHAN Hoi-yan	140	(3) Subvention: Hospital Authority
HHB004	00636	CHAN Hoi-yan	140	(3) Subvention: Hospital Authority
HHB005	00637	CHAN Hoi-yan	140	(2) Health
HHB006	00638	CHAN Hoi-yan	140	(2) Health
HHB007	00640	CHAN Hoi-yan	140	(2) Health
HHB008	02909	CHAN Hoi-yan	140	(3) Subvention: Hospital Authority
HHB009	02910	CHAN Hoi-yan	140	(3) Subvention: Hospital Authority
HHB010	02919	CHAN Hoi-yan	140	(4) Subvention: Prince Philip Dental Hospital
HHB011	03277	CHAN Hoi-yan	140	(3) Subvention: Hospital Authority
HHB012	00337	CHAN Hok-fung	140	(2) Health
HHB013	00338	CHAN Hok-fung	140	(4) Subvention: Prince Philip Dental Hospital
HHB014	00339	CHAN Hok-fung	140	(3) Subvention: Hospital Authority
HHB015	00897	CHAN Kapui, Judy	140	(2) Health
HHB016	00898	CHAN Kapui, Judy	140	(2) Health
HHB017	00943	CHAN Kin-por	140	(2) Health
HHB018	00945	CHAN Kin-por	140	(2) Health
HHB019	02263	CHAN Man-ki, Maggie	140	
HHB020	02264	CHAN Man-ki, Maggie	140	
HHB021	02265	CHAN Man-ki, Maggie	140	
HHB022	02266	CHAN Man-ki, Maggie	140	
HHB023	02275	CHAN Man-ki, Maggie	140	(2) Health
HHB024	02279	CHAN Man-ki, Maggie	140	
HHB025	02280	CHAN Man-ki, Maggie	140	
HHB026	00261	CHAN Pui-leung	140	(1) Director of Bureau's Office
HHB027	00263	CHAN Pui-leung	140	(2) Health
HHB028	00264	CHAN Pui-leung	140	(2) Health
HHB029	00265	CHAN Pui-leung	140	(2) Health

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
HHB030	00269	CHAN Pui-leung	140	(3) Subvention: Hospital Authority
HHB031	00412	CHAN Pui-leung	140	(2) Health
HHB032	00415	CHAN Pui-leung	140	(2) Health
HHB033	03192	CHAN Pui-leung	140	(2) Health
HHB034	02751	CHAN Wing-kwong	140	(2) Health
HHB035	02752	CHAN Wing-kwong	140	(2) Health
HHB036	02753	CHAN Wing-kwong	140	(2) Health
HHB037	02754	CHAN Wing-kwong	140	(2) Health
HHB038	02755	CHAN Wing-kwong	140	(2) Health
HHB039	02756	CHAN Wing-kwong	140	(2) Health
HHB040	02757	CHAN Wing-kwong	140	(2) Health
HHB041	02758	CHAN Wing-kwong	140	(2) Health
HHB042	02759	CHAN Wing-kwong	140	(2) Health
HHB043	02760	CHAN Wing-kwong	140	(2) Health
HHB044	02763	CHAN Wing-kwong	140	(2) Health
HHB045	02764	CHAN Wing-kwong	140	(2) Health
HHB046	02765	CHAN Wing-kwong	140	(2) Health
HHB047	02766	CHAN Wing-kwong	140	(3) Subvention: Hospital Authority
HHB048	02767	CHAN Wing-kwong	140	(3) Subvention: Hospital Authority
HHB049	02768	CHAN Wing-kwong	140	(3) Subvention: Hospital Authority
HHB050	02769	CHAN Wing-kwong	140	(3) Subvention: Hospital Authority
HHB051	02770	CHAN Wing-kwong	140	(4) Subvention: Prince Philip Dental Hospital
HHB052	02316	CHAN Wing-yan, Joephy	140	(2) Health
HHB053	02317	CHAN Wing-yan, Joephy	140	
HHB054	02319	CHAN Wing-yan, Joephy	140	(2) Health
HHB055	02323	CHAN Wing-yan, Joephy	140	(2) Health
HHB056	02324	CHAN Wing-yan, Joephy	140	
HHB057	02325	CHAN Wing-yan, Joephy	140	(2) Health
HHB058	02333	CHAN Wing-yan, Joephy	140	(1) Director of Bureau's Office
HHB059	01008	CHEUNG Yu-yan, Tommy	140	(3) Subvention: Hospital Authority
HHB060	01111	CHEUNG Yu-yan, Tommy	140	(3) Subvention: Hospital Authority
HHB061	01112	CHEUNG Yu-yan, Tommy	140	(2) Health
HHB062	01709	CHIU Duncan	140	(2) Health
HHB063	01735	CHIU Duncan	140	(2) Health
HHB064	03239	CHOW Ho-ding, Holden	140	(3) Subvention: Hospital Authority
HHB065	03240	CHOW Ho-ding, Holden	140	(3) Subvention: Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
HHB066	03244	CHOW Ho-ding, Holden	140	(3) Subvention: Hospital Authority
HHB067	03258	CHOW Ho-ding, Holden	140	(3) Subvention: Hospital Authority
HHB068	00394	CHOW Man-kong	140	(2) Health
HHB069	00848	HO King-hong, Adrian Pedro	140	(2) Health
HHB070	00849	HO King-hong, Adrian Pedro	140	(2) Health
HHB071	01391	HO Kwan-yiu, Junius	140	(2) Health
HHB072	01396	HO Kwan-yiu, Junius	140	(3) Subvention: Hospital Authority
HHB073	01165	IP LAU Suk-yee, Regina	140	(2) Health
HHB074	01166	IP LAU Suk-yee, Regina	140	(3) Subvention: Hospital Authority
HHB075	01181	IP LAU Suk-yee, Regina	140	(3) Subvention: Hospital Authority
HHB076	01183	IP LAU Suk-yee, Regina	140	(3) Subvention: Hospital Authority
HHB077	03034	IP LAU Suk-yee, Regina	140	(2) Health
HHB078	02101	KAN Wai-mun, Carmen	140	(2) Health
HHB079	02607	KONG Yuk-foon, Doreen	140	
HHB080	02226	KOON Ho-ming, Peter Douglas	140	(2) Health
HHB081	02227	KOON Ho-ming, Peter Douglas	140	(2) Health
HHB082	02228	KOON Ho-ming, Peter Douglas	140	(2) Health
HHB083	02230	KOON Ho-ming, Peter Douglas	140	(2) Health
HHB084	02231	KOON Ho-ming, Peter Douglas	140	(2) Health
HHB085	02232	KOON Ho-ming, Peter Douglas	140	(2) Health
HHB086	02233	KOON Ho-ming, Peter Douglas	140	(3) Subvention: Hospital Authority
HHB087	02234	KOON Ho-ming, Peter Douglas	140	(3) Subvention: Hospital Authority
HHB088	02235	KOON Ho-ming, Peter Douglas	140	(3) Subvention: Hospital Authority
HHB089	00193	KWOK Ling-lai, Lillian	140	(3) Subvention: Hospital Authority
HHB090	02864	KWOK Ling-lai, Lillian	140	(2) Health
HHB091	00121	LAI Tung-kwok	140	(2) Health
HHB092	00129	LAI Tung-kwok	140	(3) Subvention: Hospital Authority
HHB093	01840	LAM Chun-sing	140	(2) Health
HHB094	01841	LAM Chun-sing	140	(2) Health
HHB095	02701	LAM San-keung	140	

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
HHB096	00039	LAM Shun-chiu, Dennis	140	(2) Health
HHB097	00043	LAM Shun-chiu, Dennis	140	(3) Subvention: Hospital Authority
HHB098	01749	LAM Shun-chiu, Dennis	140	(2) Health
HHB099	01759	LAM Shun-chiu, Dennis	140	(2) Health
HHB100	01760	LAM Shun-chiu, Dennis	140	(2) Health
HHB101	01761	LAM Shun-chiu, Dennis	140	(2) Health
HHB102	01763	LAM Shun-chiu, Dennis	140	(2) Health
HHB103	01768	LAM Shun-chiu, Dennis	140	(2) Health
HHB104	01770	LAM Shun-chiu, Dennis	140	(2) Health
HHB105	01771	LAM Shun-chiu, Dennis	140	(2) Health
HHB106	00106	LAM So-wai	140	(2) Health
HHB107	00515	LAM So-wai	140	(2) Health
HHB108	00516	LAM So-wai	140	(2) Health
HHB109	00528	LAM So-wai	140	(2) Health
HHB110	00529	LAM So-wai	140	(2) Health
HHB111	00532	LAM So-wai	140	(3) Subvention: Hospital Authority
HHB112	00540	LAM So-wai	140	(2) Health
HHB113	00542	LAM So-wai	140	(2) Health
HHB114	01772	LAM Tzit-yuen, David	140	(2) Health
HHB115	01773	LAM Tzit-yuen, David	140	(2) Health
HHB116	01774	LAM Tzit-yuen, David	140	(2) Health
HHB117	01775	LAM Tzit-yuen, David	140	(2) Health
HHB118	01776	LAM Tzit-yuen, David	140	(3) Subvention: Hospital Authority
HHB119	01779	LAM Tzit-yuen, David	140	(2) Health
HHB120	01780	LAM Tzit-yuen, David	140	(2) Health
HHB121	01781	LAM Tzit-yuen, David	140	(2) Health
HHB122	01782	LAM Tzit-yuen, David	140	(2) Health
HHB123	01783	LAM Tzit-yuen, David	140	(2) Health
HHB124	01784	LAM Tzit-yuen, David	140	(2) Health
HHB125	01785	LAM Tzit-yuen, David	140	(2) Health
HHB126	01786	LAM Tzit-yuen, David	140	(2) Health
HHB127	01787	LAM Tzit-yuen, David	140	(2) Health
HHB128	01788	LAM Tzit-yuen, David	140	(2) Health
HHB129	01789	LAM Tzit-yuen, David	140	(2) Health
HHB130	01790	LAM Tzit-yuen, David	140	(2) Health
HHB131	01791	LAM Tzit-yuen, David	140	(2) Health
HHB132	01792	LAM Tzit-yuen, David	140	(2) Health
HHB133	01793	LAM Tzit-yuen, David	140	(2) Health
HHB134	01794	LAM Tzit-yuen, David	140	(2) Health
HHB135	01796	LAM Tzit-yuen, David	140	(2) Health
HHB136	01797	LAM Tzit-yuen, David	140	(3) Subvention: Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
HHB137	01798	LAM Tzit-yuen, David	140	(3) Subvention: Hospital Authority
HHB138	01799	LAM Tzit-yuen, David	140	(3) Subvention: Hospital Authority
HHB139	01800	LAM Tzit-yuen, David	140	(2) Health
HHB140	01801	LAM Tzit-yuen, David	140	(2) Health
HHB141	01803	LAM Tzit-yuen, David	140	(2) Health
HHB142	01804	LAM Tzit-yuen, David	140	(2) Health
HHB143	01807	LAM Tzit-yuen, David	140	(2) Health
HHB144	01808	LAM Tzit-yuen, David	140	(2) Health
HHB145	01619	LEE Hoey Simon	140	(2) Health
HHB146	01131	LEE Wai-king, Starry	140	(2) Health
HHB147	01133	LEE Wai-king, Starry	140	(3) Subvention: Hospital Authority
HHB148	01134	LEE Wai-king, Starry	140	(3) Subvention: Hospital Authority
HHB149	03147	LEE Wai-wang, Robert	140	(2) Health
HHB150	03186	LEUNG Hei, Edward	140	(2) Health
HHB151	03274	LEUNG Hei, Edward	140	(3) Subvention: Hospital Authority
HHB152	03300	LEUNG Hei, Edward	140	(3) Subvention: Hospital Authority
HHB153	02167	LEUNG Man-kwong	140	(3) Subvention: Hospital Authority
HHB154	02171	LEUNG Man-kwong	140	(2) Health (3) Subvention: Hospital Authority
HHB155	02175	LEUNG Man-kwong	140	(2) Health
HHB156	02180	LEUNG Man-kwong	140	(2) Health
HHB157	02186	LEUNG Man-kwong	140	(2) Health (3) Subvention: Hospital Authority
HHB158	00225	LEUNG Mei-fun, Priscilla	140	(2) Health
HHB159	00226	LEUNG Mei-fun, Priscilla	140	(2) Health
HHB160	00227	LEUNG Mei-fun, Priscilla	140	(3) Subvention: Hospital Authority
HHB161	00228	LEUNG Mei-fun, Priscilla	140	(2) Health
HHB162	00229	LEUNG Mei-fun, Priscilla	140	(3) Subvention: Hospital Authority
HHB163	00230	LEUNG Mei-fun, Priscilla	140	(3) Subvention: Hospital Authority
HHB164	00232	LEUNG Mei-fun, Priscilla	140	(3) Subvention: Hospital Authority
HHB165	00233	LEUNG Mei-fun, Priscilla	140	(3) Subvention: Hospital Authority
HHB166	02975	LEUNG Tsz-wing, Dennis	140	(2) Health
HHB167	02990	LEUNG Tsz-wing, Dennis	140	(2) Health
HHB168	02638	LI Sai-wing, Stanley	140	(2) Health
HHB169	01694	LUK Hon-man, Benson	140	(2) Health

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
HHB170	01289	MA Fung-kwok	140	(2) Health
HHB171	02690	NG Chau-pei, Stanley	140	(2) Health
HHB172	00684	NGAN Man-yu	140	(2) Health (3) Subvention: Hospital Authority
HHB173	00685	NGAN Man-yu	140	(2) Health
HHB174	00687	NGAN Man-yu	140	(3) Subvention: Hospital Authority
HHB175	00689	NGAN Man-yu	140	(2) Health
HHB176	00699	NGAN Man-yu	140	(2) Health
HHB177	00712	NGAN Man-yu	140	(2) Health (3) Subvention: Hospital Authority
HHB178	01367	QUAT, Elizabeth	140	(2) Health
HHB179	01368	QUAT, Elizabeth	140	(2) Health
HHB180	03042	QUAT, Elizabeth	140	(2) Health
HHB181	00028	SHIU Ka-fai	140	(3) Subvention: Hospital Authority
HHB182	02015	TAN Yueheng	140	(2) Health
HHB183	02044	TANG Ka-piu	140	(4) Subvention: Prince Philip Dental Hospital
HHB184	02078	TANG Ka-piu	140	(2) Health
HHB185	01192	TIEN Puk-sun, Michael	140	(3) Subvention: Hospital Authority
HHB186	01194	TIEN Puk-sun, Michael	140	(3) Subvention: Hospital Authority
HHB187	01199	TIEN Puk-sun, Michael	140	(2) Health
HHB188	01201	TIEN Puk-sun, Michael	140	(3) Subvention: Hospital Authority
HHB189	01510	WONG Kwok, Kingsley	140	(2) Health
HHB190	01511	WONG Kwok, Kingsley	140	(2) Health
HHB191	01512	WONG Kwok, Kingsley	140	(3) Subvention: Hospital Authority
HHB192	01514	WONG Kwok, Kingsley	140	(2) Health
HHB193	01517	WONG Kwok, Kingsley	140	(2) Health
HHB194	01519	WONG Kwok, Kingsley	140	(3) Subvention: Hospital Authority
HHB195	02196	YANG Wing-kit	140	(3) Subvention: Hospital Authority
HHB196	02197	YANG Wing-kit	140	(3) Subvention: Hospital Authority
HHB197	02198	YANG Wing-kit	140	(3) Subvention: Hospital Authority
HHB198	02199	YANG Wing-kit	140	(3) Subvention: Hospital Authority
HHB199	02201	YANG Wing-kit	140	(2) Health
HHB200	02203	YANG Wing-kit	140	(2) Health
HHB201	02204	YANG Wing-kit	140	(2) Health
HHB202	02205	YANG Wing-kit	140	(2) Health
HHB203	02206	YANG Wing-kit	140	(2) Health

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
HHB204	00682	YIM Kong	140	(2) Health
HHB205	01431	YUNG Hoi-yan	140	(2) Health
HHB206	02996	CHAN Chun-ying	37	(3) Health Promotion
HHB207	01010	CHAN Han-pan	37	(1) Statutory Functions
HHB208	00639	CHAN Hoi-yan	37	(2) Disease Prevention
HHB209	02908	CHAN Hoi-yan	37	(2) Disease Prevention
HHB210	02916	CHAN Hoi-yan	37	(2) Disease Prevention
HHB211	03297	CHAN Hoi-yan	37	(1) Statutory Functions (3) Health Promotion
HHB212	00899	CHAN Kapui, Judy	37	(1) Statutory Functions
HHB213	00944	CHAN Kin-por	37	(2) Disease Prevention
HHB214	00946	CHAN Kin-por	37	(3) Health Promotion
HHB215	00947	CHAN Kin-por	37	(4) Curative Care
HHB216	02276	CHAN Man-ki, Maggie	37	(2) Disease Prevention
HHB217	00266	CHAN Pui-leung	37	(1) Statutory Functions
HHB218	00267	CHAN Pui-leung	37	(1) Statutory Functions
HHB219	00268	CHAN Pui-leung	37	(2) Disease Prevention
HHB220	00270	CHAN Pui-leung	37	(2) Disease Prevention
HHB221	03177	CHAN Pui-leung	37	(2) Disease Prevention
HHB222	02761	CHAN Wing-kwong	37	(2) Disease Prevention (4) Curative Care
HHB223	02762	CHAN Wing-kwong	37	(2) Disease Prevention
HHB224	02773	CHAN Wing-kwong	37	(1) Statutory Functions (3) Health Promotion
HHB225	02774	CHAN Wing-kwong	37	(2) Disease Prevention
HHB226	02775	CHAN Wing-kwong	37	(3) Health Promotion
HHB227	02779	CHAN Wing-kwong	37	(2) Disease Prevention
HHB228	03219	CHAN Wing-kwong	37	(2) Disease Prevention
HHB229	02318	CHAN Wing-yan, Joephy	37	(2) Disease Prevention
HHB230	02320	CHAN Wing-yan, Joephy	37	(1) Statutory Functions
HHB231	02321	CHAN Wing-yan, Joephy	37	(1) Statutory Functions
HHB232	02334	CHAN Wing-yan, Joephy	37	(2) Disease Prevention
HHB233	01549	CHU Kwok-keung	37	(2) Disease Prevention
HHB234	02008	HO King-hong, Adrian Pedro	37	(1) Statutory Functions
HHB235	02594	KONG Yuk-foon, Doreen	37	
HHB236	02229	KOON Ho-ming, Peter Douglas	37	(2) Disease Prevention
HHB237	00071	KWOK Ling-lai, Lillian	37	(3) Health Promotion
HHB238	00074	KWOK Ling-lai, Lillian	37	(5) Rehabilitation
HHB239	01325	KWOK Wai-keung	37	(2) Disease Prevention
HHB240	01326	KWOK Wai-keung	37	(3) Health Promotion
HHB241	01327	KWOK Wai-keung	37	(1) Statutory Functions
HHB242	01328	KWOK Wai-keung	37	(2) Disease Prevention
HHB243	00130	LAI Tung-kwok	37	(1) Statutory Functions
HHB244	00146	LAI Tung-kwok	37	(4) Curative Care

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
HHB245	00044	LAM Shun-chiu, Dennis	37	(3) Health Promotion
HHB246	00531	LAM So-wai	37	(2) Disease Prevention
HHB247	01777	LAM Tzit-yuen, David	37	
HHB248	01778	LAM Tzit-yuen, David	37	(1) Statutory Functions
HHB249	01802	LAM Tzit-yuen, David	37	(1) Statutory Functions
HHB250	01115	LEE Wai-king, Starry	37	(2) Disease Prevention
HHB251	02449	LEUNG Hei, Edward	37	(1) Statutory Functions
HHB252	03185	LEUNG Hei, Edward	37	(4) Curative Care
HHB253	02158	LEUNG Man-kwong	37	
HHB254	02159	LEUNG Man-kwong	37	
HHB255	02162	LEUNG Man-kwong	37	(3) Health Promotion
HHB256	02185	LEUNG Man-kwong	37	(2) Disease Prevention
HHB257	03081	LEUNG Tsz-wing, Dennis	37	(2) Disease Prevention
HHB258	02637	LI Sai-wing, Stanley	37	(2) Disease Prevention (4) Curative Care
HHB259	02673	NG Chau-pei, Stanley	37	(3) Health Promotion
HHB260	00764	NG Kit-chong, Johnny	37	(1) Statutory Functions
HHB261	00110	NG Wing-ka, Jimmy	37	(3) Health Promotion
HHB262	03134	NG Wing-ka, Jimmy	37	(3) Health Promotion
HHB263	00686	NGAN Man-yu	37	(2) Disease Prevention
HHB264	00690	NGAN Man-yu	37	(2) Disease Prevention
HHB265	00692	NGAN Man-yu	37	(3) Health Promotion
HHB266	00708	NGAN Man-yu	37	(5) Rehabilitation
HHB267	01369	QUAT, Elizabeth	37	(2) Disease Prevention
HHB268	00209	SHIU Ka-fai	37	(3) Health Promotion
HHB269	01397	SHIU Ka-fai	37	(3) Health Promotion
HHB270	02043	TANG Ka-piu	37	(2) Disease Prevention
HHB271	02075	TANG Ka-piu	37	(3) Health Promotion
HHB272	01513	WONG Kwok, Kingsley	37	(5) Rehabilitation
HHB273	01515	WONG Kwok, Kingsley	37	(2) Disease Prevention
HHB274	01516	WONG Kwok, Kingsley	37	(2) Disease Prevention
HHB275	01518	WONG Kwok, Kingsley	37	(2) Disease Prevention
HHB276	02200	YANG Wing-kit	37	(2) Disease Prevention
HHB277	02202	YANG Wing-kit	37	(2) Disease Prevention
HHB278	03796	CHAN Kapui, Judy	140	(2) Health
HHB279	03788	LAI Tung-kwok	140	(2) Health
HHB280	03563	LEE Tsz-king, Dominic	140	
HHB281	03567	LEUNG Hei, Edward	140	(2) Health
HHB282	03568	LEUNG Hei, Edward	140	(2) Health
HHB283	03569	LEUNG Hei, Edward	140	(2) Health
HHB284	03570	LEUNG Hei, Edward	140	(3) Subvention: Hospital Authority
HHB285	03572	LEUNG Hei, Edward	140	(2) Health
HHB286	03601	LEUNG Hei, Edward	140	(2) Health
HHB287	03604	LEUNG Hei, Edward	140	(2) Health
HHB288	03801	LO Wai-kwok	140	(2) Health

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
HHB289	03328	TIK Chi-yuen	140	(3) Subvention: Hospital Authority
HHB290	03329	TIK Chi-yuen	140	(3) Subvention: Hospital Authority
HHB291	03331	TIK Chi-yuen	140	(3) Subvention: Hospital Authority
HHB292	03336	TIK Chi-yuen	140	(3) Subvention: Hospital Authority
HHB293	03521	CHAN Hoi-yan	37	(2) Disease Prevention
HHB294	03301	CHAN Pui-leung	37	(1) Statutory Functions
HHB295	03770	CHAN Wing-kwong	37	(1) Statutory Functions
HHB296	03784	CHAN Wing-kwong	37	(1) Statutory Functions
HHB297	03868	LAM Shun-chiu, Dennis	37	(3) Health Promotion
HHB298	03869	LEE Chun-keung	37	(3) Health Promotion
HHB299	03571	LEUNG Hei, Edward	37	(2) Disease Prevention
HHB300	03602	LEUNG Hei, Edward	37	(2) Disease Prevention
HHB301	03603	LEUNG Hei, Edward	37	(2) Disease Prevention
HHB302	03605	LEUNG Hei, Edward	37	(5) Rehabilitation
HHB303	03853	LEUNG Man-kwong	37	(4) Curative Care
HHB304	03330	TIK Chi-yuen	37	(4) Curative Care
HHB305	03334	TIK Chi-yuen	37	(1) Statutory Functions
HHB306	03335	TIK Chi-yuen	37	(1) Statutory Functions
HHB307	03463	TIK Chi-yuen	37	(2) Disease Prevention (3) Health Promotion
HHB308	03464	TIK Chi-yuen	37	(2) Disease Prevention (3) Health Promotion
HHB309	03465	TIK Chi-yuen	37	(2) Disease Prevention (3) Health Promotion
HHB310	03466	TIK Chi-yuen	37	(2) Disease Prevention (3) Health Promotion
HHB311	03467	TIK Chi-yuen	37	(2) Disease Prevention (3) Health Promotion
HHB312	03468	TIK Chi-yuen	37	(2) Disease Prevention (3) Health Promotion
HHB313	03469	TIK Chi-yuen	37	(2) Disease Prevention (3) Health Promotion
HHB314	03470	TIK Chi-yuen	37	(2) Disease Prevention (3) Health Promotion
HHB315	03471	TIK Chi-yuen	37	(2) Disease Prevention (3) Health Promotion
HHB316	03472	TIK Chi-yuen	37	(2) Disease Prevention (3) Health Promotion
HHB317	03884	TSE Wai-chuen, Tony	37	(2) Disease Prevention

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2466)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the public healthcare services in Hong Kong, would the Government inform this Committee of the following:

(1) please set out in table form the respective attendances of accident and emergency (A&E) services and general outpatient services provided at public hospitals in various districts and their utilisation rates in the past year;
(2) please list the number of hospital beds and the average occupancy rate in each of the 18 districts;
(3) please list the current ratios of the respective capacities of public gynaecological and dental services to the numbers of local residents in all 18 districts;
(4) the estimated number of additional hospital beds to be provided in the next 5 years;
(5) the manpower shortage rates of doctors and nurses and their wastage rates, as well as the ratio of the number of incoming doctors to the number of wastage in the past year;
(6) the average waiting time for patients of the 5 categories at various A&E departments?

Asked by: Hon CHAN Hak-kan (LegCo internal reference no.: 8)

Reply:

(1)

Number of Accident and Emergency (A&E) attendances

At present, there are 18 public hospitals under the Hospital Authority (HA) providing Accident and Emergency (A&E) services for the critically ill or seriously injured people and victims of disasters. To ensure that citizens with urgent needs can receive timely services, A&E departments implement a patient triage system under which patients are classified into five categories, namely Critical, Emergency, Urgent, Semi-urgent and Non-urgent based on their clinical conditions, and will receive treatment as prioritised by their urgency category. The table below sets out the A&E attendances under various triage categories at the above HA hospitals in 2023-24 (up to 31 December 2023).

2023-24 (up to 31 December 2023) [provisional figures]

Cluster	Hospital	No. of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	914	3 346	32 763	48 969	1 166
	RH	1 038	904	16 000	29 609	2 568
	SJH	25	62	1 565	5 476	158
HKWC	QMH	983	2 757	33 953	46 081	2 577
KCC	KWH	1 646	2 642	47 763	40 723	1 814
	QEH	3 375	3 145	76 722	58 078	4 223
KEC	TKOH	905	2 091	38 340	51 099	2 477
	UCH	2 277	3 740	55 194	49 673	5 287
KWC	CMC	731	2 430	35 291	47 144	2 596
	NLTH	288	959	15 305	49 038	812
	PMH	1 410	2 404	52 742	31 652	496
	YCH	1 126	1 717	31 234	53 410	587
NTEC	AHNH	458	1 465	17 686	54 408	2 387
	NDH	1 065	1 772	30 319	38 496	1 453
	PWH	1 538	5 012	38 150	78 618	1 790
NTWC	POH	1 066	1 562	21 323	44 608	4 030
	TMH	1 185	4 495	52 918	68 038	1 647
	TSWH	499	1 414	17 437	61 791	9 866
HA Overall		**20 529**	**41 917**	**614 705**	**856 911**	**45 934**

Note:
The above attendances for A&E services under various triage categories in each hospital under the HA exclude (i) first-time visits without triage categories, and (ii) follow-up visits to the A&E departments.

Please refer to the remark for the catchment districts of each hospital cluster.

Number of general out-patient (GOP) attendances

There are 74 GOP clinics under the HA in Hong Kong, mainly providing community-based primary healthcare services to the citizens including the elderly, low-income persons and patients with chronic diseases. In 2023-24 (up to 31 December 2023), the utilisation rate of GOP consultation quotas is about 98% (provisional figure). The table below sets out the number of GOP attendances in each hospital cluster.

Hospital cluster	Number of GOP attendances (up to 31 December 2023) [Provisional figures]
HKEC	418 595
HKWC	286 535
KCC	805 126
KEC	653 248
KWC	799 256

Hospital cluster	Number of GOP attendances (up to 31 December 2023) [Provisional figures]
NTEC	768 470
NTWC	712 222

Please refer to the remark for the catchment districts of each hospital cluster.

(2)

The table below sets out the number of hospital beds and in-patient bed occupancy rate in each hospital cluster under the HA in 2023-24 (up to 31 December 2023).

Hospital cluster	Number of hospital beds (up to 31 December 2023)	Inpatient bed occupancy rate (up to 31 December 2023) [Provisional figures]
HKEC	3 336	86%
HKWC	3 079	73%
KCC	6 076	86%
KEC	3 010	96%
KWC	5 024	94%
NTEC	5 212	89%
NTWC	4 899	87%
HA overall	**30 636**	**88%**

Please refer to the remark for the catchment districts of each hospital cluster.

Note:
According to the HA, day in-patients refer to those who are admitted to hospital for non-emergency treatment and discharged on the same day, while in-patients are those who are admitted to hospital via the A&E department or have stayed in hospital for more than 1 day. The numbers of both in-patients and day in-patients are factored in when calculating the number of hospital beds as well as that of discharges and deaths. The number of day in-patients, however, is excluded in calculating the in-patient bed occupancy rate.

(3)

The HA plans and develops various public healthcare services on a cluster basis, and will take into account a number of factors such as the increase in service demand due to population growth and demographic changes, the rising prevalence of chronic diseases, technology advancement, manpower availability and service arrangements in various clusters. The table below sets out the projected population for each hospital cluster in 2023 (up to mid-2023).

District	Corresponding hospital cluster	Total population
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	736 400
Central and Western, Southern	HKWC	500 700
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 174 900
Kwun Tong, Sai Kung	KEC	1 205 700

District	Corresponding hospital cluster	Total population
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 446 400
Sha Tin, Tai Po, North	NTEC	1 419 500
Tuen Mun, Yuen Long	NTWC	1 213 100
Hong Kong overall		**7 697 600**

Geographical population is just one of the many factors considered by the HA when planning its services. As certain specialised services are only available in some of the hospitals such that individual clusters and the beds therein are serving patients throughout the territory, resulting in service demand brought about by the cross-cluster movement of patients. Moreover, patients may choose to receive treatment in hospitals other than those in their own residential districts even though such services are also available. Therefore, the variances in the ratio of service provision among clusters cannot be used for direct comparison of the level of service provision among clusters.

Public gynaecological services

The table below sets out the number of gynaecology in-patient and day in-patient discharges and deaths in each hospital cluster under the HA in 2023-24 (up to 31 December 2023).

Hospital cluster	Number of gynaecology n-patient and day in-patient discharges and deaths (up to 31 December 2023) [Provisional figures]
HKEC	3 936
HKWC	6 038
KCC	7 912
KEC	5 169
KWC	5 342
NTEC	5 444
NTWC	10 374
HA overall	**44 215**

Note:
According to the HA, day in-patients refer to those who are admitted to hospital for non-emergency treatment and discharged on the same day, while in-patients are those who are admitted to hospital via the A&E department or have stayed in hospital for more than 1 day. The numbers of both in-patients and day in-patients are factored in when calculating the number of hospital beds as well as that of discharges and deaths. The number of day in-patients, however, is excluded in calculating the in-patient bed occupancy rate.

The table below sets out the number of gynaecology specialist out-patient attendances in each hospital cluster under the HA in 2023-24 (up to 31 December 2023).

Hospital cluster	Number of gynaecology specialist out-patient attendances (up to 31 December 2023) [Provisional figures]
HKEC	20 410

Hospital cluster	Number of gynaecology specialist out-patient attendances (up to 31 December 2023) [Provisional figures]
HKWC	32 817
KCC	51 681
KEC	29 976
KWC	21 876
NTEC	30 818
NTWC	25 450
HA overall	**213 028**

Please refer to the remark for the catchment districts of each hospital cluster.

Public dental services

Free emergency dental service (generally referred to as General Public (GP) Sessions) are provided by the Department of Health (DH) through designated sessions each week in its 11 government dental clinics. Dental service under the GP Sessions include treatment of acute dental diseases, prescriptions for pain relief, treatment of oral abscesses and tooth extraction. The dentists will also provide professional advice based on individual needs of patients. The table below sets out the number of discs allocated for GP Sessions in the 11 government dental clinics in 2023.

Dental clinic with GP Sessions	District	Number of discs allocated in 2023
Kowloon City Dental Clinic	Kowloon City	2 877
Kwun Tong Dental Clinic	Kwun Tong	2 101
Kennedy Town Community Complex Dental Clinic	Central and Western	3 864
Fanling Health Centre Dental Clinic	North	1 250
Mona Fong Dental Clinic	Sai Kung	1 071
Tai Po Wong Siu Ching Dental Clinic	Tai Po	1 071
Tsuen Wan Dental Clinic	Tsuen Wan	4 116
Yan Oi Dental Clinic	Tuen Mun	1 050
Yuen Long Government Offices Dental Clinic	Yuen Long	2 058
Tai O Dental Clinic	Islands	192
Cheung Chau Dental Clinic	Islands	176
Total		19 826

As regards public hospitals, the dental services provided by the DH and the HA include hospital dental services and specialist dental services which mainly cover specialist oral maxillofacial surgery for hospital in-patients as well as patients with special oral care needs and dental emergency needs (such as trauma, tumours and cleft deformities, etc.). Most of these patients are referred internally by specialists of different clinical departments (such as Ear, Nose and Throat, Surgery, Internal Medicine, Paediatrics, and Oncology) for cross-specialty treatment. The DH and the HA do not maintain statistics on such referrals.

(4)

With regard to the planning of hospital beds, the HA plans and develops various public healthcare services on a cluster basis, and will take into account a number of factors such as the increase in service demand due to population growth and demographic changes, the rising prevalence of chronic diseases, technology advancement, manpower availability and complementary service arrangements among clusters. The HA will monitor the utilisation of various healthcare services and plan the provision of public healthcare services according to the above factors and in line with the development plans of the Government.

In 2016, the Government and the HA launched the first Hospital Development Plan (HDP) with $200 billion earmarked for implementing a total of 16 projects. All the projects have been rolled out and over 6 000 additional beds will be provided in the HA upon their gradual completion. The Government announced in the Chief Executive's 2018 Policy Address that the HA was invited to plan for the second HDP to be rolled out in 2026, in parallel with the implementation of the first HDP. The plan is expected to involve about $270 billion, providing over 9 000 additional beds and other hospital facilities upon total completion to help the HA cope with the future service demand. HA is reviewing the latest population projection and development plan from the Government, and is updating the service demand projection accordingly to inform the planning of the Second HDP.

The HA will provide 153 additional beds in 2024-25.

(5)

The HA delivers healthcare services through multi-disciplinary teams comprising doctors, nurses, allied health professionals and care-related support staff. The HA assesses its manpower requirements from time to time and flexibly deploys its staff to cope with service and operational needs.

The table below sets out the attrition (wastage) rates of full-time doctors and nurses in 2023-24 (rolling 12 months from January to December 2023).

Staff group	**2023-24 (Rolling 12 months from January to December 2023)**
Doctor	6.1%
Nurse	9.5%

Notes:

1. Attrition (wastage) includes all types of cessation of service from the HA (including retirement) for permanent and contract staff on a headcount basis.
2. 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%
3. Doctors exclude Interns and Dental Officers.
4. The above figures do not exclude the staff under the arrangement of Extending Employment Beyond Retirement (EER). From 2024 onwards, the HA will first exclude the number of staff under the EER arrangement when compiling the relevant statistics.

The table below sets out the intake and attrition (wastage) of full-time doctors in 2023-24 (April to December 2023).

Staff group	Intake	Full-time attrition (wastage)
Doctor	630	281

Notes:

1. Intake refers to the total number of permanent and contract staff joining the HA on a headcount basis during the period. Transfers, promotions and movements within the HA are not counted.
2. The intake of doctors includes the number of Interns appointed as Residents.
3. Attrition (wastage) includes all types of cessation of service from the HA (including retirement) for permanent and contract staff on a headcount basis.
4. Doctors exclude Interns and Dental Officers.
5. The above figures do not exclude the staff under the arrangement of EER. From 2024 onwards, the HA will first exclude the number of staff under the EER arrangement when compiling the relevant statistics.

(6)

Waiting time for A&E services

To ensure that citizens with urgent needs can receive timely services, A&E departments implement a patient triage system under which patients are classified into 5 categories, namely critical, emergency, urgent, semi-urgent and non-urgent based on their clinical conditions, and will receive treatment as prioritised by their urgency category. The HA's performance targets specify that all critical patients (i.e. 100%) will receive immediate treatment, and emergency and urgent patients will be prioritised for treatment upon arrival at A&E departments, with the targets being that most emergency patients (95%) and urgent patients (90%) will be treated within 15 or 30 minutes. A&E departments are not GOP clinics. If there are a large number of semi-urgent or non-urgent patients in A&E departments, it may affect the provision of treatment for emergency and urgent patients.

The table below sets out the average waiting time for A&E services in various triage categories at the A&E department of each HA hospital in 2023-24 (up to 31 December 2023). At present, patients triaged as critical, emergency and urgent are handled immediately and with priority according to the HA's performance targets. If the conditions of patients triaged as semi-urgent and non-urgent worsen while waiting, healthcare staff on site will assess whether the patients' triage category needs to be adjusted depending on the situation. In fact, since A&E departments aim to provide emergency medical services for patients with more urgent conditions, if A&E departments receive patients with more critical conditions, they will have to deploy healthcare staff to rescue the more critical patients and patients triaged as semi-urgent or non-urgent will need to wait for a longer period of time.

2023-24 (up to 31 December 2023) [Provisional figures]

Hospital cluster	Hospital	Average waiting time (minute) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	Pamela Youde Nethersole Eastern Hospital	0	5	28	188	200
	Ruttonjee Hospital	0	8	26	156	224
	St. John Hospital	0	10	16	27	40
HKWC	Queen Mary Hospital	0	10	39	179	212
KCC	Kwong Wah Hospital	0	9	53	263	267
	Queen Elizabeth Hospital	0	7	14	118	165
KEC	Tseung Kwan O Hospital	0	7	26	156	196
	United Christian Hospital	0	11	30	231	260
KWC	Caritas Medical Centre	0	5	26	145	135
	North Lantau Hospital	0	9	23	136	146
	Princess Margaret Hospital	0	8	37	248	221
	Yan Chai Hospital	0	3	26	173	227
NTEC	Alice Ho Miu Ling Nethersole Hospital	0	9	30	125	121
	North District Hospital	0	9	29	221	311
	Prince of Wales Hospital	0	10	35	206	239
NTWC	Pok Oi Hospital	0	7	19	164	202
	Tuen Mun Hospital	0	7	25	243	290
	Tin Shui Wai Hospital	0	5	15	182	214
HA overall		**0**	**8**	**29**	**181**	**209**

Remark:
The catchment districts of each hospital cluster under the HA are as follows:
• HKEC — Eastern, Wan Chai, Islands (excluding Lantau Island)
• HKWC — Central and Western, Southern
• KCC — Kowloon City, Yau Tsim Mong, Wong Tai Sin
• KEC — Kwun Tong, Sai Kung
• KWC — Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
• NTEC — Sha Tin, Tai Po, North
• NTWC — Tuen Mun, Yuen Long

Abbreviations:
HKEC – Hong Kong East Cluster
HKWC – Hong Kong West Cluster

KCC – Kowloon Central Cluster
KEC – Kowloon East Cluster
KWC – Kowloon West Cluster
NTEC – New Territories East Cluster
NTWC – New Territories West Cluster

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3032)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the usage of the Electronic Health Record Sharing System (eHealth), will the Government inform this Committee:

- of the number of citizens registered for eHealth in the past 5 years;
- in respect of private healthcare facilities, of the number of hospitals and clinics which have registered for access to eHealth, and the number of healthcare personnel involved;
- further to the above question, of the number of private clinics which have actually accessed eHealth, and the number of those which have uploaded patients' information to eHealth;
- whether key performance indicators have been set for eHealth and the planned eHealth+ initiative; if so, of the details; and
- of the measures to step up the promotion of the use of eHealth by private healthcare facilities?

Asked by: Hon CHAN Hak-kan (LegCo internal reference no.: 38)

Reply:

The Electronic Health Record Sharing System (eHealth), which came into operation in 2016, is a territory-wide electronic health record sharing platform developed by the Government since 2009. Participants can authorise healthcare providers (HCPs) in both public and private sectors to view and upload their electronic health records (eHRs) through eHealth. eHealth has undergone two stages of development. As of the end of February 2024, it recorded about 6 million registered users, accounting for nearly 80% of the population in Hong Kong. The numbers of citizens registered with eHealth in the past 5 years are as follows:

Financial Year	**Number of Healthcare Recipients (million) (a)**
2019-20	1.2

2020-21	1.7
2021-22	5.3
2022-23	5.8
2023-24 (Up to 29 February 2024)	6.0

Regarding HCPs, all public hospitals and clinics, 13 private hospitals and over 3 000 other private healthcare organisations in Hong Kong have registered with eHealth, covering over 5 400 service locations. Besides, about 55 000 healthcare professionals, including 12 000 healthcare professionals from the private sector, have registered with eHealth.

In terms of usage of eHealth, there are over 3.85 billion eHRs shared on eHealth as at the end of February 2024. The monthly average eHRs viewed by HCPs has continued to rise, reaching around 220 000 views per month in the past 3 months. In 2023, over 60% of the viewers were private hospitals and private HCPs, indicating that the private sector is active in using eHealth. However, the vast majority of data shared (more than 99%) currently came from public HCPs. Despite the high level of eHealth participation and usage by private HCPs, as well as system readiness of these HCPs, especially private hospitals and imaging centres, health data contribution by private HCPs has remained extremely low. One key objective of "eHealth+" development is to significantly increase the uploading of eHRs by the private sector with a view to providing continuity of care for patients.

In the 2023 Policy Address, the Government announced its plan to roll out a five-year plan of "eHealth+" to develop eHealth into a comprehensive healthcare information infrastructure that integrates multiple functions of data sharing, service support and care journey management. We will take forward the "eHealth+" development under four strategic directions, namely "One Health Record", "One Care Journey", "One Digital Front Door to Empowering Tool" and "One Health Data Repository". "eHealth+" aims to better serve citizens in obtaining optimal healthcare services and support the Government's overall healthcare agenda, including primary healthcare and cross-boundary healthcare. We plan to seek the Finance Committee's approval for the capital funding this year to support the implementation of "eHealth+", and will formulate specific targets and timetables for the project.

Under the "eHealth+" development, we will adopt a multi-pronged approach to encourage the uploading of eHRs by the private sector. The Government has rolled out the eHealth Adoption Sponsorship Pilot Scheme by partnering with solution vendors of clinical management systems and medical groups for system enhancements to facilitate seamless data upload from the clinical management systems of private doctors to eHealth. The Pilot Scheme has been progressing well. As of the end of February 2024, around 400 private doctors have connected with eHealth and uploaded more than 160 000 eHRs. The Government will continue to boost data connectivity between eHealth and the electronic medical management systems in the community through the provision of technical and financial support.

The Government will progressively require all private HCPs participating in all government-funded or subsidised health programmes to upload eHRs of relevant service users onto eHealth, so as to assist members of the public to build and maintain a complete health profile. In the future, we will launch an "eHealth+" certification scheme to facilitate the public to

identify the capability of HCPs in uploading medical records and the extent of information involved, in order to support their choice of suitable healthcare service providers.

The Government will also consider amending the Electronic Health Record Sharing System Ordinance (Cap. 625) so as to empower the Secretary for Health to require HCPs to deposit specified essential health data in the personalised eHealth accounts of the public, thereby manifesting their right to access and manage their personal health records.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0635)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the healthcare manpower of the Hospital Authority (HA), please set out the following:

1. the "intake", "resignation" and "retirement" numbers of full-time doctors, full-time nurses and allied health professionals in each hospital cluster of the HA in the past 3 years (broken down by major specialty and rank);
2. the strength and establishment of full-time doctors, full-time nurses and allied health professionals in each hospital cluster of the HA in the past 3 years (broken down by major specialty and rank).

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

Reply:

1.

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach involving doctors, nurses, allied health (AH) professionals and care-related support staff. The HA regularly assesses the manpower situation and flexibly deploys its staff having regard to the service and operational needs.

The tables below set out the number of staff, intake and attrition (wastage) number of full-time doctors, nurses and AH professionals in 2019-20, 2020-21, 2021-22, 2022-23 and 2023-24 (April to December 2023):

2021-22

Cluster	Major Specialty	Number of staff (as at 31 March 2022) (including FT and PT)	Intake Number (including FT and PT)	Full-time Attrition (Wastage) Number	
				Retirement	Non-retirement
HKEC	Accident & Emergency	59	4	0	6
	Anaesthesia	37	2	0	2
	Family Medicine	57	5	0	3
	Intensive Care Unit	16	4	1	1
	Medicine	180	16	1	5
	Neurosurgery	13	2	0	1
	Obstetrics & Gynaecology	22	3	0	1
	Ophthalmology	20	4	1	3
	Orthopaedics & Traumatology	33	1	0	3
	Paediatrics	30	1	2	1
	Pathology	19	1	0	2
	Psychiatry	42	3	1	1
	Radiology	44	6	0	8
	Surgery	48	5	0	7
	Others	31	3	0	3
	Total	**653**	**60**	**6**	**47**
HKWC	Accident & Emergency	30	3	1	2
	Anaesthesia	64	4	1	9
	Cardiothoracic Surgery	13	2	0	0
	Family Medicine	43	5	0	3
	Intensive Care Unit	13	1	0	1
	Medicine	159	15	2	7
	Neurosurgery	12	2	0	1
	Obstetrics & Gynaecology	27	1	0	3
	Ophthalmology	13	2	0	2
	Orthopaedics & Traumatology	37	3	0	2
	Paediatrics	39	2	0	1
	Pathology	34	3	0	3
	Psychiatry	27	4	2	1
	Radiology	34	4	1	7
	Surgery	85	9	1	2
	Others	32	4	1	2
	Total	**662**	**64**	**9**	**46**
KCC	Accident & Emergency	84	7	2	4
	Anaesthesia	107	4	0	9
	Cardiothoracic Surgery	20	0	0	1
	Family Medicine	113	13	1	11
	Intensive Care Unit	21	3	0	4
	Medicine	295	19	3	9
	Neurosurgery	36	6	1	1

Cluster	Major Specialty	Number of staff (as at 31 March 2022) (including FT and PT)	Intake Number (including FT and PT)	Full-time Attrition (Wastage) Number	
				Retirement	Non-retirement
	Obstetrics & Gynaecology	54	2	0	3
	Ophthalmology	36	2	0	2
	Orthopaedics & Traumatology	66	2	0	3
	Paediatrics	169	19	2	10
	Pathology	58	8	1	8
	Psychiatry	41	2	1	1
	Radiology	80	8	2	10
	Surgery	122	14	1	10
	Others	50	6	1	4
	Total	**1 351**	**115**	**15**	**90**
KEC	Accident & Emergency	75	5	1	2
	Anaesthesia	50	1	0	9
	Family Medicine	94	8	2	9
	Intensive Care Unit	13	1	1	0
	Medicine	193	28	2	20
	Obstetrics & Gynaecology	30	5	1	2
	Ophthalmology	22	1	0	3
	Orthopaedics & Traumatology	53	4	0	3
	Paediatrics	44	1	0	3
	Pathology	27	3	1	3
	Psychiatry	43	0	0	2
	Radiology	33	4	0	4
	Surgery	62	6	1	5
	Others	29	2	0	1
	Total	**767**	**69**	**9**	**66**
KWC	Accident & Emergency	121	7	3	8
	Anaesthesia	66	6	0	8
	Family Medicine	117	5	0	11
	Intensive Care Unit	31	2	0	1
	Medicine	257	28	1	9
	Neurosurgery	17	3	0	0
	Obstetrics & Gynaecology	26	2	0	3
	Ophthalmology	24	4	0	4
	Orthopaedics & Traumatology	71	3	3	3
	Paediatrics	56	5	1	0
	Pathology	50	5	2	2
	Psychiatry	70	5	2	6
	Radiology	46	6	0	0
	Surgery	100	7	1	5
	Others	46	1	2	4
	Total	**1 099**	**89**	**15**	**64**
NTEC	Accident & Emergency	83	10	2	6

Cluster	Major Specialty	Number of staff (as at 31 March 2022) (including FT and PT)	Intake Number (including FT and PT)	Full-time Attrition (Wastage) Number	
				Retirement	Non-retirement
	Anaesthesia	65	9	1	9
	Cardiothoracic Surgery	14	1	0	0
	Family Medicine	106	7	1	4
	Intensive Care Unit	33	1	1	4
	Medicine	235	17	0	8
	Neurosurgery	12	1	0	0
	Obstetrics & Gynaecology	34	1	0	2
	Ophthalmology	28	2	0	3
	Orthopaedics & Traumatology	70	5	0	3
	Paediatrics	63	5	0	0
	Pathology	42	3	1	0
	Psychiatry	69	4	0	9
	Radiology	47	4	0	7
	Surgery	85	12	2	11
	Others	54	3	0	6
	Total	**1 039**	**85**	**8**	**72**
NTWC	Accident & Emergency	90	6	0	5
	Anaesthesia	54	3	0	4
	Cardiothoracic Surgery	2	0	0	0
	Family Medicine	90	4	0	7
	Intensive Care Unit	23	3	0	3
	Medicine	184	20	3	9
	Neurosurgery	14	1	0	0
	Obstetrics & Gynaecology	33	2	0	2
	Ophthalmology	27	1	0	1
	Orthopaedics & Traumatology	55	2	0	1
	Paediatrics	42	5	0	3
	Pathology	23	2	0	4
	Psychiatry	76	8	2	7
	Radiology	46	7	0	4
	Surgery	80	8	0	1
	Others	35	1	0	6
	Total	**874**	**73**	**5**	**57**

2022-23

Cluster	Major Specialty	Number of staff (as at 31 March 2023) (including FT and PT)	Intake Number (including FT and PT)	Full-time Attrition (Wastage) Number	
				Retirement	Non-retirement
HKEC	Accident & Emergency	56	9	1	10
	Anaesthesia	39	3	0	2
	Family Medicine	56	4	1	4
	Intensive Care Unit	17	5	0	0
	Medicine	163	15	4	19
	Neurosurgery	14	1	0	1
	Obstetrics & Gynaecology	21	1	0	1
	Ophthalmology	24	5	0	1
	Orthopaedics & Traumatology	38	4	0	0
	Paediatrics	29	2	0	3
	Pathology	23	2	0	0
	Psychiatry	43	5	0	3
	Radiology	45	3	0	2
	Surgery	54	10	0	2
	Others	31	5	0	4
	Total	**651**	**74**	**6**	**52**
HKWC	Accident & Emergency	26	2	1	4
	Anaesthesia	67	5	0	5
	Cardiothoracic Surgery	13	2	1	0
	Family Medicine	45	4	0	2
	Intensive Care Unit	14	2	0	3
	Medicine	165	16	1	8
	Neurosurgery	13	2	0	0
	Obstetrics & Gynaecology	26	3	1	3
	Ophthalmology	15	1	0	1
	Orthopaedics & Traumatology	39	2	0	1
	Paediatrics	36	4	2	1
	Pathology	35	6	0	3
	Psychiatry	25	2	0	4
	Radiology	30	3	2	4
	Surgery	84	5	0	3
	Others	32	4	0	4
	Total	**666**	**63**	**8**	**46**
KCC	Accident & Emergency	85	5	2	5
	Anaesthesia	111	6	3	4
	Cardiothoracic Surgery	20	2	0	2
	Family Medicine	113	6	1	6
	Intensive Care Unit	23	2	0	0
	Medicine	293	21	3	12
	Neurosurgery	36	3	1	1
	Obstetrics & Gynaecology	55	4	0	2
	Ophthalmology	37	4	1	3
	Orthopaedics & Traumatology	66	2	0	2
	Paediatrics	178	17	1	6
	Pathology	60	6	0	3
	Psychiatry	42	2	1	4

Cluster	Major Specialty	Number of staff (as at 31 March 2023) (including FT and PT)	Intake Number (including FT and PT)	Full-time Attrition (Wastage) Number	
				Retirement	Non-retirement
	Radiology	86	9	1	2
	Surgery	123	17	2	10
	Others	56	5	0	3
	Total	**1 383**	**111**	**16**	**65**
KEC	Accident & Emergency	72	3	2	5
	Anaesthesia	53	1	0	2
	Family Medicine	96	14	2	8
	Intensive Care Unit	14	0	0	0
	Medicine	196	20	1	11
	Obstetrics & Gynaecology	33	3	0	1
	Ophthalmology	22	2	0	1
	Orthopaedics & Traumatology	58	4	0	1
	Paediatrics	44	0	0	1
	Pathology	31	2	1	1
	Psychiatry	44	0	0	3
	Radiology	36	5	0	2
	Surgery	64	6	0	4
	Others	33	4	0	5
	Total	**796**	**64**	**6**	**45**
KWC	Accident & Emergency	124	12	3	6
	Anaesthesia	67	4	1	9
	Family Medicine	118	8	1	7
	Intensive Care Unit	32	3	0	1
	Medicine	245	27	4	6
	Neurosurgery	15	1	0	0
	Obstetrics & Gynaecology	23	2	0	7
	Ophthalmology	25	7	0	3
	Orthopaedics & Traumatology	75	5	0	1
	Paediatrics	59	3	1	1
	Pathology	51	7	0	6
	Psychiatry	75	10	1	1
	Radiology	46	4	2	1
	Surgery	105	9	0	5
	Others	49	6	1	5
	Total	**1 110**	**108**	**14**	**59**
NTEC	Accident & Emergency	82	3	1	4
	Anaesthesia	64	9	0	4
	Cardiothoracic Surgery	13	2	0	2
	Family Medicine	106	9	1	8
	Intensive Care Unit	30	2	0	3
	Medicine	238	18	3	10
	Neurosurgery	13	2	0	1
	Obstetrics & Gynaecology	34	2	0	1
	Ophthalmology	27	1	0	2
	Orthopaedics & Traumatology	70	4	0	2
	Paediatrics	58	1	0	3

Cluster	Major Specialty	Number of staff (as at 31 March 2023) (including FT and PT)	Intake Number (including FT and PT)	Full-time Attrition (Wastage) Number	
				Retirement	Non-retirement
	Pathology	45	7	3	0
	Psychiatry	71	6	0	3
	Radiology	47	3	0	3
	Surgery	89	14	0	5
	Others	58	4	0	1
	Total	**1 045**	**87**	**8**	**52**
NTWC	Accident & Emergency	95	4	0	5
	Anaesthesia	58	2	0	3
	Cardiothoracic Surgery	2	0	0	0
	Family Medicine	90	6	1	4
	Intensive Care Unit	24	2	0	2
	Medicine	185	17	0	6
	Neurosurgery	13	2	1	0
	Obstetrics & Gynaecology	33	4	0	4
	Ophthalmology	27	2	1	0
	Orthopaedics & Traumatology	53	2	0	5
	Paediatrics	41	5	2	3
	Pathology	26	3	0	2
	Psychiatry	81	11	2	1
	Radiology	41	2	1	3
	Surgery	75	7	2	5
	Others	38	3	0	4
	Total	**881**	**72**	**10**	**47**

2023-24

Cluster	Major Specialty	Number of staff (as at 31 December 2023) (including FT and PT)	Intake Number (April to December 2023) (including FT and PT)	Full-time Attrition (Wastage) Number (April to December 2023)	
				Retirement	Non-retirement
HKEC	Accident & Emergency	65	8	1	0
	Anaesthesia	38	2	0	3
	Family Medicine	57	4	0	4
	Intensive Care Unit	21	6	0	0
	Medicine	173	25	2	7
	Neurosurgery	14	1	0	1
	Obstetrics & Gynaecology	22	2	0	1
	Ophthalmology	22	4	1	2
	Orthopaedics & Traumatology	39	1	0	1
	Paediatrics	31	3	0	0

Cluster	Major Specialty	Number of staff (as at 31 December 2023) (including FT and PT)	Intake Number (April to December 2023) (including FT and PT)	Full-time Attrition (Wastage) Number (April to December 2023)	
				Retirement	Non-retirement
	Pathology	24	2	1	0
	Psychiatry	44	8	2	2
	Radiology	49	5	0	1
	Surgery	53	6	0	2
	Others	33	3	0	0
	Total	**685**	**80**	**7**	**24**
HKWC	Accident & Emergency	33	8	0	0
	Anaesthesia	62	4	1	8
	Cardiothoracic Surgery	13	4	0	5
	Family Medicine	45	1	0	1
	Intensive Care Unit	16	2	0	0
	Medicine	169	12	1	6
	Neurosurgery	13	1	0	0
	Obstetrics & Gynaecology	30	5	0	1
	Ophthalmology	14	0	0	2
	Orthopaedics & Traumatology	35	1	1	1
	Paediatrics	38	5	0	2
	Pathology	35	0	0	1
	Psychiatry	27	3	0	1
	Radiology	34	4	1	0
	Surgery	86	7	0	5
	Others	32	3	0	2
	Total	**682**	**60**	**4**	**35**
KCC	Accident & Emergency	92	8	2	3
	Anaesthesia	116	9	0	5
	Cardiothoracic Surgery	20	1	0	0
	Family Medicine	121	12	1	6
	Intensive Care Unit	22	1	0	1
	Medicine	306	31	2	7
	Neurosurgery	37	6	0	1
	Obstetrics & Gynaecology	55	3	0	2
	Ophthalmology	37	3	0	4
	Orthopaedics & Traumatology	71	4	0	3
	Paediatrics	180	10	3	7
	Pathology	61	7	0	1
	Psychiatry	47	8	0	1
	Radiology	96	11	2	1
	Surgery	137	20	1	3
	Others	60	9	1	4
	Total	**1 460**	**143**	**12**	**49**
KEC	Accident & Emergency	75	6	0	3

Cluster	Major Specialty	Number of staff (as at 31 December 2023) (including FT and PT)	Intake Number (April to December 2023) (including FT and PT)	Full-time Attrition (Wastage) Number (April to December 2023)	
				Retirement	Non-retirement
	Anaesthesia	53	2	0	5
	Family Medicine	102	10	1	5
	Intensive Care Unit	15	0	0	0
	Medicine	203	20	2	5
	Obstetrics & Gynaecology	34	2	0	1
	Ophthalmology	25	2	0	1
	Orthopaedics & Traumatology	56	1	0	1
	Paediatrics	43	1	0	2
	Pathology	33	2	0	0
	Psychiatry	46	4	0	4
	Radiology	35	3	3	2
	Surgery	71	9	1	0
	Others	32	2	0	3
	Total	**823**	**64**	**7**	**32**
KWC	Accident & Emergency	122	13	2	9
	Anaesthesia	73	4	0	3
	Family Medicine	122	9	0	8
	Intensive Care Unit	33	3	1	0
	Medicine	254	20	5	3
	Neurosurgery	18	4	0	0
	Obstetrics & Gynaecology	29	5	0	0
	Ophthalmology	27	2	0	0
	Orthopaedics & Traumatology	78	4	3	0
	Paediatrics	57	1	0	1
	Pathology	55	3	1	0
	Psychiatry	80	5	0	2
	Radiology	48	3	1	0
	Surgery	104	9	0	3
	Others	50	4	1	0
	Total	**1 151**	**89**	**14**	**29**
NTEC	Accident & Emergency	90	7	0	1
	Anaesthesia	66	7	0	4
	Cardiothoracic Surgery	14	1	0	0
	Family Medicine	109	7	0	4
	Intensive Care Unit	29	4	0	2
	Medicine	246	18	1	6
	Neurosurgery	14	1	0	0
	Obstetrics & Gynaecology	36	3	0	1
	Ophthalmology	29	3	0	0
	Orthopaedics & Traumatology	72	5	1	2
	Paediatrics	60	3	0	0

Cluster	Major Specialty	Number of staff (as at 31 December 2023) (including FT and PT)	Intake Number (April to December 2023) (including FT and PT)	Full-time Attrition (Wastage) Number (April to December 2023)	
				Retirement	Non-retirement
	Pathology	44	2	0	3
	Psychiatry	71	5	0	2
	Radiology	54	6	0	1
	Surgery	102	17	1	2
	Others	59	3	0	2
	Total	**1 094**	**92**	**3**	**30**
NTWC	Accident & Emergency	96	6	1	2
	Anaesthesia	65	4	0	1
	Cardiothoracic Surgery	3	1	0	0
	Family Medicine	95	9	0	3
	Intensive Care Unit	25	1	0	0
	Medicine	192	26	3	9
	Neurosurgery	14	2	0	0
	Obstetrics & Gynaecology	35	2	0	0
	Ophthalmology	29	3	1	0
	Orthopaedics & Traumatology	56	3	0	0
	Paediatrics	40	5	1	3
	Pathology	27	4	1	2
	Psychiatry	87	9	0	1
	Radiology	47	6	0	0
	Surgery	78	14	2	4
	Others	44	4	1	0
	Total	**933**	**99**	**10**	**25**

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.
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 includes the number of Interns appointed as Residents.
4. Attrition (Wastage) includes all types of cessation of service from HA (including retirement) for permanent and contract staff on headcount basis.
5. Doctors exclude Interns and Dental Officers.
6. Intake numbers above have yet to deduct the number of staff appointed under the Extending Employment Beyond Retirement (EER) arrangement. Beginning from 2024, HA will first exclude those staff appointed under the EER arrangement when compiling the relevant statistics.

The tables below set out the intake and full-time attrition (wastage) numbers of nurses by major specialty in each hospital cluster from 2021-22, 2022-23 and 2023-24 (April to December 2023):

2021-22

Cluster	Major Specialty	Number of staff (as at 31 March 2022) (including FT and PT)	Intake Number (including FT and PT)	Full-time Attrition (Wastage) Number	
				Retirement	Non-retirement
HKEC	Accident & Emergency	151	19	2	18
	Intensive Care Unit	142	17	2	24
	Medicine	1 019	123	18	67
	Obstetrics & Gynaecology	118	6	2	12
	Orthopaedics & Traumatology	141	5	2	5
	Paediatrics	118	10	1	8
	Psychiatry	282	24	7	9
	Surgery	242	26	4	22
	Others	833	58	10	66
	Total	**3 045**	**288**	**48**	**231**
HKWC	Accident & Emergency	56	4	0	7
	Intensive Care Unit	81	1	1	10
	Medicine	785	30	15	40
	Obstetrics & Gynaecology	140	2	5	9
	Orthopaedics & Traumatology	86	3	3	6
	Paediatrics	156	0	2	16
	Psychiatry	134	9	4	12
	Surgery	497	10	4	28
	Others	1 038	180	25	100
	Total	**2 974**	**239**	**59**	**228**
KCC	Accident & Emergency	197	26	2	8
	Intensive Care Unit	169	4	4	5
	Medicine	1 514	125	35	102
	Obstetrics & Gynaecology	291	7	8	23
	Orthopaedics & Traumatology	191	11	0	8
	Paediatrics	530	44	8	63
	Psychiatry	270	24	8	14
	Surgery	502	32	6	50
	Others	2 564	221	26	179
	Total	**6 228**	**494**	**97**	**452**
KEC	Accident & Emergency	176	9	1	9
	Intensive Care Unit	180	2	1	9
	Medicine	1 214	113	12	51
	Obstetrics & Gynaecology	128	3	3	13
	Orthopaedics & Traumatology	219	26	1	20
	Paediatrics	162	16	1	7
	Psychiatry	204	13	8	2
	Surgery	236	30	2	16
	Others	985	66	14	60

Cluster	Major Specialty	Number of staff (as at 31 March 2022) (including FT and PT)	Intake Number (including FT and PT)	Full-time Attrition (Wastage) Number	
				Retirement	Non-retirement
	Total	**3 505**	**278**	**43**	**187**
KWC	Accident & Emergency	278	7	4	17
	Intensive Care Unit	196	3	4	6
	Medicine	1 211	71	19	90
	Obstetrics & Gynaecology	117	4	2	11
	Orthopaedics & Traumatology	234	18	1	16
	Paediatrics	186	10	5	16
	Psychiatry	796	74	25	37
	Surgery	357	21	1	19
	Others	1 670	265	18	120
	Total	**5 044**	**473**	**79**	**332**
NTEC	Accident & Emergency	236	19	2	11
	Intensive Care Unit	221	18	0	21
	Medicine	1 578	156	16	108
	Obstetrics & Gynaecology	224	17	9	24
	Orthopaedics & Traumatology	261	22	2	22
	Paediatrics	245	27	6	31
	Psychiatry	402	41	10	20
	Surgery	467	42	5	20
	Others	1 230	82	25	95
	Total	**4 863**	**424**	**75**	**352**
NTWC	Accident & Emergency	238	6	0	20
	Intensive Care Unit	155	13	1	15
	Medicine	971	94	6	97
	Obstetrics & Gynaecology	145	17	4	19
	Orthopaedics & Traumatology	159	10	0	10
	Paediatrics	183	8	2	19
	Psychiatry	754	62	17	41
	Surgery	217	19	1	14
	Others	1 207	134	12	108
	Total	**4 029**	**363**	**43**	**343**

2022-23

Cluster	Major Specialty	Number of staff (as at 31 March 2023) (including FT and PT)	Intake Number (including FT and PT)	Full-time Attrition (Wastage) Number	
				Retirement	Non-retirement
HKEC	Accident & Emergency	141	16	1	24
	Intensive Care Unit	139	13	1	19
	Medicine	1 008	101	11	89

Cluster	Major Specialty	Number of staff (as at 31 March 2023) (including FT and PT)	Intake Number (including FT and PT)	Full-time Attrition (Wastage) Number	
				Retirement	Non-retirement
	Obstetrics & Gynaecology	119	4	2	5
	Orthopaedics & Traumatology	133	4	1	7
	Paediatrics	115	10	2	10
	Psychiatry	283	25	6	13
	Surgery	241	25	4	21
	Others	840	70	14	64
	Total	**3 018**	**268**	**42**	**252**
HKWC	Accident & Emergency	58	7	2	6
	Intensive Care Unit	87	2	1	11
	Medicine	783	73	23	70
	Obstetrics & Gynaecology	142	6	4	16
	Orthopaedics & Traumatology	71	3	3	8
	Paediatrics	150	2	1	19
	Psychiatry	136	10	3	8
	Surgery	456	24	9	53
	Others	1 017	125	22	75
	Total	**2 899**	**252**	**68**	**266**
KCC	Accident & Emergency	199	10	0	20
	Intensive Care Unit	158	3	2	15
	Medicine	1 449	96	26	144
	Obstetrics & Gynaecology	284	7	13	21
	Orthopaedics & Traumatology	187	9	0	10
	Paediatrics	538	72	10	59
	Psychiatry	281	32	15	8
	Surgery	491	35	11	42
	Others	2 596	282	39	212
	Total	**6 184**	**546**	**116**	**531**
KEC	Accident & Emergency	172	12	1	15
	Intensive Care Unit	183	6	4	26
	Medicine	1 260	101	10	68
	Obstetrics & Gynaecology	121	10	0	20
	Orthopaedics & Traumatology	214	21	0	13
	Paediatrics	158	8	0	14
	Psychiatry	210	18	3	9
	Surgery	238	23	0	20
	Others	1 008	72	9	65
	Total	**3 562**	**271**	**27**	**250**
KWC	Accident & Emergency	293	16	9	31
	Intensive Care Unit	188	3	6	17
	Medicine	1 273	75	14	106
	Obstetrics & Gynaecology	119	5	7	12
	Orthopaedics & Traumatology	246	4	2	9

Cluster	Major Specialty	Number of staff (as at 31 March 2023) (including FT and PT)	Intake Number (including FT and PT)	Full-time Attrition (Wastage) Number	
				Retirement	Non-retirement
	Paediatrics	192	8	2	15
	Psychiatry	744	93	28	43
	Surgery	387	18	10	26
	Others	1 595	220	20	149
	Total	**5 038**	**442**	**98**	**408**
NTEC	Accident & Emergency	229	15	1	22
	Intensive Care Unit	220	17	1	20
	Medicine	1 611	155	18	135
	Obstetrics & Gynaecology	210	18	5	23
	Orthopaedics & Traumatology	263	23	5	25
	Paediatrics	230	23	4	32
	Psychiatry	396	34	10	18
	Surgery	489	32	3	39
	Others	1 217	70	34	90
	Total	**4 865**	**387**	**81**	**404**
NTWC	Accident & Emergency	230	23	2	30
	Intensive Care Unit	158	19	1	17
	Medicine	912	95	4	101
	Obstetrics & Gynaecology	138	11	6	18
	Orthopaedics & Traumatology	155	6	2	12
	Paediatrics	169	4	2	19
	Psychiatry	737	45	24	34
	Surgery	193	13	2	22
	Others	1 301	123	7	89
	Total	**3 992**	**339**	**50**	**342**

2023-24

Cluster	Major Specialty	Number of staff (as at31 December 2023) (including FT and PT)	Intake Number (April to December 2023) (including FT and PT)	Full-time Attrition (Wastage) Number (April to December 2023)	
				Retirement	Non-retirement
HKEC	Accident & Emergency	151	17	0	10
	Intensive Care Unit	142	15	0	10
	Medicine	1 024	105	12	50
	Obstetrics & Gynaecology	113	5	4	10
	Orthopaedics & Traumatology	135	13	1	11
	Paediatrics	109	5	0	6

Cluster	Major Specialty	Number of staff (as at31 December 2023) (including FT and PT)	Intake Number (April to December 2023) (including FT and PT)	Full-time Attrition (Wastage) Number (April to December 2023)	
				Retirement	Non-retirement
	Psychiatry	294	21	2	5
	Surgery	245	26	1	18
	Others	826	46	15	49
	Total	**3 038**	**253**	**35**	**169**
HKWC	Accident & Emergency	54	5	0	9
	Intensive Care Unit	82	3	2	8
	Medicine	797	70	15	45
	Obstetrics & Gynaecology	133	6	5	16
	Orthopaedics & Traumatology	76	5	0	4
	Paediatrics	158	20	5	8
	Psychiatry	142	8	2	4
	Surgery	469	66	7	30
	Others	1 005	92	10	43
	Total	**2 916**	**275**	**46**	**167**
KCC	Accident & Emergency	200	15	2	19
	Intensive Care Unit	151	3	3	8
	Medicine	1 517	119	13	97
	Obstetrics & Gynaecology	279	10	2	15
	Orthopaedics & Traumatology	185	9	3	5
	Paediatrics	526	33	8	46
	Psychiatry	289	22	6	12
	Surgery	483	36	6	33
	Others	2 506	257	33	128
	Total	**6 136**	**504**	**76**	**363**
KEC	Accident & Emergency	172	8	3	3
	Intensive Care Unit	193	8	2	8
	Medicine	1 258	107	13	43
	Obstetrics & Gynaecology	115	5	4	4
	Orthopaedics & Traumatology	217	21	1	8
	Paediatrics	167	15	0	4
	Psychiatry	220	13	3	4
	Surgery	245	24	0	8
	Others	1 040	63	9	37
	Total	**3 627**	**264**	**35**	**119**
KWC	Accident & Emergency	301	30	6	21
	Intensive Care Unit	191	10	1	7
	Medicine	1 309	137	8	62
	Obstetrics & Gynaecology	129	7	2	4
	Orthopaedics & Traumatology	239	15	3	11
	Paediatrics	202	19	3	9
	Psychiatry	754	78	18	21

Cluster	Major Specialty	Number of staff (as at31 December 2023) (including FT and PT)	Intake Number (April to December 2023) (including FT and PT)	Full-time Attrition (Wastage) Number (April to December 2023)	
				Retirement	Non-retirement
	Surgery	452	60	6	25
	Others	1 456	108	26	92
	Total	**5 033**	**464**	**73**	**252**
NTEC	Accident & Emergency	236	21	2	16
	Intensive Care Unit	219	18	2	16
	Medicine	1 573	136	11	70
	Obstetrics & Gynaecology	210	15	3	11
	Orthopaedics & Traumatology	262	28	3	9
	Paediatrics	243	35	2	19
	Psychiatry	403	32	6	8
	Surgery	477	29	4	24
	Others	1 240	67	15	47
	Total	**4 863**	**381**	**48**	**220**
NTWC	Accident & Emergency	218	26	2	21
	Intensive Care Unit	159	21	0	19
	Medicine	934	82	9	46
	Obstetrics & Gynaecology	142	3	1	4
	Orthopaedics & Traumatology	152	6	1	7
	Paediatrics	175	20	1	12
	Psychiatry	750	56	15	21
	Surgery	198	14	1	7
	Others	1 353	92	7	44
	Total	**4 081**	**320**	**37**	**181**

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.
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. Attrition (Wastage) includes all types of cessation of service from HA (including retirement) for permanent and contract staff on headcount basis.
4. The strength of nurses includes senior nursing officers, department operations managers, nurse consultants, associate nurse consultants, ward managers, nursing officers, advanced practice nurses, registered nurses, enrolled nurses, nursing trainees, etc.
5. Intake numbers above have yet to deduct the number of staff appointed under the EER arrangement. Beginning from 2024, HA will first exclude those staff appointed under the EER arrangement when compiling the relevant statistics.

The tables below set out the intake and full-time attrition (wastage) numbers of AH professionals by major grade in each hospital cluster from 2021-22, 2022-23 and 2023-24 (April to December 2023):

2021-22

Cluster	Major Grade	Number of staff (as at 31 March 2022) (including FT and PT)	Intake Number (including FT and PT)	Full-time Attrition (Wastage) Number	
				Retirement	Non-retirement
HKEC	Medical Laboratory Technologist	143	20	4	7
	Radiographer (Diagnostic Radiographer and Radiation Therapist)	125	9	4	12
	Social Worker	49	3	0	4
	Occupational Therapist	98	9	0	10
	Physiotherapist	128	16	1	16
	Pharmacist	87	4	1	3
	Dispenser	158	13	8	9
	Others	115	14	3	8
	Total	**902**	**88**	**21**	**69**
HKWC	Medical Laboratory Technologist	263	25	7	14
	Radiographer (Diagnostic Radiographer and Radiation Therapist)	133	4	4	9
	Social Worker	55	7	1	3
	Occupational Therapist	94	18	1	11
	Physiotherapist	116	5	2	12
	Pharmacist	76	5	5	2
	Dispenser	139	11	5	7
	Others	134	21	6	9
	Total	**1 009**	**96**	**31**	**67**
KCC	Medical Laboratory Technologist	466	38	7	21
	Radiographer (Diagnostic Radiographer and Radiation Therapist)	252	14	6	17
	Social Worker	89	10	0	6
	Occupational Therapist	165	24	2	17
	Physiotherapist	259	31	4	39
	Pharmacist	151	10	0	8
	Dispenser	299	20	6	12
	Others	218	30	11	13
	Total	**1 898**	**177**	**36**	**133**
KEC	Medical Laboratory Technologist	179	21	5	8
	Radiographer (Diagnostic Radiographer and Radiation Therapist)	112	9	2	7
	Social Worker	58	13	3	6
	Occupational Therapist	113	14	2	9
	Physiotherapist	160	23	1	26
	Pharmacist	79	5	0	1

Cluster	Major Grade	Number of staff (as at 31 March 2022) (including FT and PT)	Intake Number (including FT and PT)	Full-time Attrition (Wastage) Number	
				Retirement	Non-retirement
	Dispenser	158	14	2	5
	Others	131	13	1	5
	Total	**990**	**112**	**16**	**67**
KWC	Medical Laboratory Technologist	249	23	3	9
	Radiographer (Diagnostic Radiographer and Radiation Therapist)	192	14	3	10
	Social Worker	67	12	0	6
	Occupational Therapist	205	22	1	15
	Physiotherapist	171	7	1	19
	Pharmacist	132	9	0	5
	Dispenser	265	18	6	9
	Others	165	16	3	12
	Total	**1 446**	**121**	**17**	**85**
NTEC	Medical Laboratory Technologist	294	25	7	11
	Radiographer (Diagnostic Radiographer and Radiation Therapist)	208	17	1	18
	Social Worker	39	5	0	5
	Occupational Therapist	166	27	2	23
	Physiotherapist	215	32	1	29
	Pharmacist	117	11	1	6
	Dispenser	251	22	4	8
	Others	164	19	5	7
	Total	**1 454**	**158**	**21**	**107**
NTWC	Medical Laboratory Technologist	199	23	0	10
	Radiographer (Diagnostic Radiographer and Radiation Therapist)	166	10	1	13
	Social Worker	42	6	1	4
	Occupational Therapist	141	9	0	14
	Physiotherapist	153	11	1	17
	Pharmacist	98	9	1	2
	Dispenser	205	9	5	3
	Others	159	14	2	5
	Total	**1 163**	**91**	**11**	**68**

2022-23

Cluster	Major Grade	Number of staff (as at 31 March 2023) (including FT and PT)	Intake Number (including FT and PT)	Full-time Attrition (Wastage) Number	
				Retirement	Non-retirement
HKEC	Medical Laboratory Technologist	143	15	3	14
	Radiographer (Diagnostic Radiographer and Radiation Therapist)	126	9	1	8
	Social Worker	50	4	0	2
	Occupational Therapist	98	15	3	11
	Physiotherapist	144	21	0	6
	Pharmacist	89	8	0	4
	Dispenser	165	14	3	5
	Others	114	5	2	3
	Total	**928**	**91**	**12**	**53**
HKWC	Medical Laboratory Technologist	262	28	8	22
	Radiographer (Diagnostic Radiographer and Radiation Therapist)	130	9	3	7
	Social Worker	55	10	2	6
	Occupational Therapist	93	8	1	8
	Physiotherapist	119	18	2	17
	Pharmacist	82	10	0	2
	Dispenser	145	10	0	5
	Others	146	25	3	11
	Total	**1 032**	**118**	**19**	**78**
KCC	Medical Laboratory Technologist	467	35	16	24
	Radiographer (Diagnostic Radiographer and Radiation Therapist)	248	25	6	27
	Social Worker	93	7	0	5
	Occupational Therapist	176	26	0	19
	Physiotherapist	259	40	5	31
	Pharmacist	158	18	3	4
	Dispenser	308	16	3	13
	Others	230	30	3	19
	Total	**1 937**	**197**	**36**	**142**
KEC	Medical Laboratory Technologist	177	16	1	7
	Radiographer (Diagnostic Radiographer and Radiation Therapist)	112	4	2	4
	Social Worker	57	6	2	4
	Occupational Therapist	115	13	0	13
	Physiotherapist	165	23	3	14
	Pharmacist	85	8	1	1
	Dispenser	160	7	3	4
	Others	135	16	3	9

Cluster	Major Grade	Number of staff (as at 31 March 2023) (including FT and PT)	Intake Number (including FT and PT)	Full-time Attrition (Wastage) Number	
				Retirement	Non-retirement
	Total	**1 007**	**93**	**15**	**56**
KWC	Medical Laboratory Technologist	253	26	6	13
	Radiographer (Diagnostic Radiographer and Radiation Therapist)	196	15	4	13
	Social Worker	72	11	2	3
	Occupational Therapist	200	21	0	25
	Physiotherapist	181	37	3	26
	Pharmacist	140	14	2	2
	Dispenser	269	21	2	8
	Others	171	21	4	11
	Total	**1 482**	**166**	**23**	**101**
NTEC	Medical Laboratory Technologist	300	20	5	9
	Radiographer (Diagnostic Radiographer and Radiation Therapist)	210	17	2	13
	Social Worker	42	10	0	4
	Occupational Therapist	171	25	1	17
	Physiotherapist	211	22	1	28
	Pharmacist	119	10	1	4
	Dispenser	256	12	3	4
	Others	170	18	2	10
	Total	**1 479**	**134**	**15**	**89**
NTWC	Medical Laboratory Technologist	203	24	7	16
	Radiographer (Diagnostic Radiographer and Radiation Therapist)	173	16	2	4
	Social Worker	42	5	1	4
	Occupational Therapist	142	26	0	21
	Physiotherapist	162	25	0	16
	Pharmacist	101	9	2	4
	Dispenser	209	15	8	6
	Others	161	16	3	12
	Total	**1 192**	**136**	**23**	**83**

2023-24

Cluster	Major Grade	Number of staff (as at 31 December 2023) (including FT and PT)	Intake Number (April to December 2023) (including FT and PT)	Full-time Attrition (Wastage) Number (April to December 2023)	
				Retirement	Non-retirement
HKEC	Medical Laboratory Technologist	150	13	2	1
	Radiographer (Diagnostic Radiographer and Radiation Therapist)	131	12	2	4
	Social Worker	54	9	0	2
	Occupational Therapist	106	15	1	11
	Physiotherapist	156	27	2	8
	Pharmacist	91	6	0	4
	Dispenser	169	17	3	4
	Others	115	7	1	9
	Total	**970**	**106**	**11**	**43**
HKWC	Medical Laboratory Technologist	272	28	8	8
	Radiographer (Diagnostic Radiographer and Radiation Therapist)	135	8	2	2
	Social Worker	61	8	1	3
	Occupational Therapist	98	9	3	2
	Physiotherapist	122	15	2	13
	Pharmacist	92	4	0	1
	Dispenser	140	5	3	2
	Others	144	11	1	10
	Total	**1 064**	**88**	**20**	**41**
KCC	Medical Laboratory Technologist	487	39	13	21
	Radiographer (Diagnostic Radiographer and Radiation Therapist)	252	16	1	10
	Social Worker	97	6	1	5
	Occupational Therapist	175	18	1	14
	Physiotherapist	282	45	4	20
	Pharmacist	163	14	0	3
	Dispenser	313	29	2	10
	Others	233	16	6	6
	Total	**2 001**	**183**	**28**	**89**

Cluster	Major Grade	Number of staff (as at 31 December 2023) (including FT and PT)	Intake Number (April to December 2023) (including FT and PT)	Full-time Attrition (Wastage) Number (April to December 2023)	
				Retirement	Non-retirement
KEC	Medical Laboratory Technologist	186	19	5	7
	Radiographer (Diagnostic Radiographer and Radiation Therapist)	113	3	1	0
	Social Worker	64	7	0	0
	Occupational Therapist	117	15	0	9
	Physiotherapist	171	22	0	16
	Pharmacist	89	5	0	0
	Dispenser	164	13	2	1
	Others	141	16	0	8
	Total	**1 045**	**100**	**8**	**41**
KWC	Medical Laboratory Technologist	260	18	0	10
	Radiographer (Diagnostic Radiographer and Radiation Therapist)	198	13	2	6
	Social Worker	67	12	0	11
	Occupational Therapist	217	28	1	12
	Physiotherapist	200	28	2	12
	Pharmacist	146	11	1	7
	Dispenser	277	14	1	6
	Others	176	9	3	4
	Total	**1 540**	**133**	**10**	**68**
NTEC	Medical Laboratory Technologist	309	22	4	9
	Radiographer (Diagnostic Radiographer and Radiation Therapist)	215	13	3	8
	Social Worker	44	7	2	5
	Occupational Therapist	184	21	0	10
	Physiotherapist	241	42	1	18
	Pharmacist	125	10	0	2
	Dispenser	264	20	4	8
	Others	171	14	2	7
	Total	**1 552**	**149**	**16**	**67**

Cluster	Major Grade	Number of staff (as at 31 December 2023) (including FT and PT)	Intake Number (April to December 2023) (including FT and PT)	Full-time Attrition (Wastage) Number (April to December 2023)	
				Retirement	Non-retirement
NTWC	Medical Laboratory Technologist	214	23	1	11
	Radiographer (Diagnostic Radiographer and Radiation Therapist)	183	16	2	5
	Social Worker	48	7	0	3
	Occupational Therapist	149	21	1	14
	Physiotherapist	171	34	1	21
	Pharmacist	107	6	1	0
	Dispenser	212	13	0	4
	Others	162	8	2	5
	Total	**1 245**	**128**	**8**	**63**

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.
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. Attrition (Wastage) includes all types of cessation of service from HA (including retirement) for permanent and contract staff on headcount basis.
4. For AH professionals, the group of "Others" includes audiology technicians, clinical psychologists, dental technicians, dietitians, mould laboratory technicians, optometrists, orthoptists, physicists, podiatrists, prosthetists and orthotists, scientific officers (medical) - pathology, scientific officers (medical) - audiology, scientific officers (medical) - radiology, scientific officers (medical) - radiotherapy as well as speech therapists.
5. The number of Pharmacists includes Interns appointed as Resident Pharmacists.
6. Intake numbers above have yet to deduct the number of staff appointed under the EER arrangement. Beginning from 2024, HA will first exclude those staff appointed under the EER arrangement when compiling the relevant statistics.

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

(Question Serial No. 0636)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

In this Programme, the Hospital Authority (HA) mentioned that it will attract, motivate and retain staff. In this connection, please advise this Committee on:
1. details of the measures taken by the HA to attract and retain staff in the past 5 years, along with the related expenditures and their effectiveness;
2. regarding the new round of Enhanced Home Loan Interest Subsidy Scheme launched by the HA in end-December 2022, how many staff has participated and what is the amount involved since its launch, broken down by department and rank?

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

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, the HA implements ongoing measures including increasing the number of Resident Trainee posts to recruit local medical graduates, recruitment of non-locally trained doctors to supplement local recruitment, improving promotion prospects to retain staff, hiring part-time healthcare staff (e.g. via recruitment of locum staff), offering flexible work arrangements, offering further employment to suitable staff beyond retirement, enhancing the Home Loan Interest Subsidy Scheme (HLISS) and provision of better training opportunities for various grades by establishing the HA Academy. The above measures have begun to yield results as an increase in the number of the HA's healthcare staff was recorded in the past year and the attrition rate also subsided from the peak in the past 2 years.

(a) creating opportunities for Associate Consultants (AC) to be promoted to Consultant rank, with around 400 AC posts upgraded/to be upgraded to Consultant posts during 2020-21 to 2024-25, so as to retain experienced medical personnel to address the service, manpower and training needs in the HA;
(b) providing Specialty Nurse Allowance to eligible registered nurses, with over 4 300 nurses receiving the allowance as at 31 December 2023, so as to retain manpower

and encourage professional development of nurses through recognising their specialty qualifications; and

(c) continuing efforts in extending employment beyond retirement to attract more retired staff who are willing to serve after retirement. As at December 2023, there were 144 doctors, 427 nurses, 86 allied health professionals and 2 964 supporting/other grades staff working in the HA after retirement. Among all doctors/nurses/allied health professionals retiring during 2023-24 to 2027-28, at least 349 doctors, 909 nurses and 201 allied health professionals had indicated interest/agreed to take up full-time or part-time employment after retirement.

The financial provision for the above 3 measures has been increased gradually since 2021-22. The additional financial provisions are around $158 million, $308 million, $294 million and $260 million in 2021-22, 2022-23, 2023-24 and 2024-25 respectively.

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

2.

Since the launch of the HA's HLISS in late December 2022, a total of 1 028 or 80% of the eligible applicants were granted approval-in-principle as at 31 December 2023. The relevant staff may submit a formal loan application to the HA for property purchase or arrangement for property mortgage before the specified date.

The distribution of staff with approval-in-principle granted is as follows:

Staff Group	**Number of Staff with Approval-in-Principle Granted**
Doctors	93
Nursing	443
Allied Health Professionals	238
Administration and General Grades Staff	254
Total	**1 028**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0637)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the promotion of organ donation, please advise on the following:

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

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

III. following the successful experience of the first cross-boundary organ transplant case in 2022, the Health Bureau and the Hospital Authority are exploring the setting-up of a standing organ transplant mutual assistance mechanism with the Mainland, which is being considered to be a second-tier mutual assistance allocation mechanism for cross-boundary organ matching, the progress of the related preparatory work, implementation timetable, specific plan and estimated expenditure in this regard.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 10)

Reply:

(I)

The numbers of registrations recorded in the Centralised Organ Donation Register (CODR) in the past 5 years are as follows:

	2019	**2020**	**2021**	**2022**	**2023**
Number of new registrations [1]	20 001	13 317	12 829	13 418	25 968
Cumulative total number of registrations (as at 31 December of the year)	317 447	330 764	343 593	356 093	367 199
Number of withdrawals of	524	730	748	1 068	14 862[3]

registration [2]					

Note:

1. Number of new registrations refers to:
   (a) In or before April 2022 – the number of new registrations verified by the Department of Health (DH) minus the number of effective withdrawals during the same period (i.e. net increase in the cumulative number of registrations in the period); and
   (b) In or after May 2022 (after enhancement of the CODR System) – the number of new registrations verified by the DH (the number of effective withdrawals during the same period is not deducted in order to indicate more clearly the number of new registrations).

2. Number of withdrawals of registration refers to:
   (a) In or before April 2022 – the number of applications for withdrawal handled by the DH (without deducting the invalid applications); and
   (b) In or after May 2022 (after enhancement of the CODR System) – consists only of the effective withdrawals as verified by the DH.

3. During the period of May and June 2023, the spreading of quite a number of malicious remarks intending to mislead the public had led to an unusual surge in the number of withdrawals of registration from the CODR. Subsequently, with the Government's strengthened publicity efforts, the number of withdrawals of registration has returned to normal, with approximately 40 cases per month currently.

(II)

The number of organ/tissue donors and the number of patients waiting for transplant in the HA and the average waiting time for transplant in the past 5 years are as follows:

Year (as at December 31)	**Organ/ Tissue**	**Number of Patients Waiting for Transplant**	**Average Waiting Time (Month) [4]**	**Number of Organ Donors [5]**	
				Number of Cadaveric Donors [6]	**Number of Living Donors [7]**
2019	Kidney	2 268	54	N/A	N/A
	Liver	60	43.8		
	Heart	54	26		
	Lung	24	15		
	Cornea (piece)	269	11		
	Skin	N/A [8]			
	Bone				
2020	Kidney	2 302	55	N/A	N/A
	Liver	72	37.1		
	Heart	78	24.4		
	Lung	29	18.1		
	Cornea (piece)	280	14.5		

Year (as at December 31)	Organ/ Tissue	Number of Patients Waiting for Transplant	Average Waiting Time (Month) [4]	Number of Organ Donors [5]	
				Number of Cadaveric Donors [6]	Number of Living Donors [7]
	Skin	N/A [8]			
	Bone				
2021	Kidney	2 360	56	36	35
	Liver	69	38.2		
	Heart	78	27.7		
	Lung	19	22.9		
	Cornea (piece)	263	15.1		
	Skin	N/A [8]			
	Bone				
2022	Kidney	2 451	56.8	29	23
	Liver	66	38.2		
	Heart	81	23.5		
	Lung	13	27.6		
	Cornea (piece)	357	21.2		
	Skin	N/A [8]			
	Bone				
2023	Kidney	2 429	60	24	24
	Liver	81	33.4		
	Heart	76	36.8		
	Lung	21	28.2		
	Cornea (piece)	474	31.3		
	Skin	N/A [8]			
	Bone				

Note:

4. "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.
5. Figures are available from 2021 onwards.
6. Number refers to any one or more solid organ donations which include kidney(s), liver, heart and lung(s) from cadaveric donors.
7. Living donation applies to liver/kidney transplant only.
8. Cases of skin and bone transplant are sudden and emergency in nature. Substitutes will be used if no suitable skin or bone is identified for transplant.

(III)

On the basis of the case of the first cross-boundary organ transplant in December 2022, the Government is making continued efforts to actively explore the setting up of a standing organ transplant mutual assistance mechanism with the relevant authorities of the Mainland. The mutual assistance mechanism will adopt a second-tier allocation mechanism. It will be activated only when suitable patients cannot be identified for a cadaveric organ donated in the Mainland or Hong Kong Special Administrative Region and matching is unsuccessful in its local allocation system for the relevant organ. We are now formulating the relevant

operational details, among which the technical requirements, criteria and procedures will be aligned to ensure that organ donation is conducted in a safe, legal, fair and equitable manner to benefit patients with the greatest need, hence giving patients on the waiting list an extra chance to live a new life.

While pursuing the regularisation of a standing organ transplant mutual assistance mechanism, we will continue to seek assistance from the Mainland for patients with urgent need. Such experiences in handling relevant cases may be modelled upon in formulating the aforementioned operational arrangements and will provide the basis for taking forward the relevant tasks.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0638)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the Pilot Scheme for Supporting Patients of Hospital Authority in Guangdong-Hong Kong-Macao Greater Bay Area, please advise:

1. the expenditure summary of the Pilot Scheme since its launch in May last year, the age distribution of service users, the major types of diseases involved and the per capita costs;
2. the detailed breakdown of the subsidised consultation services under the Pilot Scheme by specialty, the number of attendances of each specialty, and the relevant expenditure;
3. when the Government will take forward the strategical procurement of healthcare services from suitable healthcare institutions in the Greater Bay Area, the specific plan and the estimated annual expenditure.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 11)

Reply:

1.

Drawing on the experience from the Special Support Scheme during the COVID-19 epidemic, the Government launched the Pilot Scheme for Supporting Patients of the Hospital Authority in the Guangdong-Hong Kong-Macao Greater Bay Area (the Pilot Scheme) on 10 May 2023, so that patients with scheduled follow-up appointments at designated Specialist Out-patient Clinics (SOPCs) or General Out-patient Clinics (GOPCs) of the Hospital Authority (HA) (eligible patients) can receive subsidised consultations at the University of Hong Kong-Shenzhen Hospital (HKU-SZH). The scope of services covers major SOPC and GOPC services provided by the HA, namely anaesthesiology (pain clinic only), cardiothoracic surgery, clinical oncology, otorhinolaryngology, ophthalmology, gynaecology, medicine, neurosurgery, obstetrics, orthopaedics and traumatology (orthopaedics), paediatrics and surgery. Each participating patient will be required to pay a consultation fee of RMB100 for each session of consultation services received at the designated out-patient clinic of the HKU-SZH while the remaining balance will be subsidised by the Pilot Scheme, subject to a cap of RMB2,000 for each patient.

Having considered the effectiveness of the Pilot Scheme in addressing patients' need for frequent follow-up consultations, the Government earlier announced the extension of the Pilot Scheme for 1 year. From 1 April 2024 to 31 March 2025, eligible patients can continue to receive subsidised consultation services at the HKU-SZH.

Since the launch of the Pilot Scheme up to 31 December 2023, a total of 3 900 participants and 7 639 attendances were recorded. The median age of the participants was 66, of whom 70% were aged 61 or above and a quarter aged between 41 and 60.

An expenditure summary of the Pilot Scheme for the period from 10 May 2023 to 31 December 2023 is provided below –

	Expenditure (HK$ '000)
Service fees paid to the HKU-SZH	
Consultation fee	910
Drug fee	3,025
Investigation fee	1,286
Other fees (e.g. blood taking fee)	11
Less: Patients' co-payment*	(1,012)
Subtotal	**4,220**
Charges for supporting services	251
Total	**4,471**

* Patients' co-payment is the consultation fee of RMB100 paid by patients for each session of subsidised consultation services. It does not include the fees beyond the subsidy cap that are paid by patients to the HKU-SZH directly.

2.

The number of attendances under the Pilot Scheme from 10 May 2023 to 31 December 2023 and the expenditure, with a breakdown by speciality of the HKU-SZH, are as follows –

Speciality*	**Number of attendances**	**Expenditure ($ '000)**
Family Medicine Clinics (Chronic Diseases)	5 836	3,111
Medicine Clinic	1 216	783
Surgery Clinic (including Otorhinolaryngology, Cardiothoracic Surgery, Neurosurgery)	222	94
Ophthalmology Clinic	173	106
Oncology Clinic	48	50
Orthopaedic Clinic	86	53
Paediatric Clinic	23	9
Gynaecology and Obstetrics Clinic	35	14
Anaesthesiology (Pain Clinic only)	0	0
Subtotal	**7 639**	**4,220**
Charges for supporting services	Not applicable	251
Total		**4,471**

* The classification of specialties of the HKU-SZH is not entirely identical to that of services of the HA.

3.

Under the principle of complementarity and mutual benefits between Hong Kong and other cities of the Greater Bay Area (GBA), the Government will continue with its strategic purchasing of healthcare services from suitable GBA healthcare institutions for Hong Kong citizens, thereby making optimal use of healthcare resources in the GBA and alleviating the service pressure of public hospitals in Hong Kong. The Government is currently exploring with suitable GBA healthcare institutions the arrangements for purchasing healthcare services. The initial idea is to start with low-risk items, such as investigation and imaging services, and devise the scope of services to be purchased, relevant criteria of purchasing requests, payment mechanism and monitoring arrangements under the premise of compliance with relevant laws and regulations of both sides. The Government expects the first strategical purchasing item of healthcare service to be launched within 2024.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0640)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

In order to augment the workforce, the Hospital Authority (HA) and the Department of Health (DH) have been actively recruiting non-locally trained doctors to work in Hong Kong in recent years. In this regard, please inform this Committee of:

1. the number of applications for special registration received and approved in each financial year since the passage of the Medical Registration (Amendment) Bill 2021, and, among the approved applications, the number of applicants with limited registration before their approval and the respective numbers of applicants employed by the HA and the DH;

2. the number of applicants for special registration who have been employed by the DH or the HA and have acquired specialist qualifications at the time of application (with a breakdown by specialty involved) since the passage of the Medical Registration (Amendment) Bill 2021, the total employment expenses involved, the median wage and the maximum wage.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 12)

Reply:

1.

The table below sets out the figures of limited registration (LR) and special registration (SR) in relation to the number of applications, employing institutions and the number of applicants who have acquired specialist qualifications as at 31 December 2023, according to information provided by the Medical Council of Hong Kong (MCHK):

	SR			LR
	Holding recognised medical qualifications	**Bridging from LR**	**Total**	
Number of applications[Note(1)]				
- Number of applicants	44	9	53	206
- Number of approved applicants	42[Note(2)]	9	51	206
- Number of applicants with registration effected	33[Note(3)]	9	**42**	**184**
Employing Institutions				
- The University of Hong Kong (HKU)	3	3	6	33
- The Chinese University of Hong Kong (CUHK)	0	6	6	41
- HA	30	0	30	89
- Department of Health (DH)	0	0	0	14
- Clinics exempted from the provisions of section 7 of the Medical Clinics Ordinance	Not applicable			7
Total	33	9	**42**	**184**
Countries/places where the medical qualifications were obtained				
- China	1	1	2	61
- United Kingdom	26	4	30	55
- United States	1	2	3	4
- Australia / New Zealand	4	0	4	8
- Canada	0	1	1	6
- Others	1	1	2	50
Total	**33**	**9**	**42**	**184**
Specialist qualifications acquired[Note(4)]				
- Anaesthesia	2	0	2	1
- Surgery	1	0	1	1
- Gastroenterology & Hepatology	1	2	3	0
- Paediatrics	0	0	0	3
- Pathology	0	0	0	1
- Ophthalmology	0	1	1	2
- Intensive Care	0	0	0	1
- Obstetrics & Gynaecology	0	0	0	1
- Nephrology	0	0	0	1
- Rheumatology	0	0	0	1
- Public Health Medicine	0	0	0	1
- Medical Oncology	0	1	1	0
- Geriatric	0	1	1	0
- Otorhinolaryngology	0	1	1	0

	SR			LR
	Holding recognised medical qualifications	**Bridging from LR**	**Total**	
- Radiology	1	2	3	0
- Emergency Medicine	0	1	1	0
Total	**5**	**9**	**14**	**13**

Notes:
(1) The number of applications and approved applications include the numbers from 2021-22 to 2023-24 (as at 31 December 2023), excluding renewal applications.
(2) The remaining 2 applications were approved in January 2024.
(3) The SR of the remaining 9 applicants have been effected after 31 December 2023.
(4) Referring to the number of specialists whose names are included in the Specialist Register of the MCHK as at 31 December 2023 and their relevant specialties.

2.

Among the 30 doctors with SR and 89 doctors with LR employed by the HA mentioned in (1), 5 and 4 respectively were on the Specialist Register of the MCHK as at 31 December 2024. Their relevant specialties are set out below:

Specialty	**Number of doctors**	
	SR	**LR**
Anaesthesiology	2	0
Surgery	1	1
Gastroenterology & Hepatology	1	0
Radiology	1	0
Nephrology	0	1
Paediatrics	0	1
Ophthalmology	0	1
Total:	**5**	**4**

Except the 9 doctors mentioned above, a number of non-locally trained doctors have also acquired specialist qualifications in other places. The HA will provide support to these doctors to apply to the Hong Kong Academy of Medicine for certification of specialist qualification. In addition, the HA will also provide suitable specialist training opportunities to the non-locally trained doctors, irrespective of whether they were employed under SR or LR.

In 2023-24, the above 9 doctors with SR and LR held positions including Consultant, Associate Consultant and Resident.

The range of basic monthly salary and annual pay per staff member calculated based on the notional annual mid-point salary value and estimated expenditure on fringe benefits of the respective ranks are set out in the table below:

Rank	Range of basic monthly salary (HA General Pay Scale)	Annual pay per staff member ($ million)
Consultant	$159,150 - $200,650 (Point 50 - 51B)	3.3
Associate Consultant	$123,980 - $142,840 (Point 45 - 49)	2.3
Resident	$68,940 - $128,420 (Point 30 - 44B)	1.6

Notes:

1. Among the 5 doctors with SR who were on the Specialist Register, 4 joined the HA before 2021, while the other 1 reported duty in the first quarter of 2021.
2. The notional annual mid-point salary value of a rank is the notional annual salary of that rank at mid-point calculated based on the mid-point of the pay scale of the rank, i.e. by selecting the salary point closest to the average of the first and last points on the pay scale of that rank.
3. Expenditure on fringe benefits include allowances, Provident Fund / Mandatory Provident Fund / contract gratuity and other on-costs (such as provision of housing benefit and death & disability benefit).

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2909)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

In view of a spate of incidents of concrete spalling and collapsed medical equipment, the Hospital Authority (HA) Review Committee on Medical Equipment and Facility Maintenance (Review Committee) recommended to double the number of biomedical engineering staff last year. In this connection, please inform this Committee of the following:

1. Regarding the past 5 years and the coming year, what is/will be the HA's staffing and actual number of staff responsible for building and facility maintenance? How many biomedical engineering staff are there? What are the relevant expenditures?
2. Please set out the number of facility and medical equipment-related incidents in the past 5 years, broken down by incident type.
3. Among the cases reported through the HA's Advance Incident Reporting System, how many required repair works were there? What was the average time interval between reporting a case and starting repair works, and what was the expenditure involved? Among those reported cases, how many in total had been announced to the public? How long did it take from reporting a case to making a public announcement about it?
4. Regarding the recommendations put forward by the Review Committee last year, what are the progress of the Bureau's follow-up actions and the estimated expenditure involved?

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 42)

Reply:

(1)

Over the past 5 years, the Hospital Authority (HA) employed an average of some 300 facility management staff, including more than 40 building professionals. Together with the clerks of works and works supervisors (of some 100 each), they provide facility management services to some 300 buildings, including 43 hospitals and medical institutions, 49 specialist out-patient clinics and 74 general out-patient clinics. Each hospital also employs about 400 additional technicians or workmen as necessary to cope with the day-to-day operation of the

electrical and mechanical systems of the hospital as well as minor maintenance thereat. The salary expenditure of the relevant teams is about $378 million per annum.

Having regard to the recommendations of the Review Committee on Medical Equipment and Facility Maintenance (Review Committee), the HA has formulated inspection programmes for its building facilities. Some of these inspection duties will be gradually transferred from the outsourced contractors to in-house staff in order to enhance building safety inspections and facility repair and maintenance. It is initially planned that the HA's Head Office and the 7 Clusters will additionally employ a total of some 60 professional, engineering and technical staff. The related salary expenditure is estimated to be some $50 million per annum.

In 2022-23, the HA had a total of 15 biomedical engineering staff, who were mainly responsible for handling medical engineering-related matters in hospital redevelopment and daily operation. Having regard to the recommendation of the Review Committee, the HA employed 9 additional biomedical engineering staff in 2023-24 to supervise the maintenance and repairs of high-risk medical equipment and other suspended medical equipment. The related salary expenditure is estimated to be $14 million per annum. The HA will continue to review the need for further increasing biomedical engineering staff.

(2) & (3)

The HA has always upheld the principles of openness, transparency and accountability in making public announcements on major incidents of public hospitals. The HA will take into account various factors in making announcement on an incident, such as whether there is patient, staff or visitor injured, whether there is impact on services, and the seriousness of the incident. Following up on the recommendations set out in the report of the Review Committee in 2023, the HA has also stepped up external communication in respect of medical equipment and facility-related incidents.

The table below sets out the number of press releases on "facility and environment-related" and "medical equipment, apparatus and consumables-related" incidents as reported by various public hospitals from 2019 to 2023:

	Number of press releases	
Year	**Facility and environment-related incident**	**Medical equipment, apparatus and consumable-related incident**
2019	1	5
2010	10	2
2021	9	0
2022	1	0
2023	48	5

In 2023, through the Advance Incident Reporting System, the HA received 1 685 reports relating to facilities and environment and 521 reports relating to medical equipment, apparatus and consumables. Among the maintenance-related cases, the vast majority of them concerned minor damage and did not affect hospital safety and patient services. In general, simple maintenance works for building facilities are completed within 2 weeks. The HA

does not maintain statistics on the average time taken from reporting a case to making public announcement about it.

During the past 5 years (from 2019-20 to 2023-24), the HA has conducted building surveys and inspections for facilities under its management, including public hospitals and clinics, and carried out repair and preventive maintenance works according to the inspection reports and the ageing and dilapidated condition of the buildings, with an average expenditure of about $100 million per annum. In respect of the contracts for bulk repairs and maintenance of medical equipment arranged by the HA's Head Office, the average value is about $800 million per annum.

(4)

The HA has gradually implemented the recommendations of the Review Committee. On the maintenance of building facilities, the HA has implemented relevant improvement measures and optimised work arrangements based on the Review Committee's recommendations in respect of organisational structure, technology application, manpower resources and training. The building facility inspection programme has been rolled out in phases in tandem with the manpower enhancement plan, with building inspection duties gradually transferred from contractors to in-house staff. The HA will also arrange training and knowledge-sharing activities for facility management staff on an ongoing basis through professional institutes and organisations, with a view to enhancing the capability of staff in building inspection. On the application of technology to assist in building inspections, the HA is studying the use of aerial cameras to enhance the survey of external walls, and is conducting tests for suitable sensing devices for the hospital environment for remote monitoring of the condition of concrete.

On repairs and maintenance of medical equipment, the HA is progressively implementing the relevant recommendations and follow-up actions. As regards the Review Committee's recommendations on organisational structure and training and development, the HA has implemented relevant improvement measures, such as reviewing and defining the strategy and management system for the maintenance and repairs of medical equipment, formulating internal guidelines, and expanding the role of biomedical engineering staff to strengthen the supervision of the work of maintenance and repair contractors. The HA is also studying the plan to digitalise the workflow of maintenance and repair services for medical equipment. The system is expected to be rolled out in phases by the end of 2024 at the earliest. The one-off expenditure incurred is estimated to be about $3.2 million in 2024-25.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2910)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The Hospital Authority Drug Formulary (HADF) covers many effective drugs for the treatment of various diseases. Please provide:

1. names of the self-financed drugs to be repositioned as subsidised drugs this year, the number of patients expected to use these drugs, the number of patients using these drugs in the past year and the estimated expenditure involved in the repositioning of these drugs;

2. in the past 3 financial years, the number of applications submitted by doctors of public hospitals, specialist clinics and general out-patient clinics for the use of unregistered drugs or drugs outside HADF for their patients through the Named Patient Program; the number of drugs involved; the amount paid by patients purchasing these drugs at their own expenses; and the time taken for vetting and approving the applications;

3. further to question 2 above, the number of drugs for which application have been made by hospitals for inclusion in the HADF; among them, the number of drugs which failed the Drug Advisory Committee's new drug evaluation, and the reasons for their non-inclusion (with a detailed list of their names, and the amount paid by patients purchasing each of these drugs at their own expenses).

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

Reply:

1.

The Government and the Hospital Authority (HA) attach high importance to providing optimal care for all patients based on available medical evidence while ensuring optimum and rational use of public resources. Under this principle, the HA has been reviewing and expanding the HA Drug Formulary (HADF) on an on-going basis by incorporating specific drugs/drug classes as Special drugs, which are provided at standard fees and charges when prescribed under specific clinical conditions. The HA will also regularly review and expand

the therapeutic applications of different Special drugs/drug classes on the HADF as appropriate.

In 2024-25, the HA will reposition 1 Self-financed drug/drug class as Special drug, and 1 Self-financed drug/drug class as Special drug while extending its therapeutic application. The table below sets out the names of the drugs concerned, the number of patients prescribed with these drugs in 2023-24 (up to 31 December 2023), as well as the estimated additional recurrent funding involved and the estimated number of patients to be benefited in 2024-25:

Drug Name/Class	**Number of Patients Prescribed with the Drugs in 2023-24** (up to 31 December 2023)
i) Icatibant	5
ii) Sorafenib	88

Note: The figures include all patients prescribed with the above Self-financed drugs for the treatment of various diseases.

Drug Name/Class and Therapeutic Use	**Additional Recurrent Resources Involved ($ million)**	**Estimated Number of Patients to be Benefited**
Self-financed Drug Repositioned as Special Drug		
i) Icatibant (for hereditary angioedema)	0.61	37
Self-financed Drug Repositioned as Special Drug with Extended Therapeutic Application		
ii) Sorafenib (for hepatocellular carcinoma)	7.86	156

2. & 3.

Drugs listed on the HADF are for corporate-wide use benefiting the entire local population while drugs outside the HADF, including registered and unregistered drugs, are to cater for the clinical needs of individual patients under exceptional circumstances. The use of drugs outside the HADF is an integral part of providing optimal medical services for patients to balance the needs of the general population and individuals to ensure that patients are provided with optimal clinical care.

Under the existing HADF mechanism, doctors may use non-HADF drugs to manage urgent cases or meet the clinical needs of individual patients. The HA does not maintain statistics on the expenditure incurred by public hospital patients for purchasing Self-financed non-HADF drugs (including those prescribed through the Named Patient Program), but HA's expenditure for using these non-HADF drugs. The table below sets out the numbers of drugs outside the HADF used in the HA (including those prescribed through the Named Patient Program) and the corresponding drug consumption expenditures in 2021-22, 2022-23 and 2023-24 (up to 31 December 2023):

	2021-22	2022-23	2023-24 (Figures up to 31 December 2023)
Number of drugs outside the HADF used [#]	216	227	241
Drug consumption expenditure on drugs outside the HADF ($ million) [#]	306	1967	88

[#] Including the number of drugs for treating Coronavirus Disease 2019 (COVID-19) and the relevant drug expenditures.

The HA has an established mechanism to, with the support of 21 expert panels, regularly evaluate new drugs and review the existing drugs in the HADF. The evaluation process follows an evidence-based approach, having regard to the principles of safety, efficacy and cost-effectiveness of drugs and taking into account various factors, including international recommendations and practices, advance in technology, disease state, patient compliance, quality of life, actual experience in the use of drugs and views of professionals and patient groups.

Under the existing mechanism, clinicians would submit new drug applications, based on service needs, to the HA Drug Advisory Committee (DAC) for consideration of listing on the HADF. The DAC would review applications every 3 months. Appraisal of new drugs is an on-going process which has to be driven by evolving medical evidence, latest clinical developments and market dynamics. The DAC will only consider applications for listing on the HADF for locally registered drugs or their clinical indications. The numbers of registered drugs approved and not approved by the DAC for listing on the HADF in the past 3 years (i.e. 2021-22, 2022-23 and 2023-24) were 62 and 36 respectively.

The table below sets out the drugs not approved for listing on the HADF in the past 3 years (i.e. 2021-22, 2022-23 and 2023-24) under the above mechanism.

Drugs not approved for listing on the HADF	
1.	Amivantamab
2.	Albutrepenonacog alfa
3.	Arginine+Lysine
4.	Bilastine
5.	Brolucizumab
6.	Cabazitaxel
7.	Capmatinib
8.	Cerebrolysin (or equiv)
9.	Crisaborole
10.	Darolutamide
11.	Dermatophagoides allergen extract
12.	Enfortumab
13.	Entrectinib
14.	Eptinezumab
15.	Erdafitinib
16.	Fentanyl (Nasal)

Drugs not approved for listing on the HADF	
17.	Lanadelumab
18.	Larotrectinib
19.	Lemborexant
20.	Lutetium oxodotreotide
21.	Methoxyflurane
22.	Moroctocog alfa
23.	Palbociclib
24.	Pemigatinib
25.	Prasterone
26.	Ramucirumab
27.	Ranolazine
28.	Ripretinib
29.	Rurioctocog alfa pegol
30.	Satralizumab
31.	Selinexor
32.	Silodosin
33.	Sotorasib
34.	Talazoparib
35.	Tucatinib
36.	Vericiguat

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2919)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (4) Subvention: Prince Philip Dental Hospital

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding dental professional training, will the Government inform this Committee of the following:

1. the numbers of teaching cases received by the Prince Philip Dental Hospital (PPDH) in each of the past 10 years and, among them, the number of new cases;

2. following up on the previous question, since one of the objectives of the PPDH is to train dentists and ancillary dental workers, whether the PPDH has adjusted the admission criteria for teaching patients in recent years, and when and how, to set a higher target for recruiting patients for clinical training;

3. the numbers of dentists who obtained general practice qualifications and specialist qualifications in Hong Kong in each of the past 5 years;

4. the estimated numbers of first-degree and taught postgraduate training places in dentistry funded by the University Grants Committee starting from the 2025/26 academic year.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 41)

Reply:

Recruitment of Teaching Patients

The Prince Philip Dental Hospital (PPDH) is a purpose-built teaching hospital to provide facilities for the training of dentists and ancillary dental workers. For teaching undergraduate students of the Faculty of Dentistry of the University of Hong Kong (HKU), ancillary dental worker students or for other designated teaching purposes, the PPDH will recruit a wide range of dental patients and accept those who are found to be suitable for teaching purposes as teaching patients upon initial examination. Apart from providing teaching-related treatment to general dental patients, in order to meet the curriculum and learning needs, the HKU and the PPDH launched a pilot scheme in May 2023 targeting at

patients with acute oral problems. Undergraduate students or PPDH dentists will provide such patients with consultation and/or emergency pain relief treatment on a need basis. If the dental problems of the patients are suitable for designated teaching purposes, the PPDH will recruit the patients as teaching patients and continue following up their cases.

The number of teaching patients accepted by the PPDH in each of the past 5 years was as follows:

Financial Year	Number of New Teaching Patients Accepted
2019-20	5 040
2020-21	4 545
2021-22	5 893
2022-23	7 094
2023-24 (as at 29 February 2024)	6 292
Total	28 864

In addition, the number of attendances at the PPDH in each of the past 5 years was as follows:

Financial Year	Number of Attendances (Note)
2019-20	53 735
2020-21	53 894
2021-22	75 608
2022-23	84 827
2023-24 (as at 29 February 2024)	71 296
Total	339 360

Note: Including screening sessions attended by those seeking to be teaching patients and consultation sessions attended by new and follow-up patients.

Training and Manpower of Dentists

The respective numbers of dentists newly registered in Hong Kong in each of the past 5 years were as follows:

Year	**Number of dentists newly registered**		**Number of registered dentists as at 31 December**			
	Included in the General Register	**Included in the Specialist Register**	**Included in the General Register**			**Included in the Specialist Register[Note]**
			Resident in Hong Kong (a)	**Resident outside Hong Kong (b)**	**Total (a) + (b)**	
2019	69	8	2 392	219	**2 611**	294
2020	60	13	2 430	221	**2 651**	302

Year	Number of dentists newly registered		Number of registered dentists as at 31 December			
	Included in the General Register	Included in the Specialist Register	Included in the General Register			Included in the Specialist Register[Note]
			Resident in Hong Kong (a)	Resident outside Hong Kong (b)	Total (a) + (b)	
2021	62	11	2 460	246	**2 706**	307
2022	92	4	2 506	280	**2 786**	311
2023	102	5	2 572	304	**2 876**	310

Note: Given that the dentists on the Specialist Register are also included in the General Register, the number of dentists in the General Register covers the number of dentists in the Specialist Register.

The University Grants Committee (UGC) will formally commence the Planning Exercise for the 2025/26 to 2027/28 triennium soon. The number of UGC-funded training places for dentistry in 2025/26 academic year onwards is not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3277)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The Hospital Authority manages a total of 73 general out-patient clinics (GOPCs). Please advise on the following:

1. the numbers of consultation quotas of the GOPCs in various districts on weekdays, holidays and public holidays respectively in the past 3 financial years and the respective estimated numbers for the next financial year;
2. the numbers of attendances at the GOPCs (by morning, afternoon and evening consultation sessions) and the staffing establishment of doctors, nurses, pharmacists and dispensers of each of the GOPC in the past 3 financial years; and
3. the top 10 common diseases among the patients attending the GOPCs in the past year.

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

Reply:

(1) & (2)

Users of the General Out-patient Clinics (GOPCs) service under the Hospital Authority (HA) are mainly the elderly, low-income individuals, and patients with chronic diseases. Patients under the care of the GOPCs comprise two major categories: patients with chronic diseases in stable medical condition, such as patients with diabetes mellitus or hypertension; and episodic disease patients with relatively mild symptoms, such as those suffering from influenza or cold. Currently, the HA manages a total of 74 GOPCs in Hong Kong. The attendances, including the attendances for evening out-patient services, as well as the consultation quota utilisation rates in the past 3 financial years and the estimated attendances for the next financial year at the GOPCs in each cluster are set out in the table below:

GOPCs' service statistics in each cluster in the past 3 financial years and the next financial year (estimate)

Cluster	2021-22		2022-23		2023-24 (as at 31 December 2023) (provisional figures)		2024-25 (estimate)
	Attendance^ (Attendance for evening out-patient services)	Consultation quota utilisation rate (Utilisation rate of evening out-patient services)	Attendance^ (Attendance for evening out-patient services)	Consultation quota utilisation rate (Utilisation rate of evening out-patient services)	Attendance^ (Attendance for evening out-patient services)	Consultation quota utilisation rate (Utilisation rate of evening out-patient services)	Attendance^ (including attendance for evening out-patient services)
Hong Kong East	550 797 (46 631)	92% (99%)	466 622 (33 574)	92% (99%)	418 595 (40 110)	94% (99%)	582 900
Hong Kong West	367 366 (31 976)	97% (99%)	325 565 (22 222)	97% (99%)	286 535 (24 378)	99% (100%)	393 300
Kowloon Central	1 057 321 (135 319)	98% (99%)	914 158 (91 067)	97% (99%)	805 126 (95 717)	99% (99%)	1 201 200
Kowloon East	873 688 (70 387)	99% (99%)	738 718 (40 859)	98% (99%)	653 248 (41 064)	99% (100%)	1 018 200
Kowloon West	1 026 052 (76 671)	97% (99%)	923 256 (52 677)	97% (98%)	799 256 (56 495)	97% (99%)	1 107 100
New Territories East	977 308 (104 831)	97% (97%)	841 454 (54 920)	97% (97%)	768 470 (75 808)	98% (99%)	1 066 600
New Territories West	909 750 (95 801)	99% (98%)	785 575 (69 832)	99% (99%)	712 222 (86 916)	98% (99%)	960 200

^ The attendance includes the attendance for evening out-patient services and covers medical consultations, nurse and allied health services at the GOPCs.

Notes:

1. The figures for 2024-25 are estimates. The GOPCs in each cluster will flexibly deploy manpower and resources in light of the actual service demand, manpower situation and operational arrangement to provide appropriate primary healthcare services for key target users.

2. In view of the Coronavirus Disease 2019 (COVID-19) epidemic in Hong Kong in early 2020, the HA has started to activate designated clinics for confirmed cases of COVID-19 in phases since February 2022 as well as suspended or adjusted services of other clinics to focus manpower on fighting the epidemic. All of the affected clinics have resumed normal out-patient services from 30 January 2023. Therefore, the above situation should also be taken into consideration when comparing the HA's service volume in previous years. With the subsiding of the local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's resumption of normalcy measures.

There are 14 GOPCs under the HA providing services on Sundays and public holidays. The number of quotas will be adjusted according to service demand. For example, during peak

influenza seasons and consecutive long holidays, each of the GOPCs will flexibly deploy manpower and resources to strengthen their services. The service figures vary with service demand. The HA does not maintain a breakdown of the estimates of quotas to be provided by each of the GOPCs on Sundays and public holidays.

Services of GOPCs are provided through a multi-disciplinary team approach. The staff and manpower will be flexibly deployed and adjusted in different consultation sessions across the clinics based on the service volume and operational situation. Hence, there is no fixed staffing establishment for each consultation session of each of the GOPCs.

(3)

Most of the patients attending the GOPCs have more than 1 type of health problems. Common diseases include hypertension, diabetes mellitus, lipid disorder, gout, thyroid diseases, and upper respiratory tract infection, etc.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0337)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

This year, the Government will continue to take forward the development and rollout of eHealth+ to build a comprehensive healthcare information infrastructure over the next 5 years aiming to develop a personalised eHealth account for every resident to manage their digital health data, and to integrate the healthcare service processes in both public and private sectors. In this connection, will the Government inform this Committee of:

1) the number of members of the public who have registered with eHealth; its proportion of the total population of Hong Kong;
2) the number of private family doctors who have registered with eHealth; whether the Government has conducted any survey on the reasons for private doctors not participating in eHealth; if yes, the cost of the relevant survey;
3) whether the Government has assessed the loading capacity of the current platform for the upload of all the relevant information of patients' surgical operations, which has not yet been uploaded to eHealth; if no, how much additional expenditure is expected to be required to achieve the target?

Asked by: Hon CHAN Hok-fung (LegCo internal reference no.: 16)

Reply:

The Electronic Health Record Sharing System (eHealth), which came into operation in 2016, is a territory-wide electronic health record sharing platform developed by the Government since 2009. Participants can authorise healthcare providers (HCPs) in both public and private sectors to view and upload their electronic health records (eHRs) through eHealth. eHealth has undergone two stages of development. As of the end of February 2024, it recorded about 6 million registered users, accounting for nearly 80% of the population in Hong Kong. Regarding HCPs, all public hospitals and clinics, 13 private hospitals and over 3 000 other private healthcare organisations in Hong Kong have registered with eHealth, covering over 5 400 service locations. Besides, about 55 000 healthcare professionals have registered with eHealth, including more than 12 500 doctors. Of the registered doctors, more than 4 500 are private doctors, which is estimated to cover about 60% of the total number of private doctors.

Building on the current strengths of eHealth, the 2023 Policy Address announced the Government's initiative to roll out a five-year plan of "eHealth+" to develop eHealth into a comprehensive healthcare information infrastructure that integrates multiple functions of data sharing, service support and care journey management. We will take forward the "eHealth+" development under four strategic directions, namely "One Health Record", "One Care Journey", "One Digital Front Door to Empowering Tool" and "One Health Data Repository". "eHealth+" aims to better serve citizens in obtaining optimal healthcare services and support the Government's overall healthcare agenda, including primary healthcare and cross-boundary healthcare.

Currently, there are over 3.85 billion eHRs shared on eHealth, the vast majority of which (more than 99%) come from public HCPs. Despite the high level of eHealth participation and usage by private HCPs, as well as system readiness of these HCPs, especially private hospitals and imaging centres, health data contribution by private HCPs has remained extremely low. One key objective of "eHealth+" development is to significantly increase the uploading of eHRs by the private sector with a view to providing continuity of care for patients.

The Health Bureau commissioned a consultancy study on the future development of eHealth in the 2022-23 financial year, which costed about $2.89 million. Based on the recommendations of the consultancy study and our communication with different stakeholders in the sector, we will adopt a multi-pronged approach to facilitate the uploading of eHRs to "eHealth+" by the private sector.

Among other things, the Government has rolled out the eHealth Adoption Sponsorship Pilot Scheme by partnering with solution vendors of clinical management systems and medical groups for system enhancements to facilitate seamless data upload from the clinical management systems of private doctors to eHealth. The Pilot Scheme has been progressing well. As of the end of February 2024, around 400 private doctors have connected with eHealth and uploaded more than 160 000 eHRs. The Government will continue to boost data connectivity between eHealth and the electronic medical management systems in the community through the provision of technical and financial support.

The Government will progressively require all private HCPs participating in all government-funded or subsidised health programmes to upload eHRs of the relevant service users onto eHealth, so as to assist members of the public to build and maintain a complete personal health profile. In the future, we will launch an "eHealth+" certification scheme to facilitate the public to identify the capability of HCPs in uploading medical records and the extent of information involved, in order to support their choice of suitable healthcare service providers.

The Government will also consider amending the Electronic Health Record Sharing System Ordinance (Cap. 625) so as to empower the Secretary for Health to require HCPs to deposit specified essential health data in the personalised eHealth accounts of the public, thereby manifesting their right to access and manage their personal health records.

Of the sharable eHRs of eHealth, "diagnosis, procedures and medication" and "encounters/appointments" account for 60% and 20% respectively. The Government will continue to encourage the uploading of more comprehensive and complete medical and surgical records by both the public and private sectors, and to further enhance the digital

infrastructure of eHealth to strengthen the operational efficiency and capacity in support of the development, with a view to achieving the policy objective of building "One Health Record" for every Hong Kong citizen under the five-year plan of "eHealth+". The required resources have been included in the capital funding of about $1,395.8 million to be submitted to the Finance Committee for approval this year.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0338)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (4) Subvention: Prince Philip Dental Hospital

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

As mentioned in Matters Requiring Special Attention in 2024–25, the Prince Philip Dental Hospital will increase its capacity for clinical training as well as training places of ancillary dental workers and strengthen its clinic services for recruiting patients for clinical training. In this connection, would the Government inform this Committee of the following:

1) What are the number of additional training places of ancillary dental workers, the specific professional qualifications to be attained by these workers and their scope of work?
2) It is mentioned that patients will be recruited for clinical training. What are the criteria for recruitment, e.g. elderly persons aged 65 or above?

Asked by: Hon CHAN Hok-fung (LegCo internal reference no.: 17)

Reply:

The Prince Philip Dental Hospital (PPDH) is a purpose-built teaching hospital to provide the Faculty of Dentistry of the University of Hong Kong (HKU) with facilities for training dentists and also assists in the training of other ancillary dental workers, including dental hygienists, dental therapists, dental surgery assistants and dental technicians.

Training and Professional Qualifications of Ancillary Dental Workers

At present, there are 2 types of ancillary dental workers who provide dental care services to patients in Hong Kong, namely dental hygienists and dental therapists.

(a) Currently, dental hygienists are required to enrol under the Ancillary Dental Workers (Dental Hygienists) Regulations (Cap. 156B). They can work in the public or private sector, and may perform preventive dental care (e.g. oral examination, education, teeth cleaning and polishing, fluoride application and scaling) in accordance with the directions of a dentist who is available in the premises at all times when such work is being carried out;

(b) Dental therapists are currently not required for statutory enrolment or registration. They work only under the Department of Health (DH) to provide the School Dental Care Service, and may perform preventive dental care and basic curative dental care (e.g. dental restoration and extraction) in accordance with the directions of a dentist who is available in the premises at all times when such work is being carried out.

The PPDH co-organises a 2-year Higher Diploma in Dental Hygiene programme with the School of Professional and Continuing Education of the University of Hong Kong (HKU SPACE), and a 1-year Advanced Diploma in Dental Therapy programme with DH and the HKU SPACE. Persons who have graduated from the above 1-year Advanced Diploma in Dental Therapy programme (or equivalent qualifications) meet the professional requirement for the application of dental therapist.

To enhance local training, in addition to increasing training places for the above programmes of Higher Diploma in Dental Hygiene and Advanced Diploma in Dental Therapy, the Government is currently liaising with the Vocational Training Council for organising a new course for dental hygienists. The provision of training places of dental hygienists and dental therapists will be increased to nearly double from 95 in the 2023/24 academic year to 185 in the 2024/25 academic year.

Looking ahead, the Government will introduce the amendment bill to the Dentists Registration Ordinance into the Legislative Council in the first half of this year, which covers suitable adjustment to the scope of work of ancillary dental workers, and introduction of a statutory registration system for both dental hygienists and dental therapists to enhance the standard of professional training and management of ancillary dental workers under the regulatory control of the Dental Council of Hong Kong, with a view to establishing their professional status and ensuring patients' safety and service quality.

Recruitment of Teaching Patients

For teaching undergraduate students of the HKU Faculty of Dentistry, ancillary dental worker students or for other designated teaching purposes, the PPDH will recruit a wide range of dental patients of any age and accept them as teaching patients upon initial examination. Apart from providing teaching-related treatment to general dental patients, in order to meet the curriculum and learning needs, the HKU and the PPDH launched a pilot scheme in May 2023 targeting at patients with acute oral problems. Undergraduates or PPDH dentists will provide such patients with consultation and/or emergency pain relief treatment on need basis. If the dental problems of the patients are suitable for designated teaching purposes, the PPDH will recruit the patients as teaching patients and continue following up their cases.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0339)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in Matters Requiring Special Attention this year that the Hospital Authority (HA) will continue to enhance community psychiatric services. In this regard, will the Government inform this Committee of:

1) the number of psychiatric doctors, psychiatric nurses, community psychiatric nurses, clinical psychologists, medical social workers and occupational therapists working in psychiatric stream in each hospital cluster of the HA;

2) the average turnover rates of the aforesaid posts in each of the past 3 years;

3) the total number of psychiatric patients treated in each hospital cluster, and the average waiting time for service in each hospital cluster in the past 3 years; and

4) the amount of resources earmarked by the Government this year for enhancing community psychiatric services, and the content of such services?

Asked by: Hon CHAN Hok-fung (LegCo internal reference no.: 18)

Reply:

(1)

The table below sets out the number of psychiatric doctors, psychiatric nurses, community psychiatric nurses, clinical psychologists, medical social workers and occupational therapists working in the psychiatric stream in each hospital cluster of the Hospital Authority (HA) in 2023-24 (as of 31 December 2023).

Hospital Cluster	Psychiatric Doctors[1,2]	Psychiatric Nurses[1,3] (including Community Psychiatric Nurses)	Community Psychiatric Nurses[1]	Allied Health Professionals		
				Clinical Psychologists[1,5]	Medical Social Workers[4]	Occupa-tional Therapists[1,5]
2023-24 (as of 31 December 2023)						
HKEC	44	297	14	10	N/A	25
HKWC	27	151	8	8	N/A	29
KCC	47	289	10	13	N/A	31
KEC	46	229	6	16	N/A	25
KWC	80	856	23	31	N/A	89
NTEC	71	496	13	19	N/A	53
NTWC	87	774	48	17	N/A	60
Overall	**403**	**3 092**	**122**	**113**	**257**	**312**

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but excluding those in the HA Head Office. Individual figures may not add up to the total due to rounding.
2. 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 nurses in psychiatric stream.
4. Information on the number of medical social workers supporting psychiatric services in the HA are provided by the Social Welfare Department. The HA does not maintain a breakdown by hospital clusters.
5. Clinical psychologists and occupational therapists working in psychiatric stream include those working in mental hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), those working in psychiatric departments of other non-mental hospitals, as well as those engaging in psychiatric-related work.

(2)

The table below sets out the attrition (wastage) rate of full-time doctors and nurses in the specialty of psychiatry of the HA for 2021-22 to 2023-24 (rolling 12 months from January – December 2023).

Financial year	Attrition (wastage) rate of doctors[1,2,3]	Attrition (wastage) rate of nurses[1,2]
2021-22	9.7%	7.8%
2022-23	6.4%	8.3%
2023-24 (January-December 2023)	6.5%	6.7%

Note:

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

2. Rolling attrition (wastage) Rate = (Total number of staff who left the HA in the past 12 months / Average strength in the past 12 months) x 100%
3. The above manpower figures for doctors do not include interns and dental officers.

(3)

The table below sets out the total number of psychiatric patients receiving treatment in each hospital cluster under the HA in 2023-24 (projection as of 31 December 2023).

2023-2024 (projections as of 31 December 2023)

Hospital Cluster							HA Overall
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
26 900	25 800	23 100	44 600	84 100	57 100	49 800	305 700

Note:
1. Including inpatients, patients at specialist outpatient clinics (SOPCs) and day hospitals.
2. Figures are rounded to the nearest hundred.
3. The figures for each hospital cluster may not add up to the total as patients may be treated in more than one hospital cluster.

The tables below set out the median waiting time for cases at psychiatric SOPCs triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) in each hospital cluster of the HA from 2021-22 to 2023-24 (up to 31 December 2023).

2021-22

	Priority 1		Priority 2		Routine	
Hospital Cluster	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	286	<1	912	3	2 989	16
HKWC	386	1	827	4	2 099	50
KCC	284	<1	1 096	4	1 542	14
KEC	302	1	2 452	4	5 212	59
KWC	256	<1	794	5	13 361	24
NTEC	1 015	1	2 422	4	6 216	65
NTWC	399	1	1 492	3	5 606	62

2022-23

	Priority 1		Priority 2		Routine	
Hospital Cluster	**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	302	<1	897	3	3 296	19
HKWC	363	1	687	4	1 920	41
KCC	195	<1	1 318	4	2 347	18
KEC	265	1	2 322	3	5 238	52
KWC	232	<1	909	4	13 129	29
NTEC	828	1	2 427	4	6 342	64
NTWC	377	1	1 459	3	6 027	55

2023-24 (up to 31 December 2023)[provisional figures]

	Priority 1		Priority 2		Routine	
Hospital Cluster	**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	601	3	2 726	25
HKWC	267	1	615	4	1 462	40
KCC	199	<1	905	3	1 829	20
KEC	194	1	1 628	3	4 106	56
KWC	196	<1	590	3	9 900	29
NTEC	640	1	1 729	4	5 147	73
NTWC	308	1	1 168	3	4 514	45

Note:
With effect from 1 October 2022, the waiting time for new case booking at SOPCs has incorporated figures from integrated clinics.

Remark:
In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures.

(4)

In view of the international trend of focusing on the provision of community and ambulatory care support for psychiatric patients, the HA has strengthened its community psychiatric services along this direction to promote the recovery of psychiatric patients and facilitate their re-integration into society. The HA completed a review of its community psychiatric services in late 2017 and enhanced its service delivery model. At present, community psychiatric services cover three levels of services, including the Intensive Care Team, Case

Management Programme and Standard Community Psychiatric Service. Taking into account patients' medical conditions as well as clinical needs and risks, the multi-disciplinary medical team will provide them with appropriate community support.

The HA enhanced manpower and further optimised the ratio of case manager under the Case Management Programme to patients to no higher than 1:40 in the fourth quarter of 2023. The additional recurrent expenditure increases from $29 million in 2023-24 to $50 million in 2024-25.

The HA will continue to monitor its service provision to ensure that its service can meet the needs of patients.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0897)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

On promoting the development of Chinese medicine (CM) in Hong Kong, will the Government please advise this Committee on the following:

(1) the number of CM practitioners registered in Hong Kong;

(2) the numbers of CM practitioners trained in Hong Kong and in places other than Hong Kong in each of the past 3 years;

(3) the types of programmes for nurturing talents in CM and conducting research and studies implemented in each of the past 3 years and the expenditure incurred; and

(4) the manpower and expenditure involved in administering the Chinese Medicine Development Fund (CMDF) and details of work done since its establishment; the number of projects financed by the CMDF, and the names and scopes of such funded projects, amount of funding granted, implementation timetables and results.

Asked by: Hon CHAN Kapui, Judy (LegCo internal reference no.: 24)

Reply:

(1) and (2)
As at 29 February 2024, there was a total of 10 588 Chinese medicine practitioners (CMPs) in the territory. Among them, 8 420 were registered CMPs, 32 were CMPs with limited registration and 2 136 were listed CMPs.

At present, there are 3 local universities, namely the Hong Kong Baptist University, the Chinese University of Hong Kong, and the University of Hong Kong offering full-time Chinese medicine (CM) undergraduate programmes recognised by the Chinese Medicine Practitioners Board (CMPB) of the Chinese Medicine Council of Hong Kong. In the academic years between 2020/21 and 2022/23, the number of local graduates of University Grants Committee-funded bachelor of CM programmes were as follows:

Academic year	Number of local graduates
2020/21	69

2021/22	81
2022/23	70

Those who have successfully completed the above bachelor's degree programmes are eligible to sit for the Chinese Medicine Practitioners Licensing Examination (CMPLE) organised by the CMPB. There are 31 universities in the Mainland offering full-time CM degree courses recognised by the CMPB. Those who have successfully completed the above courses in the Mainland are eligible to sit for the CMPLE. Candidates who have passed the CMPLE are qualified to apply for registration as registered CMPs for practicing CM in Hong Kong. There have been no other applications for registration of CMPs trained in places other than Hong Kong and the Mainland. In the past 3 years, the numbers of undergraduates of local universities and non-locally trained graduates who passed the CMPLE and got registered were as follows:

Year	**Number of undergraduates from the 3 local universities who passed the CMPLE and got registered**	**Number of non-locally trained graduates who passed the CMPLE and got registered**
2021	62	197
2022	82	181
2023	58	159

(3) and (4)

The Government has been committed to promoting the high-quality development of CM on all fronts in Hong Kong and will continue to take forward various initiatives conducive to the nurturing of talents, scientific research and innovation and the overall development of CM sector, including taking forward training and research work on CM through the Hospital Authority (HA); promoting scientific research and standard-setting for CM testing through the Government Chinese Medicines Testing Institute (GCMTI); continuously enhancing the funding arrangement of the Chinese Medicine Development Fund (CMDF); taking forward new capacity building initiatives for the sector and commissioning organisations to conduct large-scale training, publicity and research projects on strategic themes conducive to the development of CM as a whole.

<u>Training and scientific research undertaken by the HA</u>

Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) have been established in 18 districts in Hong Kong to promote CM development by providing services, training and research. They operate on a tripartite collaboration model involving the HA, non-governmental organisations (NGOs) and local universities, with the NGOs responsible for the day-to-day clinic operation.

To support the Government's efforts in promoting the overall development of CM, the HA has all along been providing various types of CM training for CM professionals of various ranks in the 18 CMCTRs, including CMP trainees, CMPs, senior CMPs and CM pharmacists, with a view to nurturing more local CM talents. For instance, the HA launched the CMP trainee programme in March 2020 to comprehensively enhance the clinical ability and professional standard of CMP trainees by adopting "evidence-based" medicine as an approach to develop solid clinical capability. Each CMCTR will employ 12 CMP trainees and

provide training for them. At present, the 18 CMCTRs provide a total of 216 training places for CMP trainees, of which 72 are to be allocated to graduates of local full-time CM undergraduate programmes with less than a year's experience in clinical practice.

Apart from the training programmes for the CMP trainees, the HA has also enhanced various types of on-the-job training for CMPs at other levels. These include scholarships at junior and advanced levels, visiting scholar programmes, training on the knowledge and practice of scientific research, commissioned training in Western medicine, CM research, online learning programme, etc. Meanwhile, the HA also offers related training for CM drug professionals, including programmes on CM drug professional training and fundamental knowledge on Western medicine, as well as online training platforms, so as to enhance the expertise of CM drug professionals.

In addition, to promote the development of integrated Chinese-Western medicine (ICWM) services, the HA launched the "Greater Bay Area Chinese Medicine Visiting Scholars Programme" in November 2022 in collaboration with Grade 3A CM hospitals in the Mainland. CM experts with rich clinical experience will be deployed from these hospitals to Hong Kong in the capacity of visiting scholars to provide clinical guidance, exchange views and offer training, with a view to enhancing the standard of inpatient treatment services of CMPs in Hong Kong. As at today, nearly 90 local CMPs have been trained under the programme.

On the front of scientific research, the HA actively collaborates with the CMCTRs and local universities to conduct systematic research programmes on CM and diseases. Since 2006, a total of 66 CM research projects have been completed and more than 75 scholar articles published in academic journals.

As regards the expenditure, the Government has earmarked funding to take forward initiatives for promoting CM development. They include operation of CMCTRs to provide government-subsidised services and implement the CMP trainee programme, promotion of ICWM services, provision of training in "evidence-based" CM, operation of the Toxicology Reference Laboratory, quality assurance and central procurement of CM drugs, and enhancement to and maintenance of the CM Information System.

Related financial provision for the past 3 years is tabulated below:

Financial Year	2021-22	2022-23	2023-24
Provision ($ million)	230	229	348

Scientific research undertaken by the GCMTI

Established by the Department of Health (DH) in 2017, the GCMTI specialises in the testing of and scientific research on CM drugs, with a view to setting internationally recognised reference standards for the safety, quality and testing methods of CM drugs.

One of the major research activities of the GCMTI is to conduct an ongoing project on the Hong Kong Chinese Materia Medica Standards (HKCMMS). So far, reference standards for a total of 330 Chinese Materia Medica (CMM) have been released, and the GCMTI has completed the establishment of reference standards for an additional 14 CMM, which are yet to be published. The actual expenditures involved in the HKCMMS in the past 3 years are tabulated below:

Financial Year	2021-22	2022-23	2023-24 (Revised Estimate)
Expenditure ($ million)	5.6	6.3	7.3

Moreover, the DH set up the GCMTI Advisory Committee in 2017 as a platform for stakeholders to advise on the long-term development strategies, measures and specific research proposals of the GCMTI. With the support of the committee, the GCMTI has embarked on 10 research and thematic projects in the past 3 years, details of which are set out in the **Annex**. As most research projects are maintained by internal resources allocation, the expenditures on manpower and outsourcing of services are subsumed under the overall expenditure of the Chinese Medicine Regulatory Office of the DH. Therefore, the total expenditure on research projects cannot be set out in full.

Holistic support rendered by the CMDF to the CM sector

Officially launched in June 2019, the CMDF is the first dedicated fund set up to support the development of CM with the objective of enhancing the overall standard of the CM sector to promote the holistic and high-quality development of CM in Hong Kong.

As at 20 March 2024, nearly 7 800 funding applications were approved under the CMDF, involving a total funding of about $276 million (provisional figure) for the approved projects and benefiting more than 2.2 million individuals/organisations in the CM sector, including registered and listed CMPs, CM drug personnel, CM clinics, manufacturers and wholesalers of proprietary Chinese medicines (pCm), retailers and wholesalers of Chinese herbal medicines (Chm), CM-related organisations, universities and tertiary education institutions, as well as members of the public. Major achievements of the CMDF are set out below:

(a) Talent nurturing: Close to 3 200 CMPs and CM drug personnel have received subsidies to attend CM professional training programmes for them to continuously upskill professional knowledge and ability. The CMDF has also supported programme providers to design and organise innovative training projects, benefiting over 37 100 practitioners;

(b) Quality enhancement: The CMDF has supported more than 480 CM clinics and nearly 190 Chm retailers/wholesalers to upgrade their facilities and equipment with a view to enhancing service quality, safety and quality control of CM drugs. The CMDF has also supported nearly 160 pCm manufacturers/wholesalers to engage consultancy services and technical support to complete the registration process for some 730 pCm products, thereby levelling up the quality of Hong Kong-registered pCm products and fostering the development of CM drug industry;

(c) Research and applied studies: The CMDF has supported the commencement of 62 CM research and applied studies projects which are instrumental to the academic and clinical research, professional and industry development of CM in Hong Kong; and

(d) Publicity and promotion: The CMDF has supported nearly 675 CM publicity and public education activities of various forms with target audiences covering kindergarten students, primary and secondary school students, and elderly persons.

The Health Bureau (HHB), in conjunction with the CMDF's implementation agent, has been reviewing the operation of the CMDF. In consultation with the Advisory Committee on the CMDF, the HHB implements various enhancement proposals, such as refining the design of the existing funding schemes, streamlining the application process and administrative arrangements, expanding the application eligibility and funding scope, raising the funding ceiling and extending the time limit for project completion.

Since 2023-24, the CMDF has been taking forward a number of new capacity building initiatives. They include: (a) subsidising programmes related to the Training Programme of Advanced Clinical Talents in Chinese Medicine co-organised by the National Administration of Traditional Chinese Medicine and the HHB, one of which is the first edition of the Hong Kong Chinese Medicine Talent Short-term Training Programme successfully completed in Beijing in November 2023 aimed to help nurture more high-level backbone talents in CM theories and clinical practice; (b) launching the Guangdong-Hong Kong-Macao Greater Bay Area Proprietary Chinese Medicine Industry Development Support Scheme in February 2024 to subsidise local pCm manufacturers or wholesalers for the application fees for registering of eligible pCm products in the Mainland with the Guangdong Provincial Medical Products Administration through the streamlined registration approval process, thereby facilitating Hong Kong pCm to "go global" through expansion to other markets; and (c) raising the funding ceiling of the Chinese Medicine Promotion Funding Scheme from $750,000 to $2,000,000 with effect from April 2024 to enhance the scale and effectiveness of the public education and promotion projects designed and implemented by the CM sector.

Meanwhile, the CMDF will commission organisations to conduct large-scale training, publicity and research projects on strategic themes conducive to the development of CM as a whole. The first batch of projects include training programmes developed and implemented to tie in with the service commencement of the Chinese Medicine Hospital, and large-scale territory-wide promotional and publicity campaigns for the wider use of CM in the community. Application is expected to be open in the second quarter of this year.

The details and vetting criteria of the funding schemes as well as the progress and results of the approved projects have been uploaded to the CMDF website (www.cmdevfund.hk).

As the work on overseeing the CMDF's operation is part of the overall duties of the Chinese Medicine Unit under the HHB, separate breakdown of manpower and expenditures involved is not available.

Annex

Research and Thematic Projects Conducted by the GCMTI of the DH from 2021-22 to 2023-24

Research/Thematic Projects	Commencement Date	Completion Date
Study on the identification of Ziziphi Spinosae Semen and its commonly confused species	June 2021	November 2022
Analysis of chemical markers of CMM in Baifeng Wan	December 2021	June 2023
Building of the Digitalised Chinese Medicines Information Platform (Phase II)	March 2022	December 2023
Identification of tiny seed and fruit types of CMM	April 2022	In progress
Consolidation of the Preliminary Index of CMM Resources in Hong Kong under the Fourth National Survey of CMM Resources	June 2022	December 2022
Building of 3D CMM Images for the Digital Herbarium for Chinese Medicines	March 2023	In progress
Survey of CMM Resources under the Fourth National Survey of CMM Resources (Phase II)	May 2023	In progress
Study on the identification of Ziziphi Spinosae Semen and its commonly confused species by DNA method	June 2023	In progress
Analysis of chemical markers in pCms containing Psoraleae and Ginseng	July 2023	In progress
Collection of specimens of Western herbal medicines and Lingnan herbal medicines for the Chinese Medicines Herbarium of the GCMTI	September 2023	In progress

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0898)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Please inform this Committee of the following in each of the past 3 years:

(1) the number of new registrations and the total number of registrations with the Centralised Organ Donation Register; and

(2) the numbers of donors and recipients in respect of the transplant operations, performed in public hospitals on human organs/tissues, including the transplants of kidney (living, cadaveric), liver (living, cadaveric), heart, lung (single, double), cornea, skin and bone, as well as the numbers of people waiting for such transplants.

Asked by: Hon CHAN Kapui, Judy (LegCo internal reference no.: 25)

Reply:

(1)

The numbers of registrations recorded in the Centralised Organ Donation Register (CODR) in the past 3 years are as follows:

	2021	**2022**	**2023**
Number of new registrations [1]	12 829	13 418	25 968
Cumulative total number of registrations (as at 31 December of the year)	343 593	356 093	367 199

Note:

1. Number of new registrations refers to:

(a) In or before April 2022 – the number of new registrations verified by the Department of Health (DH) minus the number of effective withdrawals during the same period (i.e. net increase in the cumulative number of registrations in the period); and

(b) In or after May 2022 (after enhancement of the CODR System) – the number of new registrations verified by the DH (the number of effective withdrawals during the same period is not deducted in order to indicate more clearly the number of new registrations).

(2)

The number of organ/tissue donors, the number of donation cases and the number of patients waiting for transplant in the HA in the past 3 years are as follows:

Year (as at 31 December)	**Organ/ Tissue**	**Number of Patients Waiting for Transplant**	**Number of Organ Donors [2]**		**Number of Donation Cases**
			Number of Cadaveric Donors [3]	**Number of Living Donors [4]**	
2021	Kidney	2 360	36	35	72 (Cadaveric donation: 57 Living donation: 15)
	Liver	69			53 (Cadaveric donation: 33 Living donation: 20)
	Heart	78			8
	Lung	19			14
	Cornea (piece)	263			306
	Skin	N/A [5]			3
	Bone				1
2022	Kidney	2 451	29	23	56 (Cadaveric donation: 45 Living donation: 11)
	Liver	66			29 (Cadaveric donation: 17 Living donation: 12)
	Heart	81			11
	Lung	13			7
	Cornea (piece)	357			244
	Skin	N/A [5]			5
	Bone				0
2023	Kidney	2 429	24	24	52 (Cadaveric donation: 41 Living donation: 11)
	Liver	81			30 (Cadaveric donation:

					17 Living donation: 13)
	Heart	76			8
	Lung	21			2
	Cornea (piece)	474			253
	Skin	N/A [5]			2
	Bone				0

Note:

2. Figures are available from 2021 onwards.
3. Number refers to any one or more solid organ donations which include kidney(s), liver, heart and lung(s) from cadaveric donors.
4. Living donation applies to liver/kidney transplant only.
5. Cases of skin and bone transplant are sudden and emergency in nature. Substitutes will be used if no suitable skin or bone is identified for transplant.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0943)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in paragraph 192 of the Budget Speech that the Government provides resources and implements a variety of measures to promote Chinese medicine (CM). These include increasing the quota of government-subsidised CM out-patient services, extending integrated Chinese-Western medicine services, promoting scientific research on CM and setting relevant standards. At the same time, the Government is pressing ahead with the construction of the Chinese Medicine Hospital and the Government Chinese Medicines Testing Institute. In this connection, please inform this Committee of:

a) the appointment status and overall utilisation rates of the 18 Chinese Medicine Clinics across the territory in the past 2 years;
b) the current and target quota of government-subsidised CM out-patient services; and
c) the specific plans to promote the development of CM, including integrated Chinese-Western medicine services and CM testing and scientific research, in the coming year.

Asked by: Hon CHAN Kin-por (LegCo internal reference no.: 26)

Reply:

(a) and (b)

Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) have been established in 18 districts across the territory to promote the development of Chinese medicine (CM) by providing services, training and conducting 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. Since March 2020, the 18 CMCTRs have been providing Government-subsidised CM outpatient services at the district level. The annual quota has increased from about 600 000 to 800 000 since October 2023, representing an increase of over 30%. The Government will continue to review the service capacities of the 18 CMCTRs and the public demand for Government-subsidised CM outpatient services, with a view to enhancing the service arrangements as appropriate.

Utilisation rates of Government-subsidised CM outpatient service quota of the 18 CMCTRs in the past 2 years are tabulated below:

Financial Year	Utilisation rate of the Government-subsidised CM outpatient service quota
2021-22	95%
2022-23	92%

The attendances of the 18 CMCTRs in the past 2 years are set out in the table below:

District	Attendance for the Year	
	2022	**2023**
Central & Western	87 186	93 358
Tsuen Wan	96 071	112 384
Tai Po	86 229	100 866
Wan Chai	76 430	94 946
Sai Kung	65 529	89 331
Yuen Long	92 070	94 257
Tuen Mun	75 719	77 887
Kwun Tong	82 556	86 916
Kwai Tsing	71 806	79 053
Eastern	104 034	114 504
North	98 671	119 156
Wong Tai Sin	74 040	72 486
Sha Tin	89 020	107 076
Sham Shui Po	76 836	78 628
Southern	87 486	98 312
Kowloon City	80 630	86 845
Yau Tsim Mong	90 694	86 288
Islands	83 629	91 978
Total	**1 518 636**	**1 684 271**

Note: The above attendances cover CMCTRs' regular services (both Government-subsidised and non-Government-subsidised outpatient services), Civil Service Chinese Medicine Clinic services, as well as time-limited Special Chinese Medicine Out-patient Programme for COVID-19 Infected Persons introduced during the COVID-19 epidemic.

(c)

The Government has been committed to promoting the high-quality development of Chinese medicine (CM) in Hong Kong on all fronts and will continue to take forward various policy initiatives in 2024-25, including pressing ahead with the construction of the Chinese Medicine Hospital (CMH) and the Government Chinese Medicines Testing Institute (GCMTI); strengthening the co-ordination of CM professional and policy development and collaborating with the CM sector to formulate a comprehensive CM Development Blueprint to map out the vision and strategies for future development by the Chinese Medicine Unit of the Health Bureau under the leadership of the Commissioner for Chinese Medicine Development who would assume office in 2024; strengthening integrated Chinese-Western medicine services;

promoting scientific research and standard-setting for Chinese medicines (CMs) testing; promoting more talent nurturing programmes for boosting the establishment of CM talent pool in Hong Kong; refining the funding arrangement of the Chinese Medicine Development Fund, taking forward new capacity-building initiatives for the industry and commissioning organisations to conduct large-scale training, publicity and research projects on strategic priority themes conducive to CM development as a whole; and continuing to strengthen Hong Kong's role under the Construction Plan for the Chinese Medicine Highlands in the Guangdong-Hong Kong-Macao Greater Bay Area (2020-2025) for proactive integration into the national CM development and give full play to our role as the country's gateway to the international markets and contribute to the internationalisation of CM.

The latest developments in the integrated Chinese-Western medicine (ICWM) services and the scientific research for CM testing are as follows:

ICWM services

To explore the operation and gather experience of ICWM and CM inpatient services for formulating a roadmap for the future development of CM, the Government commissioned the HA to launch in 2014 the time-limited ICWM Pilot Programme (Pilot Programme) for providing ICWM treatment for inpatients of selected disease areas (namely stroke care, musculoskeletal pain management and cancer palliative care) at 8 designated hospitals (Kwong Wah Hospital, Pamela Youde Nethersole Eastern Hospital, Princess Margaret Hospital, Prince of Wales Hospital, Shatin Hospital, Tuen Mun Hospital, Tung Wah Hospital and United Christian Hospital) by phases. Having regard to the clinical assessment by CM and Western medicine teams, ICWM services are provided to inpatients suitable for participating in the Pilot Programme.

To tie in with the policy direction of the long-term development of CM, the HA regularised the Pilot Programme in early 2023 and further expanded ICWM services to cover more public hospitals and other disease areas for leveraging the advantages of CM and ICWM. To support cancer patients of different stages, the HA has incorporated ICWM services into the cancer treatment protocol, and launched the new cancer care pilot programme at 2 public hospitals (Princess Margaret Hospital and Tuen Mun Hospital) in the third quarter of 2023 to provide such services for the first time in day chemotherapy centres.

In the first quarter of 2024, the ICWM services have reached its periodical milestone. The HA has further expanded the ICWM services to 26 public hospitals under the 7 clusters, increasing the hospital sites from 8 to 53. Such expansion is in line with the policy direction to promote CM development and enhance ICWM services set forth in the Chief Executive's Policy Address in providing services to patients of under the designated disease areas (including stroke care, musculoskeletal pain management, cancer palliative care and cancer care pilot programme).

Further, the HA has also planned to include CM rehabilitation in the clinical framework for stroke care inpatient services and will continue to explore from multiple perspectives the feasibility of extending ICWM services to cover more disease areas (such as elderly degenerative diseases), starting from those where CM has advantages, for the long-term development of sustainable ICWM services.

Scientific research for CM testing

The GCMTI was established in 2017 with its temporary facilities located at the Hong Kong Science Park in Shatin. The missions of the GCMTI are to develop a set of internationally-recognised reference standards for CMs and related products by employing state-of-the-art technology and through scientific research, and to help empower the industry through transfer of testing technology to strengthen quality control of products, establish the brand image of Hong Kong in CMs and developing Hong Kong into an international hub on CMs testing and quality control.

One of the major research activities of the GCMTI is carrying on the research work on the Hong Kong Chinese Materia Medica Standards (HKCMMS) project. So far, the GCMTI has published the reference standards for a total of 330 Chinese Materia Medica (CMM). The reference standards for additional 14 CMM have also been completed and will be published in due course.

Moreover, the Department of Health (DH) set up the GCMTI Advisory Committee in 2017 providing a platform for stakeholders to advise the GCMTI on the long-term development strategies, measures and specific research proposals of the GCMTI. With the support of the committee, the GCMTI has embarked on 14 research and thematic projects in the past 5 years. In the coming year, the GCMTI will continue with the HKCMMS project and 8 other ongoing research and thematic projects, details of which are set out in the **Annex**.

Annex

Research and Thematic Projects Conducted by the GCMTI of the DH from 2019-20 to 2023-24

Research/Thematic Projects	Commencement Date	Completion Date
DNA method for identification of Bulbus Fritillariae Ussuriensis – a common adulterant found in Bulbus Fritillariae Cirrhosae	October 2019	May 2022
Analysis of chemical markers of CMM in proprietary Chinese medicines (pCms) for internal use (Pei Pa Koa)	June 2020	December 2021
Study on the identification of Ziziphi Spinosae Semen and its commonly confused species	June 2021	November 2022
Analysis of chemical markers of CMM in Baifeng Wan	December 2021	June 2023
Building of the Digitalised Chinese Medicines Information Platform (Phase II)	March 2022	December 2023
Consolidation of the Preliminary Index of CMM Resources in Hong Kong under the Fourth National Survey of CMM Resources	June 2022	December 2022
Collection of specimens of *Daodi* medicinal materials of China and South Eastern Asia herbal medicines for the CMs Herbarium of the GCMTI	June 2020	In progress
Establishment of reference DNA Sequence Library for CMM (Phase II)	June 2020	In progress
Identification of tiny seed and fruit types of CMM	April 2022	In progress
Building of 3D CMM Images for the Digital Herbarium for Chinese Medicines	March 2023	In progress
Survey of CMM Resources under the Fourth National Survey of CMM Resources (Phase II)	May 2023	In progress
Study on the identification of Ziziphi Spinosae Semen and its commonly confused species by DNA method	June 2023	In progress
Analysis of chemical markers in pCms containing Psoraleae and Ginseng	July 2023	In progress
Collection of specimens of Western herbal medicines and Lingnan herbal medicines for the CMs Herbarium of the GCMTI	September 2023	In progress

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0945)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The Voluntary Health Insurance Scheme (VHIS) has been fully implemented since April 2019 as one of the healthcare reform initiatives of the Government. It is stated in Programme (2) that the Bureau will continue to implement the VHIS. In this connection, please inform this Committee:

a) of the latest number of policies, with a breakdown by the age of the insured person;
b) of the number of taxpayers who claimed tax deduction and the total amount of qualifying premiums allowed under the VHIS; and
c) whether the Bureau will conduct a timely review of the VHIS; if so, of the details; if not, the reasons for that.

Asked by: Hon CHAN Kin-por (LegCo internal reference no.: 28)

Reply:

a. According to the latest statistics, the number of policies of the Voluntary Health Insurance Scheme (VHIS) Certified Plans reached 1 284 000 as at 30 September 2023. The breakdown by the age of insured person is as follows:

Age of insured person	Number of VHIS policies*
0 - 9	124 000
10 - 19	117 000
20 - 29	176 000
30 - 39	266 000
40 - 49	252 000
50 - 59	203 000
60 or above	147 000
Total	**1 284 000**

** Breakdown may not add up to the total due to rounding.*

b. According to the latest information provided by the Inland Revenue Department, the data on tax deduction (based on year of assessment) is as follows:

	No. of taxpayers claimed tax deduction	Total amount of VHIS qualifying premiums allowed
Year of assessment 2022-23 (preliminary figures)	388 000	$2,860 million

c. The VHIS has been fully implemented since April 2019, aiming to provide the general public with an alternative individual indemnity hospital insurance product which is subject to specific regulations with high market transparency. It offers consumers with greater confidence in purchasing health insurance and using private healthcare services when in need, thereby alleviating pressure on public healthcare system in the long run.

The VHIS has been fully launched for a relatively short period of time, during which it was also affected by the 3-year long COVID-19 epidemic. The Health Bureau will closely monitor the implementation of the VHIS and the market response, collect market data and listen to the views of various stakeholders. We will review the effectiveness of the VHIS and possible areas of refinement, such as the benefit items, service charges, claim limits and tax deduction arrangements, etc. under the coverage in due course. This is to ensure that the VHIS can keep abreast of the latest trends in the healthcare market and dovetail with the various public health policies of the Government.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2263)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: Not Specified

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in paragraph 191 of the Budget Speech that the Government has been improving public healthcare services and enhancing the patient experience on various fronts with specific performance indicators. In this connection, will the Government inform this Committee of the following:

1. the specific progress and outcome of improving public healthcare services and enhancing the patient experience; and

2. details of the funding provision for improving public healthcare services and enhancing the patient experience in the next 5 years, and what are the outcomes expected to be achieved?

Asked by: Hon CHAN Man-ki, Maggie (LegCo internal reference no.: 1)

Reply:

1. & 2.

In respect of improving public healthcare services and enhancing patient experience, the Hospital Authority (HA) has established specific performance indicators, which concern shortening the waiting time for specialist out-patient (SOP) services, enhancing patient experience and using telehealth, etc.

Shortening the waiting time for SOP services

The HA has been implementing a triage system for new referrals to SOP clinics to ensure that priority is given to treating patients in urgent conditions and requiring early intervention. Under the current triage system, newly referred patients are usually screened by a nurse and then examined by a specialist doctor of the relevant department, before being classified into Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases. The HA's target is to maintain the median waiting time for Priority 1 and Priority 2 cases within 2 weeks and

8 weeks respectively. The HA has been able to fulfil the pledge regarding the median waiting time for Priority 1 and Priority 2 cases, and will continue to implement this effective triage system to ensure timely treatment for patients in most urgent need.

Apart from implementing the triage system, the HA has been taking measures actively to manage and improve the waiting time for SOP patients, such as enhancing public primary healthcare services, strengthening manpower, optimising appointment booking and scheduling, and displaying the latest waiting time on the HA's website and at SOP clinics to help patients consider their treatment plans and options. Besides, under the strategy of "narrowing upstream, collaborating downstream, diverting midstream", the HA has introduced doctor-led multi-disciplinary integrated clinics, and will allocate more resources for new cases, streamline referral arrangements for cross-specialty cases, set up more integrated clinics to provide multi-disciplinary support, and enhance primary healthcare to follow up on patients in stable conditions.

In terms of shortening waiting time for SOP services, the Chief Executive's 2022 Policy Address has set the target of reducing the 90th percentile waiting time for stable new case bookings for the specialty of Medicine at SOP clinics by 20% in 2023-24, i.e. reducing the waiting time from 122 weeks in 2021-22 to 97 weeks or less. In 2023-24 (as at 31 December 2023), the overall 90th percentile waiting time for stable new case bookings for the specialty of Medicine at HA's SOP clinics has reached 92 weeks [provisional figure]. The HA is confident that it can continue to meet the target set in the Policy Address.

The Chief Executive's 2023 Policy Address has set the target of maintaining the median waiting time for new cases triaged as Priority 1 (urgent) and Priority 2 (semi-urgent) at psychiatric SOP clinics at no longer than 1 week and 4 weeks respectively. Currently, this target has been achieved and is expected to be maintained. In addition, the HA has set the target of reducing the 90th percentile waiting time for stable new case bookings for the specialties of Ear, Nose and Throat as well as Orthopaedics and Traumatology at SOP clinics by 10% in 2024-25. The HA will continue to actively manage the waiting time for SOP services, with a view to meeting and maintaining the relevant targets. It will also review the effectiveness of these measures in a timely manner and implement appropriate supplementary measures as necessary to further shorten the waiting time of SOP clinics.

Enhancing patient experience

To enhance patient experience, the Chief Executive's 2022 Policy Address has also set the target that, by 31 March 2023, 75% of patients attending SOP clinics would have their journey time from registration to doctor consultation completed within 60 minutes, and from registration to medication collection within 120 minutes. The HA has met and will be able to maintain these performance indicators.

In addition, the "HA Go" mobile application helps patients and carers manage medical appointments and healthcare arrangement in an easy and effective manner, including checking appointment records, making out-patient appointments, handling mobile payment, viewing queuing status, performing rehabilitation exercise according to prescriptions, viewing important information such as medications, investigation reports and sick leave certificates, as well as attending tele-consultations and arranging medication delivery service, etc. The HA envisions driving forward smart healthcare through the continuous development of the

"HA Go" mobile application, while providing convenient services for the public and continuously improving patient experience.

Using telehealth

The HA has been striving to optimise the use of technology to enhance service quality and patient experience; and telehealth is one of the key development directions. The HA is actively promoting telehealth to provide an additional option for suitable patients when seeking medical consultation, such that they may receive healthcare services from the HA without making in-person visits to hospitals or clinics. Telehealth services have been introduced in different out-patient, day in-patient, in-patient and outreach services. The table below sets out the number of attendances for the HA's telehealth services over the past 3 years.

Year	Number of telehealth attendances [Note]
2021-22	5 111
2022-23	91 645
2023-24 (As at 31 December 2023) [Provisional figure]	82 384

The HA will regularly review the effectiveness relating to the use of telehealth, including exploring the progressive application of information technology to appropriate healthcare services with a view to benefitting more patients in need. Nonetheless, telehealth has its limitations and may not be suitable for all patients or circumstances. For example, patients who need to undergo clinical examinations by doctors are required to visit hospitals in person to complete the whole examination procedure.

The Chief Executive's 2023 Policy Address has set the target of issuing electronic sick leave certificates at all HA's clinics to fully replace the paper copies given then, and providing medication delivery service in all the HA's SOP clinics with telehealth services by 31 March 2023. The HA has started issuing electronic medical certificates and attendance certificates since March 2023. Patients using telehealth services will receive their electronic medical certificates immediately after medical consultations through the "HA Go" mobile application, without the need to go to the hospitals or clinics for collecting the certificates. Meanwhile, medication delivery service has been extended to all SOP clinics with telehealth services, further enhancing the overall telehealth process.

The HA's paid medication delivery service aims to enhance patients' medication collection experience and offer another option for patients attending public hospitals and clinics to collect medications. Through the "HA Go" mobile application, patients can arrange delivery of their medications to their homes or other specified addresses without the need to return to and wait at the pharmacy departments of hospitals or clinics after attending consultations. At present, the medication delivery service has been extended to cover all patients attending SOP clinics, discharged from hospitals, and receiving accident and emergency services at all public hospitals. From January 2024 onwards, the service has been gradually extended to patients attending general out-patient clinics.

The HA adopts an integrated and multi-disciplinary approach in service provision, and strives to deploy staff and other resources flexibly to cope with the service needs and operational requirements. As staff delivering the above services also provide support for other services, the relevant manpower and expenditure cannot be separately quantified.

Note:

In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2264)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: Not Specified

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in paragraph 192 of the Budget Speech that the Government provides resources and implements a variety of measures to promote Chinese medicine. In this connection, will the Government inform this Committee of the following:

1. the details of the measures implemented by the Government to promote the development of Chinese medicine (including the expenditures, types of programmes and staff establishment involved); and
2. the specific progress and effectiveness of the relevant plans in the past year.

Asked by: Hon CHAN Man-ki, Maggie (LegCo internal reference no.: 2)

Reply:

(1)

The Government has been committed to promoting the high-quality development of Chinese medicine (CM) in Hong Kong on all fronts and will continue to take forward various policy initiatives in 2024-25, including pressing ahead with the construction of the Chinese Medicine Hospital (CMH) and the Government Chinese Medicines Testing Institute (GCMTI); strengthening the co-ordination of CM professional and policy development and collaborating with the CM sector to formulate a comprehensive CM Development Blueprint to map out the vision and strategies for future development by the Chinese Medicine Unit of the Health Bureau under the leadership of the Commissioner for Chinese Medicine Development who would assume office in 2024; strengthening integrated Chinese-Western medicine services; promoting scientific research and standard-setting for Chinese medicines (CMs) testing; promoting more talent nurturing programmes for boosting the establishment of CM talent pool in Hong Kong; refining the funding arrangement of the Chinese Medicine Development Fund, taking forward new capacity-building initiatives for the industry and commissioning organisations to conduct large-scale training, publicity and research projects on strategic priority themes conducive to CM development as a whole; and continuing to strengthen Hong Kong's role under the Construction Plan for the Chinese Medicine Highlands in the Guangdong-Hong Kong-Macao Greater Bay Area (2020-2025) for proactive integration into

the national CM development and give full play to our role as the country's gateway to the international markets and contribute to the internationalisation of CM. The latest progress of various policy initiatives are set out in detail as follows:

(a) Pressing ahead with the development of the first CMH in Hong Kong - The CMH is constructed by the Government and operated under a public-private-partnership model. Hong Kong Baptist University (HKBU) was selected through tendering procedures as the Contractor for the operation of the CMH. HKBU and the Operator (a company limited by guarantee incorporated by HKBU according to the service deed) are working together on the commissioning tasks (including the procurement of hospital furniture and equipment and the development of information technology (IT) system for the hospital) as stipulated in the service deed. The construction works of the CMH commenced in June 2021, with the premises expected to be handed over in batches to the HHB starting in mid-2025. The CMH is expected to commence services in phases from the end of 2025.

The Finance Committee of the Legislative Council approved in June 2021 a non-recurrent commitment of $80.445 million for the preparation for service commencement of the CMH as well as a capital commitment of $383.9 million for IT support for the CMH under Capital Works Reserve Fund Head 710 Computerisation vote.

(b) Increasing the quota for Government-subsidised CM outpatient services - Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) have been established in 18 districts across the territory to promote the development of CM by providing services, training and conducting 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. Since March 2020, the 18 CMCTRs have been providing Government-subsidised CM outpatient services at the district level. The annual quota has increased from about 600 000 to 800 000 since October 2023, representing an increase of over 30%. The Government will continue to review the service capacities of the 18 CMCTRs and the public demand for Government-subsidised CM outpatient services, with a view to enhancing the service arrangements as appropriate;

(c) Strengthening ICWM services - To explore the operation and gather experience of ICWM and CM inpatient services, the Government commissioned the HA to launch in 2014 the time-limited ICWM Pilot Programme (Pilot Programme). The HA regularised the Pilot Programme in early 2023 and further expanded the ICWM services to 26 public hospitals under the 7 clusters in the first quarter of 2024, increasing the hospital sites from 8 to 53. Such expansion is in line with the policy direction to promote CM development and enhance ICWM services set forth in the Chief Executive's Policy Address in providing services to patients of under the designated disease areas (including stroke care, musculoskeletal pain management, cancer palliative care and cancer care pilot programme). Further, the HA has also planned to include CM rehabilitation in the clinical framework for stroke care inpatient services and will continue to explore from multiple perspectives the feasibility of extending ICWM services to cover more disease areas (such as elderly degenerative diseases), starting from those where CM has advantages, for the long-term development of sustainable ICWM services.

The Government has earmarked $427 million in 2024-25 for the HA to take forward initiatives for promoting CM development, which include operating the CMCTRs to provide Government-subsidised CM outpatient services and Chinese medicine practitioner (CMP) trainee programmes, providing ICWM services, providing "evidence-based" CM training, operating the Toxicology Reference Laboratory, conducting quality assurance and central procurement of CM drugs, and enhancing and maintaining the CM Information System;

(d) Promoting scientific research for CM testing - The GCMTI was established in 2017 with its temporary facilities located at the Hong Kong Science Park in Shatin. The missions of the GCMTI are to develop a set of internationally-recognised reference standards for Chinese medicines and related products by employing state-of-the-art technology and through scientific research, and to help empower the industry through transfer of testing technology to strengthen quality control of products, establish the brand image of Hong Kong in Chinese medicines and developing Hong Kong into an international hub on Chinese medicines testing and quality control. One of the major research activities of the GCMTI is carrying on the research work on the Hong Kong Chinese Materia Medica Standards (HKCMMS) project. So far, the GCMTI has published the reference standards for a total of 330 Chinese Materia Medica (CMM). The reference standards for additional 14 CMM have also been completed and will be published in due course. With the support of the GCMTI Advisory Committee, the GCMTI has embarked on 14 research and thematic projects in the past 5 years. The GCMTI will continue with the HKCMMS project and 8 other ongoing research and thematic projects in the coming year. The financial provision for the GCMTI in 2024-25 is about $60.6 millon.

(e) Supporting the CM sector via the CMDF - Officially launched in June 2019, the CMDF is the first dedicated fund set up to support the development of CM with the objective of enhancing the overall standard of the CM sector to promote the holistic and high-quality development of CM in Hong Kong. As at 20 March 2024, nearly 7 800 funding applications were approved under the CMDF, involving a total funding of about $276 million (provisional figure) for the approved projects and benefiting more than 2.2 million individuals/organisations in the CM sector, including registered and listed CMPs, CM drug personnel, CM clinics, manufacturers and wholesalers of proprietary Chinese medicines (pCm), retailers and wholesalers of Chinese herbal medicines, CM-related organisations, universities and tertiary education institutions, as well as members of the public.

(f) Stepping up the role of the CM sector in responding to public health incidents - During the COVID-19 epidemic, Fight the Virus Together – Chinese Medicine Telemedicine Scheme and Together We Unite – Chinese Medicine COVID-19 Rehabilitation Scheme were launched under the CMDF's special approval and full subsidy to enlist nearly 720 CMPs in private practice to provide CM telemedicine and rehabilitation services to almost 42 000 patients who were diagnosed with COVID-19 or suffered from post-COVID-19 conditions. In addition, the CMU of the HHB has written to CM organisations and institutions, appealing for additional or extended clinic operation hours during service surge and long holidays, as well as close monitoring of the CM inventory to ensure a stable supply.

(g) Collaboration and exchanges in CM with the Mainland - Further to the successful experience of two key measures benefitting Hong Kong (namely recruiting of Hong Kong CMPs by public healthcare institutions in the Greater Bay Area (GBA) and streamlining of the approval procedures for Hong Kong traditional pCm for external use to be registered in the Mainland) and HA projects such as the GBA CM Visiting Scholars Programme and the Chinese Medicine Training Scholarship Programme, the Government is actively working with the CM sector to deepen Hong Kong's collaboration in CM with the Mainland and the GBA. The Government also keeps exchanging and maintaining liaison with relevant ministries and delegations of various provinces and cities on issues relating to CM development, including co-organising high-quality CM talent training programmes with the National Administration of Traditional Chinese Medicine to reserve talents for Hong Kong. The first edition of a short-term training programme was completed in November 2023 and the second edition will be launched in May 2024.

(h) Formulating the CM Development Blueprint - The Government will work with the CM sector to formulate a CM Development Blueprint to map out the vision and strategies for future development, with a view to optimising the top-tier design for the development of policies. The CMU has commenced a series of stakeholder engagement exercises efforts, including organising exchange sessions on the development of CM to involve a vast number of stakeholders in exchanges and discussions since September 2023.

(i) Strengthening the functions of the CMU of the HHB - The Government has implemented the work on enhacing the functions of the CMU of the HHB from 2023-24 onwards. An open recruitment exercise has been conducted to fill in the post of C for CMD and more non-directorate supporting staff with professional background in CM has been recruited to provide professional support in different areas.

(2)

As an integral part of Hong Kong's healthcare system, CM plays an important role in the area of primary healthcare. The existing CMCTRs in 18 districts have provided services to around 1.5 million attendances each year on average, and the annual quota for Government-subsidised CM outpatient services has increased from about 600 000 to 800 000 since October 2023, representing an increase of over 30%. Upon commencing service in phases starting from end-2025, Hong Kong's first CMH will also provide a series of Government-subsidised CM outpatient services.

In fact, the resources in the CM sector are mostly concentrated in the private sector. More than 90 per cent of CMPs practice in the private market, providing around 10 million attendances for CM outpatient services every year, which has established a strong service network at the community level. Through the EHVS, the Government provides eligible elderly person with an annual voucher amount of $2,000 to subsidise their use of private primary healthcare services provided by 14 categories of healthcare professions (including CMPs). In the past three years, the amount claimed by the eligible elderly person for using CM services under EHVS has increased year-on-year. In 2023, the amount claimed was nearly $1,141 million, accounted for the second highest among the 14 categories of healthcare professions. The Government has launched a three-year Elderly Health Care Voucher Pilot Reward Scheme in November 2023. If an elderly person has accumulated voucher spending

of $1,000 or above on designated primary healthcare services such as disease prevention and health management services within the same year (January to December), a $500 reward will be automatically allotted to his/her healthcare voucher account, which can be used on the same designated primary healthcare purposes, hence harnessing the benefits of the CM in disease prevention and management.

As for District Health Centres (DHC), the operators will procure services from non-government entities in the community and establish the DHC network (including CMPs). Members with stroke, knee osteoarthritis and low back pain may opt for CM services. Network CMPs will provide acupuncture and acupressure treatment to these patients having regard to their needs. In addition, CMPs also provide disease prevention, health maintenance and health education, including group activities on dietary therapy. The DHCs will also collaborate with the CMCTRs to provide or promote Tianjiu service in the centres.

The Government will continue to develop various primary healthcare services (including CM services) in accordance with the Primary Healthcare Blueprint to utilise resources of both public and private CM sectors. Meanwhile, the involvement of the CM in the primary healthcare reference frameworks will be further explored with a view to unleashing the potential advantage of the CM in health management and facilitating cross-disciplinary collaboration in primary healthcare services. In the long term, with a view to better leveraging on the strengths and advantages of the CM, the Government will continue to strengthen the role of the CM in primary healthcare services, enhance cross-disciplinary collaboration, and look into opportunities for further synergies with the CM in primary healthcare services with a focus on chronic disease prevention and health management through development of relevant training, publicity and promotion, health assessment, preventive care and introduction of new programmes with the involvement of the CM.

In parallel, the HHB is collaborating with the CM sector to formulate the CM Development Blueprint, in which a comprehensive review on the long-term strategies and planning for the development of the CM services will be conducted, covering issues such as the role of the CM in primary, secondary and tertiary healthcare, as well as the use of the CM in disease prevention, treatment and rehabilitation throughout the life cycle.

(3)

The Industry Support Programme (B Scheme) under the CMDF supports projects on professional training, promotion, applied research and thematic studies, etc. that can enhance the overall standard and industry development of the CM sector. The Chinese Medicine Promotion Funding Scheme is one of the projects that seeks to promote public education and cultural promotion on CM to enhance public knowledge of CM. As at 20 March 2024, the CMDF supported nearly 675 CM publicity and public education activities of various forms with target audiences covering kindergarten students, primary and secondary school students, and elderly persons.

Since 2023-24, the CMDF has been taking forward a number of industry capability building initiatives, including raising the funding ceiling of the Chinese Medicine Promotion Funding Scheme from $750,000 to $2,000,000 with effect from April 2024 to enhance the scale and effectiveness of the public education and promotion projects designed and implemented by the CM sector.

Meanwhile, the CMDF will commission organisations to conduct large-scale training, publicity and research projects on strategic themes conducive to the development of CM as whole. The first batch of projects include training programmes developed and implemented to tie in with the service commencement of the CMH, and large-scale territory-wide promotional and publicity campaigns for the wider use of CM in the community. Application is expected to be open in the second quarter of this year.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2265)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: Not Specified

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in paragraph 190 of the Budget Speech that the Government attaches great importance to the well-being of members of the public, and is committed to maintaining Hong Kong's high-quality healthcare profession and its efficient healthcare system. Hence, significant resources are devoted to the healthcare portfolio. In this connection, will the Government inform this Committee:

1. with regard to the above allocation, of the specific work and measures to be taken forward by the Government, the expenditure and manpower to be involved, as well as the timetable for implementation; and

2. whether the Government has formulated any indicators for evaluating the effectiveness of implementation; if so, of the details; if not, the reasons for that?

Asked by: Hon CHAN Man-ki, Maggie (LegCo internal reference no.: 3)

Reply:

1.
The Government attaches great importance to the well-being of members of the public, and is committed to maintaining Hong Kong's high-quality healthcare profession and its efficient healthcare system to safeguard public health, strengthen primary care and enhance the quality of healthcare services.

In 2024-25, the recurrent expenditure on Policy Area Group: Health is $109.5 billion, covering a wide range of recurrent expenditure items. Details could be found in the Controlling Officer's Report of the respective Heads including Heads 140, 37, 48 and 155.

Specifically, in 2024-25, there is a 13.0% increase in the estimated expenditure ($15.2 billion) of the Department of Health (DH) as compared with the revised estimate for 2023-24 ($13.5 billion). The major work and measures involved are set out below:

(a) strengthening public dental services, including the enhancement of the "Healthy Teeth Collaboration" programme and emergency dental services, as well as implementing the Primary Dental Co-care Pilot Scheme for Adolescents;
(b) implementing a sponsorship scheme for training of dental hygienists and dental therapists, and a programme of internship and period of assessment for local dental graduates/non-locally trained dentists;
(c) setting up a preparatory office for the Hong Kong Centre for Medical Products Regulation (CMPR), which is established to enhance existing services in respect of Chinese Medicine, Western drugs and Medical Devices to provide necessary support to the CMPR;
(d) optimising the Elderly Health Care Voucher Scheme (EHVS) including the "Three-year Pilot Scheme"; and to engage additional manpower to tackle the expected workload for Greater Bay Area matters, EHVS topics and cross-border medical cooperation;
(e) carrying out service enhancements and organisational transformation through the increased use of IT as identified in the Strategic Plan to Re-engineer and Transform Public Services (SPRINT);
(f) continuing the procurement of recombinant influenza vaccine and Human Papilloma Virus (HPV) vaccine and implementing the HPV vaccination catch-up programme;
(g) strengthening support to Secretariats of Boards/Councils to cope with additional workload generated by new healthcare-related initiatives; and
(h) carrying out territory-wide improvement works for existing clinics under the Healthcare Facilities Development Programme.

The DH will allocate existing staffing resources or recruit additional manpower to implement the above measures.

As for the Hospital Authority (HA), in 2024-25, the Government provides a recurrent subvention of $93.5 billion to HA, an increase of 2.0% as compared to the 2023-24 revised estimate. With the financial provision of the Government, the HA will implement the following key initiatives:

(a) enhancing service planning and commissioning of redeveloped/expanded hospitals and community health centres;
(b) providing around 150 additional hospital beds, additional operating theatre and endoscopy sessions;
(c) enhancing clinical services such as ophthalmology, radiology, pathology, cancer services, mental health services, as well as non-clinical supporting services;
(d) rolling out measures to reduce the waiting time for specialist out-patient services, including setting up integrated clinics to provide multi-disciplinary support, and enhancing patient experience, including providing drug refill service for selected elderly patients;
(e) enhancing general out-patient services;
(f) enhancing patient experience, operational workflow, surgical outcome and patient safety through the application of advanced technology and developing smart hospitals, including making wider use of telehealth services and enhancing medication delivery services; and
(g) attracting and retaining staff to alleviate manpower shortage and constraint, including providing additional promotion opportunities, enhancing various training

programmes, offering further employment to suitable staff beyond retirement, and recruiting non-locally trained doctors through various channels.

The HA estimates that the numbers of doctors, nurses and allied health professionals in 2024-25 will increase by 260, 440 and 330 respectively as compared to 2023-24 (calculated on full-time equivalent basis). The HA will deploy existing staff and the aforementioned additional staff to be recruited for implementation of the initiatives.

In regard to primary healthcare, the Government released the Primary Healthcare Blueprint (the Blueprint) on 19 December 2022, setting out the development direction and strategies for coping with the challenges brought about by an ageing population and the increasing prevalence of chronic diseases. The Government is progressively taking forward various recommendations of the Blueprint over the short, medium and long term.

The Government has set up District Health Centres (DHCs) and interim DHC Expresses (DHCEs) of a smaller scale in all districts across the city, thereby attaining the goal of covering all 18 districts. In accordance with the Blueprint, the Government will progressively strengthen the roles of DHCs as the coordinator of community primary healthcare services and case manager to support primary healthcare doctors, and district service hub connecting public and private healthcare professionals with different sectors in society.

The Government launched the three-year Chronic Diseases Co-Care Pilot Scheme (CDCC Pilot Scheme) in November 2023, which is the first major initiative after the announcement of the Blueprint at the end of 2022, to establish family doctor regime and position the DHC and DHCE as a hub in fostering expansion of healthcare network at the community level. Additionally, in 2023, the Government extended the EHVS to cover more healthcare professionals and allowed shared use of vouchers between spouses, and launched the Elderly Health Care Voucher Pilot Reward Scheme to tie in with the prevention-oriented direction as put forward in the Blueprint. The Government will continue to advocate the concept of "Family Doctor for All". As at 29 February 2024, there are 3 700 doctors enrolled in the Primary Care Directory. The Government will also gradually reposition the General Out-patient Clinics to focus on taking care of low-income persons and the socially disadvantaged groups, and orderly migrate some primary healthcare services under the DH, including Woman Health Centres and Elderly Health Centres, to the primary healthcare system. The Government has begun exploring the setting up of a community drug formulary and planning of the community pharmacy programme, aiming to facilitate patients receiving government-subsidised healthcare services to purchase drugs at affordable prices in the community. Besides, the Government is actively planning for the establishment of the Primary Healthcare Commission. The Government will continue to work with the healthcare sector and non-governmental organisations to implement the Blueprint.

2.

To monitor the progress and effectiveness of the relevant work and to keep the Legislative Council and the public informed of the performance and latest progress of various initiatives and indicators in a timely manner, the Government and HA have an established mechanism to set indicators for various items through avenues including the Chief Executive's Policy Address and Controlling Officer's Report, etc. As for the various indicators on health set

by the Chief Executive in the 2022 and 2023 Policy Addresses, all of them have been achieved or progress is being made as planned.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2266)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: Not Specified

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in paragraph 193 of the Budget Speech that the Government will continue to step up enforcement against illicit cigarette trading and strengthen smoking cessation services, publicity and education. In this connection, please advise this Committee on:
1. In what ways will the Government strengthen smoking cessation services, publicity and education?
2. What are the details and expenditure of the Government's tobacco control policies in the past 5 years?
3. In respect of its tobacco control policies, does the Government have any plans for the next 3 years? If so, what are the details?

Asked by: Hon CHAN Man-ki, Maggie (LegCo internal reference no.: 4)

Reply:

(1), (2) and (3)
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.

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 healthcare 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), and community-based cessation programmes operated by NGOs. There are a total of 15 full-time and 55 part-time centres operated by HA providing smoking cessation services to the general public since 2002, and 5 smoking cessation clinics targeting civil servants operated by DH. Moreover, DH also collaborates with NGOs in providing a range of community-based smoking cessation services including counselling service and consultations by doctors (with free postal services of smoking cessation medication) or Chinese medicine practitioners, targeted services to smokers among people of diverse race, new immigrants, as well as in the workplace. For young smokers, DH also 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 smoking due to peer pressure. In addition, DH launches publicity mass media campaigns to disseminate the message that smoking poses severe health hazards. During the annual Quit in June Campaign, one-week trial packs of smoking cessation drugs (nicotine replacement therapy) are offered at community pharmacies, smoking cessation clinics, and District Health Centres(DHCs)/District Health Centre Expresses (DHCEs) for free to encoutage smokers to make a quit attempt. Moreover, to encourage and assist healthcare professionals in providing smoking cessation support and treatment to smokers, DH provides them with online and physical training, a practical handbook for smoking cessation treatments and relevant resources.

At present, all DHCs and DHCEs across 18 districts in Hong Kong provide smoking cessation and counselling services for smokers. They also work together with smoking cessation service providers in the community to provide smokers with information or referral service.

In between 2021 to 2023, the hotline operated by DH and a local university handled 12 405, 9 216 and 11 051 enquiries respectively. During these 3 years, a total of 25 965, 20 406 and 27 715 smokers received smoking cessation services from the Quitline, cessation clinics under the HA and community-based programmes operated by NGOs respectively.

Smokers who received smoking cessation treatment were followed up for 52 weeks for assessment of their quit status. The 52-week quit rates, which is the percentage of service users who reported to have stayed quit in the past 7 days, of smoking cessation services at quitlines, cessation clinics under the HA, and community-based programmes operated by NGOs range from 20% to 60%, which are comparable to those in overseas countries. The variation in the quit rates for different smoking cessation programmes is due to the variations in their target groups and treatment methods such as counselling, pharmacotherapy and acupuncture. Smokers are encouraged to choose the cessation service that best caters for their personal needs to successfully quit smoking.

To further reduce smoking prevalence, the Government conducted the Vibrant, Healthy and Tobacco-free Hong Kong public consultation on tobacco control strategies last year. The Health Bureau is exploring to roll out different tobacco control measures in a phased approach,

and plans to give an account of the next step of work in due course.

The expenditures and financial provision for undertaking the work on tobacco control by the Tobacco and Alcohol Control Office under DH from 2019-20 to 2023-24, with a breakdown by scope of work, are at **Annex**.

Annex

Expenditures/Provision of the Department of Health's Tobacco and Alcohol Control Office

	2019-20 ($ million)	2020-21 ($ million)	2021-22 ($ million)	2022-23 ($ million)	2023-24 (Revised Estimate) ($ million)
Enforcement					
Programme 1: Statutory Functions	93.4	102.2	101.3	100.4	160.2
Health Education and Smoking Cessation					
Programme 3: Health Promotion	132.1	141.2	138.9	149.0	168.0
(a) General health education and promotion of smoking cessation					
TACO	*55.9*	*64.5*	*62.8*	*73.0*	*87.3*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*28.3*	*26.0*	*26.2*	*26.8*	*26.4*
Sub-total	***84.2***	***90.5***	***89.0***	***99.8***	***113.7***
(b) Expenditures/Provision for smoking cessation and related services by NGOs*					
Subvention to Tung Wah Group of Hospitals	*30.6*	*30.6*	*30.8*	*29.4*	*14.0*
Subvention to Pok Oi Hospital	*7.3*	*7.4*	*7.5*	*7.6*	*17.9*
Subvention to Po Leung Kuk	*1.6*	*1.7*	*0.7*	-	-
Subvention to Lok Sin Tong	*2.9*	*3.0*	*3.2*	*3.3*	*3.6*
Subvention to United Christian Nethersole Community Health Service	*2.9*	*4.4*	*4.9*	*5.8*	*8.9*
Subvention to Life Education Activity Programme	*2.6*	*2.7*	*2.8*	*2.8*	*2.9*
Subvention to Christian Family Service Centre	-	-	-	-	*7.0*
Subvention to The University of Hong Kong	-	*0.9*	-	*0.3*	-
Sub-total	***47.9***	***50.7***	***49.9***	***49.2***	***54.3***
Total	**225.5**	**243.4**	**240.2**	**249.4**	**328.2**

* From the 2023-24 financial year onwards, the number of NGOs subvented by the Department of Health for providing community-based smoking cessation services with the use of western medication has increased from 2 to 4. The number of target service users is

5 000 persons per annum, representing an increase of 39% from the 2022-23 financial year. This results in a decrease in the cost of smoking cessation treatment per quitter.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2275)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Under Programme (2), it is mentioned that Matters Requiring Special Attention in 2024-25 by the Health Bureau include preparing for the establishment of the Primary Healthcare Commission. In this connection, please advise this Committee on:

1) the expenditure and manpower involved in preparing for the establishment of the Primary Healthcare Commission; and

2) what are the specific progress and outcome achieved in the preparation work? If there is any, what are the details? If not, what are the reasons?

Asked by: Hon CHAN Man-ki, Maggie (LegCo internal reference no.: 13)

Reply:
(1) – (2)

The Government is progressively transforming the Primary Healthcare Office (PHO) currently under the Health Bureau into the Primary Healthcare Commission in 2024 in accordance with the recommendations set out in the Primary Healthcare Blueprint (the Blueprint). The estimated expenditure for the PHO in 2024-25 is $1,159 million [Note] which includes the operating cost of the seven District Health Centres (DHCs) that have already commenced services and three DHCs that will commence services in the next few years, as well as the remuneration of about 130 PHO staff. The Government is preparing for the establishment of the Primary Healthcare Commission and details will be announced in due course.

In accordance with the Blueprint, the Government recommends a holistic approach at the policy level in addressing the systemic imbalances between primary healthcare and secondary/tertiary healthcare in terms of policymaking, financing, manpower, regulation and outcome monitoring. In addition, the Blueprint also recommends to strengthen co-ordination to ensure the implementation of the commitment to drive institutional changes and enhance cross-sectoral and inter-organisational co-ordination among primary healthcare services in an integrated manner.

We consider that an overarching governance structure focusing on positioning primary healthcare as a health system priority is essential to enable a vision- and mission- led policymaking process. The proposed Primary Healthcare Commission will be empowered to oversee primary healthcare service delivery, standard setting, quality assurance and training of primary healthcare professionals under one roof, as well as to take on service planning and resource allocation through strategic purchasing. It will also be tasked to review the roles of different key service providers in primary healthcare and enhance cross-sectoral and inter-organisational co-ordination. Specifically, the Primary Healthcare Commission will be given the statutory power to oversee –

(a) the co-ordination and provision of primary healthcare services, including service planning and resource allocation through strategic purchasing;
(b) standard and protocol setting, devising quality assurance mechanism and monitoring the quality of primary healthcare services; and
(c) the training of primary healthcare professionals.

Through its functions, the Primary Healthcare Commission will be able to co-ordinate inputs from stakeholders, develop and implement policies and strategies, and monitor and evaluate the effectiveness of the primary healthcare system in attaining our vision of improving the overall health status of the population, providing accessible and coherent healthcare services, and establishing a sustainable healthcare system.

Note:
The operating expenses of the 11 DHC Expresses are not included in the above-mentioned estimated recurrent expenditure. Their expenses are separately reflected in the cash flow estimates of the "DHC Express" Scheme's non-recurrent expenditure commitments.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2279)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: Not Specified

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in paragraph 179 of the Budget Speech that since the announcement of an additional injection of $500 million into the Chinese Medicine Development Fund (CMDF) in last year's Budget, a number of capacity building initiatives for the industry have been taken forward under the fund. In this connection, please inform this Committee of:

1. the details of all projects subsidised by CMDF;
2. the criteria for providing subsidies; and
3. the progress and results of the projects mentioned above. If yes, what are them; if no, what are the reasons?

Asked by: Hon CHAN Man-ki, Maggie (LegCo internal reference no.: 17)

Reply:

(1)-(3)

Officially launched in June 2019, the Chinese Medicine Development Fund (CMDF) is the first dedicated fund set up to support the development of Chinese medicine (CM) with the objective of enhancing the overall standard of the CM sector to promote the holistic and high-quality development of CM in Hong Kong.

As at 20 March 2024, nearly 7 800 funding applications were approved under the CMDF, involving a total funding of about $276 million (provisional figure) for the approved projects and benefiting more than 2.2 million individuals/organisations in the CM sector, including registered and listed Chinese medicine practitioners (CMPs), CM drug personnel, CM clinics, manufacturers and wholesalers of proprietary Chinese medicines (pCm), retailers and wholesalers of Chinese herbal medicines (Chm), CM-related organisations, universities and tertiary education institutions, as well as members of the public. Major achievements of the CMDF are set out below:

(a) Talent nurturing: Close to 3 200 CMPs and CM drug personnel have received subsidies to attend CM professional training programmes for them to continuously upskill professional knowledge and ability. The CMDF has also supported programme

providers to design and organise innovative training projects, benefiting over 37 100 practitioners;

(b) Quality enhancement: The CMDF has supported more than 480 CM clinics and nearly 190 Chm retailers/wholesalers to upgrade their facilities and equipment with a view to enhancing service quality, safety and quality control of CM drugs. The CMDF has also supported nearly 160 pCm manufacturers/wholesalers to engage consultancy services and technical support to complete the registration process for some 730 pCm products, thereby levelling up the quality of Hong Kong-registered pCm products and fostering the development of CM drug industry;

(c) Research and applied studies: The CMDF has supported the commencement of 62 CM research and applied studies projects which are instrumental to the academic and clinical research, professional and industry development of CM in Hong Kong; and

(d) Publicity and promotion: The CMDF has supported nearly 675 CM publicity and public education activities of various forms with target audiences covering kindergarten students, primary and secondary school students, and elderly persons.

The Health Bureau (HHB), in conjunction with the CMDF's implementation agent, has been reviewing the operation of the CMDF. In consultation with the Advisory Committee on the CMDF, the HHB implements various enhancement proposals, such as refining the design of the existing funding schemes, streamlining the application process and administrative arrangements, expanding the application eligibility and funding scope, raising the funding ceiling and extending the time limit for project completion.

Since 2023-24, the CMDF has been taking forward a number of new capacity building initiatives. They include: (a) subsidising programmes related to the Training Programme of Advanced Clinical Talents in Chinese Medicine co-organised by the National Administration of Traditional Chinese Medicine and the HHB, one of which is the first edition of the Hong Kong Chinese Medicine Talent Short-term Training Programme successfully completed in Beijing in November 2023 aimed to help nurture more high-level backbone talents in CM theories and clinical practice; (b) launching the Guangdong-Hong Kong-Macao Greater Bay Area Proprietary Chinese Medicine Industry Development Support Scheme in February 2024 to subsidise local pCm manufacturers or wholesalers for the application fees for registering of eligible pCm products in the Mainland with the Guangdong Provincial Medical Products Administration through the streamlined registration approval process, thereby facilitating Hong Kong pCm to "go global" through expansion to other markets; and (c) raising the funding ceiling of the Chinese Medicine Promotion Funding Scheme from $750,000 to $2,000,000 with effect from April 2024 to enhance the scale and effectiveness of the public education and promotion projects designed and implemented by the CM sector.

Meanwhile, the CMDF will commission organisations to conduct large-scale training, publicity and research projects on strategic themes conducive to the development of CM =as a whole. The first batch of projects include training programmes developed and implemented to tie in with the service commencement of the Chinese Medicine Hospital, and large-scale territory-wide promotional and publicity campaigns for the wider use of CM in the community. Application is expected to be open in the second quarter of this year.

The details and vetting criteria of the funding schemes as well as the progress and results of the approved projects have been uploaded to the CMDF website (www.cmdevfund.hk).

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2280)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: Not Specified

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

As mentioned in paragraph 179 of the Budget, the Government attaches importance to training local healthcare professionals. The Health Bureau (HHB) will continue to enhance healthcare-related teaching facilities, while increasing the number of local training places as appropriate. In this connection, will the Government inform this Committee:

1. whether the HHB enhanced any healthcare-related teaching facilities over the past 5 years; if yes, of the details; if no, the reasons;
2. of the numbers of training places for local healthcare professionals over the past 5 years; and
3. of the effectiveness of the aforesaid work over the past 5 years, and whether additional resources will be allocated to address the shortage of local healthcare professionals?

Asked by: Hon CHAN Man-ki, Maggie (LegCo internal reference no.: 18)

Reply:

(1)

To enable the University Grants Committee (UGC)-funded universities which offer healthcare training programmes (i.e. the Chinese University of Hong Kong, the Hong Kong Polytechnic University and the University of Hong Kong) to upgrade and increase their healthcare-related teaching facilities, the Government has earmarked about $20 billion for short, medium and long-term works projects in relation to the above-mentioned purpose as announced in the 2018 Policy Address. Subsequently, another $10 billion has been set aside for that purpose as announced in the 2022-23 Budget. The enhancement of healthcare-related teaching facilities is funded under the Capital Works Reserve Fund, details of which fall outside the scope of Head 140 under the General Revenue Account.

(2) & (3)

Healthcare professionals are important assets of society as a whole. We should consider how to utilise the precious assets to maximise the benefits for the general public through targeted measures, with a view to strengthening or even increasing the supply of healthcare

manpower to enhance public healthcare services and training for healthcare professionals. With a series of measures taken by the Government to increase manpower supply in recent years, the number of local healthcare professionals that are subject to statutory registration rose from around 110 000 in 2019 to 125 000 in 2023, representing an increase of over 13%. Measures taken in the past 5 years are set out below.

Enhancing training for local healthcare professionals

All along, the Government has been striving to enhance the training of local healthcare professionals so as to cater for the needs of society. Given the manpower shortages in some healthcare professions, the Government has, from the 2011/12 academic year to the 2021/22 academic year, substantially increased the number of student intake places of UGC-funded manpower-planned healthcare-related programmes. The relevant increment is tabulated below:

Programme	**Academic Year**					**Total**
	2009/10-2011/12	**2012/13-2015/16**[Note(1)]	**2016/17-2018/19**	**2019/20-2021/22**	**2022/23-2024/25**	
Medicine	320	420 (+100)	470 (+50)	530 (+60)	590 (+60)	270
Dentistry	53	53	73 (+20)	80 (+7)	90 (+10)	37
Nursing	590	630 (+40)	630	690 (+60)	690	100
Medical Laboratory Science	32	44 (+12)	54 (+10)	54	60 (+6)	28
Occupational Therapy	46	90 (+44)	100 (+10)	100	100	54
Physiotherapy	70	110 (+40)	130 (+20)	150 (+20)	150	80
Radiography	48	98 (+50)	110 (+12)	110	115 (+5)	67
Chinese Medicine	79	79	79	79	84[Note(2)] (+5)	5

Notes:

(1) The 2012/13 to 2014/15 triennium was rolled over to cover the 2015/16 academic year.

(2) The UGC will allow the universities to reallocate on their own accord a limited number of non-manpower-planned intake places for Chinese Medicine (CM) programmes, in addition to the existing 70 first-year-first-degree intake places to provide flexibility in increasing the number of places for CM intake places for the 2022-25 triennium on a pilot basis. Under the pilot scheme, the Hong Kong Baptist University and the University of Hong Kong have provided 10 and 4 additional intake places per academic year respectively for their bachelor degree programmes in CM for the 2022-25 triennium while the Chinese University of Hong Kong has no intention of increasing for the time being. As such, the number of student intake places for the bachelor degree programmes in CM is 84 per academic year for the 2022-25 triennium.

The Health Bureau has launched a new round of healthcare manpower projection to tie in with the planning exercise for the 2025-28 triennium of the UGC. Subject to the projection results, the Government will review the strategies for increasing local healthcare manpower and consider the need to further adjust the number of healthcare training places in the next triennium of the UGC.

Under the established arrangement, the Government allocates recurrent funding to the 8 UGC-funded universities in the form of a block grant. The universities may decide how the block grant should be allocated among various academic programmes and activities in accordance with the principle of institutional autonomy. Breakdown figures on the expenditures involved are thus unavailable. Nonetheless, the UGC Secretariat maintains information on the annual average teaching expenditure per student of the UGC-funded universities by 17 academic programme categories (APCs), with the above health-related programmes falling under the 3 APCs of "Medicine", "Dentistry" and "Studies Allied to Medicine and Health" respectively. The expenditures reported by the universities are not directly related to the allocations of the Government. The average teaching expenditure per student for all programmes under these APCs in the academic years from 2018/19 to 2022/23 is as follows:

Level of Study	**Academic Programme Category**	**Average Teaching Expenditure per Student**				
		2018/19 academic year	**2019/20 academic year**	**2020/21 academic year**	**2021/22 academic year**	**2022/23 academic year**
Undergraduate programme	Medicine	$288,000	$276,000	$264,000	$250,000	$270,000
	Dentistry	$374,000	$304,000	$284,000	$270,000	$298,000
	Studies Allied to Medicine and Health	$173,000	$174,000	$164,000	$168,000	$172,000
Taught postgraduate programme	Dentistry	-	$348,000	$327,000	$305,000	$342,000

Moreover, through the Study Subsidy Scheme for Designated Professions/Sectors (SSSDP) launched by the Education Bureau, the Government provides a subsidy for students pursuing designated programmes and encourages the self-financing post-secondary education sector to offer programmes in selected disciplines, including healthcare, to nurture talents in support of specific industries with keen manpower demand. In the past 5 years, the subsidised places of the designated undergraduate programmes in the healthcare discipline under the SSSDP which are related to healthcare professions subject to statutory registration increased from 1 320 in the 2019/20 academic year to 2 035 in the 2023/24 academic year, including 520 in nursing (general) programmes, 120 in physiotherapy programmes, 10 in occupational therapy programmes, 60 in medical laboratory science programmes and 5 in radiography programmes. The annual subsidy amount for each student of these programmes is $72,800 in the 2019/20 academic year and $78,280 in the 2023/24 academic year.

Since the 2023-24 financial year, as an initiative for strengthening the training of healthcare manpower, the Hospital Authority (HA) has waived the clinical practicum fees payable by

relevant institutions for their specified healthcare-related programmes, including specified undergraduate or taught-postgraduate programmes that are subsidised by the UGC or offered by self-financing institutions. Meanwhile, the Government encourages institutions to actively arrange clinical practicum in non-HA organisations (including non-government organisations) for students, so as to meet the ever-increasing demand for clinical practicum while providing students with more diversified clinical practicum experience. The Government earmarked about $55 million and $60 million in 2023-24 and 2024-25 respectively to subsidise relevant institutions to arrange clinical practicum in non-HA organisations for students.

Attracting and retaining talents

In recent years, the HA has introduced a series of measures to attract, develop and retain talents. These include increasing the number of Resident Trainee posts to recruit local medical graduates, recruitment of non-locally trained doctors to supplement local recruitment, improving promotion prospects to retain staff, hiring part-time healthcare staff (e.g. via recruitment of locum staff), offering flexible work arrangements, offering further employment to suitable staff beyond retirement, enhancing the Home Loan Interest Subsidy Scheme and provision of better training opportunities for various grades by establishing the HA Academy. The expenses so incurred are subsumed under the HA's overall expenditure.

In December 2019, HA established a Task Group (TG) on Sustainability to review, among other things, strategies for retaining staff. In line with the key directions recommended by the TG, the HA has been gradually rolling out further staff retention measures and will continue to do so in 2024-25. These measures include:

(a) creating opportunities for Associate Consultants to be promoted to the Consultant rank so as to retain experienced medical personnel to address the service, manpower and training needs in the HA;

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

(c) continued efforts in Extending Employment Beyond Retirement to attract more retired staff who are willing to stay after retirement.

The allocations for the above 3 measures have been increasing since 2021-22. In 2021-22, 2022-23, 2023-24 and 2024-25, the additional financial provisions are around $158 million, $308 million, $294 million and $260 million respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0261)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (1) Director of Bureau's Office

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The Office of the Secretary for Health is responsible for providing support to the Secretary for Health in undertaking political and administrative work. The provision for 2024-25 is $1.7 million (6.9%) higher than the revised estimate for 2023-24. This is mainly due to the increased requirement for operating expenses. In this connection, will the Government inform this Committee of the following:

1. the titles, ranks, duties and payroll cost in respect of the existing posts in the Office of the Secretary for Health;
2. if the manpower establishment of the Office of the Secretary for Health remains unchanged, what are the details of the increase of $1.7 million in the estimated expenditure requirement over the revised estimate for 2023-24? What are the details of using the increased provision mainly on operating expenses?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 1)

Reply:

The estimated financial provision for 2024-25 of the Office of the Secretary for Health (the Office) is $26.3 million, which is mainly used to cover expenses pertaining to the remuneration and related allowances of politically appointed officers, civil servants and other non-civil service employees in the Office.

There are 19 officers in the Office, including politically appointed officers, civil service staff in the administrative, information, executive, secretarial and clerical grades, etc., as well as non-civil service staff.

The increase in the estimated financial provision for 2024-25 is mainly due to the expenses pertaining to the remuneration and related allowances of civil servants and non-civil service staff.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0263)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

According to the Government, the provision for 2024-25 is $1,052.3 million (33.5%) higher than the revised estimate for 2023-24, with the main reasons being increased provision for primary healthcare development, and increased cash flow requirement for the general non-recurrent items on the Hong Kong Genome Project and the Health and Medical Research Fund. There will be an increase of 3 posts in 2024-25. In this connection, will the Government inform this Committee of the following:

1. the details of the new posts, including the titles, ranks, job descriptions and duties, payroll costs, and whether they are permanent or supernumerary posts;
2. a breakdown of the additional provision of $1,052.3 million into primary healthcare development, the Hong Kong Genome Project and the Health and Medical Research Fund;
3. In the matters requiring special attention in 2024-25, the Government indicated that they will make preparations for the establishment of a Primary Healthcare Commission. What is the progress of the preparatory work? When is it expected to be established? What are the staff establishment involved, annual recurrent expenditure and performance pledges?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 3)

Reply:

1. There will be an increase of 3 posts in the Health Bureau (HHB) in 2024-25. Details are as follows:

Rank	Number	Notional Annual Mid-point Salary ($)	Job Content of the Post
Chief Executive Officer (time-limited post)	1	1,597,080	To provide administrative support for the establishment of the Greater

Rank	Number	Notional Annual Mid-point Salary ($)	Job Content of the Post
			Bay Area International Clinical Trial Institute and related regulatory work
Analyst/Programmer II	1	573,540	To enhance information technology service for the Administration Unit
Motor Driver	1	258,000	To strengthen manpower support for the Administration Unit

2. The provision for 2024-25 under Programme (2) of Head 140 is $1,052.3 million higher than the revised estimate for 2023-24. This is mainly due to the increased provision for primary healthcare development, and the increased cash flow requirement for the general non-recurrent items on Hong Kong Genome Project and Health and Medical Research Fund. The comparisons between the provisions for 2024-25 and the revised estimates for 2023-24 of these items are tabulated below:

Item	**Estimated expenditure for 2024-25 ($ million)**	**Increase over the revised estimate for 2023-24 ($ million)**
Expenses on supporting primary healthcare development	1,565.1	+762.1
Cash flow requirement for the general non-recurrent items on Health and Medical Research Fund	340	+96
Cash flow requirement for the general non-recurrent items on Hong Kong Genome Project	347.3	+132.3

3. The Government is progressively transforming the Primary Healthcare Office (PHO) currently under the Health Bureau into the Primary Healthcare Commission in 2024 in accordance with the recommendations set out in the Primary Healthcare Blueprint (the Blueprint). The estimated expenditure for the PHO in 2024-25 is $1,159 million [Note] which includes the operating cost of the seven District Health Centres (DHCs) that have already commenced services and three DHCs that will commence services in the next few years, as well as the remuneration of about 130 PHO staff. The Government is preparing for the establishment of the Primary Healthcare Commission and details will be announced in due course.

In accordance with the Blueprint, the Government recommends a holistic approach at the policy level in addressing the systemic imbalances between primary healthcare and secondary/tertiary healthcare in terms of policymaking, financing, manpower, regulation and outcome monitoring. In addition, the Blueprint also recommends to strengthen co-ordination to ensure the implementation of the commitment to drive institutional changes and enhance cross-sectoral and inter-organisational co-ordination among primary healthcare services in an integrated manner.

We consider that an overarching governance structure focusing on positioning primary healthcare as a health system priority is essential to enable a vision- and mission- led policymaking process. The proposed Primary Healthcare Commission will be empowered to oversee primary healthcare service delivery, standard setting, quality assurance and training of primary healthcare professionals under one roof, as well as to take on service planning and resource allocation through strategic purchasing. It will also be tasked to review the roles of different key service providers in primary healthcare and enhance cross-sectoral and inter-organisational co-ordination. Specifically, the Primary Healthcare Commission will be given the statutory power to oversee –

(a) the co-ordination and provision of primary healthcare services, including service planning and resource allocation through strategic purchasing;
(b) standard and protocol setting, devising quality assurance mechanism and monitoring the quality of primary healthcare services; and
(c) the training of primary healthcare professionals.

Through its functions, the Primary Healthcare Commission will be able to co-ordinate inputs from stakeholders, develop and implement policies and strategies, and monitor and evaluate the effectiveness of the primary healthcare system in attaining our vision of improving the overall health status of the population, providing accessible and coherent healthcare services, and establishing a sustainable healthcare system.

Note:
The operating expenses of the 11 DHC Expresses are not included in the above-mentioned estimated recurrent expenditure. Their expenses are separately reflected in the cash flow estimates of the "DHC Express" Scheme's non-recurrent expenditure commitments.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0264)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned under Matters Requiring Special Attention in 2024-25 that the Government will continue to take forward and enhance the development of District Health Centres (DHCs) across the territory. In this connection, will the Government please advise this Committee of the following:

1. Please provide in the tables below details of utilisation of DHCs and DHC Expresses in various districts.

DHC Service Commencement Date	2019			2020			2021			2022			2023			2024 (Estimated)		
	Number of Members	Number of Attendances	Yearly Expenditure	Number of Members	Number of Attendances	Yearly Expenditure	Number of Members	Number of Attendances	Yearly Expenditure	Number of Members	Number of Attendances	Yearly Expenditure	Number of Members	Number of Attendances	Yearly Expenditure	Number of Members	Number of Attendances	Yearly Expenditure
Kwai Tsing DHC 24.9.2019																		
Sham Shui Po DHC 30.6.2021																		
Tuen Mun DHC 31.5.2022																		

2024 (Estimated)	Yearly Expenditure				
	Number of Attendances				
	Number of Members				
2023	Yearly Expenditure				
	Number of Attendances				
	Number of Members				
2022	Yearly Expenditure				
	Number of Attendances				
	Number of Members				
2021	Yearly Expenditure				
	Number of Attendances				
	Number of Members				
DHC Express Service Commencement Date		Sai Kung DHC Express 1.9.2021	Kowloon City DHC Express 1.10.2021	Yau Tsim Mong DHC Express 1.10.2021	Wan Chai DHC Express 4.10.2021

Wong Tai Sin DHC 30.6.2022	Southern DHC 17.10.2022	Yuen Long DHC 24.10.2022	Tsuen Wan DHC 30.12.2022

North DHC Express 18.10.2021												
Islands DHC Express 18.10.2021												
Kwun Tong DHC Express 21.10.2021												
Tai Po DHC Express 22.10.2021												
Sha Tin DHC Express 30.10.2021												
Central & Western DHC Express 30.10.2021												
Eastern DHC Express 30.10.2021												

2. Please advise in detail on the existing manpower establishment of DHCs and DHC Expresses (including healthcare professionals and other supporting staff).

3. Does the Government have any plan to review the effectiveness of DHCs and DHC Expresses? Since there are views pointing out the unclear positioning and service provision of DHCs, has the Government reviewed on these and how to improve in future? If yes, what are the details? If not, what are the reasons?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 4)

Reply:

(1)

The cumulative numbers of members and attendances as well as the 2023-24 revised estimate (including the provisions for service contracts, site maintenance and rental cost) of all the District Health Centres (DHCs) and DHC Expresses (DHCEs) are set out in the table below:

DHC/DHCE Service commencement date	**Cumulative number of members (as at 31 December 2023)** Note 1 **[Provisional figures]**	**Cumulative number of attendances (as at 31 December 2023)** Notes 1, 2, 3, 4, 5 **[Provisional figures]**	**2023-24 Revised Estimate ($ million)**
Kwai Tsing DHC 24 September 2019	36 800	377 600	63
Sham Shui Po DHC 30 June 2021	19 900	117 700	65
Tuen Mun DHC 31 May 2022	21 500	163 600	82
Wong Tai Sin DHC 30 June 2022	18 600	75 400	78
Southern DHC 17 October 2022	13 800	71 100	73
Yuen Long DHC 24 October 2022	18 400	97 500	69
Tsuen Wan DHC 30 December 2022	12 700	69 500	65
Sai Kung DHCE 1 September 2021	6 400	53 400	14
Kowloon City DHCE 1 October 2021	7 100	28 900	14
Yau Tsim Mong DHCE 1 October 2021	6 100	26 500	14
Wan Chai DHCE 4 October 2021	4 300	29 500	15
North DHCE 18 October 2021	5 900	31 800	14
Islands DHCE 18 October 2021	4 100	22 800	13
Kwun Tong DHCE 21 October 2021	5 800	28 800	14
Tai Po DHCE 22 October 2021	4 900	30 000	14
Sha Tin DHCE 30 October 2021	7 900	36 800	14
Central and Western DHCE 30 October 2021	4 900	29 500	15
Eastern DHCE 30 October 2021	6 400	30 700	14
Total	**205 600**	**1 320 900**	**650**

Notes:

1. Figures are rounded to the nearest hundred.
2. The figures only include service figures captured from the DHC/DHCE information system and do not include those relating to medical laboratory tests.
3. Starting from April 2021, a revised classification of disease prevention services has been adopted. Statistics on related services are not directly comparable to earlier figures.
4. As different services are provided by the 11 DHCEs, the attendance figures are not directly comparable.
5. The service figures above have included services provided by DHCs/DHCEs for participants of the Chronic Disease Co-care Pilot Scheme which was launched on 13 November 2023.

(2)

The staff establishment (including healthcare professionals and other supporting staff) of DHCs in Kwai Tsing, Sham Shui Po, Tuen Mun, Wong Tai Sin, Southern, Yuen Long and Tsuen Wan in 2023-24 is set out in the table below:

	Kwai Tsing DHC	**Sham Shui Po DHC**	**Tuen Mun DHC**	**Wong Tai Sin DHC**	**Southern DHC**	**Yuen Long DHC**	**Tsuen Wan DHC**
Staff establishment Note 6							
Executive Director	1	1	1	1	1	1	1
Medical Consultant Note 7	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Chief Care Coordinator	1	1	1	1	1	1	1
Care Coordinator/ Nurse	21	17.5	26	25	16	29	21
Physiotherapist	3.5	2	3	3	3	3	2
Occupational Therapist	1.5	2	2	2	3	3	2
Dietitian	1	1	1	2	1	2	1
Pharmacist	1	1	1	1	1	1	1
Social Worker, Administrative Staff and Supporting Staff	55	70	62	62	59	50	49
Total	**85.5**	**96**	**97.5**	**97.5**	**85.5**	**90.5**	**78.5**

Notes:

6. The staff establishment is proposed by DHC operators through tendering procedures according to the service demand in the community and manpower estimation, and is approved by the Government. The 0.5 staff establishment refers to a part-time position

with half of the working hours of a full-time position. The actual number of staff may vary from time to time, depending on factors such as service demand and short-term manpower turnover, etc. The Government will continue to monitor the situation to ensure that services are not affected.

7. Medical Consultants are part-time or outsourced positions.

The staff establishment (including healthcare professionals and other supporting staff) of all DHCEs in 2023-24 is set out in the table below:

	Central and Western	**Eastern**	**Islands**	**Kowloon City**	**Kwun Tong**	**North**	**Sai Kung**	**Sha Tin**	**Tai Po**	**Wan Chai**	**Yau Tsim Mong**
Staff establishment Notes 8, 9											
Project Coordinator	1	1	1	1	1	1	1	1	1	1	1
Medical Consultant Note 10	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Care Coordinator	4	3	3	1	5	1	2	5	5	4	1
Nurse				4		3	3				4
Physiotherapist	1	1	1	1	1	1	1	1	1	1	1
Occupational Therapist					1		1		0.5	1	
Pharmacist	0.5	0.5					1	1		1	
Dietitian				1	1	0.5	1		1		1
Social Worker, Administrative Staff and Supporting Staff	14	13	10	10	14.5	14	11	16.5	13.5	6.5	10
Total	**21**	**19**	**15.5**	**18.5**	**24**	**21**	**21.5**	**25**	**22.5**	**15**	**18.5**

Notes:

8. The staff establishment is proposed by DHCEs according to the service demand in the community and manpower estimation, and is reviewed and approved by the Government before entering into contracts with operators. The 0.5 staff establishment refers to a part-time position with half of the working hours of a full-time position. The actual number of staff may vary from time to time, depending on factors such as service demand and short-term manpower turnover, etc. The Government will continue to monitor the situation to ensure that services are not affected.
9. The staff establishment of each DHCE is dependent on the service demand and service delivery model of the district concerned, and so the figures are not directly comparable.
10. Medical Consultants are part-time or outsourced positions.

(3)

In face of the pressure brought about by an ageing population and the increasing prevalence of chronic diseases, the Government released the Primary Healthcare Blueprint (Blueprint) in December 2022, setting out a series of reform initiatives to strengthen primary healthcare services in Hong Kong. One of the recommendations in the Blueprint is to further develop a district-based family-centric community health system based on the DHC model.

As the healthcare service and resource hub in the community, the DHCs are crucial in strengthening the concept of "Family Doctor for All" and cultivating a long-term doctor-patient relationship between the patient and his/her family doctor (especially in the management of chronic diseases). The Government has implemented the Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) since November last year, further strengthening the role of the DHCs/DHCEs with a view to supporting participants to better control hypertension and diabetes mellitus and prevent complications, as well as co-ordinating and arranging participants to receive screening and appropriate multidisciplinary treatment (including physiotherapy, dietetic consultation, optometry assessment and podiatry services) in private sectors at a subsidised rate.

The Government will continue to review the services of the DHCs with a view to strengthening their roles as the co-ordinator of community primary healthcare services and case manager, so as to provide comprehensive primary healthcare services to the public in the community. The Government has also commissioned the Chinese University of Hong Kong to conduct a monitoring and evaluation study on the DHCs to evaluate their degree of achievement of different targets and overall performance, including the quality and effectiveness of different DHC services, influences of DHC services towards individuals and the community as well as the cost-effectiveness of the DHCs. The report of the evaluation study will be submitted to the Steering Committee on Primary Healthcare Development for deliberation. The Government shall consider the report and views of the Steering Committee when reviewing the service of the DHCs.

The Government will also enhance the terms of the DHC operation service contracts. Currently, the DHC operation service contracts have provided specific descriptions of various facilities and service requirements, including recruitment and qualifications of the network service providers, required numbers of various professionals, the areas and numbers of satellite centres to be established as well as staffing establishment of the centres. The tender documents have also stated that the Government shall have the right to terminate the contract upon an operator's non-compliance of the contract requirements. Starting from this year, the Primary Healthcare Office (PHO) will adjust the terms of operation service contracts for the DHCs and DHCEs progressively, including adjustment on the categories of service targets to complement the enhancement of DHC services, such as pairing of family doctors for citizens and nurse clinic service provision, etc. With the implementation of the CDCC Pilot Scheme, the PHO will also review the performance assessment indicators of the DHCs to include new members' participation in the CDCC Pilot Scheme as one of the indicators.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0265)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in Matters Requiring Special Attention in 2024-25 that the Government will continue to service the Advisory Committee on Mental Health and pursue recommendations of the Mental Health Review Report. Regarding mental health services, will the Government inform this Committee of:

1. the manpower details of psychiatric medical and nursing staff currently serving each hospital cluster in Hong Kong, and the average turnover rates of psychiatric healthcare staff in each of the past 5 years;

2. the total number of psychiatric patients currently requiring treatment in Hong Kong, and the number of attendances and the average waiting time for service at the psychiatric specialist outpatient clinics in each hospital cluster in each of the past 5 years, with a breakdown by the type of mental illness and degree of urgency; and

3. the respective expenditures on mental health promotion, public education initiatives and treatment of psychiatric patients in the past 5 years; whether the Bureau has any plans to allocate more resources to improve the mental health of the public and enhance mental health related services in 2024-25?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 5)

Reply:

(1)

The table below sets out the number of psychiatric doctors, psychiatric nurses (including community psychiatric nurses), clinical psychologists, medical social workers and occupational therapists working in psychiatric stream in each hospital cluster of the Hospital Authority (HA) in 2023-24 (as of 31 December 2023).

Cluster	Psychiatric Doctors [1, 2]	Psychiatric Nurses [1, 3] (including Community Psychiatric Nurses)	Allied Health Professionals		
			Clinical Psychologists [1, 5]	Medical Social Workers [4]	Occupational Therapists [1, 5]
2023-24 (as of 31 December 2023)					
HKEC	44	297	10	-	25
HKWC	27	151	8	-	29
KCC	47	289	13	-	31
KEC	46	229	16	-	25
KWC	80	856	31	-	89
NTEC	71	496	19	-	53
NTWC	87	774	17	-	60
Overall	**403**	**3 092**	**113**	**257**	**312**

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but excluding 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 nurses in psychiatric stream.
4. Medical Social Workers supporting psychiatric services in HA is provided by the Social Welfare Department (SWD). The HA does not maintain information on the number of Medical Social Workers supporting psychiatric services in each hospital cluster.
5. Clinical psychologists and occupational therapists working in the psychiatric stream include those working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), those working in psychiatric departments of other non-psychiatric hospitals, as well as those in psychiatric stream.

The table below sets out the attrition (wastage) rate of full-time doctors and nurses in Psychiatry specialty of HA for 2019-20 to 2023-24 (rolling 12 months from January – December 2023).

Year	Attrition (wastage) rate of doctors[1, 2, 3]	Attrition (wastage) rate of nurses[1,2]
2019-20	5.4%	3.5%
2020-21	4.1%	4.8%
2021-22	9.7%	7.8%
2022-23	6.4%	8.3%
2023-24 (January-December 2023)	6.5%	6.7%

Note:

1. Attrition (Wastage) includes cessation of service from HA in any form 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%
3. The manpower figures of doctors above exclude Interns and Dental Officers.

(2)

In 2023-24 (projection as of 31 December 2023), there were a total of around 305 700 psychiatric patients treated in the HA (including inpatients, patients at specialist outpatient (SOP) clinics and day hospitals).

The table below sets out the total number of attendances of psychiatric specialist outpatient clinics (SOPCs) in each hospital cluster of the HA from 2019-20 to 2023-24 (up to 31 December 2023).

Cluster	**2019-20**	**2020-21**	**2021-22**	**2022-23**	**2023-24 (up to 31 December 2023) [provisional figures]**
HKEC	88 727	90 513	92 045	92 888	69 830
HKWC	71 235	72 722	72 600	73 226	53 171
KCC	68 985	70 790	73 934	74 586	56 608
KEC	111 762	117 067	125 830	128 875	94 937
KWC	242 334	243 050	255 324	253 461	193 114
NTEC	147 385	154 832	163 045	165 866	124 715
NTWC	170 856	167 847	174 371	178 297	132 484
Overall	**901 284**	**916 821**	**957 149**	**967 199**	**724 859**

The tables below set out the number of psychiatric SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in each hospital cluster of HA from 2019-20 to 2023-24 (up to 31 December 2023).

<u>2019-20</u>

	Priority 1		**Priority 2**		**Routine**	
Cluster	**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

	Priority 1		Priority 2		Routine	
Cluster	**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	250	1	993	3	2 289	13
HKWC	467	1	1 063	4	2 041	26
KCC	395	<1	1 213	4	1 244	14
KEC	253	1	2 269	3	5 137	46
KWC	375	<1	1 048	4	12 101	16
NTEC	1 145	1	2 456	4	5 554	52
NTWC	492	1	1 595	3	5 045	33

2021-22

	Priority 1		Priority 2		Routine	
Cluster	**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	286	<1	912	3	2 989	16
HKWC	386	1	827	4	2 099	50
KCC	284	<1	1 096	4	1 542	14
KEC	302	1	2 452	4	5 212	59
KWC	256	<1	794	5	13 361	24
NTEC	1 015	1	2 422	4	6 216	65
NTWC	399	1	1 492	3	5 606	62

2022-23

	Priority 1		Priority 2		Routine	
Cluster	**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	302	<1	897	3	3 296	19
HKWC	363	1	687	4	1 920	41
KCC	195	<1	1 318	4	2 347	18
KEC	265	1	2 322	3	5 238	52
KWC	232	<1	909	4	13 129	29
NTEC	828	1	2 427	4	6 342	64
NTWC	377	1	1 459	3	6 027	55

2023-24 (up to 31 December 2023)[provisional figures]

	Priority 1		Priority 2		Routine	
Cluster	**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	601	3	2 726	25
HKWC	267	1	615	4	1 462	40
KCC	199	<1	905	3	1 829	20
KEC	194	1	1 628	3	4 106	56
KWC	196	<1	590	3	9 900	29
NTEC	640	1	1 729	4	5 147	73
NTWC	308	1	1 168	3	4 514	45

Note:
With effect from 1 October 2022, the waiting time for new case booking at SOPCs has incorporated integrated clinics.

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

Remark:
In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures.

(3)

The HA adopts an integrated and multi-disciplinary approach in providing mental health services. A team comprising psychiatrists, psychiatric nurses, clinical psychologists, occupational therapists and medical social workers provides a comprehensive range of medical services, including inpatient services, outpatient services, day rehabilitation training and community support services, to patients with mental health needs according to their medical conditions and clinical needs. The table below sets out the expenditure for providing mental health services by HA from 2019-20 to 2023-24.

Year	Expenditure on Mental Health Services ($ million)
2019-20	5,408
2020-21	5,672
2021-22	5,825
2022-23	6,145
2023-24 (Revised Estimate)	6,522

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

Remark:

In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures. As the costing information for 2019-20 to 2022-23 has reflected the impact of the epidemic outbreak on costs (if any), the costing information for different years may not be directly comparable.

On mental health promotion and public education, the Government has earmarked an annual recurrent funding of $50 million for the implementation of the "Shall We Talk" mental health promotion and public education initiative. Launched in July 2020 with the support of the Advisory Committee on Mental Health (ACMH), the initiative aims to step up public engagement in promoting mental well-being; to enhance public awareness of mental health with a view to encouraging help-seeking and early intervention; and to reduce stigma towards people with mental health needs. The initiative continues to make use of both offline channels and emerging online platforms to reach out to people from all walks of life, which includes (a) launching a one-stop mental health thematic website (shallwetalk.hk) to provide one-stop information and resources on mental health to the public and broadcasting videos on social media platforms, featuring the sharing of personal experiences and feelings by various stakeholders (including artists and key opinion leaders) to encourage the public to recognise mental health issues; (b) implementing the Mental Health Workplace Charter to promote mental well-being at workplace; (c) broadcasting promotional videos on the television, the radio and other media; and (d) organising tours in different districts and tertiary institutions to promote mental health messages.

At the same time, the Labour and Welfare Bureau collaborates with non-governmental organisations (NGOs) in organising public education programmes to enhance the public's awareness of mental health and disability inclusion, such as the annual "Mental Health Month" programme in support of the "World Mental Health Day" annually. The SWD also subsidises NGOs to set up mobile vans for publicity across the territory to promote mental health in the community.

Over the past year, the Government has introduced or planned to introduce a number of mental health-related policy initiatives, which cover enhancing the manpower for mental health services, strengthening the support for specific groups (including students, ethnic minorities and persons in mental recovery), and enhancing mental health support at district level, etc. The key initiatives are as follows:

(a) The HA enhanced manpower and further optimised the ratio of case manager under the Case Management Programme to patients to no higher than 1:40 in the fourth quarter of 2023. The HA has earmarked additional funding of around $127 million in 2024-25 to enhance mental health services, relevant measures include: (i) enhancing the community psychiatric services by further recruiting additional case managers; (ii) strengthening nursing manpower as well as allied health and peer support for psychiatric inpatient and outpatient services; and (iii) enhancing the use of long-acting injectable antipsychotics in the treatment of mental illness;

(b) Through cross-departmental collaboration of the Health Bureau (HHB), the Education Bureau and the SWD, the Three-Tier School-based Emergency Mechanism was implemented in December 2023 to provide support to students with higher suicidal risk as early as possible. The initiative has been extended to end-2024;

(c) The HHB launched the "18111 - Mental Health Support Hotline" in December 2023 to provide one-stop, round-the-clock support for people with mental health needs, rendering immediate mental health support and referral services;

(d) The HHB set up a service centre to provide emotional support and counselling services for ethnic minorities in December 2023, with a multi-professional team comprising social workers, counsellors and support staff conversant in ethnic minority languages, to provide mental health support and counselling services to ethnic minorities and refers cases to other service platforms for additional support and/or treatment if needed;

(e) The HHB will launch a pilot scheme in 3 District Health Centres in 2024 in collaboration with community organisations to provide mental health assessments for those in need, and to provide early follow-up and referral for high-risk cases;

(f) The HHB will provide Care Team members with mental health support training (including Mental Health First Aid training) in 2024 to assist in the early referral of persons in need in the local communities for support;

(g) In 2023-24, the SWD increased the manpower of clinical psychologists in 24 Integrated Community Centres for Mental Wellness (ICCMWs) to strengthen professional support and training, and provided additional funding to assist ICCMWs in enhancing the application of information technology in service delivery so as to strengthen the support for persons in mental recovery and their carers;

(h) The SWD will enhance the services of ICCMWs in 2024, including strengthening early identification of persons with mental health needs and early intervention, and scale up the training of social workers in community mental health service units to raise their capacity in handling complicated cases; and

(i) The SWD will strengthen peer support services in 2024 and set up 4 additional Parents/Relatives Resource Centres for carers of those in mental recovery in 2025 to support people in mental recovery and their carers.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0269)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It was mentioned in the Matters Requiring Special Attention in 2023-24 that the Government would augment the workforce by attracting and retaining staff through various measures. In this connection, please inform this Committee of:

1. the details of the wastage of medical staff, nursing staff and allied healthcare professionals in each of the past 5 years, and whether the Government has reviewed and reflected on the main causes of the above wastage;

2. the respective current vacancy rates of medical and nursing staff in each of the 43 public hospitals in Hong Kong;

3. the respective number of non-locally trained doctors recruited under limited registration to relieve manpower pressure in the past 5 years and the expenditure involved;

4. the current number of doctors who continue their service on contract terms in the Hospital Authority after retirement and the expenditure incurred under the enhanced Special Retired and Rehire Scheme; and

5. the number of applications from non-locally trained doctors with recognised medical qualifications for coming to Hong Kong under special registration so far, their places of origin, the number of applications approved and the specialties of the successful applicants.

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 9)

Reply:

1. & 2.
The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach involving doctors, nurses, allied health (AH) professionals and care-related support

staff. The HA regularly monitors the manpower situation and flexibly deploys its staff having regard to the service and operational needs.

The attrition (wastage) rates of full-time doctors, nurses and AH professionals in 2019-20, 2020-21, 2021-22, 2022-23 and 2023-24 (rolling 12 months from January to December 2023) are set out in the table below.

Staff Group	**2019-20**	**2020-21**	**2021-22**	**2022-23**	**2023-24 (Rolling 12 months from January to December 2023)**
Doctors	5.4%	4.1%	8.1%	6.9%	6.1%
Nurses	5.9%	5.8%	9.4%	10.9%	9.5%
AH professionals	4.8%	4.4%	8.7%	8.6%	7.5%

The numbers of doctors on full-time equivalent basis by rank in 2021-22 to 2023-24 (as at 31 December 2023) are set out in the table below.

Rank	**2021-22 (As at 31 March 2022)**	**2022-23 (As at 31 March 2023)**	**2023-24 (As at 31 December 2023)**
Consultant	1 123	1 222	1 274
Senior Medical Officer/ Associate Consultant	2 015	2 011	1 975
Medical Officer/ Resident	3 346	3 308	3 593
Total	**6 484**	**6 541**	**6 842**

Note:
(1) Attrition (Wastage) includes all types of cessation of service (including retirement) from the HA for permanent and contract staff on headcount basis.
(2) 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%
(3) Doctors exclude Interns and Dental Officers.
(4) The attrition rates above do not exclude the staff under the arrangement of Extending Employment Beyond Retirement (EER). From 2024 onwards, the HA will first exclude the number of staff under the EER arrangement when compiling the relevant statistics.

Over the years, the HA has been closely monitoring and regularly reviewing its manpower situation, including the attrition trend. The reasons for leaving the HA may include health reason, family reason, moving to private sector, further study, etc. In order to attract, develop and retain talent, the HA introduced a series of ongoing measures including increasing the number of Resident Trainee posts to recruit local medical graduates, recruitment of non-locally trained doctors to supplement local recruitment, improving promotion prospects to retain staff, hiring part-time healthcare staff (e.g. via recruitment of locum staff), offering flexible work arrangements, offering further employment to suitable staff beyond retirement, enhancing Home Loan Interest Subsidy Scheme and provision of

better training opportunities for various grades by establishing the HA Academy. These measures have begun to yield results as the number of healthcare staff in the HA has registered growth over the past year and the attrition rate has subsided from the peak recorded in the past 2 years.

In December 2019, the HA established a Task Group (TG) on Sustainability to review, among other things, strategies for retaining staff. In line with the key directions recommended by the TG, the HA has been gradually rolling out further staff retention measures and will continue to do so in 2024-25. These measures include:

(a) creating opportunities for Associate Consultants to be promoted to Consultant rank, so as to retain experienced medical personnel to address the service, manpower and training needs in the HA;
(b) providing Specialty Nurse Allowance to eligible registered nurses, so as to retain manpower and encourage professional development of nurses through recognising their specialty qualifications; and
(c) continuing efforts in Extending Employment Beyond Retirement to attract more retired staff who are willing to serve after retirement.

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

3.
The numbers of non-locally trained doctors employed by the HA under limited registration (LR) / special registration (SR) and the respective expenditures on their remuneration in the past 5 years are set out in the table below:

	2019-20	**2020-21**	**2021-22**	**2022-23**	**2023-24**
Number of non-locally trained doctors Note 1	27	34	47	58	118 (up to 31 December 2023)
Total remuneration ($ million) Note 2	36.7	58.7	78.1	96.8	166.4 (Full-year projection)

Note:
(1) The numbers of non-locally trained doctors refer to the total numbers of non-locally trained doctors employed, including doctors who have completed or ended their contracts and those who came to Hong Kong for exchanges during the said period. The figure for 2023-24 represents the number of non-locally trained doctors employed up to 31 December 2023 under LR / SR.
(2) The total remuneration includes basic salary, allowance, gratuity and other on-costs such as provision of housing benefit as well as death and disability benefit. The figure for 2023-24 represents the full-year projection.

4.
As at December 2023, 144 doctors (including 97 Consultants, 1 Dental Consultant, 22 Associate Consultants and 24 Residents) are working in the HA on contract full-time terms after retirement. The total salary expenditure involved in 2023-24 (full-year projection) was $462.5 million.

Note:
The total salary expenditure includes basic salary, allowance, gratuity and other on-costs such as provision of housing benefit and death and disability benefit.
5.
The table below sets out the figures of LR and SR in relation to the number of applications, employing institutions, countries/places where the doctors obtained medical qualifications and the number of applicants who have acquired specialist qualifications as at 31 December 2023, according to the information provided by the Medical Council of Hong Kong:

	SR			**LR**
	Holding recognized medical qualification	**Bridging from LR**	**Total**	
Number of applications Note 1				
- Number of applicants	44	9	53	206
- Number of approved applicants	42 Note 2	9	51	206
- Number of applicants with registration effected	33 Note 3	9	**42**	**184**
Employing Institutions				
- University of Hong Kong (HKU)	3	3	6	33
- The Chinese University of Hong Kong (CUHK)	0	6	6	41
- HA	30	0	30	89
- Department of Health (DH)	0	0	0	14
- Clinics exempted from the provisions of section 7 of the Medical Clinics Ordinance	Not applicable			7
Total	**33**	**9**	**42**	**184**
Countries/places where the medical qualifications were obtained				
- China (except Hong Kong)	1	1	2	61
- United Kingdom	26	4	30	55

	SR			LR
	Holding recognized medical qualification	**Bridging from LR**	**Total**	
- United States	1	2	3	4
- Australia / New Zealand	4	0	4	8
- Canada	0	1	1	6
- Others	1	1	2	50
Total	**33**	**9**	**42**	**184**
Specialist qualifications acquired Note 4				
- Anaesthesia	2	0	2	1
- Surgery	1	0	1	1
- Gastroenterology & Hepatology	1	2	3	0
- Paediatrics	0	0	0	3
- Pathology	0	0	0	1
- Ophthalmology	0	1	1	2
- Intensive Care	0	0	0	1
- Obstetrics & Gynaecology	0	0	0	1
- Nephrology	0	0	0	1
- Rheumatology	0	0	0	1
- Public Health Medicine	0	0	0	1
- Medical Oncology	0	1	1	0
- Geriatric	0	1	1	0
- Otorhinolaryngology	0	1	1	0
- Radiology	1	2	3	0
- Emergency Medicine	0	1	1	0
Total	**5**	**9**	**14**	**13**

Notes:

(1) The number of applications and approved applications include the number from 2021-22 to 2023-24 (as at 31 December 2023), excluding renewal applications.

(2) The remaining 2 applications were approved in January 2024.

(3) The SR of remaining 9 applicants were effected after 31 December 2023.

(4) Referring to the number of specialists whose names are included in the Specialist Register of the MCHK as at 31 December 2023 and their relevant specialties.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0412)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2024-25 that the Government will attract and retain staff through various policies, however, the numbers of interns and dentists in 2024-25 remain unchanged when compared with the revised estimate for 2023-24 (as at 31 March). In this connection, will the Government inform this Committee of:

1. the respective expenditure and manpower for training and retaining medical talent over the past 3 years; and
2. the names of institutions, the numbers of students and the details of disbursements of a measure mentioned in paragraph 179 of the Budget Speech to subsidise the relevant institutions in respect of the clinical practicum training fees for their specified healthcare-related programmes?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 33)

Reply:

1.

Professional healthcare talents are important assets to our overall society, to whom the Government attaches great importance. The Government attracts, develops and retains talents through various means. The management of healthcare staff under the Department of Health (DH) and the Hospital Authority (HA), including the recruitment, training and retaining of staff, is part of the overall duties of the DH and the HA. The manpower and resources involved are subsumed under the overall expenditure of the DH and the HA, and cannot be separately provided.

As part of its overall budget, the HA implements ongoing measures including increasing the number of Resident Trainee posts to recruit local medical graduates, recruitment of non-locally trained doctors to supplement local recruitment, improving promotion prospects to retain staff, hiring part-time healthcare staff with flexible work arrangements, offering further employment to suitable staff beyond retirement, enhancing the Home Loan Interest Subsidy Scheme and provision of better training opportunities for various grades by establishing the HA Academy.

Moreover, in December 2019, the HA established a Task Group (TG) on Sustainability to review, among other things, strategies for retaining staff. In line with the key directions recommended by the TG, the HA has been gradually rolling out further staff retention measures and will continue to do so in 2024-25. These measures include –

(a) creating opportunities for Associate Consultants (AC) to be promoted to Consultant rank, with around 400 AC posts upgraded / to be upgraded to Consultant posts during 2020-21 to 2024-25, so as to retain experienced medical personnel to address the service, manpower and training needs in the HA;

(b) providing Specialty Nurse Allowance to eligible registered nurses, with over 4 300 nurses receiving the allowance as at December 2023, so as to retain manpower and encourage professional development of nurses through recognising their specialty qualifications; and

(c) continued efforts in Extending Employment Beyond Retirement to attract more retired staff who are willing to stay after retirement. As at December 2023, there were 144 doctors, 427 nurses, 86 allied health professionals and 2 964 supporting / other grades staff working at the HA after retirement. Among all doctors / nurses / allied health professionals retiring during 2023-24 to 2027-28, at least 349 doctors, 909 nurses and 201 allied health professionals had indicated interest / agreed to take up full-time or part-time employment after retirement.

In 2021-22, 2022-23 and 2023-24, the additional financial provisions for the above 3 further measures are around $158 million, $308 million and $294 million respectively.

2.

Since the 2023-24 financial year, as an initiative for strengthening the training of healthcare manpower, the HA has waived the clinical practicum training fees payable by relevant institutions for their specified healthcare-related programmes, including specified undergraduate or taught-postgraduate healthcare-related programmes that are subsidised by University Grants Committee or offered by self-financing institutions (including the University of Hong Kong, the Chinese University of Hong Kong, the Hong Kong Polytechnic University, Saint Francis University (formerly known as Caritas Institute of Higher Education), Hong Kong Metropolitan University and Tung Wah College). The clinical practicum training fees payable by institutions for their specified healthcare-related programmes (waived by the HA) are subsumed under the HA's overall expenditure.

Meanwhile, the Government encourages institutions to actively arrange clinical practicum in non-HA organisations (including non-government organisations) for students, so as to meet the ever-increasing demand for clinical practicum and provide students with a more diversified clinical practicum experience. The Government earmarked about $55 million and $60 million in 2023-24 and 2024-25 respectively to subsidise relevant institutions to arrange clinical practicum in non-HA organisations for students. The arrangement is expected to benefit over 12 000 students in 2023-24. The institutions, programmes and numbers of students involved are set out in **Annex**.

Annex

Institutions and Programmes Subsidised to Arrange Clinical Practicum in Non-HA Organisations and the Expected Numbers of Students Benefited

Institution	Programme	Expected Number of Students Benefited
Saint Francis University (formerly known as Caritas Institute of Higher Education)	Bachelor of Science (Honours) in Physiotherapy	48
	Bachelor of Nursing (Honours)	1 640
	Bachelor of Nursing (Honours) (Applied Degree Places)	821
Hong Kong Metropolitan University	Bachelor of Science with Honours in Physiotherapy	88
	Bachelor of Nursing with Honours in General Health Care	1 840
	Bachelor of Nursing with Honours in Mental Health Care	631
Tung Wah College	Bachelor of Science (Honours) in Physiotherapy	92
	Bachelor of Science (Honours) in Occupational Therapy	173
	Bachelor of Science (Honours) in Medical Laboratory Science	45
	Bachelor of Science (Honours) in Radiation Therapy	44
	Bachelor of Health Science (Honours) in Nursing	1 792
The Chinese University of Hong Kong	Master of Social Science in Clinical Psychology	56
	Bachelor of Nursing	1 104
The University of Hong Kong	Master of Social Sciences in the field of Clinical Psychology	38
	Bachelor of Science in Speech and Hearing Sciences	79
	Master of Science in Audiology	7
	Bachelor of Nursing	1 013
The Hong Kong Polytechnic University	Bachelor of Science (Honours) in Physiotherapy	344
	Bachelor of Science (Honours) in Occupational Therapy	333
	Bachelor of Science (Honours) in Medical Laboratory Science	118
	Bachelor of Science (Honours) in Radiography	217
	Bachelor of Science (Honours) Scheme in Biomedical Engineering	19

	Bachelor of Science (Honours) in Optometry	91
	Bachelor of Science (Honours) in Nursing	1 014
	Bachelor of Science (Honours) in Nursing (Non-JUPAS Applicants)	119
	Bachelor of Science (Honours) in Mental Health Nursing (Full-time)	366
	Master in Physiotherapy	87
	Master in Occupational Therapy	92

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0415)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in paragraph 192 of the Budget Speech that the Government provides resources and implements a variety of measures to promote Chinese medicine (CM). These include increasing the quota of government-subsidised CM out-patient services, extending integrated Chinese-Western medicine services, promoting scientific research on CM and setting relevant standards. In this connection, will the Government inform this Committee:

1. of the current total number of CM out-patient clinics and their distribution by district, and whether their service quotas can meet public demand for consultations;
2. of the number of attendances and the average waiting time for CM out-patient service in the past 3 years; and
3. given that the Chinese Medicine Hospital and the Government Chinese Medicines Testing Institute will begin service in phases starting from end-2025, of the services to be provided by, service pledges of and expenditures to be involved in these 2 institutions?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 36)

Reply:

(1) and (2)

At present, Chinese medicine (CM) out-patient services in Hong Kong are mainly provided by private CM clinics, CM clinics run by non-governmental organisations (NGOs) and Chinese Medicine Clinics cum Training and Research Centres (CMCTRs).

CMCTRs have been established in 18 districts across the territory to promote the development of CM by providing services, training and conducting research. Each CMCTR operates on a tripartite collaboration model involving the Hospital Authority (HA), a NGO and a local university. The NGOs are responsible for the day-to-day clinic operation. Since March 2020, the 18 CMCTRs have been providing Government-subsidised CM outpatient services at the district level. The annual quota has increased from about 600 000 to 800 000 since October 2023, representing an increase of over 30%. The Government will continue to

review the service capacities of the 18 CMCTRs and the public demand for Government-subsidised CM outpatient services, with a view to enhancing the service arrangements as appropriate.

Utilisation rates of Government-subsidised CM outpatient service quota of the 18 CMCTRs in the past 3 years are tabulated below:

Financial Year	**Utilisation rate of the Government-subsidised CM outpatient service quota**
2020-21	88%
2021-22	95%
2022-23	92%

The attendances of the 18 CMCTRs in the past 3 years are set out in the table below:

District	**Attendance for the Year**		
	2021	**2022**	**2023**
Central & Western	52 385	87 186	93 358
Tsuen Wan	93 815	96 071	112 384
Tai Po	74 512	86 229	100 866
Wan Chai	66 212	76 430	94 946
Sai Kung	60 908	65 529	89 331
Yuen Long	85 267	92 070	94 257
Tuen Mun	67 669	75 719	77 887
Kwun Tong	71 948	82 556	86 916
Kwai Tsing	54 794	71 806	79 053
Eastern	83 095	104 034	114 504
North	85 988	98 671	119 156
Wong Tai Sin	61 685	74 040	72 486
Sha Tin	83 067	89 020	107 076
Sham Shui Po	63 783	76 836	78 628
Southern	61 031	87 486	98 312
Kowloon City	78 922	80 630	86 845
Yau Tsim Mong	70 978	90 694	86 288
Islands	63 928	83 629	91 978
Total	**1 279 987**	**1 518 636**	**1 684 271**

Note: The above attendances cover CMCTRs' regular services (both Government-subsidised and non-Government-subsidised outpatient services), Civil Service Chinese Medicine Clinic services, as well as time-limited Special Chinese Medicine Out-patient Programme for COVID-19 Infected Persons introduced during the COVID-19 epidemic.

The Government-subsidised CM outpatient services are provided by appointment, and half of the service quotas will be allocated to patients with episodic illnesses. Patients may make appointments for outpatient services on the same day or the next working day according to their needs. The other half of the service quotas will be allocated to patients attending follow-up consultations. CM practitioners will recommend follow-up consultations

according to the patients' clinical conditions and appointments will be arranged for them by CMCTRs on the same day.

(3)
Chinese Medicine Hospital

The Chinese Medicine Hospital (CMH) is constructed by the Government and operated under a public-private-partnership model. In 2021, Hong Kong Baptist University (HKBU) was selected through tendering procedures as the Contractor for the operation of the CMH. In the same year, HKBU incorporated the HKBU Chinese Medicine Hospital Company Limited as the Operator. HKBU and the Operator have since been working together on the commissioning tasks as stipulated in the service deed. The Hospital Chief Executive and other core management team members (the Core Management Team) were in post in January 2024. The Core Management Team is in the process of formulating hospital structure and systems and will undertake preparatory work having regard to the hospital service commencement plan.

The CMH is expected to commence services in phases from the end of 2025. It will serve as a flagship institution in Hong Kong for promoting the development of CM and Chinese medicines (CMs). It will also play the role of a change driver to foster the development of CM services, education and training, innovation and research in Hong Kong. Apart from providing quality healthcare services, the CMH will also establish a collaborative network with CMCTRs, universities and the CM sector to further promote the development of CM in the areas of medical services, teaching and training, research, collaboration and creation of health values.

The CMH covers primary, secondary and tertiary care, offering services of pure CM, CM playing the predominant role and integrated Chinese-Western medicine. The CMH will provide inpatient and outpatient services, as well as specialised CM clinical services such as internal medicine in CM, external medicine in CM, gynecology in CM, paediatrics in CM, orthopaedics and traumatology in CM, and acupuncture and moxibustion in CM. The CMH will also provide special disease programmes in respect of specific diseases for strategic development, in the light of the medical needs of Hong Kong population, advantages and strengths of CM, and the availability of talents and collaborative support with other institutions.

The medical services of the CMH will be provided by Chinese medicine practitioners (CMPs) as attending clinicians, in collaboration with a cross-disciplinary team consisting of CMPs, doctors, nurses, staff of CM and western medicine professionals and other allied health professionals. The teams of CMPs and doctors will collaborate to provide services through consultation. The CMH will also provide community outreach services and comprehensive rehabilitation services, including physiotherapy, occupational therapy, speech therapy and other allied health services. However, accident and emergency services, general anesthetic surgical services, intensive care services and child delivery services will not be provided in the CMH.

The Finance Committee of the Legislative Council approved in June 2021 a non-recurrent commitment of $80.445 million for the preparation for service commencement of the CMH as well as a capital commitment of $383.9 million for information technology support for the CMH under Capital Works Reserve Fund Head 710 Computerisation vote.

Government Chinese Medicines Testing Institute

The GCMTI was established in 2017 with its temporary facilities located at the Hong Kong Science Park in Shatin. The missions of the GCMTI are to develop a set of internationally-recognised reference standards for CMs and related products by employing state-of-the-art technology and through scientific research, and to help empower the industry through transfer of testing technology to strengthen quality control of products, establish the brand image of Hong Kong in CMs and develop Hong Kong into an international hub on CMs testing and quality control.

The GCMTI has launched a number of research projects and publicity campaigns, including the ongoing project on the Hong Kong Chinese Materia Medica Standards. So far, the GCMTI has published the reference standards for a total of 330 Chinese Materia Medica (CMM). The reference standards for 14 additional CMM have also been completed and will be published in due course.

The permanent GCMTI building under construction is expected to be commissioned in phases alongside with the adjoining CMH starting from end 2025. Major facilities of the permanent GCMTI building include various dedicated laboratories, a CMs herbarium laboratory, an international collaboration and training centre, a medicinal plant garden, and relevant ancillary facilities.

Apart from continuing to develop and formulate a set of reference standards for CMs, transferring technology on CMs testing to the CMs and testing industries, and fostering research on CMs testing upon relocation to the permanent GCMTI building, the GCMTI will also collaborate with the CMH and Mainland and international research institutes to deepen cooperation in the CMs fields of the Guangdong-Hong Kong-Macao Greater Bay Area, with a view to further leveraging Hong Kong's role as a platform for driving the standardisation, modernisation and internationalisation of CMs.

The estimated cost of constructing the permanent building of the GCMTI is $2,005.0 million which was approved by the Finance Committee of the LegCo in June 2021. An additional annual recurrent expenditure is $198.7 million,

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3192)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The Government launched the Chinese Medicine Development Fund (CMDF) in June 2019, with various funding schemes rolled out in phases to support and promote the development of Chinese medicine (CM) in Hong Kong. Additionally, the Chinese Medicine Hospital (CMH) to be established 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. In this connection, please inform this Committee of:

1. the number of projects financed by the CMDF and the amount of funding allocated in the past 3 years, setting out details of the projects under the "Enterprise Support Programme" and "Industry Support Programme" separately by project names, brief descriptions, persons/institutions/organisations involved, estimates and progress of implementation;

2. the progress of the preparation for service commencement of the CMH, with a detailed breakdown of the estimated expenditure and manpower planning; following the commissioning of the CMH in 2025, has the Government estimated the daily number of attendances and average waiting time of patients;

3. the number of registered CM practitioners (CMPs) in Hong Kong to date, the respective numbers of graduates of local CM degree programmes and non-locally trained CM graduates who passed the CMP Licensing Examination and got registered in the past 3 years;

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 45)

Reply:

(1)
Officially launched in June 2019, the Chinese Medicine Development Fund (CMDF) is the first dedicated fund set up to support the development of Chinese medicine (CM) with the objective of enhancing the overall standard of the CM sector to promote the holistic and high-quality development of CM in Hong Kong.

As at 20 March 2024, nearly 7 800 funding applications were approved under the CMDF, involving a total funding of about $276 million (provisional figure) for the approved projects and benefiting more than 2.2 million individuals/organisations in the CM sector, including registered and listed Chinese medicine practitioners (CMPs), CM drug personnel, CM clinics, manufacturers and wholesalers of proprietary Chinese medicines (pCm), retailers and wholesalers of Chinese herbal medicines (Chm), CM-related organisations, universities and tertiary education institutions, as well as members of the public. Major achievements of the CMDF are set out below:

(a) Talent nurturing: Close to 3 200 CMPs and CM drug personnel have received subsidies to attend CM professional training programmes for them to continuously upskill professional knowledge and ability. The CMDF has also supported programme providers to design and organise innovative training projects, benefiting over 37 100 practitioners;

(b) Quality enhancement: The CMDF has supported more than 480 CM clinics and nearly 190 Chm retailers/wholesalers to upgrade their facilities and equipment with a view to enhancing service quality, safety and quality control of CM drugs. The CMDF has also supported nearly 160 pCm manufacturers/wholesalers to engage consultancy services and technical support to complete the registration process for some 730 pCm products, thereby levelling up the quality of Hong Kong-registered pCm products and fostering the development of CM drug industry;

(c) Research and applied studies: The CMDF has supported the commencement of 62 CM research and applied studies projects which are instrumental to the academic and clinical research as well as professional and industry development of CM in Hong Kong; and

(d) Publicity and promotion: The CMDF has supported nearly 675 CM publicity and public education activities of various forms with target audiences covering kindergarten students, primary and secondary school students, and elderly persons.

The Health Bureau (HHB), in conjunction with the CMDF's implementation agent, has been reviewing the operation of the CMDF. In consultation with the Advisory Committee on the CMDF, the HHB implements various enhancement proposals, such as refining the design of the existing funding schemes, streamlining the application process and administrative arrangements, expanding the application eligibility and funding scope, raising the funding ceiling and extending the time limit for project completion.

Since 2023-24, CMDF has been taking forward a number of new capacity building initiatives. They include: (a) subsidising programmes related to the Training Programme of Advanced Clinical Talents in Chinese Medicine co-organised by the National Administration of Traditional Chinese Medicine and the HHB, including the first edition of the Hong Kong Chinese Medicine Talent Short-term Training Programme which was successfully completed in Beijing in November 2023 with the aim of helping to nurture more high-level backbone talents in CM theories and clinical practice; (b) launching the Guangdong-Hong Kong-Macao Greater Bay Area Proprietary Chinese Medicine Industry Development Support Scheme in February 2024 to subsidise local pCm manufacturers or wholesalers for the application fees for registering of eligible pCm products in the Mainland with the Guangdong Provincial Medical Products Administration through the streamlined registration approval process,

thereby facilitating Hong Kong pCm to "go global" through expansion to other markets; and (c) raising the funding ceiling of the Chinese Medicine Promotion Funding Scheme from $750,000 to $2,000,000 with effect from April 2024 to enhance the scale and effectiveness of the public education and promotion projects designed and implemented by the CM sector.

Meanwhile, the CMDF will commission organisations to conduct large-scale training, publicity and research projects on strategic themes conducive to the development of CM as a whole. The first batch of projects include training programmes developed and implemented to tie in with the service commencement of the Chinese Medicine Hospital (CMH), and large-scale territory-wide promotional and publicity campaigns for the wider use of CM in the community. Application is expected to be open in the second quarter of this year.

The details and vetting criteria of the funding schemes as well as the progress and results of the approved projects have been uploaded to the CMDF website (www.cmdevfund.hk).

(2)

The CMH is constructed by the Government and operated under a public-private-partnership model. In 2021, Hong Kong Baptist University (HKBU) was selected through tendering procedures as the Contractor for operation of the CMH. In the same year, HKBU incorporated the HKBU Chinese Medicine Hospital Company Limited as the Operator. HKBU and the Operator have since been working together on the commissioning tasks as stipulated in the service deed. The Hospital Chief Executive and other core management team members (the Core Management Team) were in post in January 2024. The Core Management Team is in the process of formulating hospital structure and systems and will undertake preparatory work having regard to the hospital service commencement plan.

The detailed architectural design of the CMH has been substantially completed. Planning of CM culture display design and installation is in progress.

The procurement of the hospital's furniture and equipment is progressing at full steam as planned. HKBU and the Operator also take an active part in the preparation of user requirements for the procurement items. Inspection and acceptance testing of furniture and equipment is expected to commence in early 2025.

The contract for the Core Hospital Information Technology System was awarded in mid-2022. With the system analysis and design substantially completed, the system development stage has already begun. The contract for the information technology (IT) network, Infrastructure and Data Centre of CMH was awarded in the fourth quarter of 2023. Tenders for the enterprise resource planning system and picture archiving and communication system and radiology information system are being evaluated. More IT system tenders will be issued progressively.

The construction works of the CMH commenced in June 2021, with the premises expected to be handed over in batches to the HHB starting in mid-2025. The CMH is expected to commence services in phases from the end of 2025 and, depending on the progress and demand and supply, becomes fully operational within 5 years after service commencement. When fully operational, the CMH will provide 400 beds, comprising 250 beds in inpatient wards, 90 beds in day wards, 40 beds in paediatric wards and 20 beds in the Clinical Trial and Research Centre. It is expected that the CMH will have an estimated outpatient consultation

attendance of 310 000 per annum when the outpatient service is fully operational. CMH will closely examine the public demand for various CM services and monitor the service waiting time through the hospital's information technology system with a view to continuously optimising the CMH's services.

The Finance Committee of the Legislative Council approved in June 2021 a non-recurrent commitment of $80.445 million for the preparation for service commencement of the CMH as well as a capital commitment of $383.9 million for IT support for the CMH under Capital Works Reserve Fund Head 710 Computerisation vote.

(3)

As at 29 February 2024, there was a total of 10 588 CMPs in the territory. Among them, 8 420 were registered CMPs, 32 were CMPs with limited registration and 2 136 were listed CMPs.

At present, there are 3 local universities, namely HKBU, the Chinese University of Hong Kong, and the University of Hong Kong offering full-time CM undergraduate programmes recognised by the Chinese Medicine Practitioners Board (CMPB) of the Chinese Medicine Council of Hong Kong. In the academic years between 2020/21 and 2022/23, the number of local graduates of University Grants Committee-funded bachelor of CM programmes were as follows:

Academic year	Number of local graduates
2020/21	69
2021/22	81
2022/23	70

Those who have successfully completed the above bachelor's degree programmes are eligible to sit for the Chinese Medicine Practitioners Licensing Examination (CMPLE) organised by the CMPB. There are 31 universities in the Mainland offering full-time CM degree courses recognised by the CMPB. Those who have successfully completed the above courses in the Mainland are eligible to sit for the CMPLE. Candidates who have passed the CMPLE are qualified to apply for registration as registered CMPs for practicing CM in Hong Kong. There have been no other applications for registration of CMPs trained in places other than Hong Kong and the Mainland. In the past 3 years, the numbers of undergraduates of local universities and non-locally trained graduates who passed the CMPLE and got registered were as follows:

Year	Number of undergraduates from the 3 local universities who passed the CMPLE and got registered	Number of non-locally trained graduates who passed the CMPLE and got registered
2021	62	197
2022	82	181
2023	58	159

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2751)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Estimates for 2024-25 that the Health Bureau will further promote the development of Chinese medicine (CM) in Hong Kong. To promote the professional development and training of CM practitioners in Hong Kong, the Government has set up Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) in all 18 districts, with each CMCTR operated on a tripartite collaboration model involving the Hospital Authority (HA), a non-governmental organisations (NGOs) and a local university. In this connection, will the Government inform this Committee of the following:

(1) the respective expenditure incurred for operating the CMCTRs in the 18 districts by the Government in the past 5 years, and their respective proportions in the total health expenditure;

(2) the Government's estimated expenditure for operating the 18 CMCTRs in 2024-25, and its percentage in the total health expenditure; and

(3) whether the Government knows the 18 CMCTRs' expenditure in 2022-24 and estimated expenditure in 2024-25 on providing government-subsidised services; CM practitioner trainee programme; provision of integrated Chinese-Western medicine services; operation of the Toxicology Reference Laboratory; implementation of quality assurance and central procurement of CM drugs; development and provision of training in "evidence-based" CM; and enhancement to and maintenance of the CM Information System.

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 1)

Reply:

Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) have been established in 18 districts across the territory to promote the development of Chinese medicine (CM) by providing services, training and conducting 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. Since March 2020, the 18 CMCTRs have been providing Government-

subsidised CM outpatient services at the district level. The annual quota has increased from about 600 000 to 800 000 since October 2023, representing an increase of over 30%. The Government will continue to review the service capacities of the 18 CMCTRs and the public demand for Government-subsidised CM outpatient services, with a view to enhancing the service arrangements as appropriate.

Regarding the budget estimate, the Government has earmarked $427 million in 2024-25 for the HA to take forward initiatives for promoting CM development, which include operating the CMCTRs to provide Government-subsidised CM outpatient services and CM practitioner trainee programme, providing integrated Chinese-Western medicine services, providing "evidence-based" CM training, operating the Toxicology Reference Laboratory, conducting quality assurance and central procurement of CM drugs, and enhancing and maintaining the CM Information System.

The relevant financial provisions in the past 5 years are tabulated below:

Financial Year	**Financial Provision ($m)**
2019-20	147
2020-21	227
2021-22	230
2022-23	229
2023-24	348

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2752)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Budget that the Health Bureau will further promote the development of Chinese medicine (CM) in Hong Kong in 2024-25. To promote the professional development and manpower training for CM in Hong Kong, the Government has established Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) in all 18 districts across the city. They are run by the Hospital Authority, non-governmental organisations and universities under a tripartite collaboration model. In this connection, please advise this Committee of:

(1) the respective total numbers of attendances at the 18 CMCTRs in the past 5 years;
(2) the respective total numbers of Chinese medicine practitioners (CMPs) employed by the 18 CMCTRs in the past 5 years;
(3) the current salary levels of CMPs working at the CMCTRs; and
(4) whether the Government knows if there is a wastage of CMPs at the CMCTRs; if yes, the details.

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 2)

Reply:

Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) have been established in 18 districts across the territory to promote the development of Chinese medicine (CM) by providing services, training and conducting 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. Since March 2020, the 18 CMCTRs have been providing Government-subsidised CM outpatient services at the district level. The annual quota has increased from about 600 000 to 800 000 since October 2023, representing an increase of over 30%. The Government will continue to review the service capacities of the 18 CMCTRs and the public demand for Government-subsidised CM outpatient services, with a view to enhancing the service arrangements as appropriate.

The attendances of the 18 CMCTRs in the past 5 years are set out in the table below:

District	Attendance for the Year				
	2019	2020	2021	2022	2023
Central & Western	58 805	33 527	52 385	87 186	93 358
Tsuen Wan	75 038	81 132	93 815	96 071	112 384
Tai Po	71 735	60 933	74 512	86 229	100 866
Wan Chai	55 004	52 074	66 212	76 430	94 946
Sai Kung	58 593	50 932	60 908	65 529	89 331
Yuen Long	83 099	74 952	85 267	92 070	94 257
Tuen Mun	64 844	58 732	67 669	75 719	77 887
Kwun Tong	68 003	63 010	71 948	82 556	86 916
Kwai Tsing	47 387	36 196	54 794	71 806	79 053
Eastern	54 795	61 732	83 095	104 034	114 504
North	81 868	75 723	85 988	98 671	119 156
Wong Tai Sin	58 360	50 179	61 685	74 040	72 486
Sha Tin	68 631	65 284	83 067	89 020	107 076
Sham Shui Po	66 436	54 304	63 783	76 836	78 628
Southern	59 250	52 521	61 031	87 486	98 312
Kowloon City	57 878	64 199	78 922	80 630	86 845
Yau Tsim Mong	50 685	56 585	70 978	90 694	86 288
Islands	49 732	55 282	63 928	83 629	91 978
Total	**1 130 143**	**1 047 297**	**1 279 987**	**1 518 636**	**1 684 271**

Note: The above attendances cover CMCTRs' regular services (both Government-subsidised and non-Government-subsidised outpatient services), Civil Service Chinese Medicine Clinic services, as well as the time-limited Special Chinese Medicine Out-patient Programme for COVID-19 Infected Persons introduced during the COVID-19 epidemic.

The numbers of Chinese medicine practitioners (CMPs) employed by the 18 CMCTRs in the past 5 years are set out in the table below:

District	Number of CMPs as at Year End				
	2019	2020	2021	2022	2023
Central & Western	21	27	29	30	31
Tsuen Wan	25	26	25	26	31
Tai Po	29	32	31	30	29
Wan Chai	25	24	22	22	24
Sai Kung	18	24	20	18	24
Yuen Long	25	24	21	20	23
Tuen Mun	25	25	24	25	24
Kwun Tong	27	30	28	24	28
Kwai Tsing	21	18	19	19	21
Eastern	17	27	27	29	32

North	20	20	21	22	24
Wong Tai Sin	22	22	19	20	20
Sha Tin	22	23	21	23	25
Sham Shui Po	24	21	19	21	24
Southern	26	26	26	29	30
Kowloon City	23	23	19	21	22
Yau Tsim Mong	25	25	21	19	18
Islands	20	24	23	21	27
Total	**415**	**441**	**415**	**419**	**457**

Note: CMPs are employed by the NGOs operating the CMCTRs and their terms of employment and remuneration packages are determined by the respective NGOs. The above information is provided by the respective NGOs.

CMPs of the 18 CMCTRs are employed by the NGOs operating the CMCTRs. Their terms of employment and remuneration packages are determined by the respective NGOs which review and adjust the salary level of CMPs based on the market situation every year. According to the information submitted by these NGOs at the end of 2022, the monthly salaries of CMP trainees at the 18 CMCTRs ranged from $24,000 to $34,000, while the monthly salaries of other CMPs of various ranks ranged from $35,000 to $110,000, depending on their experience, qualifications and duties. In 2023-24, the salaries of the CMPs concerned have been increased by about 4-5% based on the personnel management mechanisms of individual NGOs. To dovetail with the continuous development of the services concerned, there was also an increase in the overall number of CMPs in the 18 CMCTRs in 2023.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2753)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Budget that the Health Bureau will further promote the development of Chinese medicine (CM) in Hong Kong during 2024-25. On 28 June 2021, the Hospital Authority launched the mobile application "18 CM Clinics" (the App), through which members of the public can check the quota status of Chinese Medicine Clinics cum Training and Research Centres and make appointments for government-subsidised CM services for episodic illness on the same day or the next working day, anytime and anywhere. In this connection, will the Government inform this Committee of:

(1) the operating expenses and manpower involved each year since the launch of the App, and the estimated operating expenses and staffing for 2024-25;
(2) the number of downloads and usage by members of the public since the launch of the App; and
(3) the plans to promote and enhance the App?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 3)

Reply:

Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) have been established in 18 districts across the territory to promote the development of Chinese medicine (CM) by providing services, training and conducting research. Since March 2020, the 18 CMCTRs have been providing Government-subsidised CM outpatient services at the district level. The annual quota has increased from about 600 000 to 800 000 since October 2023, representing an increase of over 30%.

The Government-subsidised CM outpatient services are provided by appointment, and half of the service quotas will be allocated to patients with episodic illnesses. Patients may make appointments for outpatient services on the same day or the next working day according to their needs. Apart from the telephone appointment service, the Hospital Authority (HA) launched the mobile application "18 CM Clinics" (the App) in June 2021 to facilitate members of the public to make appointments for Government-subsidised CM out-patient services, including general consultation, acupuncture and bone-setting/tui-na services. As

at the end of December 2023, the number of downloads of the App was over 350 000. The operating expenses of the App are absorbed by HA's overall provision for information technology. Therefore, the separate breakdown of the manpower and expenses involved in the work related to the App is not available.

The App is equipped with a number of functions. Members of the public may use it to check the latest update of service quota of the Government-subsidised CM out-patient services, manage their appointments, and access information of the 18 CMCTRs, real-time collection status of medicines and latest news of CM services anytime and anywhere. To cater for the elderly and the needy, their carers or family members may make and manage appointments on their behalf through the App.

The HA promotes and publicises the App via different channels, such as promotional leaflets (available at the 18 CMCTRs, District Council members' ward offices in various districts, etc.), the HA webpage (https://cmk.ha.org.hk/18cmclinics_eng), the social media platform page of HA CM KINEtics, etc. Besides, the HA plans to set up promotion booths at the 18 CMCTRs in the second half of 2024 to introduce the functions and operation of the App to members of the public. The HA will continue to review and collect feedback to enhance the App in a timely manner.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2754)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Estimates that during 2024-25, the Health Bureau will further promote the development of Chinese medicine in Hong Kong, including strengthening government-subsidised Integrated Chinese-Western Medicine (ICWM) services. In this connection, will the Government inform this Committee:

(1) of the specific measures in 2024-25 to strengthen government-subsidised ICWM services and the estimated expenditure involved;

(2) of the expenditure involved in the implementation the ICWM Pilot Programme since its launch by the Hospital Authority in 2014 as commissioned by the Government;

(3) of the number of participating patients and the cumulative number of attendances since the implementation of the Programme; the numbers of participating patients of each selected disease area, their numbers of attendances, and the percentages they represent in the total number of participating patients and the cumulative number of attendances respectively; and

(4) whether the Government have compiled statistics on the total amount of Chinese medicine treatment fees paid by the participating patients since the implementation of the Programme and the maximum amount paid, given that Chinese Medicine Clinics cum Training and Research Centres providing ICWM services currently charge a Chinese medicine treatment fee of HK$120 per visit, which is waived for recipients of Comprehensive Social Security Assistance?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 4)

Reply:

To explore the operation and gather experience of integrated Chinese-Western medicine (ICWM) and Chinese medicine (CM) inpatient services for formulating a roadmap for the future development of CM, the Government commissioned the Hospital Authority (HA) to launch in 2014 the time-limited ICWM Pilot Programme (Pilot Programme) for providing ICWM treatment for inpatients of selected disease areas (namely stroke care, musculoskeletal pain management and cancer palliative care) at 8 designated hospitals (Kwong Wah Hospital, Pamela Youde Nethersole Eastern Hospital, Princess Margaret Hospital, Prince of Wales Hospital, Shatin Hospital, Tuen Mun Hospital, Tung Wah Hospital and United Christian

Hospital) by phases. Having regard to the clinical assessment by CM and Western medicine teams, ICWM services are provided to inpatients suitable for participating in the Pilot Programme.

To tie in with the policy direction of the long-term development of CM, the HA regularised the Pilot Programme in early 2023 and further expanded ICWM services to cover more public hospitals and other disease areas for leveraging the advantages of CM and ICWM. To support cancer patients of different stages, the HA has incorporated ICWM services into the cancer treatment protocol, and launched the new cancer care pilot programme at 2 public hospitals (Princess Margaret Hospital and Tuen Mun Hospital) in the third quarter of 2023 to provide such services for the first time in day chemotherapy centres.

In the first quarter of 2024, the ICWM services have reached its periodical milestone. The HA has further expanded the ICWM services to 26 public hospitals under the 7 clusters, increasing the hospital sites from 8 to 53. Such expansion is in line with the policy direction to promote CM development and enhance ICWM services set forth in the Chief Executive's Policy Address in providing services to patients of under the designated disease areas (including stroke care, musculoskeletal pain management, cancer palliative care and cancer care pilot programme).

Further, the HA has also planned to include CM rehabilitation in the clinical framework for stroke care inpatient services and will continue to explore from multiple perspectives the feasibility of extending ICWM services to cover more disease areas (such as elderly degenerative diseases), starting from those where CM has advantages, for the long-term development of sustainable ICWM services.

With government subsidises, patients only need to pay $120 for each attendance of the ICWM services (excluding general fees for public hospital services) while Comprehensive Social Security Assistance (CSSA) recipients are eligible for the medical fee waiver.

Cumulative numbers of patients enrolled for and attendances in the ICWM services as at 31 December 2023 are tabulated below:

Disease area	**Number of patient enrollment (%)**	**Number of attendances (%)**
Stroke care	1 782 (38.7%)	28 186 (67.0%)
Musculoskeletal pain management	1 790 (38.9%)	4 550 (10.8%)
Cancer palliative care	993 (21.6%)	9 137 (21.7%)
Cancer care pilot programme	36 (0.8%)	179 (0.5%)
Total	**4 601 (100%)**	**42 052 (100%)**

Note: Of the attendances in the ICWM services, about 17% were CSSA recipients.

As for the budget, the Government has earmarked $427 million in 2024-25 for the HA to take forward initiatives for promoting CM development, which include operating the Chinese Medicine Clinics cum Training and Research Centres to provide Government-subsidised CM outpatient services and CM practitioner trainee programmes, providing ICWM services,

providing “evidence-based” CM training, operating the Toxicology Reference Laboratory, conducting quality assurance and central procurement of CM drugs, and enhancing and maintaining the CM Information System.

The relevant financial provisions in the past 5 years are tabulated below:

Financial Year	**Financial Provision ($m)**
2019-20	147
2020-21	227
2021-22	230
2022-23	229
2023-24	348

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2755)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Estimate that the Health Bureau will further promote the development of Chinese medicine (CM) in Hong Kong in 2024-25. Established in 2018, the Chinese Medicine Unit (CMU) is a dedicated unit responsible for coordinating and promoting the development of CM in Hong Kong at policy level. In this connection, please advise this Committee of the following:

(1) the operational expenses and estimated expenditure of the CMU in the past 3 years and in 2024-25 respectively;
(2) the respective manpower establishments, posts and salary levels of the CMU in the past 3 years and in 2024-25; and
(3) given that the Government has been making dedicated efforts to promote the development of CM in Hong Kong in recent years, whether there are any plans to increase the manpower of the CMU; if so, the details; if not, the reasons.

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 5)

Reply:

The Government has been progressively implementing the work on enhancing the functions of the Chinese Medicine Unit (CMU) of the Health Bureau (HHB) as set out in the Chief Executive's 2022 Policy Address. This includes the creation of the post of Commissioner for Chinese Medicine Development (C for CMD) approved by the Legislative Council in 2023-2024. The open recruitment exercise for the post has been largely completed, and the appointee is expected to take up office in the second quarter of 2024. In addition, the CMU has increased the number of its non-directorate supporting staff since 2023-2024, including through engaging non-civil service contract (NCSC) staff with professional background in the areas of CM practice, CM drugs, public education and publicity, professional education and academic research. The Government will continue to review the scope of work and manpower requirements of the CMU to ensure that there are sufficient and appropriate manpower to support the coordination and oversight of the development of CM.

Since the operational expenses of the CMU is part of the overall expenditure of the HHB, no breakdown of the expenses is available. The numbers of posts and the salary expenditures of the CMU in the past 3 years and in 2024-2025 are tabulated below.

Year	**Number of establishment posts**	**Number of posts outside of the establishment (NCSC) [Number of posts for personnel with CM professional background]**	**Salary expenditure**
2021-2022 (Note 1)	6	2 [1]	About $8,153,000
2022-2023 (Note 1)	6	3 [1]	About $8,537,000
2023-2024	9 (Note 2)	19 [15] (Note 3)	About $13,355,000
2024-2025 (Note 4)	9	19 [15]	About $23,857,000

Note:

1. The CMU of the HHB was under Team 7/Chinese Medicine Unit in the organisational structure before 1 April 2023. The numbers of posts listed above include the post of Principal Assistant Secretary for Health 7/Head (Chinese Medicine Unit) and other posts responsible for the work of the CMU.

2. The number includes the post of C for CMD and the appointee is expected to take up office in the second quarter of 2024.

3. Of the 15 NCSC posts created for personnel with CM professional background, 6 are expected to be filled in 2024-2025.

4. Estimated figures only.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2756)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Budget that during 2024-25, the Health Bureau will further promote the development of Chinese medicine (CM) in Hong Kong, including enhancing funding support to the CM sector through the Chinese Medicine Development Fund (CMDF). In this connection, please advise this Committee on the following:
(1) the latest situation regarding the usage of the CMDF and its balance (including the implementation schedule of various funding schemes of the CMDF, the accumulated number of applications received, the accumulated number of applications approved and the amount of funding approved); and
(2) how the authorities will enrich the coverage and depth of the CMDF's funding support to better facilitate the development of CM.

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 6)

Reply:

(1)
Officially launched in June 2019, the Chinese Medicine Development Fund (CMDF) is the first dedicated fund set up to support the development of Chinese medicine (CM) with the objective of enhancing the overall standard of the CM sector to promote the holistic and high-quality development of CM in Hong Kong.

As at 20 March 2024, nearly 7 800 funding applications were approved under the CMDF, involving a total funding of about $276 million (provisional figure) for the approved projects and benefiting more than 2.2 million individuals/organisations in the CM sector, including registered and listed Chinese medicine practitioners (CMPs), CM drug personnel, CM clinics, manufacturers and wholesalers of proprietary Chinese medicines (pCm), retailers and wholesalers of Chinese herbal medicines (Chm), CM-related organisations, universities and tertiary education institutions, as well as members of the public. The details of various funding schemes are at Annex. Major achievements of the CMDF are set out below:

(a) Talent nurturing: Close to 3 200 CMPs and CM drug personnel have received subsidies to attend CM professional training programmes for them to continuously upskill

professional knowledge and ability. The CMDF has also supported programme providers to design and organise innovative training projects, benefiting over 37 100 practitioners;

(b) Quality enhancement: The CMDF has supported more than 480 CM clinics and nearly 190 Chm retailers/wholesalers to upgrade their facilities and equipment with a view to enhancing service quality, safety and quality control of CM drugs. The CMDF has also supported nearly 160 pCm manufacturers/wholesalers to engage consultancy services and technical support to complete the registration process for some 730 pCm products, thereby levelling up the quality of Hong Kong-registered pCm products and fostering the development of CM drug industry;

(c) Research and applied studies: The CMDF has supported the commencement of 62 CM research and applied studies projects which are instrumental to the academic and clinical research as well as professional and industry development of CM in Hong Kong; and

(d) Publicity and promotion: The CMDF has supported nearly 675 CM publicity and public education activities of various forms with target audiences covering kindergarten students, primary and secondary school students, and elderly persons.

(2)
The Health Bureau (HHB), in conjunction with the CMDF's implementation agent, has been reviewing the operation of the CMDF. In consultation with the Advisory Committee on the CMDF, the HHB implements various enhancement proposals, such as refining the design of the existing funding schemes, streamlining the application process and administrative arrangements, expanding the application eligibility and funding scope, raising the funding ceiling and extending the time limit for project completion.

Since 2023-24, CMDF has been taking forward a number of new capacity building initiatives. They include: (a) subsidising programmes related to the Training Programme of Advanced Clinical Talents in Chinese Medicine co-organised by the National Administration of Traditional Chinese Medicine and the HHB, including the first edition of the Hong Kong Chinese Medicine Talent Short-term Training Programme which was successfully completed in Beijing in November 2023 with the aim of helping to nurture more high-level backbone talents in CM theories and clinical practice; (b) launching the Guangdong-Hong Kong-Macao Greater Bay Area Proprietary Chinese Medicine Industry Development Support Scheme in February 2024 to subsidise local pCm manufacturers or wholesalers for the application fees for registering of eligible pCm products in the Mainland with the Guangdong Provincial Medical Products Administration through the streamlined registration approval process, thereby facilitating Hong Kong pCm to "go global" through expansion to other markets; and (c) raising the funding ceiling of the Chinese Medicine Promotion Funding Scheme from $750,000 to $2,000,000 with effect from April 2024 to enhance the scale and effectiveness of the public education and promotion projects designed and implemented by the CM sector.

Meanwhile, the CMDF will commission organisations to conduct large-scale training, publicity and research projects on strategic themes conducive to the development of CM as a whole. The first batch of projects include training programmes developed and implemented to tie in with the service commencement of the Chinese Medicine Hospital, and large-scale

territory-wide promotional and publicity campaigns for the wider use of CM in the community. Application is expected to be open in the second quarter of this year.

Annex

Launch dates, numbers of applications and funding amounts approved of various funding schemes under the Chinese Medicine Development Fund

(as at 20 March 2024) (provisional figures)

Type	Funding scheme		Launch date (Month/Year)	Accumulated number of applications received (Note 1)	Accumulated number of applications approved (Number of applications withdrawn upon approval)	Number of applications approved after adjustment (Note 2)		Funding amount approved after adjustment (Note 2)
Enterprise support programme	Chinese Medicine Personal Training and Chinese Medicine Clinic Improvement Funding Schemes (A1)	Training Courses recognised under the Qualifications Framework (A1-1)	12/2019	1 928	1 910 (115)	1 795	*(benefiting 3 214 Chinese medicine personnel)* Chinese medicine practitioners: 2 381 Chinese medicine drug personnel: 833	$51,334,318.50
		Training Courses with Assessment (A1-2)	12/2019	1 136	1 128 (81)	1 047		$4,825,484.00
		General Training Courses (A1-3)	3/2020	3 510	3 231 (17)	3 214		$3,214,000.00
		Chinese Medicine Clinic Improvement Funding Scheme (A1-4)	3/2020	778	487 (67) *(involving 1 421 facilities)*	420 *(involving 1 213 facilities)*		$6,759,437.10
	Proprietary Chinese Medicine Quality and Manufacturing System Enhancement Funding Scheme (A2)		3/2020	17	16 (1) *(involving 8 organisations)*	15 *(involving 8 organisations)*		$2,639,400.00
	Proprietary Chinese Medicine Registration Supporting Scheme (A3)		9/2019	810	714 (72) *(involving 152 organisations)*	642 *(involving 143 organisations)*		$10,304,884.00
	Chinese Medicine Warehouse Management, Logistics and Services Improvement Funding Scheme (A4)		3/2021	260	186 (9) *(involving 577 facilities)*	177 *(involving 554 facilities)*		$9,049,742.80
	Guangdong-Hong Kong-Macao Greater Bay Area Proprietary Chinese Medicine Industry Development Support Scheme (A5)		2/2024	2	2 (0)	2		$477,512.40

Type	Funding scheme	Launch date (Month/Year)	Accumulated number of applications received (Note 1)	Accumulated number of applications approved (Number of applications withdrawn upon approval)	Number of applications approved after adjustment (Note 2)	Funding amount approved after adjustment (Note 2)
Industry support scheme	Chinese Medicine Industry Training Funding Scheme (B1-1)	6/2019	61	15 (1)	14 (Note 3)	$12,499,355.40
	Chinese Medicine Promotion Funding Scheme (B1-2)	6/2019	154	45 (1)	44 (Note 3)	$24,377,832.20
	Chinese Medicine Applied Studies and Research Funding Scheme (B2)	6/2019	275	62 (0)	62 (Note 3)	$84,421,364.00
COVID- 19 special support scheme	Fight the Virus Together – Chinese Medicine Telemedicine Scheme	3/2022	1	1	1	$17,600,000.00
	Together We Unite – Chinese Medicine COVID-19 Rehabilitation Scheme	8/2022	1	1	1	$48,750,000.00
Talent training programme co-organised by the National Administration of Traditional Chinese Medicine and the Health Bureau of Hong Kong	Hong Kong Chinese Medicine Talent Short-term Training Programme	11/2023	Not applicable	Not applicable	Not applicable	$360,181.50
Total			**8 933**	**7 798 (364)**	**7 434**	**276,613,511.90**

Note 1: The figures include applications under vetting, pending vetting and pending submission of supplementary documents required or responses from applicants to enquiries from the implementation agent.

Note 2: The number of applications withdrawn by applicants on their own accord upon approval of funding (if applicable) has been deducted from the figures.

Note 3: Under the Industry Support Programme, proposals on large-scale training, publicity and research projects submitted by Chinese medicine-related organisations are individually subject to consideration by the Advisory Committee on Chinese Medicine Development Fund in accordance with the established assessment criteria.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2757)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

According to the Budget, the Health Bureau (HHB) will take forward and enhance the development of District Health Centres (DHCs) and DHC Expresses (DHCEs) across the territory in 2024-25. In this connection, will the Government inform this Committee of:

(1) the specific measures to be taken by the HHB to take forward and enhance the development of DHCs and DHCEs in 2024-25, and the estimated expenditure involved;
(2) the respective staff establishment (including medical professionals and other supporting staff) and expenditure of the DHCs/DHCEs since the provision of services; and
(3) the respective service volume and total number of attendances of the DHCs/DHCEs since the commencement of services?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 7)

Reply:

(1)

The Government has set up District Health Centres (DHCs) and smaller interim DHC Expresses (DHCEs) by renting premises across the territory by 2022, thereby attaining the goal of covering all 18 districts.

The Government is concurrently taking forward the establishment of DHCs in all districts. The funding proposals in relation to the construction of the Wan Chai, Eastern and Kwun Tong DHCs were approved by the Legislative Council (LegCo) Finance Committee in January, June and October 2021 respectively, and the DHCs will be completed progressively in the next few years. Besides, the Ex-Mong Kok Market site was handed over to the Urban Renewal Authority and its contractor in the first quarter of 2023 for carrying out retrofitting works for Yau Tsim Mong DHC with target completion in the fourth quarter of 2024. The Government will continue to take forward the projects for the long-term development of DHCs in all 18 districts as early as possible, and will seek LegCo's funding approval in due course. The Government will continue to subsidise non-governmental organisations to operate DHCEs in various districts prior to the official launch of respective DHCs. Services of DHCE will be migrated as appropriate to the DHC of respective districts at a later stage.

(2)

The staff establishment (including healthcare professionals and other supporting staff) and revised estimate (including the provisions for service contracts, site maintenance and rental cost) of DHCs in Kwai Tsing, Sham Shui Po, Tuen Mun, Wong Tai Sin, Southern, Yuen Long and Tsuen Wan in 2023-24 are set out in the table below:

	Kwai Tsing DHC	**Sham Shui Po DHC**	**Tuen Mun DHC**	**Wong Tai Sin DHC**	**Southern DHC**	**Yuen Long DHC**	**Tsuen Wan DHC**
Staff establishment [Note 1]							
Executive Director	1	1	1	1	1	1	1
Medical Consultant Note 2	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Chief Care Coordinator	1	1	1	1	1	1	1
Care Coordinator/ Nurse	21	17.5	26	25	16	29	21
Physiotherapist	3.5	2	3	3	3	3	2
Occupational Therapist	1.5	2	2	2	3	3	2
Dietitian	1	1	1	2	1	2	1
Pharmacist	1	1	1	1	1	1	1
Social Worker, Administrative Staff and Supporting Staff	55	70	62	62	59	50	49
Total	**85.5**	**96**	**97.5**	**97.5**	**85.5**	**90.5**	**78.5**
2023-24 Revised Estimate ($ million)	**63**	**65**	**82**	**78**	**73**	**69**	**65**

Notes:

1. The staff establishment is proposed by DHC operators through tendering procedures according to the service demand in the community and manpower estimation, and is approved by the Government. The 0.5 staff establishment refers to a part-time position with half of the working hours of a full-time position. The actual number of staff may vary from time to time, depending on factors such as service demand and short-term manpower turnover, etc. The Government will continue to monitor the situation to ensure that services are not affected.
2. Medical Consultants are part-time or outsourced positions.

The staff establishment (including healthcare professionals and other supporting staff) and revised estimate (including the provisions for service contracts, site maintenance and rental cost) of all DHCEs in 2023-24 are set out in the table below:

	Central and Western	Eastern	Islands	Kowloon City	Kwun Tong	North	Sai Kung	Sha Tin	Tai Po	Wan Chai	Yau Tsim Mong
Staff establishment [Notes 3, 4]											
Project Coordinator	1	1	1	1	1	1	1	1	1	1	1
Medical Consultant [Note 5]	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Care Coordinator	4	3	3	1	5	1	2	5	5	4	1
Nurse				4		3	3				4
Physiotherapist	1	1	1	1	1	1	1	1	1	1	1
Occupational Therapist					1		1		0.5	1	
Pharmacist	0.5	0.5					1	1		1	
Dietitian				1	1	0.5	1		1		1
Social Worker, Administrative Staff and Supporting Staff	14	13	10	10	14.5	14	11	16.5	13.5	6.5	10
Total	**21**	**19**	**15.5**	**18.5**	**24**	**21**	**21.5**	**25**	**22.5**	**15**	**18.5**
2023-24 Revised Estimate ($ million)	**15**	**14**	**13**	**14**	**14**	**14**	**14**	**14**	**14**	**15**	**14**

Notes:

3. The staff establishment is proposed by DHCEs according to the service demand in the community and manpower estimation, and is reviewed and approved by the Government before entering into contracts with operators. The 0.5 staff establishment refers to a part-time position with half of the working hours of a full-time position. The actual number of staff may vary from time to time, depending on factors such as service demand and short-term manpower turnover, etc. The Government will continue to monitor the situation to ensure that services are not affected.
4. The staff establishment of each DHCE is dependent on the service demand and service delivery model of the district concerned, and so the figures are not directly comparable.
5. Medical Consultants are part-time or outsourced positions.

(3)

The cumulative numbers of members and attendances of DHCs and DHCEs are set out in the table below:

DHC/DHCE Service commencement date	**Cumulative number of members (as at 31 December 2023)** Note 6 **[Provisional figures]**	**Cumulative number of attendances (as at 31 December 2023)** Notes 6, 7, 8, 9, 10 **[Provisional figures]**
Kwai Tsing DHC 24 September 2019	36 800	377 600
Sham Shui Po DHC 30 June 2021	19 900	117 700
Tuen Mun DHC 31 May 2022	21 500	163 600
Wong Tai Sin DHC 30 June 2022	18 600	75 400
Southern DHC 17 October 2022	13 800	71 100
Yuen Long DHC 24 October 2022	18 400	97 500
Tsuen Wan DHC 30 December 2022	12 700	69 500
Sai Kung DHCE 1 September 2021	6 400	53 400
Kowloon City DHCE 1 October 2021	7 100	28 900
Yau Tsim Mong DHCE 1 October 2021	6 100	26 500
Wan Chai DHCE 4 October 2021	4 300	29 500
North DHCE 18 October 2021	5 900	31 800
Islands DHCE 18 October 2021	4 100	22 800
Kwun Tong DHCE 21 October 2021	5 800	28 800
Tai Po DHCE 22 October 2021	4 900	30 000
Sha Tin DHCE 30 October 2021	7 900	36 800
Central and Western DHCE 30 October 2021	4 900	29 500
Eastern DHCE 30 October 2021	6 400	30 700
Total	**205 600**	**1 320 900**

Notes:

6. Figures are rounded to the nearest hundred.
7. The figures only include service figures captured from the DHC/DHCE information system, and do not include those relating to medical laboratory tests.

8. Starting from April 2021, a revised classification of disease prevention services has been adopted. Statistics on related services are not directly comparable to earlier figures.

9. As different services are provided by the 11 DHCEs, the attendance figures are not directly comparable.

10. The service figures above have included services provided by DHCs/DHCEs for participants of the Chronic Disease Co-care Pilot Scheme which was launched on 13 November 2023.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2758)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Budget that the Health Bureau will continue to pursue the recommendations of the strategic review on healthcare manpower planning and professional development in consultation with stakeholders in 2024-25. In this connection, will the Bureau inform this Committee of the following:

(1) the staff establishment and estimated expenditure involved in the aforementioned work;
(2) whether there is a regular communication mechanism in place to consult members of the Chinese medicine (CM) industry on the review of manpower planning and professional development for CM; if yes, what are the details; and
(3) At present, full-time bachelor's degree programmes in CM are offered by 3 universities in Hong Kong (namely the Hong Kong Baptist University, the Chinese University of Hong Kong and the University of Hong Kong), with a total of 70 places per year. To cope with the future development of the CM sector, will the Government increase the number of intake places of the CM programmes at the 3 universities? If yes, how many places will be offered? If not, what are the reasons?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 8)

Reply:

(1) One of the recommendations in the Report of the Strategic Review on Healthcare Manpower Planning and Professional Development published in 2017 is to conduct manpower planning and projections for healthcare professionals once every 3 years in step with the triennial planning cycle of the University Grants Committee (UGC). Following the release of the result of the Healthcare Manpower Projection 2020 in 2021, the Health Bureau (HHB) has commissioned the Hospital Authority (HA) to carry out the latest round of healthcare manpower projection. The manpower involved has been subsumed under the HA's overall manpower resources and cannot be separately identified. The total estimated annual expenditure involved in conducting the new round of healthcare manpower projection is about $5 million.

(2) For the latest round of healthcare manpower projection, the HHB and the HA have met with various healthcare professional bodies including an exchange meeting with the Chinese medicine (CM) sector attended by representatives from 18 associations and organisations of the CM sector, the Chinese Medicine Council of Hong Kong, 3 local universities, etc. in March 2023.

Besides, the Chinese Medicine Unit (CMU) of the HHB has all along strived to maintain close liaison with stakeholders in the CM sector, including collecting views through various advisory committees and other channels in order to better understand the development needs of the CM sector. In particular, in support of the formulation of the Chinese Medicine Development Blueprint, the CMU has commenced a series of stakeholder engagement including organising exchange sessions on the development of CM to involve stakeholders in exchanges and discussions since September 2023.

(3) With the first CM Hospital in Hong Kong to commence service by phases starting from the end of 2025, the overall landscape and development of the CM sector as well as the relevant demand for manpower resources are expected to change significantly. Therefore, in respect of the number of places of bachelor's degree programmes in CM, the Government agreed to the UGC's recommendation of allowing universities to, in addition to the existing 70 first-year-first-degree intake places for CM programmes per academic year (30 places for the Hong Kong Baptist University (HKBU), 20 for the Chinese University of Hong Kong (CUHK) and 20 for the University of Hong Kong (HKU)), reallocate on their own accord a limited number of non-manpower-planned intake places to provide flexibility in increasing the number of places for CM programmes for the 2022-25 triennium on a pilot basis. Under the pilot scheme, the HKBU and the HKU have provided 10 and 4 additional intake places per academic year respectively for their bachelor's degree programmes in CM for the 2022-25 triennium while the CUHK has indicated no intention of increasing for the time being. As such, the 3 universities are able to provide a maximum of 40, 20 and 24 (i.e. a total of 84) intake places respectively for their bachelor's degree programmes in CM per academic year for the 2022-25 triennium.

The HHB has earlier commenced a new round of healthcare manpower projection to tie in with the Planning Exercise for the 2025-28 triennium. Subject to the outcomes of the manpower projection, the Government will review the strategy for the training of healthcare professionals (including CM practitioners) and the number of training places for healthcare professions for the 2025-28 UGC triennium. The outcomes of the Planning Exercise for the 2025-28 triennium are expected to be released in early 2025.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2759)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

As mentioned in the Estimates, one of the matters requiring special attention by the Health Bureau in 2024-25 is to take forward to develop and roll out eHealth+ to build a comprehensive healthcare information infrastructure over the next 5 years. In this connection, will the Government inform this Committee of the following:

(1) the respective operational expenses and the manpower involved in the supervision and operation of eHealth in the past 3 years;
(2) the staffing establishment and estimated expenditure involved in taking forward the development and rolling out eHealth+ in 2024-25;
(3) the downloads and usage of the eHealth mobile application since its launch in 2021; and
(4) measures taken by the Government to facilitate the sharing of medical records in eHealth between Chinese and Western medicine practitioners.

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 9)

Reply:

The Electronic Health Record Sharing System (eHealth), which came into operation in 2016, is a territory-wide electronic health record sharing platform developed by the Government since 2009. Participants can authorise healthcare providers (HCPs) in both public and private sectors to view and upload their electronic health records (eHRs) through eHealth. eHealth has undergone two stages of development. As of the end of February 2024, it recorded about 6 million registered users, accounting for nearly 80% of the population in Hong Kong. Regarding HCPs, all public hospitals and clinics, 13 private hospitals and over 3 000 other private healthcare organisations in Hong Kong have registered with eHealth, covering over 5 400 service locations.

Building on the current strengths of eHealth, the 2023 Policy Address announced the Government's initiative to roll out a five-year plan of "eHealth+" to develop eHealth into a comprehensive healthcare information infrastructure that integrates multiple functions of data sharing, service support and care journey management. We will take forward the "eHealth+" development under four strategic directions, namely "One Health Record", "One

Care Journey", "One Digital Front Door to Empowering Tool" and "One Health Data Repository". "eHealth+" aims to better serve citizens in obtaining optimal healthcare services and support Government's overall healthcare agenda, including primary healthcare and cross-boundary healthcare.

Our reply to the question raised by the Hon CHAN Wing-kwong is as follows:

(1) The Hospital Authority (HA) is the technical agency for the development and operation of eHealth. The operation expenditure and the manpower incurred by HA's dedicated team (including health informatics staff, information technology (IT) staff and project management staff involved for overseeing and operating) in the past three years are as follows:

Financial Year	**Operation Expenditure ($ million)**	**Manpower (number of posts in HA)**
2021-22 (Actual)	233.1	228
2022-23 (Actual)	243.2	223
2023-24 (Revised Estimate)	283.9	223

As for the Health Bureau, eHealth-related work is only part of the relevant staff's duties. A breakdown on the relevant expenditure and manpower is not available.

(2) In view of the complexity of "eHealth+" and the large amount of personal data of citizens involved, we will continue to engage HA, who has extensive experience in the management of eHealth, to perform the critical development tasks. We plan to seek the Finance Committee's approval for a capital funding of about $1,395.8 million this year to support the implementation of the five-year plan of "eHealth+". A breakdown of the estimated expenditure by key cost item for 2024-25 is set out in the table below, including the expenditure of $82.843 million for HA's development team involving 58 HA staff members (including health informatics staff, IT staff and project management staff).

Item	**2024-25 ($'000)**
(a) Hardware	14,647
(b) Software	13,519
(c) Communication network	6,193
(d) Development team	
(i) Programme Office, project management and external engagement	16,569
(ii) Product, clinical services design and architect	20,711
(iii) Product development and implementation	20,710
(iv) Security and quality assurance	24,853
(e) Implementation services	
(i) Technical consultancy and services	12,060
(ii) Software development services	48,240
(iii) Cybersecurity and quality assurance	24,120

(iv) Rollout, engagement and implementation	36,180
(f) Training	335
(g) Others	5,261
Total	**243,398**

(3) Since its launch in 2021, eHealth App has recorded over 3.3 million downloads, ranked third among the most downloaded government mobile app after "My Observatory" and "iAM Smart". The login frequency reached 1.6 million per month during the COVID-19 epidemic in 2022, and stabilised at around 800 000 per month post-pandemic.

(4) To facilitate the sharing of Chinese medicine (CM) information on eHealth, the Government has developed EC Connect, a clinical management system for CM clinics, after taking into consideration the views of the CM sector and the actual operation of CM clinics. Officially launched in July 2022, EC Connect primarily supports the computerisation of the daily administration and clinical management of CM clinics in need, while providing a software choice for CM clinics in the sector to connect with eHealth to promote the sharing of CM clinical data.

Since March 2022, eHealth has supported the deposit and sharing of CM information. At present, the CM information which can be shared includes CM diagnosis, procedures, prescriptions and dispensing as well as appointment records. Chinese medicine practitioners (CMPs) can join eHealth and, with patients' sharing consent, view all their eHRs shared by other CMPs, as well as their records of appointments, immunisation, allergies and adverse drug reactions that are shared by Western medicine practitioners on eHealth.

The Government is open to further expanding the sharable scope of eHRs on eHealth to facilitate the sharing of medical records between Chinese and Western medicine practitioners. Generally, eHRs could be accessed in accordance with the respective clinical needs and roles of authorised users on a need-to-know basis. On whether and in what means CMPs could access to the eHRs provided by other healthcare professionals, this would depend on the deliberation on the issues by the relevant professional bodies, particularly the relevance of the eHRs to the practice of CMPs, the stance of CM sector about the resultant professional and legal liabilities arising from accessing such records, as well as public views on allowing CMPs to view eHealth records.

Hong Kong's first Chinese Medicine Hospital (CMH) is expected to commence services in phases starting from late 2025. It will be a smart hospital equipped with intelligent workflow design and modern technology applications with a view to providing effective, safe, convenient, environmentally friendly and efficient healthcare services. This will involve the adoption of various automation systems to optimise the overall workflow (such as managing the delivery and storage of medication and supplies, dispensing Chinese and Western medicines and clinical patient monitoring, etc.) The CMH will adopt an electronic medical record system and connect with eHealth. Patients can also use the mobile application for appointments, payments and viewing relevant medical records. The development of clinical services at the CMH will further drive the application and development of IT and electronic medical records across the CM sector. Among other things, we will look into the sharing of Chinese and Western medical records in eHealth by relevant healthcare professionals at the CMH to support the development of Integrated Chinese-Western medicine services, etc.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2760)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

One of the Matters Requiring Special Attention mentioned in the Budget Speech is that during 2024-25, the Health Bureau will oversee the setting up of a preparatory office for the Hong Kong Centre for Medical Products Regulation (CMPR) and enhancements to the regulatory regime. In this connection, would the Government inform this Committee of the following:

(1) the staff establishment, pay levels and estimated annual recurrent expenditure for the proposed CMPR preparatory office; and

(2) the purview of the CMPR preparatory office; the benefits expected to be achieved; whether any key performance indicators will be set for the office?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 10)

Reply:

(1) & (2)

As announced in the Chief Executive's 2023 Policy Address, the HKSAR Government will enhance the current evaluation and registration mechanism for drugs, and establish an internationally renowned regulatory authority of drugs and medical devices. In the first half of 2024, the HKSAR Government will set up a preparatory office in the Department of Health (DH). The preparatory office will review the existing regulatory functions of the DH, including the regulation of Chinese and Western medicines and medical devices; study the potential restructuring and strengthening of the regulatory and approval regime for medicine, medical devices and medical technology; and put forward proposals and steps for the establishment of the Hong Kong Centre for Medical Products Regulation (CMPR) which will be a step towards the transition to the "primary evaluation" approach in approving applications for registration of pharmaceutical products. This will help accelerate the clinical application of new drugs and medical devices, and foster the development of emerging industries related to the research and development (R&D) and testing of medical products. The HKSAR Government will also explore the upgrading of the CMPR as a standalone statutory body in the long run, thereby helping to accelerate the launching of new drugs and medical devices to the market, and foster the development of emerging industries related to the R&D and testing of medical products. The specific work of the preparatory

office will include comprehensive study and planning of a regulatory and approval regime for drugs and medical devices suitable for Hong Kong, as well as consideration of the need for amending existing legislations.

Additionally, to further promote and implement the work to develop the HKSAR into a health and medical innovation hub, the HKSAR Government has established the Steering Committee on Health and Medical Innovation and Development (Steering Committee). Chaired by the Secretary for Health and comprising members from the Innovation, Technology and Industry Bureau, relevant departments and institutions as well as local medical schools, the Steering Committee is tasked with co-ordinating and advancing the work related to health and medical innovation. The Steering Committee held its first meeting on 30 January 2024 and advised the HKSAR Government on the direction and policy initiatives for driving medical innovation, including measures to enhance the regulation on drugs and medical devices and the clinical trial development. The preparatory office will make recommendations to the Steering Committee, and liaise and communicate closely with various stakeholders. The preparatory office will report the progress to the Steering Committee in due course, with the aim of formally establishing the CMPR within 2 to 3 years.

The preparatory office for the CMPR will create 6 time-limited posts. The relevant staff establishment and remuneration expenditure are at **Annex**. The DH will regularly review the staffing requirements, and seek necessary resources and create additional posts through the established mechanism.

Annex

The Establishment of the Preparatory Office for the Hong Kong Centre for Medical Products Regulation

Rank	Number of time-limited posts	Net annual recurrent cost of civil service posts (HK$) #
Senior Pharmacist	1	1,597,080
Pharmacist	2	2,077,800
Scientific Officer (Medical)	1	1,038,900
Senior Chemist	1	1,597,080
Senior Electronics Engineer	1	1,597,080
Total:	**6**	**7,907,940**

Based on the notional annual mid-point salary value of each rank concerned.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2763)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

One of the matters requiring the special attention of the Health Bureau in 2024-25 is to prepare for the establishment of the Primary Healthcare Commission. In this connection, please inform this Committee of:

(1) the manpower establishment and estimated annual recurrent expenditure involved in preparing for the establishment of the Primary Healthcare Commission; and

(2) the latest progress of the preparation work.

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 13)

Reply:

(1) – (2)

The Government is progressively transforming the Primary Healthcare Office (PHO) currently under the Health Bureau into the Primary Healthcare Commission in 2024 in accordance with the recommendations set out in the Primary Healthcare Blueprint (the Blueprint). The estimated expenditure for the PHO in 2024-25 is $1,159 million [Note] which includes the operating cost of the seven District Health Centres (DHCs) that have already commenced services and three DHCs that will commence services in the next few years, as well as the remuneration of about 130 PHO staff. The Government is preparing for the establishment of the Primary Healthcare Commission and details will be announced in due course.

In accordance with the Blueprint, the Government recommends a holistic approach at the policy level in addressing the systemic imbalances between primary healthcare and secondary/tertiary healthcare in terms of policymaking, financing, manpower, regulation and outcome monitoring. In addition, the Blueprint also recommends to strengthen co-ordination to ensure the implementation of the commitment to drive institutional changes and enhance cross-sectoral and inter-organisational co-ordination among primary healthcare services in an integrated manner.

We consider that an overarching governance structure focusing on positioning primary healthcare as a health system priority is essential to enable a vision- and mission- led policymaking process. The proposed Primary Healthcare Commission will be empowered to oversee primary healthcare service delivery, standard setting, quality assurance and training of primary healthcare professionals under one roof, as well as to take on service planning and resource allocation through strategic purchasing. It will also be tasked to review the roles of different key service providers in primary healthcare and enhance cross-sectoral and inter-organisational co-ordination. Specifically, the Primary Healthcare Commission will be given the statutory power to oversee –

(a) the co-ordination and provision of primary healthcare services, including service planning and resource allocation through strategic purchasing;
(b) standard and protocol setting, devising quality assurance mechanism and monitoring the quality of primary healthcare services; and
(c) the training of primary healthcare professionals.

Through its functions, the Primary Healthcare Commission will be able to co-ordinate inputs from stakeholders, develop and implement policies and strategies, and monitor and evaluate the effectiveness of the primary healthcare system in attaining our vision of improving the overall health status of the population, providing accessible and coherent healthcare services, and establishing a sustainable healthcare system.

Note:
The operating expenses of the 11 DHC Expresses are not included in the above-mentioned estimated recurrent expenditure. Their expenses are separately reflected in the cash flow estimates of the "DHC Express" Scheme's non-recurrent expenditure commitments.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2764)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

According to the Budget, one of the Matters Requiring Special Attention in 2024-25 of the Health Bureau (HHB) is to continue efforts to promote breastfeeding. In this regard, please inform this Committee of the following:

(1) The details of the promotion of breastfeeding by the HHB in the past 3 years, including the manpower and provision involved;

(2) The details of the HHB's continuous efforts to promote breastfeeding in 2024-25, including the manpower and provision involved; and

(3) Has the HHB reviewed its promotion work regularly? If so, what are the details? If not, what are the reasons?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 14)

Reply:

(1) & (2)

The Health Bureau and the Department of Health (DH) have been promoting, protecting and supporting breastfeeding through a multi-pronged approach, including strengthening publicity and education on breastfeeding; implementing the Baby-Friendly health facilities accreditation programme in Maternal and Child Health Centres (MCHCs) to enhance the professional support to breastfeeding mothers after discharge from hospitals; encouraging the implementation of Breastfeeding Friendly Workplace policy to support working mothers to continue breastfeeding after returning to work; fostering the establishment of Breastfeeding Friendly Premises in public places so that the breastfeeding mothers can breastfeed their children or express milk anytime; imposing a mandatory requirement for the provision of babycare rooms and lactation rooms in the sale conditions of government land sale sites for new commercial premises; mandating the provision of babycare rooms and lactation rooms in some newly completed government premises; implementing the voluntary "Hong Kong Code of Marketing of Formula Milk and Related Products and Food Products for Infant and Young Children"; implementing the Peer Support Scheme and train women with breastfeeding experience to support mothers in breastfeeding as peers; and continuing the surveillance on local breastfeeding situation.

From 2021-22 to 2023-24, a provision of $6 million was allocated to the DH each year for promotion of breastfeeding. A breakdown of the expenditure is as follows:

Item	Expenditure ($ million)		
	2021-22	**2022-23**	**2023-24**
Publicity events for promoting breastfeeding (e.g. displaying promotional posters and videos at exhibitions and on public transport, etc.)	1.8	2.0	2.0
Production of promotional videos*	0.6	1.0	1.0
Production and dissemination of health education resources and guidelines #	1.3	1.0	1.0
Research and studies on breastfeeding-related promotion and services	1.1	0.9	1.0
Implementation of Peer Support Scheme for breastfeeding mothers	1.2	1.1	1.0

* The videos are shown at television, radio and public transport.

\# The health education resources and guidelines are distributed to MCHCs, public and private healthcare institutions, commercial institutions, non-government organisations etc., and are also uploaded to the DH's website.

For 2024-25, the Family Health Service (FHS) of the DH will continue to receive a provision of $6 million for promoting breastfeeding. The breastfeeding related workload generated will be absorbed within the existing manpower resources of the FHS of the DH and therefore cannot be separately identified.

(3)

The DH has been regularly conducting surveys of the trend of local breastfeeding rates. According to the data in 2020 and 2022, there was a decline in the local breastfeeding rate, presumably due to the constraints posed on the support services and promotion in hospitals, MCHCs and the community due to various anti-epidemic measures implemented amid the COVID-19 epidemic. Notwithstanding, the breastfeeding rate on hospital discharge still reached 85% in 2022, marking a significant increase when compared to the 55% recorded in 2000. During the same time frame, the rate of exclusive breastfeeding till 4 months of age rose from 8% to 22%. These reflected that the community is, in general, supportive of breastfeeding by virtue of the proactive and close collaboration between the Government and different sectors.

The Government will continue to work closely with different sectors of the society to promote, protect and support breastfeeding through different strategies. The key areas of work in future include:

- Of the 28 MCHCs under DH, three of them have been accredited as Baby-Friendly health facilities, and accreditation procedures have also commenced for the remaining 25

MCHCs. The MCHCs will formulate infant feeding policies and action plans, provide training for staff members, keep on monitoring the implementation of breastfeeding support measures, etc. DH will expedite the accreditation of Baby-Friendly health facilities for MCHCs to strengthen the professional support offered by the healthcare institutions and staff members to breastfeeding mothers;

- Setting up a working group under the Committee on Promotion of Breastfeeding to reinforce and consolidate the breastfeeding-friendly practices in birthing hospitals; and

- Stepping up publicity for breastfeeding through mass media and social networking platforms in a bid to cultivate a stronger supportive culture to breastfeeding in the community and create a breastfeeding-friendly environment.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2765)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

According to the Budget, the Health Bureau will continue its efforts to promote organ donation in 2024-25. In this connection, please advise this Committee on the following:
(1) the details of the work of the Bureau in promoting organ donation, and the manpower and expenditure involved in the past 3 years;
(2) the details of the continued efforts of the Bureau in promoting organ donation, and the estimated manpower and expenditure involved in 2024-25;
(3) the respective numbers of new registrations, withdrawal of registrations and total registrations recorded in the Centralised Organ Donation Register in each of the past 5 years; and
(4) the numbers of organ donors, the numbers of patients waiting for transplant, the average and the longest waiting times for transplant in each of the past 5 years, with a breakdown by the type of organ in tabular form.

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 15)

Reply:

(1) and (2)

The Health Bureau, together with the Department of Health (DH) and the Hospital Authority (HA), have been making continuous efforts to collaborate with community partners in promoting organ donation through different channels and on various fronts.

The DH has been making every effort in promoting organ donation. In 2023, it has stepped up its publicity efforts by, among others, (1) setting up organ donation promotion booths at Government premises and in 18 districts across the territory; (2) deploying the organ donation promotion vehicle to visit different locations in Hong Kong; (3) launching brand new television and radio announcements in the public interest to promote organ donation; (4) teaming up with the Radio Television Hong Kong to produce a series of video clips under the theme "The Four Acts of Life Theatre" to promote the significance of organ donation, and staging a large-scale event to celebrate Organ Donation Day 2023; and (5) launching video clips on social media platforms that feature representatives from

6 religious groups and ethnic minorities to call on support for organ donation. The DH also enhanced the Centralised Organ Donation Register (CODR) system in 2023 to facilitate public registration. With the enhanced system, members of the public can be notified of their application results and can check their registration status in the CODR more conveniently.

In line with the DH's strategies and initiatives of promoting organ donation, the HA has organised various promotion activities, including (1) setting up a designated webpage, with publicity and education videos as well as an e-poster hyperlinked to the CODR, in the HA's internet and intranet websites; (2) promoting organ donation on the HA's social media platform and disseminating publicity articles on various media platforms; (3) setting up promotion booths in various HA hospitals; and (4) recruiting summer volunteers to participate in organ donation promotion activities.

The Government will continue its multi-pronged publicity strategies and strengthen collaboration with different sectors through various channels to jointly promote organ donation.

The expenditure and manpower deployed for work in relation to publicity for organ donation cannot be separately identified as they are absorbed by the DH's overall provision for health promotion and the HA's overall expenditure on provision of healthcare services respectively.

(3)

The numbers of registrations in the past 5 years are as follows:

	2019	**2020**	**2021**	**2022**	**2023**
Number of new registrations[1]	20 001	13 317	12 829	13 418	25 968
Cumulative total number of registrations (as at 31 December of the year)	317 447	330 764	343 593	356 093	367 199
Number of withdrawals of registration [2]	524	730	748	1 068	14 862[3]

Note:

1. Number of new registrations refers to:
   (a) In or before April 2022 – the number of new registrations verified by the DH minus the number of effective withdrawals during the same period (i.e. net increase in the cumulative number of registrations in the period); and
   (b) In or after May 2022 (after enhancement of the CODR System) – the number of new registrations verified by the DH (the number of effective withdrawals during the same period is not deducted in order to indicate more clearly the number of new registrations).

2. Number of withdrawals of registration refers to:
   (a) In or before April 2022 – the number of applications for withdrawal handled by the DH (without deducting the invalid applications); and
   (b) In or after May 2022 (after enhancement of the CODR System) – consists only of the effective withdrawals as verified by the DH.

3. During the period of May and June 2023, the spreading of quite a number of malicious remarks intending to mislead the public had led to an unusual surge in the number of withdrawals of registration from the CODR. Subsequently, with the Government's strengthened publicity efforts, the number of withdrawals of registration has returned to normal, with approximately 40 cases per month currently.

(4)

The number of organ/tissue donors and the number of patients waiting for transplant and the average waiting time for transplant in the HA in the past 5 years are as follows:

Year (as at December 31)	**Organ/ Tissue**	**Number of Patients Waiting for Transplant**	**Average Waiting Time (months)[4]**	**Number of Organ Donors[5]**	
				Number of Cadaveric Donors[6]	**Number of Living donors[7]**
2019	Kidney	2 268	54	N/A	N/A
	Liver	60	43.8		
	Heart	54	26		
	Lung	24	15		
	Cornea (piece)	269	11		
	Skin	N/A[8]			
	Bone				
2020	Kidney	2 302	55	N/A	N/A
	Liver	72	37.1		
	Heart	78	24.4		
	Lung	29	18.1		
	Cornea (piece)	280	14.5		
	Skin	N/A[8]			
	Bone				
2021	Kidney	2 360	56	36	35
	Liver	69	38.2		
	Heart	78	27.7		
	Lung	19	22.9		
	Cornea (piece)	263	15.1		
	Skin	N/A[8]			
	Bone				
2022	Kidney	2 451	56.8	29	23
	Liver	66	38.2		

Year (as at December 31)	Organ/ Tissue	Number of Patients Waiting for Transplant	Average Waiting Time (months)[4]	Number of Organ Donors[5]	
				Number of Cadaveric Donors[6]	Number of Living donors[7]
	Heart	81	23.5		
	Lung	13	27.6		
	Cornea (piece)	357	21.2		
	Skin	N/A[8]			
	Bone				
2023	Kidney	2 429	60	24	24
	Liver	81	33.4		
	Heart	76	36.8		
	Lung	21	28.2		
	Cornea (piece)	474	31.3		
	Skin	N/A[8]			
	Bone				

Note:

4. "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.
5. Figures are available from 2021 onwards.
6. Number refers to any one or more solid organ donations which include kidney(s), liver, heart and lung(s) from cadaveric donors.
7. Living donation applies to liver/kidney transplant only.
8. Cases of skin and bone transplant are sudden and emergency in nature. Substitutes will be used if no suitable skin or bone is identified for transplant.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2766)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

According to the Budget, one area of work of the Hospital Authority is to attract, motivate and retain staff. In this connection, please advise on the following:
(1) the numbers of doctors, nurses and allied health professionals of the Hospital Authority, calculated on full-time equivalent basis, in the past 5 years in tabular form;
(2) the attrition rates of nurses and allied health professionals, and that of full time doctors broken down by department and rank in the past 5 years in tabular form; and
(3) the measures to be implemented by the Government in 2024-25 to attract, motivate and retain staff; and their respective estimated expenditure and effectiveness evaluation.

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 16)

Reply:

(1)

The full-time equivalent (FTE) strength of doctors, nurses and allied health professionals of the Hospital Authority (HA) in the past 5 years is tabulated as follows:

Staff Group	**2019-20 (as at 1 March 2020)**	**2020-21 (as at 1 March 2021)**	**2021-22 (as at 1 March 2022)**	**2022-23 (as at 1 March 2023)**	**2023-24 (as at 31 December 2023)**
Doctors	6 194	6 457	6 484	6 541	6 842
Nursing	28 957	29 736	29 793	29 599	29 734
Allied Health Professionals	8 420	8 886	8 941	9 131	9 499

Note:
1. The manpower figures are calculated on FTE basis including permanent, contract and temporary staff in the HA.
2. Doctors exclude Interns and Dental Officers.

(2)

The attrition (wastage) rates of full-time nurses and allied health professionals of the HA in the past 5 years are set out in the table below:

Staff Group	**2019-20**	**2020-21**	**2021-22**	**2022-23**	**2023-24 (Rolling 12 Months from January to December 2023)**
Nursing	5.9%	5.8%	9.4%	10.9%	9.5%
Allied Health Professionals	4.8%	4.4%	8.7%	8.6%	7.5%

Note:
1. Attrition (wastage) includes all types of cessation of service (including retirement) from the HA for permanent and contract staff on headcount basis.
2. 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%
3. The attrition rates above do not exclude the staff under the policy of Extending Employment Beyond Retirement (EER). From 2024 onwards, the HA will exclude the number of staff under the policy of EER when compiling the relevant statistics.

The attrition (wastage) numbers of full-time nurses and allied health professionals of the HA in the past 5 years are set out in the table below:

Staff Group	**2019-20**	**2020-21**	**2021-22**	**2022-23**	**2023-24 (Rolling 12 Months from January to December 2023)**
Nursing	1 543	1 557	2 573	2 940	2 559
Allied Health Professionals	387	369	752	754	678

Note:
1. Attrition (wastage) includes all types of cessation of service (including retirement) from the HA for permanent and contract staff on headcount basis.

The tables below show the attrition (wastage) rates of full-time doctors of the HA by major specialty in the past 5 years:

2019-20

Major Specialty	**Consultants**	**Senior Medical Officers/Associate Consultants**	**Medical Officers/ Residents**	**Overall**
Accident & Emergency	14.5%	4.2%	5.8%	5.9%
Anaesthesia	6.3%	8.2%	2.0%	5.1%
Cardiothoracic Surgery	0.0%	15.4%	0.0%	4.9%
Family Medicine	0.0%	2.5%	7.8%	6.1%

Major Specialty	Consultants	Senior Medical Officers/Associate Consultants	Medical Officers/ Residents	Overall
Intensive Care Unit	5.3%	3.6%	5.7%	4.9%
Medicine	5.3%	5.9%	3.9%	4.8%
Neurosurgery	5.9%	7.9%	5.7%	6.3%
Obstetrics & Gynaecology	9.3%	9.8%	2.7%	6.0%
Ophthalmology	10.0%	19.6%	1.2%	8.7%
Orthopaedics & Traumatology	10.3%	7.9%	1.5%	4.8%
Paediatrics	7.5%	3.8%	3.1%	4.1%
Pathology	12.4%	10.9%	3.0%	8.0%
Psychiatry	10.1%	4.8%	4.8%	5.4%
Radiology	8.0%	15.4%	2.1%	7.4%
Surgery	4.5%	8.0%	1.0%	3.6%
Others	9.3%	5.8%	4.4%	5.8%
Overall	**7.7%**	**6.8%**	**3.9%**	**5.4%**

2020-21

Major Specialty	Consultants	Senior Medical Officers/Associate Consultants	Medical Officers/ Residents	Overall
Accident & Emergency	6.8%	3.6%	4.0%	4.1%
Anaesthesia	9.4%	6.4%	2.9%	5.2%
Cardiothoracic Surgery	0.0%	0.0%	0.0%	0.0%
Family Medicine	0.0%	2.5%	5.7%	4.6%
Intensive Care Unit	5.0%	3.6%	1.3%	2.6%
Medicine	7.8%	2.7%	2.6%	3.3%
Neurosurgery	5.5%	8.6%	1.8%	4.1%
Obstetrics & Gynaecology	11.6%	7.7%	3.6%	6.4%
Ophthalmology	4.8%	5.3%	6.6%	6.0%
Orthopaedics & Traumatology	5.1%	6.6%	0.0%	2.7%
Paediatrics	12.0%	2.9%	2.4%	4.1%
Pathology	5.3%	7.9%	1.9%	4.5%
Psychiatry	9.2%	4.7%	2.5%	4.1%
Radiology	6.3%	13.0%	2.0%	6.0%
Surgery	4.1%	6.0%	1.8%	3.4%
Others	11.0%	3.3%	3.5%	4.9%
Overall	**7.2%**	**4.7%**	**2.9%**	**4.1%**

2021-22

Major Specialty	Consultants	Senior Medical Officers/Associate Consultants	Medical Officers/ Residents	Overall
Accident & Emergency	12.7%	10.4%	5.6%	8.0%
Anaesthesia	8.9%	19.2%	6.7%	11.8%
Cardiothoracic Surgery	0.0%	0.0%	5.6%	2.1%
Family Medicine	3.8%	6.6%	9.7%	8.6%
Intensive Care Unit	18.5%	15.0%	6.4%	11.1%
Medicine	5.3%	7.3%	4.3%	5.4%
Neurosurgery	4.6%	4.3%	3.4%	3.9%
Obstetrics & Gynaecology	6.8%	14.7%	4.5%	7.9%
Ophthalmology	3.9%	29.7%	3.2%	11.2%
Orthopaedics & Traumatology	11.3%	10.6%	1.4%	5.5%
Paediatrics	14.1%	2.9%	4.2%	5.4%
Pathology	16.4%	12.9%	5.8%	11.0%
Psychiatry	13.8%	11.9%	7.3%	9.7%
Radiology	16.7%	37.5%	1.8%	13.6%
Surgery	16.7%	11.0%	3.4%	7.9%
Others	11.4%	20.1%	5.5%	10.8%
Overall	**11.0%**	**11.7%**	**5.1%**	**8.1%**

2022-23

Major Specialty	Consultants	Senior Medical Officers/Associate Consultants	Medical Officers/ Residents	Overall
Accident & Emergency	5.5%	11.7%	8.9%	9.5%
Anaesthesia	9.2%	11.3%	4.2%	7.5%
Cardiothoracic Surgery	29.4%	0.0%	5.8%	10.4%
Family Medicine	3.4%	6.7%	8.4%	7.7%
Intensive Care Unit	7.9%	7.9%	3.9%	5.9%
Medicine	6.4%	9.1%	4.1%	6.0%
Neurosurgery	12.9%	0.0%	3.7%	4.9%
Obstetrics & Gynaecology	10.6%	16.8%	4.7%	9.4%
Ophthalmology	6.9%	21.7%	1.0%	7.6%
Orthopaedics & Traumatology	1.5%	6.8%	1.8%	3.1%

Major Specialty	Consultants	Senior Medical Officers/Associate Consultants	Medical Officers/ Residents	Overall
Paediatrics	12.7%	3.6%	4.6%	5.6%
Pathology	10.9%	13.8%	1.8%	7.5%
Psychiatry	0.0%	7.3%	7.3%	6.4%
Radiology	15.5%	15.8%	0.6%	7.2%
Surgery	8.2%	10.1%	3.9%	6.5%
Others	6.1%	20.3%	6.1%	9.9%
Overall	**8.2%**	**9.8%**	**4.8%**	**6.9%**

2023-24 (Rolling 12 Months from January to December 2023)

Major Specialty	Consultants	Senior Medical Officers/Associate Consultants	Medical Officers/ Residents	Overall
Accident & Emergency	5.3%	5.6%	6.3%	5.9%
Anaesthesia	6.1%	16.1%	5.1%	9.0%
Cardiothoracic Surgery	19.8%	13.1%	11.2%	14.5%
Family Medicine	0.0%	7.3%	8.1%	7.4%
Intensive Care Unit	11.8%	1.9%	0.0%	2.6%
Medicine	8.1%	6.2%	4.2%	5.5%
Neurosurgery	0.0%	8.2%	3.7%	3.9%
Obstetrics & Gynaecology	4.2%	6.4%	1.8%	3.6%
Ophthalmology	20.7%	15.7%	3.1%	9.6%
Orthopaedics & Traumatology	5.7%	7.7%	1.4%	3.8%
Paediatrics	10.1%	6.5%	5.6%	6.6%
Pathology	10.5%	1.7%	2.6%	5.0%
Psychiatry	2.0%	11.0%	4.4%	6.5%
Radiology	11.0%	11.8%	1.1%	5.8%
Surgery	11.2%	8.3%	2.5%	5.8%
Others	7.5%	8.9%	5.0%	6.5%
Overall	**8.2%**	**8.0%**	**4.3%**	**6.1%**

Note:

1. Attrition (wastage) includes all types of cessation of service from the HA (including retirement) for permanent and contract staff on headcount basis.
2. 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%
3. Doctors exclude Interns and Dental Officers.

4. The attrition rates above do not exclude the staff under the arrangement of Extending Employment Beyond Employment (EER). From 2024 onwards, the HA will first exclude the number of staff under the EER arrangement when compiling the relevant statistics.

The tables below show the attrition (wastage) numbers of full-time doctors of the HA by major specialty in the past 5 years:

2019-20

Major Specialty	Consultants	Senior Medical Officers/Associate Consultants	Medical Officers/ Residents	Overall
Accident & Emergency	6	8	15	29
Anaesthesia	4	14	4	22
Cardiothoracic Surgery	0	2	0	2
Family Medicine	0	4	32	36
Intensive Care Unit	1	2	4	7
Medicine	9	27	28	64
Neurosurgery	1	2	3	6
Obstetrics & Gynaecology	4	6	3	13
Ophthalmology	2	11	1	14
Orthopaedics & Traumatology	6	8	3	17
Paediatrics	5	5	6	16
Pathology	9	7	3	19
Psychiatry	4	6	9	19
Radiology	6	13	3	22
Surgery	4	13	3	20
Others	5	5	6	16
Overall	**66**	**133**	**123**	**322**

2020-21

Major Specialty	Consultants	Senior Medical Officers/Associate Consultants	Medical Officers/ Residents	Overall
Accident & Emergency	3	7	11	21
Anaesthesia	6	11	6	23
Cardiothoracic Surgery	0	0	0	0
Family Medicine	0	4	24	28
Intensive Care Unit	1	2	1	4
Medicine	14	13	19	46

Major Specialty	Consultants	Senior Medical Officers/Associate Consultants	Medical Officers/ Residents	Overall
Neurosurgery	1	2	1	4
Obstetrics & Gynaecology	5	5	4	14
Ophthalmology	1	3	6	10
Orthopaedics & Traumatology	3	7	0	10
Paediatrics	8	4	5	17
Pathology	4	5	2	11
Psychiatry	4	6	5	15
Radiology	5	11	3	19
Surgery	4	10	6	20
Others	6	3	5	14
Overall	**65**	**93**	**98**	**256**

2021-22

Major Specialty	Consultants	Senior Medical Officers/Associate Consultants	Medical Officers/ Residents	Overall
Accident & Emergency	6	20	16	42
Anaesthesia	6	32	14	52
Cardiothoracic Surgery	0	0	1	1
Family Medicine	1	11	40	52
Intensive Care Unit	4	8	5	17
Medicine	11	35	33	79
Neurosurgery	1	1	2	4
Obstetrics & Gynaecology	3	9	5	17
Ophthalmology	1	15	3	19
Orthopaedics & Traumatology	7	11	3	21
Paediatrics	10	4	9	23
Pathology	13	8	6	27
Psychiatry	6	15	14	35
Radiology	14	26	3	43
Surgery	17	19	11	47
Others	7	16	8	31
Overall	**107**	**230**	**173**	**510**

2022-23

Major Specialty	Consultants	Senior Medical Officers/Associate Consultants	Medical Officers/ Residents	Overall
Accident & Emergency	3	21	25	49
Anaesthesia	7	17	9	33
Cardiothoracic Surgery	4	0	1	5
Family Medicine	1	11	34	46
Intensive Care Unit	2	4	3	9
Medicine	15	42	31	88
Neurosurgery	3	0	2	5
Obstetrics & Gynaecology	5	10	5	20
Ophthalmology	2	10	1	13
Orthopaedics & Traumatology	1	7	4	12
Paediatrics	9	5	10	24
Pathology	9	8	2	19
Psychiatry	0	10	13	23
Radiology	14	8	1	23
Surgery	9	17	12	38
Others	4	16	9	29
Overall	**88**	**186**	**162**	**436**

2023-24 (Rolling 12 Months from January to December 2023)

Major Specialty	Consultants	Senior Medical Officers/Associate Consultants	Medical Officers/ Residents	Overall
Accident & Emergency	3	10	18	31
Anaesthesia	5	24	11	40
Cardiothoracic Surgery	3	2	2	7
Family Medicine	0	12	33	45
Intensive Care Unit	3	1	0	4
Medicine	20	29	32	81
Neurosurgery	0	2	2	4
Obstetrics & Gynaecology	2	4	2	8
Ophthalmology	6	8	3	17
Orthopaedics & Traumatology	4	8	3	15
Paediatrics	7	9	12	28
Pathology	9	1	3	13
Psychiatry	1	15	8	24
Radiology	10	7	2	19
Surgery	13	14	8	35

Major Specialty	**Consultants**	**Senior Medical Officers/Associate Consultants**	**Medical Officers/ Residents**	**Overall**
Others	5	7	8	20
Overall	**91**	**153**	**147**	**391**

The table below sets out the number of doctors on full-time equivalent basis by major specialty and by rank in 2021-22 to 2023-24 (rolling 12 months from January to December 2023).

Rank	**2021-22 (as at 31 March 2022)**	**2022-23 (as at 31 March 2023)**	**2023-24 (as at 31 December 2023))**
Consultant	1 123	1 222	1 274
Senior Medical Officer/ Associate Consultant	2 015	2 011	1 975
Medical Officer/ Resident	3 346	3 308	3 593
Total	6 484	6 541	6 842

Note:

1. Attrition (wastage) includes all types of cessation of service from the HA (including retirement) for permanent and contract staff on headcount basis.
2. Doctors exclude Interns and Dental Officers.
3. The above figures do not exclude the staff under the arrangement of Extending Employment Beyond Retirement (EER). From 2024 onwards, the HA will first exclude the number of staff under the EER arrangement when compiling the relevant statistics.
4. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.

(3)

Over the years, the 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, the HA implements ongoing measures including increasing the number of Resident Trainee posts to recruit local medical graduates, recruitment of non-locally trained doctors to supplement local recruitment, improving promotion prospects to retain staff, hiring part-time healthcare staff (e.g. via recruitment of locum staff), offering flexible work arrangements, offering further employment to suitable staff beyond retirement, enhancing the Home Loan Interest Subsidy Scheme and provision of better training opportunities for various grades by establishing the HA Academy. The above measures have begun to yield results as an increase in the number of the HA's healthcare staff was recorded in the past year and the attrition rate also subsided from the peak in the past 2 years.

In December 2019, the HA established a Task Group (TG) on Sustainability to review, among other things, strategies for retaining staff. In line with the key directions recommended by the TG, the HA has been gradually rolling out further staff retention measures and will continue to do so in 2024-25. These measures include:

(a) creating opportunities for Associate Consultants (AC) to be promoted to Consultant rank, with around 400 AC posts upgraded/to be upgraded to Consultant posts during 2020-21 to 2024-25, so as to retain experienced medical personnel to address the service, manpower and training needs in the HA;

(b) providing Specialty Nurse Allowance to eligible registered nurses, with over 4 300 nurses receiving the allowance as at 31 December 2023, so as to retain manpower and encourage professional development of nurses through recognising their specialty qualifications; and

(c) continuing efforts in EER to attract more retired staff who are willing to serve after retirement. As at December 2023, there were 144 doctors, 427 nurses, 86 allied health professionals and 2 964 supporting/other grades staff working in the HA after retirement. Among all doctors/nurses/allied health professionals retiring during 2023-24 to 2027-28, at least 349 doctors, 909 nurses and 201 allied health professionals had indicated interest/agreed to take up full-time or part-time employment after retirement.

The additional financial provision for the above 3 measures is around $260 million in 2024-25.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2767)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Among others, it is mentioned in the Budget under Matters Requiring Special Attention in 2024-25 that the Hospital Authority (HA) will continue to make use of investment returns generated from the $10 billion HA Public-Private Partnership (PPP) Fund to operate clinical PPP programmes. In this regard, please inform this Committee of:

(1) the balance, the investment return performance and the actual expenditure of the Fund in each of the past 3 years;
(2) the service provision and the number of beneficiaries of the PPP programmes in the past 3 years;
(3) the manpower and the expenditure involved for HA to implement the PPP programmes in the past 3 years; and
(4) HA's considerations for including new medical services in the PPP programmes. Will HA consider including any new medical services in the PPP programmes for the coming year? If yes, what are the details and the estimated expenditure involved?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 17)

Reply:

(1)
On 31 March 2016, the Hospital Authority (HA) was allocated $10 billion as endowment fund to generate investment returns on placement 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 past 3 years is as follows:

	2021-22 Actual ($ million)	**2022-23 Actual ($ million)**	**2023-24 Projected ($ million)**
Opening balance	10,866.6	11,033.5	11,063.1
Income	528.4	560.0	422.0
Expenditure	(361.5)	(530.4)	(688.8)
Closing balance	11,033.5	11,063.1	10,796.3
Investment yield	4.8%	5.1%	3.7%

(2)
In the past 3 years, the HA continued to implement a series of PPP programmes, namely the Cataract Surgeries Programme (CSP), Haemodialysis PPP Programme (HD PPP), Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (Radi Collaboration), General Outpatient Clinic PPP Programme/Co-care Service Model (GOPC PPP/Co-care), Provision of Infirmary Service through PPP (Infirmary Service PPP), Colon Assessment PPP Programme (Colon PPP) and Glaucoma PPP Programme (Glaucoma PPP).

To cope with the COVID-19 epidemic since early 2020, the HA has expanded the service scope of some of the initial PPP Programmes, including expanding the 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, the HA has also launched new PPP initiatives as contingency COVID-19 PPPs to divert suitable patients from public hospitals to the private sector to receive treatment. These initiatives include the Trauma Operative Service Collaboration Programme (Trauma Collaboration), Breast Cancer Operative Service Collaboration Programme (Breast Cancer Collaboration), Radiation Therapy Service PPP Programme (RT PPP) and Oesophago-Gastro-Duodenoscopy Collaboration Programme (OGD Collaboration). The HA will make timely adjustments to the arrangements of the PPP programmes in the light of actual need and effectiveness of the programmes. Among the above 4 contingency PPP programmes, Trauma Collaboration, Breast Cancer Collaboration and RT PPP are still being run by the HA whereas OGD Collaboration has ceased operation.

Service provisions by PPP programmes in the past 3 years are set out in the table below:

Programme	**2021-22 Actual Provisions**	**2022-23 Actual Provisions**	**2023-24 Planned Provisions**
CSP (surgeries)	825	2 914	5 000
HD PPP (places)	336[1]	376	426
Radi Collaboration (scans)	27 479	56 148	56 000
GOPC PPP/Co-care (participating patients)	41 804	49 384	56 280

Programme	2021-22 Actual Provisions	2022-23 Actual Provisions	2023-24 Planned Provisions
Infirmary Service PPP (beds)	64[2]	N/A	N/A
Colon PPP & Surge Special [3] (colonoscopies)	1 953	2 924	2 000
Glaucoma PPP (participating patients)	2 040	2 686	2 700
Trauma Collaboration [4] (patients)	205	586	600
Breast Cancer Collaboration [5] (patients)	156	379	430
RT PPP [6] (patients)	N/A	98	128
OGD Collaboration [7] (patients)	N/A	1 151	N/A
Investigation PPP [8] (investigations)	N/A	N/A	25 000

Notes:

1. HD PPP benefited 401 patients and 416 patients in 2021-22 and 2022-23 (full-year basis) respectively.
2. Infirmary Service PPP ended in September 2021.
3. In view of the development of the COVID-19 epidemic, the Surge Special was introduced for Colon PPP between April and August 2022 to cope with colonoscopy cases delayed or cancelled due to the epidemic.
4. Trauma Collaboration was launched in April 2020 as a PPP programme in response to the COVID-19 epidemic and continued as a PPP programme.
5. Breast Cancer Collaboration was launched in June 2020 as a COVID-19 PPP and continued as a PPP programme.
6. RT PPP was launched in February 2020 and ended in February 2021, and was re-activated in July 2022 as a PPP programme.
7. OGD Collaboration was launched in June 2020 and ended in April 2021, and then re-activated in March 2022 and ended in August 2022.
8. Investigation PPP was launched in late March 2023 and is applicable to GOPC PPP/Co-care.

(3)

The numbers of staff deployed for supporting the PPP programmes in the past 3 years are set out in the table below:

Year	2021-22	2022-23	2023-24
Number of Staff	110	113	113

The expenditures incurred for the implementation of PPP programmes, including fees paid to service providers, administration, clinical and information technology support, in the past 3 years are set out in the table below:

Year	2021-22 Actual	2022-23 Actual	2023-24 Projected
Expenditure ($ million)	361.5	530.4	688.8

(4)
When exploring new PPP programmes, the HA will align with the Government's healthcare policies including directions of primary healthcare development, apply the principle of strategic procurement of healthcare services, and consider a number of factors including evolving service needs, potential complexity of PPP programmes, capacity and readiness of the private sector, as well as the impact on public healthcare manpower and private healthcare charges etc.. The HA will continue to communicate with the public and patient groups, and work closely with stakeholders to review the effectiveness of existing programmes in a timely manner, and explore the demand for and feasibility of introducing other PPP programmes in order to meet the healthcare service needs of the general public.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2768)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the psychiatric services provided by the Hospital Authority (HA), will the Government inform this Committee of:

(1) the major initiatives taken by the HA to enhance mental health services over the past three years, as well as the manpower and expenditure involved;

(2) the manpower and estimated expenditure involved for enhancing mental health services by the HA in 2024-25, and whether there are new initiatives to enhance mental health services; if so, the details;

(3) the number and utilisation rate of psychiatric beds in each hospital cluster under the HA in the past 3 years;

(4) the total number of psychiatric patients treated and the number of patients diagnosed with schizophrenia spectrum disorder in each hospital cluster under the HA in the past 3 years;

(5) the specific actions to be taken by the HA in 2024-25 to continue to enhance community psychiatric services; and

(6) whether the Government has reviewed the effectiveness of its community psychiatric services; if so, the details?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 18)

Reply:

(1)
The Hospital Authority (HA) delivers mental health services through an integrated and multi-disciplinary approach. Teams comprising psychiatric doctors, psychiatric nurses, clinical psychologists, occupational therapists and medical social workers, etc. provide comprehensive medical services, including inpatient services, outpatient services, day rehabilitation training and community support services, to patients with mental health needs, according to their medical conditions and clinical needs.

The table below sets out the initiatives of the HA in enhancing mental health services in the past 3 years (from 2021-22 to 2023-24):

Year	Measures	Additional funding
2021-22	(a) Enhancing mental health services for children and adolescents by developing specialised child and adolescent (C&A) psychiatric service in HKEC and KCC in phases, enhancing the collaboration with and multi-disciplinary training of paediatricians, and expanding the Student Mental Health Support Scheme to more schools; (b) Enhancing the community psychiatric services by recruiting additional case managers; (c) Addressing elderly mental health needs by enhancing psychogeriatric outreach services; (d) Supporting the services of the Kwai Chung Hospital after its redevelopment; and (e) Enhancing the psychiatric inpatient services.	Around $156 million
2022-23	(a) Enhancing mental health services for children and adolescents including the development of specialised C&A psychiatric service in HKEC and KCC in phases; (b) Enhancing community psychiatric services by recruiting additional case managers and provision of Mental Health Direct Call Centre services; and (c) Strengthening the psychiatric inpatient, specialist outpatient and consultation liaison services.	Around $70.5 million
2023-24	(a) Enhancing the community psychiatric services by recruiting additional case managers; (b) Strengthening nursing manpower as well as allied health and peer support for psychiatric inpatient and day hospital services; and (c) Strengthening the psychiatric consultation liaison service.	Around $18.9 million

(2)
HA has earmarked additional funding of around $127 million in 2024-25 to enhance mental health services, relevant measures include –

(a) enhancing the community psychiatric services by further recruiting additional case managers;

(b) strengthening nursing manpower as well as allied health and peer support for psychiatric inpatient and outpatient services; and

(c) enhancing the use of long-acting injectable antipsychotics in the treatment of mental illness.

(3)
The tables below set out the number of hospital beds and inpatient bed occupancy rate for psychiatric services in each hospital cluster under the HA from 2021-22 to 2023-24 (up to 31 December 2023).

2021-22

	Hospital Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Psychiatry								
Number of hospital beds*	400	82	465	80	920	552	1 176	3 675
Inpatient bed occupancy rate	54%	78%	76%	55%	78%	74%	60%	68%

*Hospital beds as of 31 March 2022

2022-23

	Hospital Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Psychiatry								
Number of hospital beds@	400	82	465	80	920	552	1 176	3 675
Inpatient bed occupancy rate	55%	76%	74%	63%	76%	69%	59%	66%

@Hospital beds as of 31 March 2023

2023-24 (up to 31 December 2023) [Provisional figures]

	Hospital Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Psychiatry								
Number of hospital beds^	400	82	465	80	920	552	1 176	3 675
Inpatient bed occupancy rate	66%	84%	86%	68%	90%	82%	64%	76%

^ Hospital beds as of 31 December 2023

In the HA, day inpatients refer to those who are admitted to hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted to hospitals via Accident & Emergency departments or those who have stayed for more than one day. The calculation of the number of hospital beds includes that of both inpatients and day inpatients. The calculation of inpatient bed occupancy rate, on the other hand, does not include that of day inpatients.

(4)
The table below sets out the total number of psychiatric patients receiving treatment and the number of patients diagnosed with schizophrenia spectrum disorder in each hospital cluster under the HA from 2021-22 to 2023-24 (projection as of 31 December 2023).

Cluster	2021-22		2022-23		2023-24 (projection as of 31 December 2023)	
	Total Number of Psychiatric Patients Receiving Treatment [1,2]	Number of Patients Diagnosed With Schizophrenia Spectrum Disorder [1,2]	Total Number of Psychiatric Patients Receiving Treatment [1,2]	Number of Patients Diagnosed With Schizophrenia Spectrum Disorder [1,2]	Total Number of Psychiatric Patients Receiving Treatment [1,2]	Number of Patients Diagnosed With Schizophrenia Spectrum Disorder [1,2]
HKEC	25 000	3 400	25 800	3 400	26 900	3 400
HKWC	25 500	3 100	25 800	3 100	25 800	3 100
KCC	21 200	5 000	22 000	5 000	23 100	5 000
KEC	41 400	7 600	43 000	7 600	44 600	7 600
KWC	80 200	16 500	82 000	16 500	84 100	16 600
NTEC	53 700	8 300	55 800	8 400	57 100	8 400
NTWC	47 300	8 800	48 000	8 600	49 800	8 700
Overall [3]	**288 900**	**51 200**	**296 900**	**51 100**	**305 700**	**51 100**

Note:
1. Including inpatients, patients at specialist outpatient clinics and day hospitals.
2. Figures are rounded to the nearest hundred.
3. The figures for each hospital cluster may not add up to the total as patients may be treated in more than one hospital cluster.

Remark:

In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures.

(5)

In view of the international trend of focusing on the provision of community and ambulatory care support for psychiatric patients, the HA has strengthened its community psychiatric services along this direction to promote the recovery of psychiatric patients and facilitate their re-integration into society. The HA completed a review of its community psychiatric services in late 2017 and enhanced its service delivery model. At present, community psychiatric services cover 3 levels of services, including the Intensive Care Team, Case Management Programme and Standard Community Psychiatric Service. Taking into account patients' medical conditions as well as clinical needs and risks, the multi-disciplinary medical team will provide them with appropriate community support. The HA enhanced manpower and further optimised the ratio of case manager under the Case Management Programme to patients to no higher than 1:40 in the fourth quarter of 2023. The additional recurrent expenditure increases from $29 million in 2023-24 to $50 million in 2024-25.

(6)

The HA reviewed and re-integrated the EASY Programme and community psychiatric services in 2021. Upon integration, patients aged 15 to 25 in the programme will continue to be under the care of Programme case managers, while those aged 26 or above will be under the care of case managers of community psychiatric services. This will reduce the overlap

between the service targets under the Programme and community psychiatric services, and the Programme case managers can focus on providing more age-appropriate community services to patients aged 15 to 25 to achieve better synergy. SOP services under the Programme will maintain its status quo, with the Programme's multi-disciplinary medical team continuing to provide targeted services to patients. The HA reported the outcome of the review to the Advisory Committee on Mental Health (ACMH) in November 2021.

The HA will continue to monitor the integration of the services concerned and maintain close communication with the ACMH and relevant stakeholders, with a view to providing appropriate support to patients in need according to the different demand for psychiatric services in the community.

Abbreviations:

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2769)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

According to the Budget Speech, the financial provision for the Hospital Authority (HA) in 2024-25 is over $95.4 billion. In this connection, will the Government inform this Committee of the following:
(I) the average waiting time for the Accident & Emergency, elective surgeries and specialist outpatient services in all public hospitals under the HA in 2023-24; and
(II) the specific measures to be taken by the Government in 2024-25 to shorten the waiting time of patients and improve the service quality of public hospitals.

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 19)

Reply:

(I)

Waiting time for accident and emergency (A&E) services

At present, there are 18 public hospitals under the HA providing Accident and Emergency (A&E) services for the critically ill or seriously injured people and victims of disasters. To ensure that citizens with urgent needs can receive timely services, A&E departments implement a patient triage system under which patients are classified into five categories, namely Critical, Emergency, Urgent, Semi-urgent and Non-urgent based on their clinical conditions, and will receive treatment as prioritised by their urgency category. The HA's service target specifies that Critical patients (i.e. 100 percent) will receive immediate treatment while those categorised as Emergency and Urgent will also be given priority for receiving treatment upon arrival at A&E departments. The target is that most of the Emergency (95 percent) and Urgent (90 percent) patients will be treated within 15 or 30 minutes respectively. A&E departments are not General Out-patient Clinics. If there are a large number of Semi-urgent or Non-urgent patients in the A&E departments, this may affect treatment of the Emergency and Urgent patients.

The table below sets out the average waiting time for the HA's A&E services in various triage categories in 2023-24 (up to 31 December 2023). At present, patients triaged as critical, emergency and urgent are handled immediately and with priority according to the HA's performance targets. If the conditions of patients triaged as semi-urgent and non-urgent worsen while waiting, healthcare staff on site will assess whether the patients' triage category needs to be adjusted depending on the situation. In fact, since A&E departments aim to provide emergency medical services for patients with more urgent conditions, if A&E departments receive patients with more critical conditions, they will have to deploy healthcare staff to rescue the more critical patients and patients triaged as semi-urgent or non-urgent will need to wait for a longer period of time.

	Average waiting time (minute) for A&E services				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
2023-24 (up to 31 December 2023) [Provisional figures]	0	8	29	181	209

Waiting time for elective surgeries

The HA has not surveyed the waiting list and waiting time for common elective surgeries performed in different specialty departments of its hospitals, given the wide range of surgeries performed. The table below sets out the estimated waiting time for some common elective surgeries performed at public hospitals in the past year.

Surgery	Range of estimated waiting time (month)
Herniorrhaphy	6 to 35
Cholecystectomy	3 to 34
Total Joint Replacement	52 to 87
Transurethral Resection of Prostate	3 to 28
Myomectomy	6 to 38
Total Abdominal Hysterectomy +/- Bilateral Salpingectomy	10 to 63
Thyroidectomy	3 to 29
Haemorrhoidectomy	2 to 56
Anterior Cruciate Ligament Reconstruction	2 to 7
Tonsillectomy	5 to 15

Notes:

1. The waiting time for the above common elective surgeries, except total joint replacement, refers to the estimated waiting time collected manually. There is no information available on fixed surgical appointments for estimating the waiting time for elective surgeries.
2. The waiting time for total joint replacement refers to the 90th percentile waiting time for patients who underwent the surgery in the past 12 months.

Waiting time for specialist outpatient (SOP) services

The table below sets out the number of new SOP cases in the HA triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) as well as the respective median (50th percentile) waiting time in 2023-24 (up to 31 December 2023).

2023-24 (up to 31 December 2023) [Provisional figures]

Specialty	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (week)	Number of new cases	Median waiting time (week)	Number of new cases	Median waiting time (week)
ENT	11 134	<1	14 537	5	50 553	33
MED	7 587	1	20 117	6	86 983	48
GYN	5 844	<1	6 460	5	31 424	41
OPH	34 723	<1	24 576	4	58 904	64
ORT	11 711	<1	10 173	4	58 317	47
PAE	2 709	<1	4 856	6	14 977	16
PSY	2 005	1	7 236	3	29 684	44
SUR	10 639	1	24 251	5	108 339	40

Note:
With effect from 1 October 2022, the waiting time for new case bookings for integrated clinics is included in that for new case bookings for SOP clinics.

(II)

Waiting time for A&E services

To allow A&E departments of public hospitals to focus on handling emergency and urgent cases, the Government and the HA have been encouraging patients with milder conditions to use more primary healthcare and family doctors' services in the community, so as to effectively alleviate the pressure on public A&E services.

To cope with the service surge during and after the Lunar New Year (LNY) and Easter holidays, the HA implemented a series of special measures, including increasing the number of operating GOPCs and service quotas, implementing a special refund arrangement in A&E departments and enhancing services of the 18 Chinese Medicine Clinics cum Training and Research Centres to provide government-subsidised Chinese medicine out-patient services, etc, and to encourage private sectors to providing services during holidays. To minimise the impact of service demand surge on the public healthcare system, the Health Bureau also collated information of private hospitals, healthcare facilities, family doctors and Chinese medicine clinics which operated during the LNY and Easter holidays across 18 districts of Hong Kong (including addresses, telephone numbers, and opening hours) on uploading the information of relevant hospitals and clinics to an online portal for the public's reference. Such a move aims to enable citizens in need to identify suitable hospitals or clinics for medical treatment.

The special refund arrangement in A&E departments allowed patients who had not attended a consultation within 24 hours after registration to request a refund of the A&E fee. This measure provided patients with stable and less severe conditions with more flexibility in choosing alternative consultation arrangements, such as seeking consultation at other private healthcare institutions, with a view to diverting patients and alleviating the pressure on A&E departments, enabling A&E departments to focus resources on taking care of patients in need.

The Government and the HA will continue to review the effectiveness of the measures from time to time and, if needed, introduce more initiatives to alleviate the pressure on public A&E services.

Waiting time for elective surgeries

When prioritising patients on the waiting list, the HA takes into account their clinical conditions and needs, and makes arrangements having regard to the urgency of their conditions. The HA has been closely monitoring the service demand and waiting time for patients, and taking measures actively to manage the waiting time for elective surgeries in order to cope with the increasing service demand more effectively.

The HA has also introduced a series of measures, such as adopting the high-volume surgical model, promoting non-surgical treatments, implementing public-private partnership, enhancing transparency by displaying the waiting time for elective surgeries on the HA's website and continuing to increase service capacity for surgical services.

In 2024-25, the HA will continue to implement various annual plan programmes to increase the number of operating theatre sessions per week.

Waiting time for SOP services

The HA has been implementing a triage system for new referrals to SOP clinics to ensure that priority is given to treating patients in urgent conditions and requiring early intervention. Under the current triage system, newly referred patients are usually screened by a nurse and then examined by a specialist doctor of the relevant department, before being classified into Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases. The HA's target is to keep the median waiting time for Priority 1 and Priority 2 cases within 2 weeks and 8 weeks respectively. The HA has been able to fulfil the pledge regarding the median waiting time for Priority 1 and Priority 2 cases, and will continue to implement this effective triage system to ensure timely treatment for patients most in need.

Apart from implementing the triage system, the HA has been taking measures actively to manage and improve the waiting time for SOP patients, such as enhancing public primary healthcare services, strengthening manpower, optimising appointment booking and scheduling, and displaying the latest waiting time on the HA's website and at SOP clinics to help patients consider their treatment plans and options. Under the strategy of "narrowing upstream, collaborating downstream, diverting midstream", the HA has introduced doctor-led multi-disciplinary integrated clinics, and will allocate more resources for new cases, streamline referral arrangements for cross-specialty cases, set up more integrated clinics to provide multi-disciplinary support, and enhance primary healthcare to follow up on patients in stable conditions.

In addition, the HA is in the process of establishing clear performance targets in terms of managing and improving the waiting time for SOP services. In the Chief Executive's 2022 Policy Address and the Chief Executive's 2023 Policy Address, targets have been set to reduce the 90th percentile waiting time for stable new case bookings for the MED specialty by 20% in 2023-24, and for the ENT and ORT specialties by 10% in 2024-25 respectively.

The HA will review the effectiveness of these measures in a timely manner and implement other measures as appropriate and necessary to further shorten the waiting time for SOP clinics.

Abbreviations

ENT – Ear, Nose and Throat
MED – Medicine
GYN – Gynaecology
OPH – Ophthalmology
ORT – Orthopaedics and Traumatology
PAE – Paediatrics
PSY – Psychiatry
SUR – Surgery

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2770)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (4) Subvention: Prince Philip Dental Hospital

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The aim of the Prince Philip Dental Hospital is to provide facilities for the training of dentists and ancillary dental workers. In this connection, will the Government inform this Committee of the following:

(1) the respective expenditure for each training programme and the respective annual average training cost per training place; and

(2) against the background that, as shown in the Estimates, the capacity utilisation rates of some professional programmes in dentistry, including undergraduate, student dental technician and student dental hygienist, fell short of 100% in the past 2 years, the reasons why the estimated capacity utilisation rates of these programmes for 2024-25 also fall short of 100%?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 20)

Reply:

The Prince Philip Dental Hospital ("PPDH") is a purpose-built teaching hospital to provide facilities for the training of dentists and other persons in professions supplementary to dentistry. As the training programmes vary in contents and some are organised in collaboration with other institutions, the resources and facilities of the PPDH are shared among them to varying degrees. The associated costs are included in the total expenditure of the PPDH and are difficult to quantify separately for each training programme or training place.

In the past two years, the capacity utilisation rates of some professional programmes in dentistry (including the Bachelor of Dental Surgery, Advanced Diploma in Dental Technology and Higher Diploma in Dental Hygiene) fell short of 100%. The main reason is that although the enrolment for most programmes reached 100%, some students withdrew from the programmes due to a variety of reasons, such as failure to pass examination for promotion to subsequent year of study, employment, health issues or other personal reasons.

The revised estimate for the PPDH in 2023-24 was $225.6 million, and the respective number of students enrolled in various professional training programmes of the PPDH is set out below:

Professional programmes	Number of students
Bachelor of Dental Surgery	486
Master/Doctor of Dental Surgery (Note)	210
Advanced Diploma in Dental Technology	36
Diploma in Dental Surgery Assisting	40
Higher Diploma in Dental Hygiene	75
Advanced Diploma in Dental Therapy	16
Total	863

Note: Only training places funded by University Grants Committee are covered.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2316)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Programme that the Health Bureau will continue to take forward and enhance the development of District Health Centres (DHCs) across the territory in 2024-25. In this connection, will the Government inform this Committee of:

1. the estimated total operating expenditure and staff establishment of the DHCs in various districts in 2024-25; and
2. given that the services provided by most of the DHCs are confined to physical check-ups or consultations, whether the Government will strengthen the function and role of the DHCs; if so, of the details; if not, the reasons for that?

Asked by: Hon CHAN Wing-yan, Joephy (LegCo internal reference no.: 17)

Reply:

(1)

The tentative staff establishment (including healthcare professionals and other supporting staff) of District Health Centres (DHCs) in Kwai Tsing, Sham Shui Po, Tuen Mun, Wong Tai Sin, Southern, Yuen Long and Tsuen Wan in 2024-25 and the estimated expenditure for 2024-25 (including the provisions for service contracts, site maintenance and rental cost) are set out in the table below:

	Kwai Tsing DHC	**Sham Shui Po DHC**	**Tuen Mun DHC**	**Wong Tai Sin DHC**	**Southern DHC**	**Yuen Long DHC**	**Tsuen Wan DHC**
Staff establishment Note 1							
Executive Director	1	1	1	1	1	1	1
Medical Consultant Note 2	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Chief Care Coordinator	1	1	1	1	1	1	1

	Kwai Tsing DHC	Sham Shui Po DHC	Tuen Mun DHC	Wong Tai Sin DHC	Southern DHC	Yuen Long DHC	Tsuen Wan DHC
Care Coordinator/ Nurse	21	17.5	26	25	16	29	21
Physiotherapist	3.5	2	3	3	3	3	2
Occupational Therapist	1.5	2	2	2	3	3	2
Dietitian	1	1	1	2	1	2	1
Pharmacist	1	1	1	1	1	1	1
Social Worker, Administrative Staff and Supporting Staff	55	70	62	62	59	50	49
Total	**85.5**	**96**	**97.5**	**97.5**	**85.5**	**90.5**	**78.5**
Estimated Expenditure for 2024-25 ($ million)	**99**	**95**	**104**	**92**	**76**	**107**	**119**

Notes:

1. The staff establishment is proposed by DHC operators through tendering procedures according to the service demand in the community and manpower estimation, and is approved by the Government. The 0.5 staff establishment refers to a part-time position with half of the working hours of a full-time position. The actual number of staff may vary from time to time, depending on factors such as service demand and short-term manpower turnover, etc. The Government will continue to monitor the situation to ensure that services are not affected.
2. Medical Consultants are part-time or outsourced positions.

(2)

In face of the pressure brought about by an ageing population and the increasing prevalence of chronic diseases, the Government released the Primary Healthcare Blueprint (Blueprint) in December 2022, setting out a series of reform initiatives to strengthen primary healthcare services in Hong Kong. One of the recommendations in the Blueprint is to further develop a district-based family-centric community health system based on the DHC model.

As the healthcare service and resource hub in the community, the DHCs are crucial in strengthening the concept of "Family Doctor for All" and cultivating a long-term doctor-patient relationship between the patient and his/her family doctor (especially in the management of chronic diseases). The Government has implemented the Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) since November last year, further strengthening the role of the DHCs/DHC Expresses (DHCEs) with a view to supporting participants to better control hypertension and diabetes mellitus and prevent complications, as well as co-ordinating

and arranging participants to receive screening and appropriate multidisciplinary treatment (including physiotherapy, dietetic consultation, optometry assessment and podiatry services) in private sectors at a subsidised rate.

The Government will continue to review the services of the DHCs with a view to strengthening their roles as the co-ordinator of community primary healthcare services and case manager, so as to provide comprehensive primary healthcare services to the public in the community. The Government has also commissioned the Chinese University of Hong Kong to conduct a monitoring and evaluation study on the DHCs to evaluate their degree of achievement of different targets and overall performance, including the quality and effectiveness of different DHC services, influences of DHC services towards individuals and the community as well as the cost-effectiveness of the DHCs. The report of the evaluation study will be submitted to the Steering Committee on Primary Healthcare Development for deliberation. The Government shall consider the report and views of the Steering Committee when reviewing the service of the DHCs.

The Government will also enhance the terms of the DHC operation service contracts. Currently, the DHC operation service contracts have provided specific descriptions of various facilities and service requirements, including recruitment and qualifications of the network service providers, required numbers of various professionals, the areas and numbers of satellite centres to be established as well as staffing establishment of the centres. The tender documents have also stated that the Government shall have the right to terminate the contract upon an operator's non-compliance of the contract requirements. Starting from this year, the Primary Healthcare Office (PHO) will adjust the terms of operation service contracts for the DHCs and DHCEs progressively, including adjustment on the categories of service targets to complement the enhancement of DHC services, such as pairing of family doctors for citizens and nurse clinic service provision, etc. With the implementation of the CDCC Scheme, the PHO will also review the performance assessment indicators of the DHCs to include new members' participation in the CDCC Pilot Scheme as one of the indicators.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2317)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: Not Specified

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

As mentioned in paragraph 191 of the Budget Speech, the Government has been improving public healthcare services and enhancing the patient experience on various fronts with specific performance indicators. These include shortening the waiting time for specialist out-patient services and making wider use of telehealth services. In this connection, please inform this Committee of:

1. the average waiting time at public specialist outpatient clinics in the past 3 years; and

2. the cumulative number to date of teleconsultations provided by the Department of Health for persons with follow-up medical appointments, with a breakdown by medical services.

Asked by: Hon CHAN Wing-yan, Joephy (LegCo internal reference no.: 18)

Reply:

1.

The Hospital Authority (HA) has been implementing a triage system for new referrals to specialist out-patient (SOP) clinics to ensure that priority is given to treating patients with urgent conditions and requiring early intervention. Under the current triage system, newly referred patients are usually screened by a nurse and then examined by a specialist doctor of the relevant department, before being classified into Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases. The HA's target is to maintain the median waiting time for Priority 1 and Priority 2 cases within 2 weeks and 8 weeks respectively. The HA has been able to fulfil the pledge regarding the median waiting time for Priority 1 and Priority 2 cases, and will continue to implement this effective triage system to ensure timely treatment for patients in need most urgent.

In face of the pressure brought about by an ageing population and the increasing prevalence of chronic diseases, the Government released the Primary Healthcare Blueprint (the Blueprint) in December 2022, setting out a series of reform initiatives to strengthen primary healthcare

services in Hong Kong. Through strategies including prevention-oriented, community-based, family-centric, early detection and intervention, our vision is to improve the overall health status of the population, provide coherent and comprehensive healthcare services, and establish a sustainable healthcare system. Improving primary healthcare services will help alleviate the pressure on the secondary and tertiary healthcare services in the long run.

Specifically, the Government has launched the three-year Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) since 13 November 2023 to provide subsidised diabetes mellitus (DM) and hypertension (HT) screening services in the private healthcare sector to Hong Kong residents aged 45 or above with no known medical history of DM or HT. By managing chronic diseases in the community properly and prevent complications, CDCC Pilot Scheme can achieve the goal of "early detection and intervention" and thus alleviate the pressure on the secondary and tertiary healthcare services, especially the pressure of SOP clinics under HA.

While implementing the CDCC Pilot Scheme, the Government is concurrently exploring with HA to reposition General Out-patient Clinic (GOPC) services in accordance with the recommendations of the Blueprint, aiming to focus on taking care of disadvantaged groups, especially the low-income families and poor elderly persons. The review covers areas including the strengthening of prevention-oriented services in HA's GOPC for low-income families and poor elderly, and the addition of appropriate chronic disease screening and management services.

As stated in the Blueprint, the Government will make reference to the experience of the existing referral system in the public healthcare system and the bi-directional referral mechanism of CDCC Pilot Scheme to establish an evidence-based, two-way protocol-driven referral mechanism between primary and secondary healthcare, with a view to enhancing the role of the primary healthcare system as a gatekeeper and case manager to the public secondary healthcare system, and facilitating patients navigate and seek appropriate services at each level of the healthcare system efficiently, thereby addressing the demand and the waiting time of SOP clinics. In this regards, the Government has established the bi-directional referral mechanism with HA under CDCC Pilot Scheme. Family doctor can refer participant with clinical needs to receive a one-off specialist consultation at an HA designated Medicine Specialist Out-patient Clinic according to the clinical pre-defined criteria and guidelines to obtain clinical advices on care plans which supports family doctor and allow participant to continuously receive primary healthcare services in the community, so as to reduce unnecessary new case referral to SOP clinics.

Given the pilot nature of the CDCC Pilot Scheme, we will conduct evaluation on its overall effectiveness. The Government has commissioned a local university in the first quarter of 2024 to conduct a study to assess the extent to which the objectives of the scheme are met and the overall performance, including the service quality and effectiveness, as well as the cost-effectiveness of the scheme. In addition, the Government will review the service model and operational details of the CDCC Pilot Scheme in a timely manner and make enhancements as necessary to ensure its effectiveness. The Government will, having regard to the outcomes of the review, consider whether to expand the service scope of the CDCC Pilot Scheme, including the feasibility to integrate the General Outpatient Clinic Public-Private Partnership Programme under the HA into the CDCC Pilot Scheme.

Apart from the measures above, the HA has been taking measures actively to manage and improve the waiting time for SOP patients, such as enhancing public primary healthcare services, strengthening manpower, optimising appointment booking and scheduling, and displaying the latest waiting time on the HA's website and at SOP clinics to help patients consider their treatment plans and options. Under the strategy of "narrowing upstream, collaborating downstream, diverting midstream", the HA has introduced doctor-led multi-disciplinary integrated clinics, and will allocate more resources for new cases, streamline referral arrangements for cross-specialty cases, set up more integrated clinics to provide multi-disciplinary support, and enhance primary healthcare to follow up on patients in stable conditions.

In addition, the HA has established specific performance indicators. In the Chief Executive's 2022 Policy Address and the Chief Executive's 2023 Policy Address, targets have been set to reduce the 90th percentile waiting time for stable new case bookings for the MED specialty by 20% in 2023-24, and for the ENT and ORT specialties by 10% in 2024-25.

The HA will review the effectiveness of these measures in a timely manner and implement supplementary measures as appropriate and necessary to further shorten the waiting time for SOP clinics.

The tables below set out the number of SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases; and their respective median (50th percentile) waiting time in each hospital cluster of the HA in 2021-22, 2022-23 and 2023-24 (up to 31 December 2023):

2021-22

Hospital 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	445	<1	3 249	6	5 684	26
	MED	1 006	1	3 798	5	11 449	36
	GYN	753	<1	579	5	3 939	25
	OPH	4 613	<1	2 488	7	7 501	62
	ORT	1 206	1	1 331	5	8 029	59
	PAE	69	1	770	5	295	9
	PSY	286	<1	912	3	2 989	16
	SUR	1 104	1	3 547	7	10 582	52
HKWC	ENT	1 240	<1	2 132	6	3 621	39
	MED	2 792	<1	1 855	4	13 789	49
	GYN	1 185	<1	765	5	4 137	41
	OPH	3 136	1	1 583	7	5 464	62
	ORT	1 025	1	1 758	4	8 093	19
	PAE	174	1	378	5	1 225	13
	PSY	386	1	827	4	2 099	50
	SUR	2 995	<1	2 900	4	10 761	31
KCC	ENT	2 225	<1	2 161	4	12 489	27
	MED	1 357	1	4 068	5	24 269	73
	GYN	944	<1	2 982	6	8 138	33
	OPH	6 689	<1	6 749	3	13 753	79
	ORT	1 881	<1	1 953	4	11 607	53
	PAE	1 270	<1	1 554	4	2 569	9
	PSY	284	<1	1 096	4	1 542	14
	SUR	2 884	1	5 609	5	28 874	43
KEC	ENT	1 669	<1	2 586	7	6 985	68
	MED	1 931	1	5 516	7	20 429	62
	GYN	1 603	<1	951	4	6 028	41
	OPH	5 448	<1	4 494	7	9 628	55
	ORT	3 041	<1	2 503	3	10 128	69
	PAE	765	<1	512	4	3 039	11
	PSY	302	1	2 452	4	5 212	59
	SUR	1 701	1	5 982	7	18 676	50

Hospital 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	2 086	<1	2 168	5	11 721	94
	MED	2 054	1	6 292	7	16 773	83
	GYN	237	<1	1 667	6	7 975	40
	OPH	6 537	<1	7 742	7	6 533	125
	ORT	1 792	1	3 110	4	13 254	61
	PAE	1 155	<1	1 108	4	2 724	10
	PSY	256	<1	794	5	13 361	24
	SUR	2 189	1	6 827	6	22 710	48
NTEC	ENT	2 876	<1	3 651	5	11 638	55
	MED	2 730	<1	3 506	7	25 143	79
	GYN	2 313	<1	939	5	8 510	56
	OPH	6 555	<1	3 147	4	15 656	63
	ORT	4 440	<1	1 625	5	14 848	46
	PAE	94	<1	385	6	3 521	12
	PSY	1 015	1	2 422	4	6 216	65
	SUR	2 254	<1	3 570	5	27 558	28
NTWC	ENT	3 654	<1	1 897	4	9 013	45
	MED	913	<1	2 464	6	12 434	26
	GYN	1 331	<1	345	6	5 211	70
	OPH	9 839	<1	4 966	4	7 401	50
	ORT	1 915	<1	1 989	6	11 439	60
	PAE	161	<1	939	6	1 728	20
	PSY	399	1	1 492	3	5 606	62
	SUR	2 112	1	5 029	4	20 529	51
Overall HA	ENT	14 195	<1	17 844	5	61 151	47
	MED	12 783	<1	27 499	6	124 286	59
	GYN	8 366	<1	8 228	6	43 938	38
	OPH	42 817	<1	31 169	6	65 936	68
	ORT	15 300	<1	14 269	4	77 398	52
	PAE	3 688	<1	5 646	4	15 101	12
	PSY	2 928	1	9 995	4	37 025	40
	SUR	15 239	1	33 464	5	139 690	48

2022-23

Hospital 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	488	<1	3 502	4	4 910	14
	MED	963	1	3 178	5	10 668	48
	GYN	695	<1	541	6	3 904	25
	OPH	4 482	<1	3 041	5	7 584	52
	ORT	1 311	1	1 293	5	6 688	55
	PAE	76	1	673	4	286	9
	PSY	302	<1	897	3	3 296	19
	SUR	999	1	3 168	7	10 867	46
HKWC	ENT	961	<1	2 085	7	3 605	65
	MED	1 802	<1	1 793	4	11 414	34
	GYN	1 244	<1	907	6	3 859	34
	OPH	2 454	1	1 777	4	6 669	55
	ORT	1 265	1	1 409	4	7 808	20
	PAE	103	<1	361	5	1 122	11
	PSY	363	1	687	4	1 920	41
	SUR	2 441	<1	2 999	4	10 716	26
KCC	ENT	1 985	<1	2 088	4	13 181	37
	MED	1 210	1	3 593	6	21 992	71
	GYN	934	<1	2 944	6	7 482	30
	OPH	6 983	<1	6 604	2	10 388	71
	ORT	1 978	1	1 977	4	11 819	51
	PAE	1 145	<1	1 605	4	2 748	10
	PSY	195	<1	1 318	4	2 347	18
	SUR	2 561	1	5 434	5	27 365	37
KEC	ENT	1 611	<1	2 606	6	6 742	86
	MED	1 804	1	4 788	6	19 030	58
	GYN	1 574	1	834	4	5 798	57
	OPH	5 520	<1	5 238	6	10 786	71
	ORT	2 975	<1	2 571	3	9 969	71
	PAE	731	<1	531	4	2 959	10
	PSY	265	1	2 322	3	5 238	52
	SUR	1 814	1	5 204	7	18 083	71

Hospital 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	2 024	<1	2 303	5	10 662	62
	MED	1 752	1	5 585	6	15 897	72
	GYN	222	<1	1 595	6	7 468	46
	OPH	6 194	<1	5 886	5	9 144	167
	ORT	1 860	<1	3 251	4	12 632	54
	PAE	1 334	<1	1 138	4	2 840	9
	PSY	232	<1	909	4	13 129	29
	SUR	1 874	1	5 953	5	21 840	52
NTEC	ENT	2 469	<1	3 040	4	12 300	50
	MED	2 407	<1	3 201	6	21 681	48
	GYN	2 216	<1	981	6	7 629	57
	OPH	6 635	<1	4 053	4	15 941	52
	ORT	4 524	<1	1 360	4	14 346	45
	PAE	107	<1	407	6	3 701	16
	PSY	828	1	2 427	4	6 342	64
	SUR	2 166	1	2 992	5	26 850	32
NTWC	ENT	3 808	<1	1 380	4	8 828	61
	MED	1 013	<1	2 404	6	9 591	38
	GYN	1 169	<1	353	6	4 814	62
	OPH	10 901	<1	3 449	4	8 243	59
	ORT	1 896	1	1 793	6	9 791	31
	PAE	265	<1	1 059	6	1 951	23
	PSY	377	1	1 459	3	6 027	55
	SUR	1 986	1	5 057	5	18 527	49
Overall HA	ENT	13 346	<1	17 004	5	60 228	50
	MED	10 951	1	24 542	6	110 273	54
	GYN	8 054	<1	8 155	6	40 954	39
	OPH	43 169	<1	30 048	4	68 755	55
	ORT	15 809	<1	13 654	4	73 053	48
	PAE	3 761	<1	5 774	4	15 607	12
	PSY	2 562	1	10 019	4	38 299	40
	SUR	13 841	1	30 807	5	134 248	46

2023-24 (up to 31 December 2023) [Provisional figures]

Hospital 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	305	<1	2 981	4	4 332	13
	MED	498	1	2 643	5	8 746	39
	GYN	503	<1	427	6	2 957	25
	OPH	3 648	<1	2 931	7	7 013	40
	ORT	918	1	949	5	4 865	51
	PAE	39	<1	650	6	379	12
	PSY	201	1	601	3	2 726	25
	SUR	679	1	2 352	7	8 462	44
HKWC	ENT	832	<1	1 842	7	2 881	24
	MED	1 377	<1	1 533	4	8 283	28
	GYN	1 033	<1	754	5	2 585	27
	OPH	1 795	1	1 281	6	5 161	61
	ORT	745	1	1 326	4	6 334	21
	PAE	76	1	244	4	1 065	16
	PSY	267	1	615	4	1 462	40
	SUR	1 968	<1	2 443	5	8 553	17
KCC	ENT	1 568	<1	1 751	4	9 958	31
	MED	1 070	1	3 110	6	18 269	57
	GYN	676	<1	2 218	6	6 197	34
	OPH	5 559	<1	4 924	2	10 449	85
	ORT	1 141	1	1 624	3	9 052	41
	PAE	836	<1	1 509	6	2 662	12
	PSY	199	<1	905	3	1 829	20
	SUR	1 815	1	4 497	5	22 651	34
KEC	ENT	1 514	<1	2 218	4	5 847	89
	MED	1 022	1	3 895	5	16 279	56
	GYN	1 115	1	653	5	4 277	38
	OPH	4 401	<1	4 190	6	9 770	83
	ORT	2 391	<1	1 631	4	8 701	60
	PAE	549	<1	398	5	2 729	14
	PSY	194	1	1 628	3	4 106	56
	SUR	1 466	1	4 346	6	14 870	57

Hospital 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	1 791	<1	2 042	5	9 627	31
	MED	1 246	1	4 548	6	12 479	63
	GYN	141	<1	1 323	6	5 724	57
	OPH	4 873	<1	3 789	5	5 605	26
	ORT	1 519	<1	2 016	3	10 296	49
	PAE	964	<1	931	5	2 413	11
	PSY	196	<1	590	3	9 900	29
	SUR	1 464	1	4 458	5	17 882	54
NTEC	ENT	1 767	<1	2 344	5	10 430	37
	MED	1 433	1	2 451	6	15 039	39
	GYN	1 573	<1	821	5	5 832	59
	OPH	5 293	<1	2 726	4	14 516	77
	ORT	3 471	<1	1 127	5	11 463	62
	PAE	75	<1	311	7	3 585	22
	PSY	640	1	1 729	4	5 147	73
	SUR	1 690	1	2 513	5	20 999	29
NTWC	ENT	3 357	<1	1 359	4	7 478	32
	MED	941	<1	1 937	6	7 888	25
	GYN	803	<1	264	5	3 852	60
	OPH	9 154	<1	4 735	3	6 390	84
	ORT	1 526	1	1 500	6	7 606	36
	PAE	170	1	813	6	2 144	21
	PSY	308	1	1 168	3	4 514	45
	SUR	1 557	1	3 642	5	14 922	38
Overall HA	ENT	11 134	<1	14 537	5	50 553	33
	MED	7 587	1	20 117	6	86 983	48
	GYN	5 844	<1	6 460	5	31 424	41
	OPH	34 723	<1	24 576	4	58 904	64
	ORT	11 711	<1	10 173	4	58 317	47
	PAE	2 709	<1	4 856	6	14 977	16
	PSY	2 005	1	7 236	3	29 684	44
	SUR	10 639	1	24 251	5	108 339	40

Notes:

(1) With effect from 1 October 2022, the waiting time for new case bookings for integrated clinics has been incorporated into that for new case bookings for SOP clinics.

(2) In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures.

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

2.

The Department of Health does not provide telehealth services.

The table below sets out the number of attendances for the HA's telehealth services over the past 3 years.

Year	Number of telehealth attendances[Note]
2021-22	5 111
2022-23	91 645
2023-24 (Up to 31 December 2023) [Provisional figure]	82 384

Note:

In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures. This should be taken into consideration when comparing the service capacity of the HA in previous years.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2319)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned among the matters requiring special attention that government-subsidised Integrated Chinese-Western Medicine services will be strengthened, and training programmes for nurturing Chinese medicine talents will be taken forward. In this connection, will the Government inform this Committee of the following:

1. the content and time of each training programme;

2. the expenditure on staff retention measures, specific content and effectiveness of such measures; and

3. the estimated manpower, ranks of staff and expenditure involved.

Asked by: Hon CHAN Wing-yan, Joephy (LegCo internal reference no.: 20)

Reply:

(1)
To tie in with the long-term development of Chinese medicine (CM) in Hong Kong, the Government is committed to promoting the establishment of a CM professional talent pool. Through the Chinese Medicine Development Fund (CMDF), the Government encourages and subsidises various types of high-standard professional exchanges and talent training programmes in CM. The Government has funded the implementation of master-apprentice programmes with renowned Mainland Chinese medicine practitioners (CMPs) and also large-scale academic forums on CM, facilitating interactive exchanges among high-standard CM talents in Hong Kong in various aspects. At the same time, the CMDF provides funding support for the continuing education of in-service CMPs and CM drug personnel. It will also provide funding support in the future for talent training and exchange programmes that meet the development needs of CM in Hong Kong through commissioning, with a view to enhancing the professional competence of CMPs on all fronts.

With the staunch support from the country, CM personnel in Hong Kong may participate in, among others, the selection of National Medicine Masters and National Famous Traditional

Chinese Medicine Practitioners, and talent nurturing programmes for Qi Huang scholars and Qi Huang young scholars. Some CMPs in Hong Kong have already been selected as National Famous Traditional Chinese Medicine Practitioners and Qi Huang young scholars. Furthermore, the National Administration of Traditional Chinese Medicine and the Health Bureau are actively implementing related programmes under Hong Kong's Training Programme of Advanced Clinical Talents in Chinese Medicine. In particular, the Hong Kong Chinese Medicine Talent Short-term Training Programme (Phase 1) was successfully held in Beijing in November 2023. With the funding support of the CMDF, 30 students were recommended to receive about a week's training at renowned CM institutions in the Mainland, and had a fruitful learning and exchange experience with the renowned Mainland experts. Phase 2 of the short-term training programme will be held in late May 2024. The training will focus on clinical skills and professional knowledge related to CM in-patient services. It is expected that about 40 CMPs and CM drug personnel will receive subsidies from the CMDF to attend the training in Beijing.

Moreover, to support the Government's efforts in promoting overall development of CM, the Hospital Authority (HA) has all along been providing different types of CM training for CM professionals of various ranks in the 18 Chinese Medicine Clinics cum Training and Research Centres (CMCTRs), including CMP trainees, CMPs, senior CMPs and CM pharmacists, with a view to nurturing more local CM talents. To promote the development of integrated Chinese-Western medicine services, the HA launched the Greater Bay Area Chinese Medicine Visiting Scholars Programme in November 2022 in collaboration with the Grade 3A Chinese Medicine hospitals in the Mainland, which have deployed their clinically experienced CM experts to Hong Kong as visiting scholars for the purposes of clinical guidance, exchanges and training, so as to enhance the standard of inpatient treatment by CMPs in Hong Kong. Since the implementation of the programme, 13 CM experts from the Guangdong Province have joined the expert pool and trained a cumulative total of nearly 90 local CMPs.

Joining hands with the CM sector, the Government will continue to promote the enhancement of CM professional competence, step up the professional training and exchange of talents in CM, and establish a high-standard CM talent pool to support the long-term and high-quality development of CM.

(2)-(3)
CMCTRs have been established in 18 districts across the territory to promote the development of CM by providing services, training and conducting research. Each CMCTR operates on a tripartite collaboration model involving the HA, a non-governmental organisation (NGO) and a local university. The NGOs are responsible for the day-to-day clinic operation. CMPs of the 18 CMCTRs are employed by the NGOs operating the CMCTRs. Their terms of employment and remuneration packages are determined by the respective NGOs which review and adjust the salary level of CMPs based on the market situation every year. According to the information submitted by these NGOs at the end of 2022, the monthly salaries of CMP trainees at the 18 CMCTRs ranged from $24,000 to $34,000, while the monthly salaries of other CMPs of various ranks ranged from $35,000 to $110,000, depending on their experience, qualifications and duties. In 2023-24, the salaries of the CMPs concerned have been increased by about 4-5% based on the personnel management mechanisms of individual NGOs. To dovetail with the continuous development of the services concerned, there was also an increase in the overall number of CMPs in the 18 CMCTRs in 2023.

The numbers of CMPs employed by the 18 CMCTRs in the past 3 years are set out in the table below:

Year	Number of CMPs as at Year End
2021	415
2022	419
2023	457

Note: CMPs are employed by the NGOs operating the CMCTRs and their terms of employment and remuneration packages are determined by the respective NGOs. The above information is provided by the respective NGOs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2323)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Please provide information on the new drugs which will be incorporated into the Drug Formulary by class in the coming year. Please specify the therapeutic area and the estimated expenditure involved for each drug. Please also provide an updated list of pharmaceutical products containing a new chemical or biological entity registered in Hong Kong which have been approved for marketing by the National Medical Products Administration.

Asked by: Hon CHAN Wing-yan, Joephy (LegCo internal reference no.: 24)

Reply:

Regarding the Drug Formulary (DF), the Hong Kong Special Administrative Region (HKSAR) Government and the Hospital Authority (HA) place high importance on providing optimal care for all patients based on available medical evidence while ensuring optimum and rational use of public resources. Under this principle, the HA has continued to review and expand the DF by incorporating specific new drugs/drug classes as special drugs. Patients prescribed with special drugs under specified clinical conditions are charged at standard fees and charges. Also, the HA will conduct regular reviews as appropriate to extend the therapeutic applications of different special drugs/drug classes in the DF.

In 2024-25, the HA plans to reposition a self-financed drug/drug class as a special drug; reposition another self-financed drug/drug class as a special drug while extending its therapeutic application; and extend the therapeutic applications of 10 special drugs/drug classes in the DF. The table below sets out the estimated additional recurrent funding involved in the above plan in relation to the DF in 2024-25. The HA will continue to review from time to time the coverage of the DF during the year having regard to patients' needs and scientific evidence and data.

2024-25		
Drug Name/Class and Therapeutic Use	**Additional Recurrent Funding Involved ($ million)**	**Expected Number of Patients to be Benefited**
Self-financed Drugs Repositioned as Special Drugs		
(i) Icatibant for hereditary angioedema	0.61	37
Self-financed Drugs Repositioned as Special Drugs with Extended Therapeutic Application		
(i) Sorafenib for hepatocellular carcinoma	7.86	156
Drugs with Extended Therapeutic Application		
(i) Febuxostat for hyperuricemia	7.80	1 200
(ii) Sodium-glucose cotransporter-2 (SGLT2) inhibitor for kidney failure	11.30	5 832
(iii) Sacubitril/valsartan for heart failure	6.31	868
(iv) Long-acting bronchodilator combinations (long-acting β adrenoceptor agonists/long-acting muscarinic antagonists) for chronic obstructive pulmonary disease (general out-patient clinic)	19.75	5 916
(v) Sevelamer for kidney failure	5.33	526
(vi) Fenofibrate for hyperlipidemia (general out-patient clinic)	12.14	6 626
(vii) TS-ONE® for gastric cancer	16.46	246
(viii) GLP1 agonists/insulin for diabetes mellitus	26.90	3 028
(ix) PCSK9 inhibitors for acute myocardial infarction/acute coronary syndrome	18.23	825
(x) Cinacalcet for kidney failure	32.02	2 026

As for drug registration, according to the Pharmacy and Poisons Ordinance (Cap. 138), pharmaceutical products must satisfy the criteria of safety, efficacy and quality for registration with the Pharmacy and Poisons Board of Hong Kong (the Board) before they can be sold or supplied in Hong Kong. Applicants for registration of pharmaceutical products are required to submit the necessary documents in accordance with the Guidance Notes on Registration of Pharmaceutical Products/Substances as promulgated by the Board. In general, applicants for registration of pharmaceutical products containing new chemical or biological entities (i.e. containing active ingredients which have not been registered in Hong Kong, hereunder referred to as new drugs) are required to provide documentary proof for registration issued by at least 2 drug regulatory authorities of specified reference places in accordance with the Guidance Notes on Registration of Pharmaceutical Products Containing a New Chemical or Biological Entity as promulgated by the Board, in order to provide supporting evidence that relevant products have been rigorously evaluated before being placed on the market (known as the "second evaluation" approach under the drug approval system). The Board reviews the registration requirements of drug regulation from time to time, including the update of the list of reference places. Since 1 November 2022, the regulatory authorities of Mainland China, Brazil, Korea and Singapore were included in the list of reference places for registration of drugs containing NCEs. The current list comprises 36 reference places.

As an initiative to further enhance the existing drug registration system, the "1+" mechanism announced in the Chief Executive's 2023 Policy Address has come into effect on 1 November 2023. Under the newly established "1+" mechanism, applications for registration of new drugs beneficial for treatment of life-threatening or severely debilitating diseases that are supported by local clinical data and with scope of application recognised by local experts should submit approval from 1 reference drug regulatory authority (instead of 2 as previously required), and can submit application for registration in the HKSAR.

Since the update of the reference list and the announcement of the "1+" mechanism, the Board has, as at 24 March 2024, received 12 applications for registration of new drugs involving the drug regulatory authority in the Mainland China (i.e. the National Medical Products Administration), 7 of which have been approved (as set out in the table below) while the remaining 5 are in progress. Furthermore, the DH has received about 130 enquiries regarding the "1+" mechanism from around 60 pharmaceutical firms, including many overseas and Mainland firms, and is following them up actively. It should be emphasised that it is the HKSAR Government's objective to bring the benefits of good drugs to patients in HKSAR, and attention will be given to scientific and clinical data in addition to the place of origin of individual drugs.

	New Drugs Approved for Registration	Hong Kong Registration Number
1.	CONVIDECIA COVID-19 VACCINE (AD5-NCOV-S), RECOMBINANT 0.5ML/DOSE 1.5ML VIAL	HK-67826
2.	CONVIDECIA COVID-19 VACCINE (AD5-NCOV-S), RECOMBINANT 0.5ML/DOSE 0.5ML VIAL	HK-67825
3.	CORONAVAC COVID-19 VACCINE (VERO CELL), INACTIVATED 0.5ML/DOSE 1ML VIAL	HK-67664
4.	CORONAVAC COVID-19 VACCINE (VERO CELL), INACTIVATED 0.5ML/DOSE 0.5ML VIAL	HK-67663
5.	CORONAVAC COVID-19 VACCINE (VERO CELL), INACTIVATED 0.5ML/DOSE 0.5ML PRE-FILLED SYRINGE	HK-67662
6.	ELUNATE CAPSULES 1MG*	HK-68111
7.	ELUNATE CAPSULES 5MG*	HK-68112

* New drugs approved for registration under the "1+" mechanism

Meanwhile, as at 15 March 2024, 10 patients in the HA are already using new drugs registered under the "1+" mechanism as listed in the above table. The HA will encourage drug manufacturers or suppliers to apply for local registration of unregistered drugs with ongoing needs and continue to liaise closely with the DH in the light of the "1+" mechanism. Through the "1+" mechanism, the number of drugs successfully registered would increase, thus enabling clinicians to enjoy a wider choice of drugs to support their service needs. Clinicians may initiate application for new drug listing on the HA Drug Formulary to the HA Drug Advisory Committee according to the clinical service needs. In addition, when a new drug can be registered in a more expeditious manner and listed on the HA Drug Formulary in Hong Kong under the "1+" mechanism and is proven to have significant clinical benefits, it may be considered to be covered by the Samaritan Fund or the Community Care Fund.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2324)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: Not Specified

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The estimated expenditure on healthcare for 2024-25 reaches $99.8623 billion. In respect of attracting, motivating and retaining talents, will the Government inform this Committee of:

1. the estimated expenditure and details for attracting overseas doctors in 2024-25; and
2. the estimated expenditure and details for attracting Mainland doctors in 2024-25?

Asked by: Hon CHAN Wing-yan (LegCo internal reference no.: 25)

Reply:

(1) and (2)

The Government has adopted a multi-pronged strategy to tackle the severe shortage of doctors in the public healthcare system. In respect of admitting qualified non-locally trained doctors (NLTDs), apart from allowing those who have passed the Licensing Examination and with limited registration to practise in Hong Kong, the Government has created a new pathway (i.e. special registration) under the Medical Registration Ordinance (Cap. 161) in 2021 to enable more qualified Hong Kong NLTDs to practise in the public healthcare system so as to increase the supply of doctors in Hong Kong.

As for the Hospital Authority (HA), the HA will continue to implement various promotion and publicity measures in 2024-25 to recruit suitable NLTDs under a multi-pronged approach and will continue to actively attract healthcare professionals on different global platforms to come to Hong Kong for exchange. With the experience and positive feedback gained in the recruitment exercises in 2023, the HA plans to arrange overseas recruitment activities and online publicity events again this year. Meanwhile, the HA will continue to visit various overseas and Mainland healthcare organisations and institutions to explore the implementation of different programmes (such as the second round of the Greater Bay Area Healthcare Talents Visiting Programmes and establishing channels for two-way talent exchange with Beijing and Shanghai), with a view to facilitating medical collaboration and exchange between Hong Kong and the rest of the world.

Recruitment of doctors and other healthcare personnel for provision of public healthcare services is one of the key functions of the HA. As the expenditure involved in recruiting doctors (including NLTDs) has been subsumed into the overall administrative expenses of HA funding, no breakdown is available.

As for the Department of Health (DH), efforts have been made to recruit both locally and non-locally trained doctors to fill the vacancies of doctors. To attract more overseas talents, the DH disseminates relevant information through various channels, including the DH's website, overseas medical journals, newspapers as well as the Hong Kong Economic and Trade Offices and relevant authorities in the Mainland. In addition, following the participation in the overseas recruitment activities conducted by the HA in the United Kingdom and Australia through web-conferences last April and June respectively, the DH will continue to collaborate with the HA in recruiting doctors in the coming year.

The management of healthcare personnel including recruitment is part of the duties undertaken by the DH. As the manpower and resources involved in this regard have been subsumed into the overall expenditure of the DH, no breakdown is available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2325)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

In respect of setting a long-term objective of registering drugs and medical devices under the "primary evaluation" approach, would the Government advise this Committee on the following:

1. What is the number of applications received so far for approval of registration of drugs and medical devices in Hong Kong? and
2. Since the commencement of the "primary evaluation" mechanism, some new drugs have been approved for registration and use, allowing the patients' early access to effective new drugs that are beneficial to the treatment of life threatening or severely debilitating diseases. What is the number of patients in Hong Kong who have access to the new drugs approved under the "primary evaluation" mechanism? What is the effectiveness?

Asked by: Hon CHAN Wing-yan, Joephy (LegCo internal reference no.: 26)

Reply:

1. & 2.

The "secondary evaluation" approach adopted in the Hong Kong Special Administrative Region (HKSAR) is the process to approve applications for registration of drugs containing new chemical or biological entities (NCEs). It relies on the approvals from recognised competent drug regulatory authorities which have conducted "primary evaluation". "Primary evaluation" involves the assessment of primary data and information of all pre-clinical studies (i.e. animal testing), clinical studies, manufacturing and quality control in order to fully evaluate the safety, efficacy and quality of a medicine. In general, applicants for registration of pharmaceutical product containing NCEs are required to provide necessary information including documentary proof for registration issued by at least two drug regulatory authorities of reference places in accordance with the Guidance Notes on Registration of Pharmaceutical Products Containing a New Chemical or Biological Entity as promulgated by the Board, in order to provide supporting evidence that the product has been rigorously evaluated before placing in the market.

It was announced in the Chief Executive's 2023 Policy Address that the HKSAR will enhance

the current evaluation and approval mechanism for drugs, and establish an internationally renowned regulatory authority of drugs and medical devices. The HKSAR Government is determined to leverage Hong Kong's medical strengths and establish the "Hong Kong Centre for Medical Products Regulation" (CMPR), with the long-term objective of establishing an internationally recognised authority that registers drugs and medical devices under the "primary evaluation" approach, i.e. to directly approve applications for registration of drugs and medical devices based on clinical trial data. This will help accelerate the clinical use of new drugs and medical devices, and drive the development of industries relating to the R&D and testing of medical products.

To establish an internationally recognised authority that registers drugs and medical devices under the "primary evaluation" approach, the HKSAR Government must establish a comprehensive regulatory regime for drugs and medical devices that is recognised by the Mainland and other places. In this connection, the HKSAR is proactively carrying out the following 6 steps: (1) to establish a new mechanism for the approval of new drugs (the "1+" mechanism) under the "secondary evaluation" approach; (2) to access to the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH) as an observer under the name of Hong Kong, China; (3) to set up a Preparatory Office for the CMPR under the Department of Health (DH) in 2024; (4) to formally establish the CMPR within 2 to 3 years after the setting up of the Preparatory Office for the CMPR; (5) to implement "primary evaluation" of drugs and medical devices; and (6) to become an ICH regulatory member.

Based on international experience, it usually takes about 8 to 10 years from initial engagement with the ICH to becoming an ICH regulatory member. Since the announcement of the Chief Executive's 2023 Policy Address, the HKSAR Government has made some advancements. On 31 October 2023, we obtained ICH observership under the name of Hong Kong, China. On 1 November 2023, the "1+" mechanism, a new mechanism for the approval of new drugs under the "secondary evaluation" approach, was established. It will not only enable holders of registration from one of the recognised drug regulatory authorities for drugs containing NCEs to apply for registration in the HKSAR, on the condition that they could provide local clinical data which complies with the requirements and information recognised by local experts, but also strengthen the local capacity of drug approval as well as facilitate software, hardware and manpower development. We also plan to set up the Preparatory Office for the CMPR under the DH in the first half of 2024, which will formulate proposals and steps for the establishment of the CMPR and study potential restructuring and strengthening of the current regulatory and approval regimes for drugs and medical devices.

Under the "1+" mechanism mentioned in the above paragraph, applicants could apply for registration of new drugs that are beneficial for the treatment of life-threatening or severely debilitating diseases that are supported with local clinical data and scope of application recognised by local experts, if they submit approval from one reference drug regulatory authority (instead of two). Since the commencement of the "1+" mechanism, the DH has received and followed up around 130 enquiries involving some 60 companies (as at 24 March 2024). Under the "1+" mechanism, 2 new drugs for cancer treatment have already been approved for registration in Hong Kong as at end-March 2024. They are oral target therapy products with different strengths indicated for metastatic colorectal cancer, bringing new hope of treatment to patients for whom conventional chemotherapy has been ineffective or inapplicable. In addition, several pharmaceutical companies have expressed interest in applying for registration under the "1+" mechanism. Applications would be submitted to

the Pharmacy and Poisons Board of Hong Kong once the necessary information is available.

Meanwhile, as at 15 March 2024, there were 10 patients of the Hospital Authority (HA) using the above new drugs registered under the "1+" mechanism. The HA will encourage drug manufacturers or suppliers to apply for local registration of unregistered drugs with ongoing need, and will continue to liaise closely with the DH in the light of the "1+" mechanism. Through the "1+" mechanism, the number of drugs successfully registered in Hong Kong will be increased, thus enabling clinicians to have a wider choice of drugs to support their service needs. Clinicians may initiate application for new drugs listing on the HA Drug Formulary to the HA Drug Advisory Committee according to the clinical service needs. In addition, when a new drug can be registered and listed on the HA Drug Formulary in Hong Kong under the "1+" mechanism and is proven to have significant clinical benefits, it may be considered to be covered by the Samaritan Fund or the Community Care Fund.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2333)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (1) Director of Bureau's Office

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Please advise the reasons why the actual provision for 2023-24 for Programme (1) Director of Bureau's Office is 8.9% lower than the original estimate. Please give an account of the savings involved.

Asked by: Hon CHAN Wing-yan, Joephy (LegCo internal reference no.: 34)

Reply:

The financial provision of the Office of the Secretary for Health (the Office) is mainly used to cover expenses pertaining to the remuneration and related allowances of politically appointed officers, civil servants and other non-civil service employees in the Office.

The revised estimates for 2023-24 is 8.9% lower than its original estimate mainly because the expenses on remuneration and related allowances are lower than expected.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1008)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

1. Please list, by each cluster of the Hospital Authority, the average waiting time and the longest waiting time for specialist outpatient services in the past 3 years (2021, 2022 and 2023).

2. Please list the additional quotas for consultation at general outpatient clinics, specialist outpatient clinics and Accident and Emergency departments, as well as the quotas for general outpatient services, in hospitals of all clusters in 2023-24.

Asked by: Hon CHEUNG Yu-yan, Tommy (LegCo internal reference no.: 30)

Reply:

1.

The tables below set out the number of specialist out-patient (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 2021-22, 2022-23 and 2023-24 (up to 31 December 2023).

2021-22

Hospital Cluster	Specialty	Priority 1			Priority 2			Routine Cases		
		Number of new cases	Waiting Time (weeks)		Number of new cases	Waiting Time (weeks)		Number of new cases	Waiting Time (weeks)	
			50th	90th		50th	90th		50th	90th
			percentile			percentile			percentile	
HKEC	ENT	445	<1	<1	3 249	6	7	5 684	26	99
	MED	1 006	1	2	3 798	5	8	11 449	36	100
	GYN	753	<1	1	579	5	7	3 939	25	32
	OPH	4 613	<1	1	2 488	7	8	7 501	62	90
	ORT	1 206	1	1	1 331	5	7	8 029	59	95
	PAE	69	1	1	770	5	8	295	9	17
	PSY	286	<1	1	912	3	7	2 989	16	45
	SUR	1 104	1	2	3 547	7	8	10 582	52	85
HKWC	ENT	1 240	<1	1	2 132	6	7	3 621	39	72
	MED	2 792	<1	2	1 855	4	7	13 789	49	138
	GYN	1 185	<1	1	765	5	7	4 137	41	54
	OPH	3 136	1	2	1 583	7	8	5 464	62	71
	ORT	1 025	1	2	1 758	4	7	8 093	19	80
	PAE	174	1	2	378	5	8	1 225	13	20
	PSY	386	1	2	827	4	7	2 099	50	83
	SUR	2 995	<1	2	2 900	4	6	10 761	31	103
KCC	ENT	2 225	<1	1	2 161	4	7	12 489	27	116
	MED	1 357	1	2	4 068	5	7	24 269	73	118
	GYN	944	<1	1	2 982	6	7	8 138	33	58
	OPH	6 689	<1	1	6 749	3	7	13 753	79	147
	ORT	1 881	<1	1	1 953	4	7	11 607	53	109
	PAE	1 270	<1	1	1 554	4	7	2 569	9	21
	PSY	284	<1	1	1 096	4	7	1 542	14	46
	SUR	2 884	1	1	5 609	5	12	28 874	43	104
KEC	ENT	1 669	<1	1	2 586	7	8	6 985	68	105
	MED	1 931	1	2	5 516	7	8	20 429	62	120
	GYN	1 603	<1	1	951	4	7	6 028	41	90
	OPH	5 448	<1	1	4 494	7	7	9 628	55	125
	ORT	3 041	<1	1	2 503	3	7	10 128	69	116
	PAE	765	<1	1	512	4	7	3 039	11	50
	PSY	302	1	1	2 452	4	7	5 212	59	97
	SUR	1 701	1	1	5 982	7	8	18 676	50	99

Hospital Cluster	Specialty	Priority 1			Priority 2			Routine Cases		
		Number of new cases	Waiting Time (weeks)		Number of new cases	Waiting Time (weeks)		Number of new cases	Waiting Time (weeks)	
			50th	90th		50th	90th		50th	90th
			percentile			percentile			percentile	
KWC	ENT	2 086	<1	1	2 168	5	8	11 721	94	105
	MED	2 054	1	2	6 292	7	8	16 773	83	114
	GYN	237	<1	1	1 667	6	7	7 975	40	77
	OPH	6 537	<1	<1	7 742	7	22	6 533	125	164
	ORT	1 792	1	2	3 110	4	7	13 254	61	83
	PAE	1 155	<1	1	1 108	4	7	2 724	10	17
	PSY	256	<1	1	794	5	7	13 361	24	90
	SUR	2 189	1	2	6 827	6	8	22 710	48	90
NTEC	ENT	2 876	<1	1	3 651	5	7	11 638	55	101
	MED	2 730	<1	1	3 506	7	8	25 143	79	134
	GYN	2 313	<1	1	939	5	8	8 510	56	87
	OPH	6 555	<1	2	3 147	4	8	15 656	63	93
	ORT	4 440	<1	1	1 625	5	7	14 848	46	97
	PAE	94	<1	2	385	6	8	3 521	12	28
	PSY	1 015	1	1	2 422	4	7	6 216	65	97
	SUR	2 254	<1	2	3 570	5	8	27 558	28	80
NTWC	ENT	3 654	<1	1	1 897	4	7	9 013	45	89
	MED	913	<1	1	2 464	6	7	12 434	26	84
	GYN	1 331	<1	1	345	6	11	5 211	70	72
	OPH	9 839	<1	1	4 966	4	8	7 401	50	81
	ORT	1 915	<1	2	1 989	6	7	11 439	60	91
	PAE	161	<1	1	939	6	7	1 728	20	27
	PSY	399	1	1	1 492	3	7	5 606	62	90
	SUR	2 112	1	2	5 029	4	7	20 529	51	78
Overall HA	ENT	14 195	<1	1	17 844	5	7	61 151	47	104
	MED	12 783	<1	2	27 499	6	8	124 286	59	122
	GYN	8 366	<1	1	8 228	6	7	43 938	38	77
	OPH	42 817	<1	1	31 169	6	9	65 936	68	139
	ORT	15 300	<1	1	14 269	4	7	77 398	52	97
	PAE	3 688	<1	1	5 646	4	7	15 101	12	26
	PSY	2 928	1	1	9 995	4	7	37 025	40	93
	SUR	15 239	1	2	33 464	5	8	139 690	48	96

2022-23

Hospital Cluster	Specialty	Priority 1			Priority 2			Routine Cases		
		Number of new cases	Waiting Time (weeks)		Number of new cases	Waiting Time (weeks)		Number of new cases	Waiting Time (weeks)	
			50th	90th		50th	90th		50th	90th
			percentile			percentile			percentile	
HKEC	ENT	488	<1	<1	3 502	4	7	4 910	14	77
	MED	963	1	1	3 178	5	7	10 668	48	94
	GYN	695	<1	1	541	6	8	3 904	25	28
	OPH	4 482	<1	1	3 041	5	8	7 584	52	85
	ORT	1 311	1	1	1 293	5	7	6 688	55	92
	PAE	76	1	2	673	4	7	286	9	14
	PSY	302	<1	1	897	3	7	3 296	19	60
	SUR	999	1	2	3 168	7	8	10 867	46	84
HKWC	ENT	961	<1	1	2 085	7	7	3 605	65	83
	MED	1 802	<1	1	1 793	4	8	11 414	34	105
	GYN	1 244	<1	1	907	6	7	3 859	34	50
	OPH	2 454	1	2	1 777	4	8	6 669	55	75
	ORT	1 265	1	2	1 409	4	7	7 808	20	84
	PAE	103	<1	1	361	5	7	1 122	11	17
	PSY	363	1	2	687	4	7	1 920	41	87
	SUR	2 441	<1	2	2 999	4	7	10 716	26	86
KCC	ENT	1 985	<1	1	2 088	4	7	13 181	37	93
	MED	1 210	1	1	3 593	6	7	21 992	71	96
	GYN	934	<1	1	2 944	6	7	7 482	30	64
	OPH	6 983	<1	1	6 604	2	4	10 388	71	86
	ORT	1 978	1	1	1 977	4	7	11 819	51	98
	PAE	1 145	<1	1	1 605	4	7	2 748	10	25
	PSY	195	<1	1	1 318	4	7	2 347	18	55
	SUR	2 561	1	2	5 434	5	10	27 365	37	111
KEC	ENT	1 611	<1	1	2 606	6	7	6 742	86	92
	MED	1 804	1	2	4 788	6	8	19 030	58	108
	GYN	1 574	1	1	834	4	7	5 798	57	78
	OPH	5 520	<1	1	5 238	6	7	10 786	71	97
	ORT	2 975	<1	1	2 571	3	7	9 969	71	95
	PAE	731	<1	1	531	4	7	2 959	10	44
	PSY	265	1	2	2 322	3	7	5 238	52	95

	SUR	1 814	1	1	5 204	7	7	18 083	71	105

Hospital Cluster	**Specialty**	**Priority 1**			**Priority 2**			**Routine Cases**		
		Number of new cases	**Waiting Time (weeks)**		**Number of new cases**	**Waiting Time (weeks)**		**Number of new cases**	**Waiting Time (weeks)**	
			50th	**90th**		**50th**	**90th**		**50th**	**90th**
			percentile			**percentile**			**percentile**	
KWC	**ENT**	2 024	<1	1	2 303	5	7	10 662	62	97
	MED	1 752	1	2	5 585	6	8	15 897	72	95
	GYN	222	<1	2	1 595	6	7	7 468	46	88
	OPH	6 194	<1	<1	5 886	5	23	9 144	167	216
	ORT	1 860	<1	2	3 251	4	7	12 632	54	79
	PAE	1 334	<1	1	1 138	4	7	2 840	9	19
	PSY	232	<1	1	909	4	7	13 129	29	93
	SUR	1 874	1	2	5 953	5	7	21 840	52	100
NTEC	**ENT**	2 469	<1	1	3 040	4	7	12 300	50	89
	MED	2 407	<1	2	3 201	6	8	21 681	48	114
	GYN	2 216	<1	1	981	6	8	7 629	57	89
	OPH	6 635	<1	2	4 053	4	8	15 941	52	96
	ORT	4 524	<1	1	1 360	4	7	14 346	45	86
	PAE	107	<1	2	407	6	11	3 701	16	29
	PSY	828	1	2	2 427	4	7	6 342	64	93
	SUR	2 166	1	2	2 992	5	8	26 850	32	75
NTWC	**ENT**	3 808	<1	1	1 380	4	7	8 828	61	76
	MED	1 013	<1	1	2 404	6	7	9 591	38	80
	GYN	1 169	<1	1	353	6	8	4 814	62	66
	OPH	10 901	<1	1	3 449	4	7	8 243	59	88
	ORT	1 896	1	2	1 793	6	7	9 791	31	76
	PAE	265	<1	1	1 059	6	7	1 951	23	32
	PSY	377	1	1	1 459	3	7	6 027	55	87
	SUR	1 986	1	2	5 057	5	8	18 527	49	78
Overall HA	**ENT**	13 346	<1	1	17 004	5	7	60 228	50	93
	MED	10 951	1	2	24 542	6	7	110 273	54	102
	GYN	8 054	<1	1	8 155	6	7	40 954	39	80
	OPH	43 169	<1	1	30 048	4	8	68 755	55	100
	ORT	15 809	<1	1	13 654	4	7	73 053	48	91
	PAE	3 761	<1	1	5 774	4	7	15 607	12	29
	PSY	2 562	1	1	10 019	4	7	38 299	40	91
	SUR	13 841	1	2	30 807	5	8	134 248	46	101

2023-24 (up to 31 December 2023) [Provisional figures]

Hospital Cluster	Specialty	Priority 1			Priority 2			Routine Cases		
		Number of new cases	Waiting Time (weeks)		Number of new cases	Waiting Time (weeks)		Number of new cases	Waiting Time (weeks)	
			50th	90th		50th	90th		50th	90th
			percentile			percentile			percentile	
HKEC	ENT	305	<1	<1	2 981	4	7	4 332	13	57
	MED	498	1	2	2 643	5	7	8 746	39	91
	GYN	503	<1	1	427	6	8	2 957	25	32
	OPH	3 648	<1	1	2 931	7	8	7 013	40	79
	ORT	918	1	1	949	5	7	4 865	51	87
	PAE	39	<1	2	650	6	8	379	12	18
	PSY	201	1	2	601	3	7	2 726	25	84
	SUR	679	1	2	2 352	7	8	8 462	44	85
HKWC	ENT	832	<1	1	1 842	7	7	2 881	24	58
	MED	1 377	<1	1	1 533	4	7	8 283	28	84
	GYN	1 033	<1	1	754	5	6	2 585	27	51
	OPH	1 795	1	2	1 281	6	8	5 161	61	65
	ORT	745	1	2	1 326	4	7	6 334	21	90
	PAE	76	1	1	244	4	7	1 065	16	18
	PSY	267	1	2	615	4	7	1 462	40	83
	SUR	1 968	<1	2	2 443	5	7	8 553	17	68
KCC	ENT	1 568	<1	1	1 751	4	8	9 958	31	74
	MED	1 070	1	1	3 110	6	7	18 269	57	94
	GYN	676	<1	1	2 218	6	7	6 197	34	74
	OPH	5 559	<1	1	4 924	2	4	10 449	85	101
	ORT	1 141	1	1	1 624	3	7	9 052	41	99
	PAE	836	<1	1	1 509	6	7	2 662	12	40
	PSY	199	<1	1	905	3	6	1 829	20	78
	SUR	1 815	1	2	4 497	5	8	22 651	34	110
KEC	ENT	1 514	<1	1	2 218	4	7	5 847	89	92
	MED	1 022	1	2	3 895	5	8	16 279	56	95
	GYN	1 115	1	1	653	5	7	4 277	38	83
	OPH	4 401	<1	1	4 190	6	7	9 770	83	100
	ORT	2 391	<1	1	1 631	4	7	8 701	60	76
	PAE	549	<1	1	398	5	7	2 729	14	60
	PSY	194	1	1	1 628	3	7	4 106	56	92

	SUR	1 466	1	1	4 346	6	7	14 870	57	111

Hospital Cluster	**Specialty**	**Priority 1**			**Priority 2**			**Routine Cases**		
		Number of new cases	**Waiting Time (weeks)**		**Number of new cases**	**Waiting Time (weeks)**		**Number of new cases**	**Waiting Time (weeks)**	
			50th	**90th**		**50th**	**90th**		**50th**	**90th**
			percentile			**percentile**			**percentile**	
KWC	**ENT**	1 791	<1	1	2 042	5	7	9 627	31	100
	MED	1 246	1	2	4 548	6	8	12 479	63	94
	GYN	141	<1	1	1 323	6	8	5 724	57	93
	OPH	4 873	<1	<1	3 789	5	10	5 605	26	200
	ORT	1 519	<1	2	2 016	3	7	10 296	49	93
	PAE	964	<1	1	931	5	7	2 413	11	21
	PSY	196	<1	1	590	3	7	9 900	29	97
	SUR	1 464	1	2	4 458	5	8	17 882	54	97
NTEC	**ENT**	1 767	<1	1	2 344	5	8	10 430	37	94
	MED	1 433	1	2	2 451	6	8	15 039	39	85
	GYN	1 573	<1	1	821	5	7	5 832	59	85
	OPH	5 293	<1	2	2 726	4	8	14 516	77	99
	ORT	3 471	<1	1	1 127	5	7	11 463	62	90
	PAE	75	<1	2	311	7	8	3 585	22	50
	PSY	640	1	2	1 729	4	8	5 147	73	96
	SUR	1 690	1	2	2 513	5	8	20 999	29	85
NTWC	**ENT**	3 357	<1	1	1 359	4	7	7 478	32	69
	MED	941	<1	1	1 937	6	7	7 888	25	62
	GYN	803	<1	1	264	5	8	3 852	60	62
	OPH	9 154	<1	1	4 735	3	7	6 390	84	93
	ORT	1 526	1	2	1 500	6	7	7 606	36	57
	PAE	170	1	1	813	6	7	2 144	21	23
	PSY	308	1	1	1 168	3	7	4 514	45	97
	SUR	1 557	1	1	3 642	5	8	14 922	38	91
Overall HA	**ENT**	11 134	<1	1	14 537	5	7	50 553	33	92
	MED	7 587	1	2	20 117	6	8	86 983	48	92
	GYN	5 844	<1	1	6 460	5	7	31 424	41	81
	OPH	34 723	<1	1	24 576	4	8	58 904	64	100
	ORT	11 711	<1	1	10 173	4	7	58 317	47	90
	PAE	2 709	<1	1	4 856	6	7	14 977	16	43
	PSY	2 005	1	1	7 236	3	7	29 684	44	94
	SUR	10 639	1	2	24 251	5	8	108 339	40	99

Notes:

(1) The HA uses 90th percentile to denote the longest waiting time for SOP services.
(2) With effect from 1 October 2022, the waiting time for new case booking at integrated clinics has been incorporated in those at SOP clinics.

(3) In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures. This should be taken into consideration when comparing the service capacity of the HA in previous years.

2.

The HA's planning focus for 2023-24 was on strengthening its manpower from the year-end onwards to commence the preparatory work for the successive commissioning of the newly-built GOPCs/Community Health Centres (CHCs) in the coming financial years. These clinics include the GOPC in the Joint-user Government Office Building in Tseung Kwan O Area 67, and the CHCs in the North District and Tuen Mun Area 29 West. Additional number of GOPC attendances will be provided in 2024-25.

To ensure that citizens with urgent needs can receive timely services, A&E departments implement a patient triage system under which patients are classified into five categories, namely Critical, Emergency, Urgent, Semi-urgent and Non-urgent based on their clinical conditions, and will receive treatment as prioritised by their urgency category. The HA's service target specifies that Critical patients (i.e. 100 per cent) will receive immediate treatment while those categorised as Emergency and Urgent will also be given priority for receiving treatment upon arrival at A&E departments. The target is that most of the Emergency (95 percent) and Urgent (90 percent) patients will be treated within 15 or 30 minutes respectively. A&E departments prioritises treatment of patients with urgent need and the injured and there is no service quota.

Abbreviations

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

Cluster
HKEC – Hong Kong East Cluster
HKWC – Hong Kong West Cluster
KCC – Kowloon Central Cluster
KEC – Kowloon East Cluster

KWC – Kowloon West Cluster
NTEC – New Territories East Cluster
NTWC – New Territories West Cluster

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1111)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for 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 2023-24, and their respective manpower shortfall in the same year;
2. in table form, the wastage rates of doctors in 2022-23 and 2023-24 by department;
3. in table form, the numbers of non-locally trained doctors recruited under limited registration in 2023-24 by department;
4. in table form, the respective salary expenditures on doctors, nursing staff, allied health professionals and care-related support staff in 2023-24; and
5. the remunerations of key management personnel in 2022-23 and 2023-24 respectively, and the percentage of such expenses in HA's overall remuneration expenditure in each year.

Asked by: Hon CHEUNG Yu-yan, Tommy (LegCo internal reference no.: 29)

Reply:

1.

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach involving doctors, nurses, allied health (AH) professionals and care-related support staff. HA regularly monitors the manpower situation and flexibly deploys its staff to cope with the service and operational needs.

In 2023-24, HA had 6 780 doctors, 29 780 nurses and 9 600 AH staff (revised estimates). The attrition (wastage) rate for full-time doctors in 2023-24 was 6.1% (rolling 12 months from January to December 2023), equivalent to 391 full-time doctors. For nurses, the attrition (wastage) rate for full-time nurses in 2023-24 was 9.5% (rolling 12 months from January to December 2023), equivalent to 2 559 full-time nurses. For AH professionals, the attrition (wastage) rate for full-time AH professionals in 2023-24 was 7.5% (rolling 12 months from January to December 2023), equivalent to 678 full-time AH professionals.

Note:
(1) Attrition (Wastage) includes all types of cessation of service from HA (including retirement) 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%
(3) Doctors exclude Interns and Dental Officers.
(4) The above attrition rates have not excluded those staff under the Extending Employment Beyond Retirement (EER) arrangement. From 2024 onwards, the HA would first exclude those staff under the EER arrangement when compiling the relevant statistics.

2.

The table below sets out the attrition (wastage) rates of full-time doctors by major specialty and by rank in 2022-23 and 2023-24 (rolling 12 months from January to December 2023).

Major specialty	**2022-23**				**2023-24 (rolling 12 months from January to December 2023)**			
	Consultant	**Senior Medical Officer/ Associate Consultant**	**Medical Officer/ Resident**	**Overall**	**Consultant**	**Senior Medical Officer/ Associate Consultant**	**Medical Officer/ Resident**	**Overall**
Accident & Emergency	5.5%	11.7%	8.9%	9.5%	5.3%	5.6%	6.3%	5.9%
Anaesthesia	9.2%	11.3%	4.2%	7.5%	6.1%	16.1%	5.1%	9.0%
Cardiothoracic Surgery	29.4%	0.0%	5.8%	10.4%	19.8%	13.1%	11.2%	14.5%
Family Medicine	3.4%	6.7%	8.4%	7.7%	0.0%	7.3%	8.1%	7.4%
Intensive Care Unit	7.9%	7.9%	3.9%	5.9%	11.8%	1.9%	0.0%	2.6%
Internal Medicine	6.4%	9.1%	4.1%	6.0%	8.1%	6.2%	4.2%	5.5%
Neurosurgery	12.9%	0.0%	3.7%	4.9%	0.0%	8.2%	3.7%	3.9%
Obstetrics & Gynaecology	10.6%	16.8%	4.7%	9.4%	4.2%	6.4%	1.8%	3.6%
Ophthalmology	6.9%	21.7%	1.0%	7.6%	20.7%	15.7%	3.1%	9.6%
Orthopaedics & Traumatology	1.5%	6.8%	1.8%	3.1%	5.7%	7.7%	1.4%	3.8%
Paediatrics	12.7%	3.6%	4.6%	5.6%	10.1%	6.5%	5.6%	6.6%
Pathology	10.9%	13.8%	1.8%	7.5%	10.5%	1.7%	2.6%	5.0%
Psychiatry	0.0%	7.3%	7.3%	6.4%	2.0%	11.0%	4.4%	6.5%
Radiology	15.5%	15.8%	0.6%	7.2%	11.0%	11.8%	1.1%	5.8%
Surgery	8.2%	10.1%	3.9%	6.5%	11.2%	8.3%	2.5%	5.8%
Others	6.1%	20.3%	6.1%	9.9%	7.5%	8.9%	5.0%	6.5%
Overall	**8.2%**	**9.8%**	**4.8%**	**6.9%**	**8.2%**	**8.0%**	**4.3%**	**6.1%**

Note:
(1) Attrition (Wastage) includes all types of cessation of service from HA (including retirement) 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%
(3) Doctors exclude Interns and Dental Officers.

(4) The above attrition rates have not excluded those staff under the EER arrangement. From 2024 onwards, the HA would first exclude those staff under the EER arrangement when compiling the relevant statistics.

The table below sets out the attrition (wastage) number of full-time doctors by major specialty and by rank in 2022-23 and 2023-24 (rolling 12 months from January to December 2023).

Major specialty	2022-23				2023-24 (January to December 2023)			
	Consultant	Senior Medical Officer/ Associate Consultant	Medical Officer/ Resident	Total	Consultant	Senior Medical Officer/ Associate Consultant	Medical Officer/ Resident	Total
Accident & Emergency	3	21	25	49	3	10	18	31
Anaesthesia	7	17	9	33	5	24	11	40
Cardiothoracic Surgery	4	0	1	5	3	2	2	7
Family Medicine	1	11	34	46	0	12	33	45
Intensive Care Unit	2	4	3	9	3	1	0	4
Internal Medicine	15	42	31	88	20	29	32	81
Neurosurgery	3	0	2	5	0	2	2	4
Obstetrics & Gynaecology	5	10	5	20	2	4	2	8
Ophthalmology	2	10	1	13	6	8	3	17
Orthopaedics & Traumatology	1	7	4	12	4	8	3	15
Paediatrics	9	5	10	24	7	9	12	28
Pathology	9	8	2	19	9	1	3	13
Psychiatry	0	10	13	23	1	15	8	24
Radiology	14	8	1	23	10	7	2	19
Surgery	9	17	12	38	13	14	8	35
Others	4	16	9	29	5	7	8	20
Total	**88**	**186**	**162**	**436**	**91**	**153**	**147**	**391**

Note:

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

(2) Doctors exclude Interns and Dental Officers.

The table below sets out the number of doctors on full-time equivalent basis by major specialty and by rank in 2022-23 and 2023-24 (rolling 12 months from January to December 2023).

Rank	2022-23 (as at 31 March 2023)	2023-24 (as at 31 December 2023)
Consultant	1 222	1 274
Senior Medical Officer/ Associate Consultant	2 011	1 975
Medical Officer/ Resident	3 308	3 593
Total	**6 541**	**6 842**

Note:
(1) The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.
(2) Doctors exclude Interns and Dental Officers.

3.

The table below sets out the number of non-locally trained doctors employed by HA under limited registration in 2023-24 (up to 31 December 2023).

Cluster	**Specialty**	**2023-24 (Up to 31 December 2023)**
HKEC	Anaesthesia	1
	Family Medicine	1
	Internal Medicine	1
	Neurosurgery	1
	Ophthalmology	1
	Orthopaedics & Traumatology	1
	Paediatrics	1
	Psychiatry	1
	Radiology	2
HKWC	Anaesthesia	1
	Cardiothoracic Surgery	3
	Accident & Emergency	1
	Family Medicine	1
	Internal Medicine	3
	Paediatrics	2
	Surgery	1
KCC	Anaesthesia	1
	Cardiothoracic Surgery	1
	Otorhinolaryngology	1
	Family Medicine	1
	Internal Medicine	4
	Neurosurgery	1
	Ophthalmology	1
	Orthopaedics & Traumatology	1
	Paediatrics	4
	Radiology	2
	Surgery	1
KEC	Otorhinolaryngology	1
	Accident & Emergency	2
	Family Medicine	4
	Internal Medicine	3
	Ophthalmology	1
	Paediatrics	1
	Radiology	1

Cluster	Specialty	2023-24 (Up to 31 December 2023)
KWC	Anaesthesia	1
	Internal Medicine	3
	Neurosurgery	1
	Obstetrics & Gynaecology	1
	Paediatrics	1
	Psychiatry	1
	Radiology	3
NTEC	Anaesthesia	1
	Anatomical Pathology	1
	Cardiothoracic Surgery	1
	Accident & Emergency	3
	Family Medicine	2
	Neurosurgery	2
	Obstetrics & Gynaecology	1
	Radiology	1
	Surgery	1
NTWC	Anaesthesia	1
	Cardiothoracic Surgery	1
	Accident & Emergency	1
	Family Medicine	2
	Internal Medicine	4
	Ophthalmology	1
	Psychiatry	1
	Radiology	3
Total		91

Note:
The above figures refer to the total number of non-locally trained doctors employed under limited registration, including doctors who have completed or ended their contracts, and those who have come to Hong Kong for exchange during the said period.

4.

The table below sets out the salary expenditure on doctors, nursing, AH professionals and care-related support staff of the HA in 2023-24 (full year projection):

Staff Group	Total Salary Expenditure ($ million) (Full Year Projection)
Doctors	15,020
Nursing	23,808
Allied Health Professionals	8,515
Care-related Support Staff	5,174

Note:

(1) "Doctors" include Consultants, Senior Medical Officers / Associate Consultants, Medical Officers / Residents, Visiting Medical Officers, but exclude Interns and Dental Officers.
(2) The "Nursing" group includes Nurse Consultants, Senior Nursing Officers, Department Operations Managers, Associate Nurse Consultants, 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) "Care-related Support Staff" includes Health Care Assistants, Ward Attendants, Patient Care Assistants, etc.
(5) Total salary expenditure includes basic salary, allowance, gratuity and other on-costs such as provision of housing benefit and death & disability benefit. The figures for 2023-24 represent full-year projection.

5.

The table below sets out the remuneration of the key management personnel of HA for 2022-23. The actual expenditure for 2023-24 will only be available after the close of the financial year.

Year	**Remuneration Expenditure ($ million)**	**Percentage of HA's Overall Staff Costs**
2022-23	76.4	0.13%

Note:
(1) Remuneration expenditure includes salaries, allowances, contributions for retirement scheme and other benefits.
(2) 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 set out in the HA Annual Report.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1112)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The Bureau will "continue efforts to promote organ donation". In this connection, please set out the details of the related work, as well as the expenditure and manpower involved in the past 3 years (2021, 2022 and 2022). Please also advise on the respective numbers of new registrations and total registrations in the Centralised Organ Donation Register, as well as the respective numbers of human organ or tissue donations and patients waiting for transplants in the past 3 years.

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

Reply:

The Health Bureau, together with the Department of Health (DH) and the Hospital Authority (HA), have been making continuous efforts to collaborate with community partners in promoting organ donation through different channels and on various fronts.

The DH has been making every effort in promoting organ donation. In 2023, it has stepped up its publicity efforts by, among others, (1) setting up organ donation promotion booths at Government premises and in 18 districts across the territory; (2) deploying the organ donation promotion vehicle to visit different locations in Hong Kong; (3) launching brand new television and radio announcements in the public interest to promote organ donation; (4) teaming up with the Radio Television Hong Kong to produce a series of video clips under the theme "The Four Acts of Life Theatre" to promote the significance of organ donation, and staging a large-scale event to celebrate Organ Donation Day 2023; and (5) launching video clips on social media platforms, that feature representatives from 6 religious groups and ethnic minorities to call on support for organ donation. The DH also enhanced the Centralised Organ Donation Register (CODR) system in 2023 to facilitate public registration. With the enhanced system, members of the public can be notified of their application results and can check their registration status in the CODR more conveniently.

In line with the DH's strategies and initiatives of promoting organ donation, the HA has organised various promotion activities, including (1) setting up a designated webpage, with publicity and education videos as well as an e-poster hyperlinked to the CODR, in the HA's internet and intranet websites; (2) promoting organ donation on the HA's social media platform and disseminating publicity articles on various media platforms; (3) setting up promotion booths in various HA hospitals; and (4) recruiting summer volunteers to participate in organ donation promotion activities.

The Government will continue its multi-pronged publicity strategies and strengthen collaboration with different sectors through various channels to jointly promote organ donation.

The expenditure and manpower deployed for work in relation to publicity for organ donation cannot be separately identified as they are absorbed by the DH's overall provision for health promotion and the HA's overall expenditure on provision of healthcare services respectively.

The numbers of registrations in the past 3 years are as follows:

	2021	**2022**	**2023**
Number of new registrations [1]	12 829	13 418	25 968
Cumulative total number of registrations (as at 31 December of the year)	343 593	356 093	367 199

Note:

1. Number of new registrations refers to:
   (a) In or before April 2022 – the number of new registrations verified by the DH minus number of effective withdrawals during the same period (i.e. net increase in the cumulative number of registrations in the period); and
   (b) In or after May 2022 (after enhancement of the CODR System) – the number of new registrations verified by the DH (the number of effective withdrawals during the same period is not deducted in order to indicate more clearly the number of new registrations).

The number of organ/tissue donation cases and the number of patients waiting for transplant in the HA in the past 3 years are as follows:

Year (as at December 31)	**Organ/ Tissue**	**Number of Patients Waiting for Transplant**	**Number of Donation Cases [3]**
2021	Kidney	2 360	72 (Cadaveric donation: 57 Living donation: 15)
	Liver	69	53 (Cadaveric donation: 33

Year (as at December 31)	Organ/ Tissue	Number of Patients Waiting for Transplant	Number of Donation Cases [3]
			Living donation: 20)
	Heart	78	8
	Lung	19	14
	Cornea (piece)	263	306
	Skin	N/A [2]	3
	Bone		1
2022	Kidney	2 451	56 (Cadaveric donation: 45 Living donation: 11)
	Liver	66	29 (Cadaveric donation:17 Living donation: 12)
	Heart	81	11
	Lung	13	7
	Cornea (piece)	357	244
	Skin	N/A [2]	5
	Bone		0
2023	Kidney	2 429	52 (Cadaveric donation: 41 Living donation: 11)
	Liver	81	30 (Cadaveric donation: 17 Living donation: 13)
	Heart	76	8
	Lung	21	2
	Cornea (piece)	474	253
	Skin	N/A [2]	2
	Bone		0

Note:

2. Cases of skin and bone transplant are sudden and emergency in nature. Substitutes will be used if no suitable skin or bone is identified for transplant.
3. Living donation applies to liver/kidney transplant only.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1709)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

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

Director of Bureau: Secretary for Health

Question:

A preparatory office for the Hong Kong Centre for Medical Products Regulation (CMPR) will be set up the in the first half of this year to study the restructuring and strengthening of the current regulatory and approval regimes for drugs, medical devices and medical technologies. In this connection, please advise on the following:

(1) Which bureau or department will be responsible for the operation of the preparatory office? What are the estimated expenditure and staff establishment involved?

(2) What is the expected operational duration of the preparatory office? Will non-official professionals be invited to join the preparatory office? If yes, what are the professions and number of professionals involved?

(3) What is the earliest target date for the CMPR to come into operation? How will the CMPR collaborate with local universities, research institutes, enterprises, and public and private medical institutions to jointly promote and accelerate clinical application of new drugs and medical devices and to drive the development of emerging industries engaging in the research and development and testing of drugs and medical devices? Has the Government formulated any specific objectives in this regard?

Asked by: Hon CHIU Duncan (LegCo internal reference no.: 7)

Reply:

(1), (2) & (3)

As announced in the Chief Executive's 2023 Policy Address, the HKSAR Government will enhance the current evaluation and registration mechanism for drugs, and establish an internationally renowned regulatory authority of drugs and medical devices. In the first half of 2024, the HKSAR Government will set up a preparatory office in the Department of Health (DH). The preparatory office will review the existing regulatory functions of the DH, including the regulation of Chinese and Western medicines and medical devices; study the potential restructuring and strengthening of the regulatory and approval regime for medicine,

medical devices and medical technology; and put forward proposals and steps for the establishment of the Hong Kong Centre for Medical Products Regulation (CMPR) which will be a step towards the transition to the "primary evaluation" approach in approving applications for registration of pharmaceutical products. This will help accelerate the clinical application of new drugs and medical devices, and foster the development of emerging industries related to the research and development (R&D) and testing of medical products. The HKSAR Government will also explore the upgrading of the CMPR as a standalone statutory body in the long run, thereby helping to accelerate the launching of new drugs and medical devices to the market, and foster the development of emerging industries related to the R&D and testing of medical products. The specific work of the preparatory office will include comprehensive study and planning of a regulatory and approval regime for drugs and medical devices suitable for Hong Kong, as well as consideration of the need for amending existing legislations.

Additionally, to further promote and implement the work to develop the HKSAR into a health and medical innovation hub, the HKSAR Government has established the Steering Committee on Health and Medical Innovation and Development (Steering Committee). Chaired by the Secretary for Health and comprising members from the Innovation, Technology and Industry Bureau, relevant departments and institutions as well as local medical schools, the Steering Committee is tasked with co-ordinating and advancing the work related to health and medical innovation. The Steering Committee held its first meeting on 30 January 2024 and advised the HKSAR Government on the direction and policy initiatives for driving medical innovation, including measures to enhance the regulation on drugs and medical devices and the clinical trial development. The preparatory office will make recommendations to the Steering Committee, and liaise and communicate closely with various stakeholders. The preparatory office will report the progress to the Steering Committee in due course, with the aim of formally establishing the CMPR within 2 to 3 years. To align the CMPR with international standards, the HKSAR Government will engage local and overseas non-official experts with experience and knowledge in the regulation of drugs and medical devices to provide professional advice on the relevant issues as necessary.

The preparatory office for the CMPR will create 6 time-limited posts. The relevant staff establishment and remuneration expenditure are at **Annex**. The DH will regularly review the staffing requirements, and seek necessary resources and create additional posts through the established mechanism.

Annex

The Establishment of the Preparatory Office for the Hong Kong Centre for Medical Products Regulation

Rank	Number of time-limited posts	Net annual recurrent cost of civil service posts (HK$) #
Senior Pharmacist	1	1,597,080
Pharmacist	2	2,077,800
Scientific Officer (Medical)	1	1,038,900
Senior Chemist	1	1,597,080
Senior Electronics Engineer	1	1,597,080
Total	**6**	**7,907,940**

Based on the notional annual mid-point salary value of each rank concerned.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1735)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: Not Specified

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is proposed in the Budget that the duty on cigarettes be increased by 80 cents per stick with immediate effect and the duties on other tobacco products be raised by the same proportion. The rate of increase is similar to that of last year. It is also stated in the Budget that the Government will continue to step up enforcement against illicit cigarette trading and strengthen smoking cessation services, publicity and education. In this connection, will the Government inform this Committee of the following:

(1) the criteria on which the Government decided to increase the duty on cigarettes by 80 cents per stick; how effective, from last year's experience, will an increase in similar duty rates be in achieving overall tobacco control and reducing the public's desire to smoke?
(2) whether it has explored the possibility of using innovative technology to help the public quit smoking and further combat illicit cigarette trading; if so, what are the results?

Asked by: Hon CHIU Duncan (LegCo internal reference no.: 33)

Reply:

(1)
The Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of passive smoking on the public. To this end, the Government adopts a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation.

The Government has made reference to the World Health Organisation (WHO)'s target and committed to achieve a smoking prevalence of 7.8% by 2025 as promulgated under the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong". Our ultimate aim is to make Hong Kong a smoke-free, healthy and vibrant city.

Increasing tobacco duty is recognised internationally as the most effective means of reducing tobacco use. The raised costs of smoking can provide a greater incentive for smokers to quit smoking, and the high prices of tobacco products will also dampen the eagerness of non-smokers, the youth in particular, to smoke. The WHO encourages its members to raise tobacco duty periodically and recommends that tobacco duty should account for at least 75% of the retail price of tobacco products.

As a result, the Government has announced in the Budget Speech this year an increase of the tobacco duty on cigarettes by 80 cents per stick to $3.306 per stick, following a raise of 60 cents per stick in the previous year. It is the first time over the past 20 years for tobacco duty to increase in 2 consecutive years. This serves to ensure that the price of cigarettes can remain at a certain level which helps prevent a rebound of the smoking prevalence rate, and convey a clear message to the society on the Government's commitment and determination to safeguard the overall health of the public.

The past experience in increasing duty indicated that the greater the tax hike, the larger the number of calls received by the Department of Health (DH)'s smoking cessation hotline as well as the drop in smoking prevalence. According to the latest statistics from DH, after the increase of tobacco duty last year, the number of calls received by DH's smoking cessation hotline increased over 30 % from about 7 400 in 2022 to about 9 700 in 2023. For the first week after the announcement of tobacco duty increase in this year's Budget, the hotline received 542 calls, nearly 5 times the weekly figures in the previous 3 months. This indicates that the willingness of smokers to quit smoking increased due to tobacco duty increase.

Preliminary findings of the Thematic Household Survey (THS) conducted by the Census and Statistics Department on smoking pattern show that there are indeed signs of a decline in smoking prevalence after the increase in tobacco duty in 2023, with preliminary data indicating that the smoking prevalence has further dropped to 9.1% from 10.2 % in 2019 and 9.5 % in 2021. It is evident from such decline that tobacco duty increase and the various tobacco control initiatives are effective. The details of the relevant survey results will be officially released in mid-2024.

The Government aims to gradually implement the recommendation of the WHO so as to provide greater incentive for the public to quit smoking, safeguarding public health. The Government will continuously review the effectiveness of increasing tobacco duty and the pace of future adjustment.

To further reduce smoking prevalence, the Government conducted the Vibrant, Healthy and Tobacco-free Hong Kong public consultation on tobacco control strategies last year. The Health Bureau is exploring to roll out different tobacco control measures in a phased approach, and plans to give an account of the next step of work in due course.

(2)
The smoking cessation services offered by the Government cover all the effective scientific-based smoking cessation methods, including the provision of information through a thematic website and self-help resources through the "Quit Smoking App" on top of counselling and standard treatment with medicine.

DH launched the "Quit Smoking App" in 2011 to help smokers quit smoking. Smokers can browse smoking cessation information and tips in the app; they can also assess their nicotine dependence level, set quit plan and record quitting progress in the app.

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), and community-based cessation programmes operated by non-governmental organisations (NGOs). There are a total of 15 full-time and 55 part-time centres operated by HA providing smoking cessation services to the general public since 2002, and 5 smoking cessation clinics targeting civil servants operated by DH. Moreover, DH also collaborates with NGOs in providing a range of community-based smoking cessation services including counselling service and consultations by doctors (with free postal services of smoking cessation medication) or Chinese medicine practitioners, targeted services to smokers among people of diverse race, new immigrants, as well as in the workplace. For young smokers, DH collaborates with local universities 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 the 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 smoking habit under peer pressure. In addition, DH launches mass media campaigns to disseminate the message that smoking poses severe health hazards. During the annual Quit in June campaign, one-week trial packs of smoking cessation drugs (nicotine replacement therapy) are offered at community pharmacies, smoking cessation clinics and District Health Centres (DHCs) and DHC Expresses (DHCEs) for free to encourage smokers to make quit attempt. Moreover, to encourage and assist healthcare professionals in providing smoking cessation support and treatment for smokers, DH provides them with online and physical training, a practical handbook for smoking cessation treatments and relevant resources.

At present, all DHCs and DHCEs across 18 districts in Hong Kong provide smoking cessation and counselling services for smokers. They also work together with smoking cessation service providers in the community to provide smokers with information and referral services.

Smokers who received smoking cessation treatment were followed up for 52 weeks for assessment of their quit status. The 52-week quit rates, which is the percentage of service users who reported to have stayed quit in the past 7 days, of smoking cessation services at quitlines, cessation clinics under HA, and community-based programmes operated by NGOs ranged from 20% to 60%, which are comparable to those in overseas countries. The variation in the quit rates for different smoking cessation programmes is due to the variations in their target groups and treatment methods, such as counselling, pharmacotherapy, and Chinese medicine acupuncture. Smokers are encouraged to choose the cessation service that best caters for their personal needs to successfully quit smoking.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3239)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

1. Please set out the average waiting time for Accident & Emergency (A&E) services in the 2023-24 financial year with a breakdown by degree of urgency.
2. Further to the above, does the Government have any specific measures in place to shorten the waiting time of patients for A&E services?

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 16)

Reply:

1.

Waiting time for Accident & Emergency (A&E) services

At present, there are 18 public hospitals under the Hospital Authority (HA) providing Accident and Emergency (A&E) services for the critically ill or seriously injured people and victims of disasters. To ensure that citizens with urgent needs can receive timely services, A&E departments implement a patient triage system under which patients are classified into five categories, namely Critical, Emergency, Urgent, Semi-urgent and Non-urgent based on their clinical conditions, and will receive treatment as prioritised by their urgency category. The HA's service target specifies that Critical patients (i.e. 100 per cent) will receive immediate treatment while those categorised as Emergency and Urgent will also be given priority for receiving treatment upon arrival at A&E departments. The target is that most of the Emergency (95 percent) and Urgent (90 percent) patients will be treated within 15 or 30 minutes respectively. A&E departments are not General Out-patient Clinics. If there are a large number of Semi-urgent or Non-urgent patients in the A&E departments, this may affect treatment of the Emergency and Urgent patients.

The table below sets out the attendances and average waiting time for A&E services in various triage categories at the HA in 2023-24 (up to 31 December 2023). At present, patients triaged as critical, emergency and urgent are handled immediately and with priority according to the HA's performance targets. If the conditions of patients triaged as semi-urgent and non-urgent worsen while waiting, healthcare staff on site will assess whether the patients' triage category needs to be adjusted depending on the situation. In fact, since A&E departments aim to provide emergency medical services for patients with more urgent

conditions, if A&E departments receive patients with more critical conditions, they will have to deploy healthcare staff to rescue the more critical patients and patients triaged as semi-urgent or non-urgent will need to wait for a longer period of time.

	No. of A&E attendances				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
2023-24 (up to 31 December 2023) [provisional figures]	20 529	41 917	614 705	856 911	45 934

Note:
The attendances for A&E services under various triage categories exclude (i) first-time visits without triage categories, and (ii) follow-up visits to the A&E departments.

	Average waiting time (minutes) for A&E services				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
2023-24 (up to 31 December 2023) [provisional figures]	0	8	29	181	209

Note:

In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures.

2.

To allow A&E departments of public hospitals to focus on handling emergency and urgent cases, the Government and the HA have been encouraging patients with milder conditions to use more primary healthcare and family doctors' services in the community, so as to effectively alleviate the pressure on public A&E services.

To cope with the service surges during and after the Lunar New Year (LNY) and Easter holidays, the HA implemented a series of special measures during the long holidays, including increasing the number of operating GOPCs and service quotas, enhancing services of the 18 Chinese Medicine Clinics cum Training and Research Centres to provide government-subsidised Chinese medicine out-patient services, etc., and encouraging private doctors to provide services during the holidays. To minimise the impact of service demand surges on

the public healthcare system, the Health Bureau also collated information of private hospitals, healthcare facilities, family doctors and Chinese medicine clinics which operated during the LNY and Easter holidays across the 18 districts of Hong Kong (including addresses, telephone numbers, and opening hours) and uploaded the information of relevant hospitals and clinics to an online portal for the public's reference. Such initiative aims to enable citizens in need to identify suitable hospitals or clinics for medical treatment.

The HA also implemented a special refund arrangement in A&E departments which allowed patients who had not attended a consultation within 24 hours after registration to request a refund of the $180 A&E fee. This measure provided patients with stable and less severe conditions with more flexibility in choosing alternative consultation arrangements, enabling A&E departments to focus resources on taking care of patients in need.

The Government and the HA will continue to review the effectiveness of the measures from time to time and introduce as necessary more initiatives to alleviate the pressure on public A&E services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3240)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

1. Please set out the number of specialist outpatient (SOP) new cases in 2023-24.
2. Please set out the median waiting time for SOP services as at February of 2024, with a breakdown by degree of urgency.
3. Further to the above, does the Government have any specific measures in place to shorten the waiting time of patients for SOP services?

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 17)

Reply:

(1) and (2)

The table below sets out the number of new specialist out-patient (SOP) cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) as well as their respective median (50th percentile) waiting time in each hospital cluster of the Hospital Authority (HA) in 2023-24 (up to 31 December 2023):

2023-24 (up to 31 December 2023) [Provisional figures]

Cluster	Specialty	Priority 1		Priority 2		Routine	
		Number of new cases	Median waiting time (week)	Number of new cases	Median waiting time (week)	Number of new cases	Median waiting time (week)
HKEC	ENT	305	<1	2 981	4	4 332	13
	MED	498	1	2 643	5	8 746	39
	GYN	503	<1	427	6	2 957	25
	OPH	3 648	<1	2 931	7	7 013	40
	ORT	918	1	949	5	4 865	51
	PAE	39	<1	650	6	379	12
	PSY	201	1	601	3	2 726	25
	SUR	679	1	2 352	7	8 462	44
HKWC	ENT	832	<1	1 842	7	2 881	24
	MED	1 377	<1	1 533	4	8 283	28
	GYN	1 033	<1	754	5	2 585	27
	OPH	1 795	1	1 281	6	5 161	61
	ORT	745	1	1 326	4	6 334	21
	PAE	76	1	244	4	1 065	16
	PSY	267	1	615	4	1 462	40
	SUR	1 968	<1	2 443	5	8 553	17
KCC	ENT	1 568	<1	1 751	4	9 958	31
	MED	1 070	1	3 110	6	18 269	57
	GYN	676	<1	2 218	6	6 197	34
	OPH	5 559	<1	4 924	2	10 449	85
	ORT	1 141	1	1 624	3	9 052	41
	PAE	836	<1	1 509	6	2 662	12
	PSY	199	<1	905	3	1 829	20
	SUR	1 815	1	4 497	5	22 651	34
KEC	ENT	1 514	<1	2 218	4	5 847	89
	MED	1 022	1	3 895	5	16 279	56
	GYN	1 115	1	653	5	4 277	38
	OPH	4 401	<1	4 190	6	9 770	83
	ORT	2 391	<1	1 631	4	8 701	60
	PAE	549	<1	398	5	2 729	14
	PSY	194	1	1 628	3	4 106	56
	SUR	1 466	1	4 346	6	14 870	57

Cluster	Specialty	Priority 1		Priority 2		Routine	
		Number of new cases	Median waiting time (week)	Number of new cases	Median waiting time (week)	Number of new cases	Median waiting time (week)
KWC	ENT	1 791	<1	2 042	5	9 627	31
	MED	1 246	1	4 548	6	12 479	63
	GYN	141	<1	1 323	6	5 724	57
	OPH	4 873	<1	3 789	5	5 605	26
	ORT	1 519	<1	2 016	3	10 296	49
	PAE	964	<1	931	5	2 413	11
	PSY	196	<1	590	3	9 900	29
	SUR	1 464	1	4 458	5	17 882	54
NTEC	ENT	1 767	<1	2 344	5	10 430	37
	MED	1 433	1	2 451	6	15 039	39
	GYN	1 573	<1	821	5	5 832	59
	OPH	5 293	<1	2 726	4	14 516	77
	ORT	3 471	<1	1 127	5	11 463	62
	PAE	75	<1	311	7	3 585	22
	PSY	640	1	1 729	4	5 147	73
	SUR	1 690	1	2 513	5	20 999	29
NTWC	ENT	3 357	<1	1 359	4	7 478	32
	MED	941	<1	1 937	6	7 888	25
	GYN	803	<1	264	5	3 852	60
	OPH	9 154	<1	4 735	3	6 390	84
	ORT	1 526	1	1 500	6	7 606	36
	PAE	170	1	813	6	2 144	21
	PSY	308	1	1 168	3	4 514	45
	SUR	1 557	1	3 642	5	14 922	38
HA Overall	ENT	11 134	<1	14 537	5	50 553	33
	MED	7 587	1	20 117	6	86 983	48
	GYN	5 844	<1	6 460	5	31 424	41
	OPH	34 723	<1	24 576	4	58 904	64
	ORT	11 711	<1	10 173	4	58 317	47
	PAE	2 709	<1	4 856	6	14 977	16
	PSY	2 005	1	7 236	3	29 684	44
	SUR	10 639	1	24 251	5	108 339	40

Note:

1. With effect from 1 October 2022, the waiting time for new case bookings for integrated clinics has been incorporated into that for new case bookings for SOP clinics.

(3)

The HA has implemented a triage system for new referrals to SOP clinics to ensure that priority is given to treating patients with urgent conditions and requiring early intervention. Under the current triage system, newly referred patients are usually screened by a nurse and then examined by a specialist doctor of the relevant department, before being classified into Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases. The HA's target is to maintain the median waiting time for Priority 1 and Priority 2 cases within 2 weeks and 8 weeks respectively. The HA has been able to fulfil the pledge regarding the median waiting time of Priority 1 and Priority 2 cases, and will continue to implement this effective triage system to ensure timely treatment for patients in most urgent need.

In face of the pressure brought about by an ageing population and the increasing prevalence of chronic diseases, the Government released the Primary Healthcare Blueprint (the Blueprint) in December 2022, setting out a series of reform initiatives to strengthen primary healthcare services in Hong Kong. Through strategies including prevention-oriented, community-based, family-centric, early detection and intervention, our vision is to improve the overall health status of the population, provide coherent and comprehensive healthcare services, and establish a sustainable healthcare system. Improving primary healthcare services will help alleviate the pressure on the secondary and tertiary healthcare services in the long run.

Specifically, the Government has launched the three-year Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) since 13 November 2023 to provide subsidised diabetes mellitus (DM) and hypertension (HT) screening services in the private healthcare sector to Hong Kong residents aged 45 or above with no known medical history of DM or HT. By managing chronic diseases in the community properly and prevent complications, CDCC Pilot Scheme can achieve the goal of "early detection and intervention" and thus alleviate the pressure on the secondary and tertiary healthcare services, especially the pressure of SOP clinics under HA.

While implementing the CDCC Pilot Scheme, the Government is concurrently exploring with HA to reposition General Out-patient Clinics (GOPC) services in accordance with the recommendations of the Blueprint, aiming to focus on taking care of disadvantaged groups, especially the low-income families and poor elderly persons. The review covers areas including the strengthening of prevention-oriented services in HA's GOPC for low-income families and poor elderly, and the addition of appropriate chronic disease screening and management services.

As stated in the Blueprint, the Government will make reference to the experience of the existing referral system in the public healthcare system and the bi-directional referral mechanism of CDCC Pilot Scheme to establish an evidence-based, two-way protocol-driven referral mechanism between primary and secondary healthcare, with a view to enhancing the role of the primary healthcare system as a gatekeeper and case manager to the public secondary healthcare system, and facilitating patients navigate and seek appropriate services at each level of the healthcare system efficiently, thereby addressing the demand and the waiting time of SOP clinics. In this regards, the Government has established the bi-directional referral mechanism with HA under CDCC Pilot Scheme. Family doctor can refer participant with clinical needs to receive a one-off specialist consultation at an HA designated

Medicine Specialist Out-patient Clinic according to the clinical pre-defined criteria and guidelines to obtain clinical advices on care plans which supports family doctor and allow participant to continuously receive primary healthcare services in the community, so as to reduce unnecessary new case referral to SOP clinics.

Given the pilot nature of the CDCC Pilot Scheme, we will conduct evaluation on its overall effectiveness. The Government has commissioned a local university in the first quarter of 2024 to conduct a study to assess the extent to which the objectives of the scheme are met and the overall performance, including the service quality and effectiveness, as well as the cost-effectiveness of the scheme. In addition, the Government will review the service model and operational details of the CDCC Pilot Scheme in a timely manner and make enhancements as necessary to ensure its effectiveness. The Government will, having regard to the outcomes of the review, consider whether to expand the service scope of the CDCC Pilot Scheme, including the feasibility to integrate the General Outpatient Clinic Public-Private Partnership Programme under the HA into the CDCC Pilot Scheme.

Apart from implementing the measures above, the HA has been taking measures actively to manage and improve the waiting time for SOP patients, such as enhancing public primary healthcare services, strengthening manpower, optimising appointment booking and scheduling, and displaying the latest waiting time on the HA's website and at SOP clinics to help patients consider their treatment plans and options. Under the strategy of "narrowing upstream, collaborating downstream, diverting midstream", the HA has introduced doctor-led multi-disciplinary integrated clinics, and will allocate more resources for new cases, streamline referral arrangements for cross-specialty cases, set up more integrated clinics to provide multi-disciplinary support, and enhance primary healthcare to follow up on patients in stable conditions.

In addition, the HA has established specific performance indicators. In the Chief Executive's 2022 Policy Address and Chief Executive's 2023 Policy Address, targets have been set to reduce the 90th percentile waiting time for stable new case bookings for the MED specialty by 20% in 2023-24, and for the ENT and ORT specialties by 10% in 2024-25 respectively.

The HA will review the effectiveness of these measures in a timely manner and implement supplementary measures as appropriate and necessary to further shorten the waiting time for SOP clinics.

Abbreviations

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

Specialty
ENT – Ear, Nose and Throat
MED – Medicine
GYN – Gynaecology
OPH – Ophthalmology
ORT – Orthopaedics and Traumatology
PAE – Paediatrics
PSY – Psychiatry
SUR – Surgery

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3244)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

1. Please set out the populations and the populations aged above 65 of each hospital cluster in the past 3 years.
2. Please set out the numbers of doctors, nurses and allied health professionals in each hospital cluster in the past 3 years.

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 22)

Reply:

(1)

The Hospital Authority (HA) plans and develops public healthcare services and facilities on a cluster basis, taking into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, rising prevalence of chronic diseases, technology advancement, manpower availability as well as the organisation of services of the clusters, including complementary service arrangements among clusters. The HA monitors the service utilisation and updates the service demand projection regularly according to the latest population projection parameters and development plans of the Government, to inform service planning on a cluster basis.

The tables below set out the population and the population aged 65 or above in respect of each cluster of the HA in 2021, 2022 and 2023.

Population Estimates in 2021 (as at mid-2021)

District	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	728 500	165 400
Central & Western, Southern	HKWC	499 300	102 300
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 128 000	231 500
Kwun Tong, Sai Kung	KEC	1 162 200	224 900
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 400 100	276 500
Sha Tin, Tai Po, North	NTEC	1 318 900	252 500
Tuen Mun, Yuen Long	NTWC	1 175 000	198 400
Overall Hong Kong		**7 413 100**	**1 451 500**

Population Estimates in 2022 (as at mid-2022)

District	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	707 200	171 400
Central & Western, Southern	HKWC	480 600	105 500
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 104 200	240 800
Kwun Tong, Sai Kung	KEC	1 161 900	235 600
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 386 000	288 900
Sha Tin, Tai Po, North	NTEC	1 338 000	272 900
Tuen Mun, Yuen Long	NTWC	1 167 000	213 700
Overall Hong Kong		**7 346 100**	**1 528 900**

Population Projections in 2023 (as at mid-2023)

District	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	736 400	162 700
Central & Western, Southern	HKWC	500 700	109 400
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 174 900	256 300
Kwun Tong, Sai Kung	KEC	1 205 700	251 000
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 446 400	298 000
Sha Tin, Tai Po, North	NTEC	1 419 500	288 500
Tuen Mun, Yuen Long	NTWC	1 213 100	238 500
Overall Hong Kong		**7 697 600**	**1 604 200**

Note:

The above population estimates for 2021 and 2022 and the population projections for 2023 are respectively the latest revised mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department, hence are not directly comparable. Individual figures may not add up to the total due to rounding and inclusion of marine population.

(2)

The tables below set out the number of doctors, nurses, and allied health professionals calculated on full-time equivalent basis in the HA by cluster in 2021-22, 2022-23 and 2023-24 (as at 31 December 2023).

2021-22 (as at 31 March 2022)

Hospital Cluster	Doctor	Nurse	Allied Health Professional
HKEC	653	3 045	902
HKWC	662	2 974	1 009
KCC	1 351	6 228	1 898
KEC	767	3 505	990
KWC	1 099	5 044	1 446
NTEC	1 039	4 863	1 454
NTWC	874	4 029	1 163
Cluster Total	**6 445**	**29 688**	**8 863**

2022-23 (as at 31 March 2023)

Hospital Cluster	Doctor	Nurse	Allied Health Professional
HKEC	651	3 018	928
HKWC	666	2 899	1 032
KCC	1 383	6 184	1 937
KEC	796	3 562	1 007
KWC	1 110	5 038	1 482
NTEC	1 045	4 865	1 479
NTWC	881	3 992	1 192
Cluster Total	**6 532**	**29 558**	**9 056**

2023-24 (as at 31 March 2024)

Hospital Cluster	Doctor	Nurse	Allied Health Professional
HKEC	685	3 038	970
HKWC	682	2 916	1 064
KCC	1 460	6 136	2 001
KEC	823	3 627	1 045
KWC	1 151	5 033	1 540
NTEC	1 094	4 863	1 552
NTWC	933	4 081	1 245
Cluster Total	**6 828**	**29 695**	**9 418**

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in the HA. Individual figures may not add up to the total due to rounding.
2. The number of doctors above exclude interns and dental officers.
3. The number of nurses includes senior nursing officers, department operations managers, nurse consultant, associate nurse consultant, ward managers, nursing officers, advanced practice nurses, registered nurses, enrolled nurses, nurse trainees, etc.
4. Allied health professionals include radiographers, medical technologists/medical laboratory technicians, occupational therapists, physiotherapists, pharmacists, medical social workers, etc.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3258)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The shortfall in supply of service is a long-standing problem in Tuen Mun Hospital. Its Accident and Emergency (A&E) Department has been attracting criticism for the extended waiting time. Please provide the average waiting time at the A&E Department of Tuen Mun Hospital for the 3 categories, namely, urgent, semi-urgent and non-urgent cases each year from 2020 to 2023 in tabulated form.

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 37)

Reply:

At present, there are 18 public hospitals under the HA providing Accident and Emergency (A&E) services for the critically ill or seriously injured people and victims of disasters. To ensure that citizens with urgent needs can receive timely services, A&E departments implement a patient triage system under which patients are classified into five categories, namely Critical, Emergency, Urgent, Semi-urgent and Non-urgent based on their clinical conditions, and will receive treatment as prioritised by their urgency category. The HA's service target specifies that Critical patients (i.e. 100 per cent) will receive immediate treatment while those categorised as Emergency and Urgent will also be given priority for receiving treatment upon arrival at A&E departments. The target is that most of the Emergency (95 per cent) and Urgent (90 per cent) patients will be treated within 15 or 30 minutes respectively. A&E departments are not General Out-patient Clinics. If there are a large number of Semi-urgent or Non-urgent patients in the A&E departments, this may affect treatment of the Emergency and Urgent patients.

Tuen Mun Hospital (TMH) is a major hospital in the New Territories West Hospital Cluster under the HA, providing acute general care services for residents of Tuen Mun New Town and the Northwest New Territories. The table below sets out the attendances and average waiting time for A&E services in various triage categories at TMH in 2020-21, 2021-22, 2022-23 and 2023-24 (up to 31 December 2023). At present, patients triaged as critical, emergency and urgent are handled immediately and with priority according to the HA's performance targets. If the conditions of patients triaged as semi-urgent and non-urgent

worsen while waiting, healthcare staff on site will assess whether the patients' triage category needs to be adjusted depending on the situation. In fact, since A&E departments aim to provide emergency medical services for patients with more urgent conditions, if A&E departments receive patients with more critical conditions, they will have to deploy healthcare staff to rescue the more critical patients and patients triaged as semi-urgent or non-urgent will need to wait for a longer period of time. In respect of TMH, a rising trend was observed for the number of attendances triaged as Category 3 (Urgent) and Category 4 (Semi-urgent) during the period from 2020-21 to 2023-24 (up to 31 December 2023), and such increase will initially impact on the waiting time of TMH's A&E services.

No. of A&E Attendances

TMH	No. of A&E attendances				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
2020-21	1 281	5 870	50 983	62 260	2 322
2021-22	1 757	6 071	58 677	69 560	1 949
2022-23	1 790	5 343	56 472	71 626	2 244
2023-24 (up to 31 December 2023) [provisional figures]	1 185	4 495	52 918	68 038	1 647

Note:
The attendances for A&E services under various triage categories in the hospital exclude (i) first-time visits without triage categories, and (ii) follow-up visits to the A&E departments.

Average A&E Waiting Time

TMH	Average waiting time (minutes) for A&E services				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
2020-21	0	6	24	150	156
2021-22	0	7	27	151	154
2022-23	0	7	26	135	136
2023-24 (up to 31 December 2023) [provisional figures]	0	7	25	243	290

Note:

In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0394)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): (-) Not Specified

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the work on "the prevention and treatment of illness and disease", in particular the fight against the Coronavirus Disease 2019 (COVID-19) epidemic, will the Government inform this Committee of the following:

1. the total doses of vaccines procured by the Government, the expenditure incurred and the current stock of vaccines since the implementation of the COVID-19 Vaccination Programme, with a breakdown by types of vaccines (including but not limited to the Sinovac COVID-19 inactivated vaccine, the Comirnaty ancestral strain/Omicron BA.4-5 bivalent vaccine by Fosun Pharma/German drug manufacturer BioNTech, and the XBB mRNA COVID-19 vaccine);

2. the number of doses of vaccines which expired due to not being used in time in the past 3 years or which will expire within this year, taking into account the expiry dates of different types of vaccines, the quantity of vaccines which have been or about to be destroyed, and the total quantity and value of destroyed vaccines; for vaccines which are able to withstand the latest virus variants but are about to expire, what plan does the Government has to enhance the effective use of such vaccines in the public interest so as to avoid wasting precious epidemic prevention resources?

3. whether the Government will review the procurement of vaccines this time and the arrangements for vaccination, so that in the next occasion of a similar major public health incident, it will be able to ensure the proper use of epidemic prevention resources while striving to build an immune barrier in the community. If so, what are the details? If not, what are the reasons?

Asked by: Hon CHOW Man-kong (LegCo internal reference no.: 29)

Reply:

1.

The non-recurrent expenditure on the procurement of COVID-19 vaccines by financial year is tabulated below:

	Financial Year			
	2020-21	**2021-22**	**2022-23**	**2023-24 (up to 29 Feb 2024)**
	Expenditure ($ million)			
Procurement of vaccine doses [Note 1] (including transport and storage costs)	1,752.4	2,979.9	1,191.3	63.4
	Number of vaccine doses procured (million)			
- CoronaVac (Sinovac)	7.50	0.95	1.01	-
- Comirnaty ancestral strain [Note 2] (Fosun/BioNTech)	7.50	4.80	0.12	0.01
- Comirnaty original / Omicron BA.4-5 bivalent (Fosun/BioNTech)	-	-	1.9	-
- Comirnaty Omicron XBB.1.5 (Fosun/BioNTech)	-	-	-	0.1
- Spikevax Omicron XBB.1.5 (Moderna)	-	-	-	0.1
- AZD1222 [Note 3] (AstraZeneca)	7.50	-	-	-
Total	**22.5**	**5.75**	**3.03**	**0.21**

Note 1: Due to the sufficient supply of CoronaVac and Comirnaty vaccines procured through bilateral purchase agreements with the relevant vaccine suppliers, the Government did not procure any vaccines via the COVAX Facility under the World Health Organization (WHO).

Note 2: Includes the Comirnaty (ancestral strain) adult formulation, the Comirnaty (ancestral strain) paediatric formulation and the Comirnaty (ancestral strain) /toddler formulation.

Note 3: As Hong Kong has secured sufficient supplies of CoronaVac and Comirnaty vaccines, the 7.5 million doses of AZD1222 procured were donated to the COVAX Facility.

As at 29 February 2024, there were about 310 000 doses of the CoronaVac (Sinovac) vaccine, 1.41 million doses of the Comirnaty (ancestral strain) vaccine, 1.18 million doses of the Comirnaty bivalent vaccine and about 50 000 doses of the Comirnaty/Spikevax Omicron XBB.1.5 vaccine in the warehouse.

2.

The Government has been procuring COVID-19 vaccines in sufficient quantity with reference to vaccination data, recommendations made by the WHO and the Joint Scientific Committee under the Centre for Health Protection (CHP) of the Department of Health (DH), demographic data and the supply terms of vaccine suppliers. Since the commencement of the COVID-19 Vaccination Programme, the vaccines have been distributed from storage to various vaccination venues according to the "first-expired, first-out" principle. However, the public demand for vaccines varies with a number of factors, such as changes in the epidemic situation and the number of persons infected, the vaccination policies implemented by the Government in light of the epidemic, as well as supply of the new generation vaccines, etc.

The Government has reviewed the local arrangement of vaccine procurement and made reference to overseas experience to adopt various feasible measures to make the best use of the procured vaccines and avoid wastage as far as possible. Measures include donating vaccines to the COVAX Facility and extending the expiry date of vaccines.

As at 29 February 2024, the total number of COVID-19 vaccines doses for destruction is about 280 000, which was about 1.2% of the total quantity procured. The reasons include the diminished need for old formulations of vaccines resulting from the use of new generation of vaccines as recommended by the WHO and the Joint Scientific Committee.

Due to confidentiality agreements signed between the Government and the vaccine suppliers, the Government is not at liberty to disclose the unit price of the vaccines destroyed.

3.

During the fight against the epidemic, the Government has been reviewing the vaccine procurement (as mentioned above) and vaccination arrangements, so as to make the best use of anti-epidemic resources while building an immune barrier in the community.

As for the vaccination arrangement, the Government launched the COVID-19 Vaccination Programme in February 2021, targeting at various groups in society and operating under different modes in each phase, with a view to providing free COVID-19 vaccination to eligible persons. These channels included operating Community Vaccination Centres (CVCs) in various districts, setting up Vaccination Stations in public and private clinics, introducing Mobile Vaccination Stations, and providing outreach vaccination visits to residential care homes (RCHs), households, schools, community facilities, etc. The Government partnered with the Hospital Authority (HA) and a number of healthcare professional bodies, medical organisations and private hospitals (collectively as "healthcare organisations"), with a view to mobilising sufficient healthcare manpower to support the smooth operations of CVCs.

Since September 2022, the Government has gradually consolidated the service network and adopted a more flexible and more cost-effective strategy involving collaboration with private medical organisations and making good use of different venues for vaccination. At present, all large scale CVCs with high throughput set up at Government venues are already closed, while vaccination stations run by private medical organisations remain in service. The public can also receive vaccine at designated clinics of the HA and the DH. Besides, the Government continues to provide vaccination for adult residents at RCHs for the elderly and RCHs for persons with disabilities through outreach services under the Residential Care

Home Vaccination Programme. The Government will continue to further adjust the vaccination services and venues, having regard to the demand for COVID-19 vaccination.

The WHO is still reviewing the global epidemiology of COVID-19 to formulate anti-epidemic measures and vaccination strategies. The Government will continue to take note of the WHO's latest assessment of the epidemic and announcements on vaccination for mapping out the future COVID-19 vaccination policies of Hong Kong in the long run and to make timely adjustment to the vaccine procurement and usage arrangements with reference to the recommendations made by the Joint Scientific Committee under the CHP. For instance, in response to the recommendations of the Joint Scientific Committee on the new generation XBB mRNA vaccine in the meeting on 11 October 2023, the Government has procured about 200 000 doses of the XBB vaccine. From 14 December 2023 to 29 February 2024, about 112 000 doses have been administered.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0848)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): (700) General non-recurrent

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The Indemnity Fund for Adverse Events Following Immunization with Coronavirus Disease-2019 (COVID-19) Vaccines (the AEFI Fund), established with $1 billion funding from the Government, aims to protect members of the public from unexpected serious adverse events following vaccination under the Government Vaccination Programme. In this connection, will the Government inform this Committee of the following:

1. According to information available, the AEFI Fund has received a total of 1 387 applications, of which 1 364 have been processed with a total payout of about $140 million. Please provide details of the applications by types, assessment results, processing time and amount of payout in table form;

2. Given that COVID-19 vaccine is a relatively new medical vaccine, there may be a lot of uncertainties to the impact of vaccination on the health conditions of recipients, and it will take a rather long time to assess the long-term and side effects. What is the rationale for setting a cut-off date for making applications to the AEFI Fund immediately after the expiry of the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K), which is the public health emergency regulation on the emergency use of COVID-19 vaccines;

3. It was announced that those who received COVID-19 vaccination after midnight on 23 December 2023 would not be eligible to apply for the AEFI Fund. However, in contrary to this decision, experts are still openly advising the public to receive booster vaccines in view of the fluctuation of the epidemic situation in the future. What options are available to balance the interests of all parties so as to fully meet the needs of the community; and

4. According to the relevant information released by the Government, there is a balance of about $860 million in the AEFI Fund. How the remaining balance will be dealt with? Whether it will be returned to the Treasury or there will be other arrangements?

Asked by: Hon HO King-hong, Adrian Pedro (LegCo internal reference no.: 2)

Reply:

1.

A total of 1 387 applications for the Indemnity Fund for Adverse Events Following Immunization with Coronavirus Disease-2019 Vaccines (AEFI Fund) were received as at 31 January 2024. 1 364 AEFI Fund cases have been processed while the remaining 23 is being processed.

Overview and examination progress of the applications are set out below. We do not have statistics on the processing time of cases:

	Death (No. of cases)	**Injury** (No. of cases)
No. of applications received	**123**	**1 264**
Application being processed (including cases pending documents/information from applicants or assessment outcome of Expert Committee, and cases concluded by Expert Committee as "consistent with causal association with immunization" or "indeterminate" pending information from relevant medical institutions or those with severity assessment being conducted, etc.)	4	19
Incomplete application rejected (including cases that have not been reported by medical professional to the Department of Health as serious or unexpected adverse events following immunization, reported cases were outside the events listed under the List of Adverse Events Following Immunization of COVID-19 Vaccines (AEFI List) or List of Adverse Events of Special Interest of COVID-19 Vaccines (AESI List) as endorsed by the Expert Committee, or cases failing to provide relevant supporting document(s), etc.)	14	378
Cases not associated with vaccination or unclassifiable (adequate information not available) based on the assessment outcome of the Expert Committee	103	344
Cases concluded by the Expert Committee as "consistent with causal association with immunization" or "indeterminate", and those with severity assessment completed by the Administrator		
Cases with no payout based on outcome of the severity assessment	NA	4

	Death (No. of cases)	**Injury** (No. of cases)
Cases with AEFI Fund approved	2 (Note)	519 (Involving Anaphylaxis, Hospitalisation, Bell's Palsy, Myocarditis/Pericarditis, Erythema Multiforme, etc. cases)
Total amount of payout under AEFI Fund	HK$4,000,000	HK$ 133,520,000

Note: Involving an AESI death case with vaccination history of more than 14 days and an AEFI death case passing away on the same day after vaccination. The causal relationship of both cases with vaccination were concluded by the Expert Committee to be indeterminate. In accordance with the terms and conditions of the AEFI Fund set out in the paper submitted by the Government to the Legislative Council Finance Committee in February 2021, death payout is still granted to both cases although they were assessed by the Expert Committee as causality indeterminate.

2 and 3.

The Government enacted the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K) on 23 December 2020 to authorise the emergency use of COVID-19 vaccines developed and tested within a short period of time and with evidence proving their safety and efficacy; and to enable the on-going monitoring of data concerning the safety, quality and efficacy of vaccines during the emergency use so as to support the eventual transition of emergency approval to registration in accordance with the Pharmacy and Poisons Regulations (Cap. 138A). To date, sufficient scientific evidence and safety data are in place to indicate that the benefits of COVID-19 vaccines outweigh the risks. The vaccines not only protect individuals from COVID-19 infection but also reduce the seriousness of the condition of infected persons who have received vaccination. Currently, there are COVID-19 vaccines fulfilling safety, efficacy and quality requirements registered under Cap. 138A. As such, COVID-19 vaccines have been arranged for use in Hong Kong under the regular regulatory system for pharmaceutical products.

The AEFI Fund was established in 2021 to provide instant financial support for eligible individuals who have proof of suffering from unexpected serious adverse events (SAEs) associated with the emergency use of COVID-19 vaccines administered under the Government Vaccination Programme. The establishment of the AEFI Fund was a special arrangement for the emergency use of COVID-19 vaccines, which had not yet been formally registered in Hong Kong at that time. Following the management of COVID-19 as a general upper respiratory tract illness, the cessation of the arrangement for emergency use of COVID-19 vaccines by midnight on 23 December 2023 and the normal use of COVID-19 vaccines in Hong Kong under the regular regulatory system for pharmaceutical products, the special AEFI Fund arrangement ended at the same time. Ending such an arrangement will not undermine the right of relevant individuals in seeking legal recourse for damages or losses against the vaccine manufacturer. As with other vaccines, affected individuals may still undertake civil action for claims against any person responsible for their bodily injury. For vaccines administered under the Government's COVID-19 Vaccination Programme on or

before 23 December 2023, individuals holding proof of suffering from SAEs certified by a Registered Medical Practitioner are still eligible to apply for the AEFI Fund within 2 years after receiving the last dose of COVID-19 vaccine under the Government Vaccination Programme.

The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection (CHP) holds regular meetings to advise CHP on scientific basis of the public health actions aimed at protecting the community from vaccine-preventable diseases; and to review and develop strategies for public health management of vaccine-preventable infections in the light of changing epidemiology and advances in medical science. As recommended by the SCVPD, the new-generation XBB vaccine is provided for eligible persons under the Government Vaccination Programme starting from 14 December 2023, to enhance protection of high-risk priority groups and to prevent severe illness and death effectively. The Government will continue to arrange for vaccination programmes on the basis of scientific evidence in accordance with expert advice to safeguard public health and safety.

4.

Upon ending of the AEFI Fund, the residual balance will be dealt with in accordance with government financial procedures for the general handling of underspending of designated funds.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0849)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

In response to the COVID-19 epidemic, the Government has, with the support of the Central Government, constructed a number of community isolation facilities (CIFs), one of which is located adjacent to the Kai Tak Cruise Terminal (KTCT). With the cessation of operation of the facilities following the lifting of isolation arrangements, will the Government inform this Committee:

1. of the operating expenses and manpower changes of the Kai Tak CIF since January 2023;

2. given that only a minority of CIFs have been reserved for standby use, of the number of admissions and occupancy rate of the beds; and

3. as global tourism is fully recovering and it is expected that the usage and passenger throughput at KTCT will be growing in the future, whether it has plans to revitalise the isolation facilities or reduce the number of mobile cabins so as to release space or land for relevant departments to promote the development of culture, arts and creative activities and organise time-sensitive events, thereby creating synergy with the KTCT?

Asked by: Hon HO King-hong, Adrian Pedro (LegCo internal reference no.: 3)

Reply:

1.
Basic security and cleansing services of the Kai Tak CIF are currently arranged by staff within the existing establishment of the Department of Health to ensure the safety of the facility, with no additional manpower involved. Relevant expenditure has decreased by around 96%, from about $9.86 million in January 2023 to about $430,000 in February 2024.

2.
The CIFs together served over 240 000 COVID-19 patients during the outbreak, contributing immensely to the containment of the spread of COVID-19 in the community. All CIFs have been converted to standby mode or arranged for reuse.

3.

The Government has so far announced the reuse arrangements for 5 community isolation and treatment facilities and will continue to make subsequent arrangements for other facilities, releasing the sites in phases for their originally planned use or utilising the facilities for other purposes. The bureaux and departments (B/Ds) concerned are conducting detailed assessments on the subsequent arrangements for the Kai Tak CIF. The arrangements are still under discussion and the B/Ds will listen closely to the views of different sectors of the community with an open attitude. Any decisions made will be announced in a timely manner. Currently, there have been no changes to the long-term planning intention of utilising the area as a site for a tourism node and public open spaces.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1391)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

In recent years, quite a number of young people and students have not been able to face examination anxiety, emotional adversity or social unrest positively or find ways to cope, thus suffering from psychological distress. Even disputes with their peers over political views have become the focus of the whole community's criticism. They may be under great pressure and troubled by a sense of guilt, and eventually commit suicide to evade the suffering. In this connection, can the Government inform this Committee of the following:

the number of requests for psychiatric assistance received by minors in the past 3 financial years? What is the follow-up rate?

the number of cases referred by school social workers to the psychiatric departments of public hospitals for assistance in the past 3 financial years?

the estimated provision and manpower that the Health Bureau will allocate for handling mental health problems of primary and secondary school students in the 2024-25 financial year?

Asked by: Hon HO Kwan-yiu, Junius (LegCo internal reference no.: 21)

Reply:

Number of psychiatric patients aged under 18

The Government attaches great importance to the mental health of young people, and mental health does not only involve medical care. Generally speaking, not all young people with mental health needs require medical intervention. The Government adopts an integrated approach to promote mental health, providing services that include prevention, early identification, as well as timely intervention, treatment and rehabilitation services for persons in need. Apart from promotion of self-care, primary healthcare and community support, the Government provides specialist and institutionalised services, and also multi-disciplinary and cross-sectoral services to persons with mental health needs through co-ordination and co-operation among the Health Bureau (HHB), the Labour and Welfare Bureau, the Education

Bureau (EDB), the Department of Health, the Social Welfare Department (SWD), the Hospital Authority (HA), non-governmental organisations and other stakeholders in the community.

The following table sets out the number of psychiatric patients aged below 18 receiving treatment in the HA from 2021-22 to 2023-24 (projection as of 31 December 2023).

	2021-22	**2022-23**	**2023-24 (Projection as of 31 December 2023)**
Number of psychiatric patients aged below 18	43 300	45 100	46 300

Note:

1. Including inpatients, patients at specialist outpatient (SOP) clinics and day hospitals.
2. Refers to the age of the patient as of 30 June of the respective year.
3. Figures are rounded to the nearest hundred.

The table below sets out the total number of child and adolescent psychiatric SOP attendances from 2021-22 to 2023-24 (as of 31 December 2023).

	2021-22	**2022-23**	**2023-24 (as of 31 December 2023) [Provisional figure]**
Total number of child and adolescent psychiatric SOP attendances	121 225	129 102	99 761

Number of referrals to psychiatric specialist services in public hospitals cases through social workers in secondary schools

The HA has implemented a triage system for newly referred cases at the SOP clinics cases to ensure that patients with urgent conditions and requiring early treatment are receiving treatment with priority. Newly referred cases to the HA's psychiatric services are first screened by a nurse followed by review of a specialist doctor for classification into Priority 1 (Urgent), Priority 2 (Semi-urgent) or Routine (Stable) categories. Students with mental health needs will be assessed and provided with appropriate support under the established triage system regardless of the channels through which they are referred to the SOP clinics of the HA. Therefore, the HA does not maintain statistics on the number of referrals from individual channels (e.g. social workers in secondary schools) to the psychiatric services in public hospitals.

Through cross-departmental collaboration of the HHB, the EDB and the SWD, the Three-Tier School-based Emergency Mechanism was implemented in December 2023 to provide support to students with higher suicidal risk as early as possible. The initiative has been extended to end-2024. For the third tier, school principals can refer students with severe mental health needs to the psychiatric specialist service of the HA for support. After triage and screening, those students in urgent cases will be accorded priority. In addition, the HA

has set up a telephone consultation hotline specifically for school principals to provide them with professional advice. According to HA's provisional figures, from 1 December 2023 to 29 February 2024, the HA's psychiatric services received a total of 122 referral and 69 telephone enquiries from school principals through the Three-Tier Emergency Mechanism.

Estimates and manpower for addressing mental health problems of primary and secondary school students

The HA delivers mental health services through 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 manpower to cope with service needs and operational requirements. As healthcare professionals in the HA usually provide support for a variety of psychiatric services, the manpower and expenditure for supporting child and adolescent psychiatric services cannot be separately quantified. The estimated expenditure for the provision of mental health services by the HA in 2024-25 is $6.848 billion, which includes direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients, the expenditure incurred for various clinical support services (such as pharmacy), and other operating costs (such as meals for patients, utility expenses, and repair and maintenance of medical equipment).

The table below sets out the number of psychiatric doctors, psychiatric nurses (including community psychiatric nurses), clinical psychologists, medical social workers and occupational therapists working in psychiatric services in each hospital cluster of the HA in 2023-24 (as of 31 December 2023):

Year	Psychiatric Doctors [1, 2]	Psychiatric Nurses [1, 3] (including Community Psychiatric Nurses)	Allied health professionals		
			Clinical Psychologists [1, 5]	Medical Social Workers [4]	Occupational Therapists [1, 5]
2023-24 (as of 31 December 2023)	**403**	**3 092**	**113**	**257**	**312**

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in the HA, but excluding those in the HA Head Office.
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 nurses in psychiatric stream.
4. Information on the number of medical social workers supporting psychiatric services in the HA are provided by the SWD.

5. Clinical psychologists and occupational therapists working in psychiatric stream include those working in mental hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), those working in psychiatric departments of other non-mental hospitals, as well as those engaging in psychiatric-related work.

Remark:

In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures.

In addition, the Government has introduced or planned to introduce a number of mental health-related policy initiatives over the past year, which cover enhancing the manpower for mental health services, strengthening the support for specific groups (including primary and secondary students), and enhancing mental health support at district level, etc. The key initiatives and related expenditures are as follows:

(a) The HA enhanced manpower and further optimised the ratio of case manager under the Case Management Programme to patients to no higher than 1:40 in the fourth quarter of 2023. The HA has earmarked additional funding of around $127 million in 2024-25 to enhance mental health services, relevant measures include: (i) enhancing the community psychiatric services by further recruiting additional case managers; (ii) strengthening nursing manpower as well as allied health and peer support for psychiatric inpatient and outpatient services; and (iii) enhancing the use of long-acting injectable antipsychotics in the treatment of mental illness;

(b) Through cross-departmental collaboration of the HHB, the EDB and the SWD, the Three-Tier School-based Emergency Mechanism was implemented in December 2023 to provide support to students with higher suicidal risk as early as possible. The initiative has been extended to end-2024. A breakdown is not available as the expenditure and manpower involved in the Three-Tier School-based Emergency Mechanism are absorbed by existing resources of the relevant departments;

(c) The HHB launched the "18111 - Mental Health Support Hotline" in December 2023 to provide one-stop, round-the-clock support for people with mental health needs, rendering immediate mental health support and referral services. The time-limited recurrent expenditure for 2023-24, 2024-25 and 2025-26 is about $9.9 million;

(d) The HHB set up a service centre to provide emotional support and counselling services for ethnic minorities in December 2023, with a multi-professional team comprising social workers, counsellors and support staff conversant in ethnic minority languages, to provide mental health support and counselling services to ethnic minorities and refers cases to other service platforms for additional support and/or treatment if needed. The time-limited recurrent expenditure for 2023-24, 2024-25 and 2025-26 is about $8.1 million;

(e) The HHB will launch a pilot scheme in 3 District Health Centres in 2024 in collaboration with community organisations to provide mental health assessments for those in need,

and to provide early follow-up and referral for high-risk cases. The Government is planning the implementation of the said proposed new measure;

(f) The HHB will provide Care Team members with mental health support training (including Mental Health First Aid training) in 2024 to assist in the early referral of persons in need in the local communities for support. The Government is planning the implementation of the said proposed new measure;

(g) In 2023-24, the SWD increased the manpower of clinical psychologists in 24 Integrated Community Centres for Mental Wellness (ICCMWs) to strengthen professional support and training, and provided additional funding to assist ICCMWs in enhancing the application of information technology in service delivery so as to strengthen the support for persons in mental recovery and their carers. The additional annual recurrent expenditure incurred is about $23 million;

(h) The SWD will enhance the services of ICCMWs in 2024, including strengthening early identification of persons with mental health needs and early intervention, and scale up the training of social workers in community mental health service units to raise their capacity in handling complicated cases. The additional annual recurrent expenditure incurred by these enhancement measures amounts to more than $60 million; and

(i) The SWD will strengthen peer support services in 2024 and set up 4 additional Parents/Relatives Resource Centres for carers of those in mental recovery in 2025 to support people in mental recovery and their carers. The annual recurrent expenditure incurred is about $26 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1396)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The shortage of healthcare manpower has all along been a problem faced by public hospitals. It was reported earlier that many specialists had left Hong Kong amid the "emigration wave", aggravating the supply-demand imbalance in healthcare services. According to a paper, there was a total wastage of 993 full-time doctors in public hospitals during 2021 and 2022. The wastage was 509 in 2021-22 and 484 in 2022-23. In this connection, will the Government inform this Committee of the following:

Please set out in table form the number of doctors, nurses and allied health professionals under the Hospital Authority (HA) in the past 5 financial years, with a breakdown by the number of full-time, part-time or supernumerary staff.

Regarding the problem of manpower wastage faced by the Government, what measures or means will the HA adopt to retain staff and attract talents to join public hospitals?

Please set out in table form the 10 most common types of surgeries in each of the hospitals and specialties under various clusters of the HA in the past financial year, as well as the respective numbers of surgeries, numbers of patients on the waiting list, waiting time and average cost for each surgery.

Asked by: Hon HO Kwan-yiu, Junius (LegCo internal reference no.: 26)

Reply:

The full-time equivalent (FTE) strength of doctors, nurses and allied health professionals of the Hospital Authority (HA) from 2019-20 to 2023-24 (as at 31 December 2023) is tabulated as follows:

Staff Group	2019-20 (as at 31 March 2020)	2020-21 (as at 31 March 2021)	2021-22 (as at 31 March 2022)	2022-23 (as at 31 March 2023)	2023-24 (as at 31 December 2023)
Doctors	6 194	6 457	6 484	6 541	6 842
Nursing	28 957	29 736	29 793	29 599	29 734
Allied Health Professionals	8 420	8 886	8 941	9 131	9 499

Note:
1. The manpower figures are calculated on FTE basis, including permanent, contract and temporary staff in the HA.
2. Doctors exclude Interns and Dental Officers.
3. The "Allied Health Professionals" group includes radiographers, medical technologists/medical laboratory technicians, occupational therapists, physiotherapists, pharmacists, medical social workers, etc.

Over the years, the 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, the HA implements ongoing measures including increasing the number of Resident Trainee posts to recruit local medical graduates, recruitment of non-locally trained doctors to supplement local recruitment, improving promotion prospects to retain staff, hiring part-time healthcare staff (e.g. via recruitment of locum staff), offering flexible work arrangements, offering further employment to suitable staff beyond retirement, enhancing the Home Loan Interest Subsidy Scheme and provision of better training opportunities for various grades by establishing the HA Academy. The above measures have begun to yield results as an increase in the number of the HA's healthcare staff was recorded in the past year and the attrition rate also subsided from the peak in the past 2 years.

In December 2019, the HA established a Task Group (TG) on Sustainability to review, among other things, strategies for retaining staff. In line with the key directions recommended by the TG, the HA has been gradually rolling out further staff retention measures and will continue to do so in 2024-25. These measures include:

(a) creating opportunities for Associate Consultants to be promoted to Consultant rank, so as to retain experienced medical personnel to address the service, manpower and training needs in the HA;
(b) providing Specialty Nurse Allowance to eligible registered nurses, so as to retain manpower and encourage professional development of nurses through recognising their specialty qualifications; and
(c) continuing efforts in Extending Employment Beyond Retirement to attract more retired staff who are willing to serve after retirement.

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

The HA has not surveyed the waiting list and the 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 the number of some

common elective surgeries performed in public hospitals in 2023-24 (as at 31 December 2023).

Procedure	**Range of Estimated Waiting Time [4 and 5] (Months)**	**Number of Cases Performed in 2023-24 (as at 31 December 2023)**	**Surgical Operation Category**
Herniorrhaphy	6 to 35	2 803	Intermediate I to Major II
Cholecystectomy	3 to 34	2 814	Major: I & II
Total Joint Replacement	52 to 87	3 465	Ultra-major: I & II
Transurethral Resection of Prostate	3 to 28	1 271	Major I
Myomectomy	6 to 38	2 382	Minor II to Major I
Total Abdominal Hysterectomy +/- Bilateral Salpingectomy	10 to 63	1 087	Major II
Thyroidectomy	3 to 29	615	Major: I, II & III
Haemorrhoidectomy	2 to 56	723	Intermediate I
Anterior Cruciate Ligament Reconstruction	2 to 7	351	Major II
Tonsillectomy	5 to 15	408	Intermediate: I & II

The costs associated with surgical procedures are subject to expenditures related to surgeons, anaesthetics and operating theatres, as well as the relative complexity of surgical procedures and the time required. As such, it is difficult to compute average costs based on the types of surgical procedures. The current HA fees and charges for private services[6] are set out below as a reference for the corresponding costs. Charges for procedures performed in an operating theatre and/or under general anaesthesia are categorised into 10 groups based on complexity 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 charging of various surgical procedures would be subject to complexity of the disease treated and the exact nature and scope of treatment offered.

Note:

4. 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.

5. 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.
6. Under the prevailing mechanism, the HA will regularly review the fees and charges for public hospital services, and the review report and recommendations will be submitted to the Government for consideration and decision. The above fee levels have taken effect since 18 June 2017.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1165)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: ()

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Since end-April 2022, the Government has prohibited the import, promotion, manufacture, sale or possession for commercial purposes of alternative smoking products (ASPs), including electronic smoking products, heated tobacco products and herbal cigarettes. In this connection, will the Government inform this Committee of:

1. the quantity and estimated market value of various illegally-imported ASPs intercepted by the Customs and Excise Department (C&ED) since the relevant legislation came into operation, broken down by boundary control point;
2. the numbers of prosecutions and convicted cases since the legislation came into operation;
3. the average amount of fine and duration of imprisonment for the convicted cases; and
4. the additional staff establishment and estimated expenditure of the C&ED due to the new legislation.

Asked by: Hon IP LAU Suk-yee, Regina (LegCo internal reference no.: 14)

Reply:

1.

Since the commencement of the legislation on 30 April 2022 and up to 31 December 2023, the quantity and value of the alternative smoking products (ASPs) intercepted by the Customs and Excise Department (C&ED), with a breakdown by boundary control points, are tabulated below:

Boundary Control Points	**Quantity (Unit)**	**Value ($'000)**
Hong Kong International Airport	7 386 866	28,684.1
Kwai Tsing Container Terminals and River Trade Terminal	614 575	18,808.1
Shenzhen Bay Control Point	375 419	24,141.5
Heung Yuen Wai Control Point	34 719	1,082.8
Hong Kong-Zhuhai-Macao Bridge Hong Kong Port	12 467	364.9

Lok Ma Chau Control Point	6 606	337.5
West Kowloon Station of the Guangzhou-Shenzhen-Hong Kong Express Rail Link	3 238	51.1
Lok Ma Chau Spur Line Control Point	2 027	32.5
Lo Wu Control Point	2 010	16.9
Hong Kong – Macau Ferry Terminal	1 957	52.0
Man Kam To Control Point	474	24.1
China Ferry Terminal	274	10.0
Kai Tak Cruise Terminal	1	0.2
Total	**8 440 633**	**73,605.7**

2 and 3.
With effect from 30 April 2022, no person may import, promote, manufacture, sell, or possess for commercial purposes ASPs, including electronic smoking products, heated tobacco products and herbal cigarettes in accordance with the Smoking (Public Health) Ordinance (Cap. 371) and the Import and Export Ordinance (Cap. 60). The Tobacco and Alcohol Control Office (TACO) of the Department of Health will conduct investigation upon receiving complaints or referrals. Illegally-imported ASPs were intercepted by C&ED at boundary control points and referred to TACO for follow-up. For cases in contravention of the ASP ban, TACO will institute prosecution when there is sufficient evidence. As at 31 December 2023, TACO issued 572 summonses to offenders for illegal import of ASPs concurrently, of which offenders in 262 cases were convicted by court and were fined ranging from $1,000 to $6,000. During the same period, C&ED followed up on 26 cases involving offences under C&ED's enforcement and illegal import of ASPs concurrently, of which 7 were convicted and the highest fines and sentenced imposed were $4,000 and two months' imprisonment respectively. Besides, TACO issued 18 summonses to offenders who allegedly sold or possessed ASPs for commercial purposes. Among them, offenders in 11 cases (involving a total of 17 summonses) were convicted and sentenced to two months' imprisonment at most.

4.
In 2024-25, the estimated expenditure of C&ED under Programme (1) Control and Enforcement is $4.742 billion, involving 6 168 posts. Since the Customs officers deployed at various control points responsible for intercepting ASPs are also involved in other clearance duties, the number of officers and expenditure for individual task cannot be itemised.

As mentioned above, illegally-imported ASPs intercepted by C&ED at boundary control points will be referred to TACO for follow-up. In 2024-25, the estimated expenditures of TACO under Programme (1) Statutory Functions is $173 million, involving 147 posts. Apart from enforcing the ban on ASPs, TACO also has to take enforcement actions against other offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600), and the number of officers and thus the expenditure involved in the enforcement of the ASP ban cannot be itemised.

Having regard to the circumstances, C&ED and TACO will flexibly deploy existing resources to cope with the additional work upon implementation of the new legislation, and seek additional manpower and resources in accordance with the established procedures when the situation so warrants.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1166)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

With the number of suicide cases in Hong Kong rising in recent years, the mental health of Hong Kong people has been a cause for concern. In this connection, will the Government inform this Committee of the following:

1. the healthcare manpower establishment of the psychiatric services of the Hospital Authority (HA) in the past 5 years and 2024-25;
2. the expenditure for providing mental health services in the past 5 years and the estimated expenditure in 2024-25;
3. the total number of psychiatric patients receiving treatment in 2023-24 by hospital cluster; and
4. HA's initiatives in and expenditure on enhancing mental health services in 2023-24, as well as the planned and estimated expenditure for 2024-25.

Asked by: Hon IP LAU Suk-yee, Regina (LegCo internal reference no.: 15)

Reply:

(1)

The table below sets out the number of doctors, nurses and allied health professionals working in the psychiatric stream in the Hospital Authority (HA) from 2019-20 to 2023-24 (as of 31 December 2023). The psychiatric stream manpower figure in 2024-25 is not readily available in the HA.

Year	Psychiatric Doctors[1,2]	Psychiatric Nurses[1,3] (including Community Psychiatric Nurses)	Allied Health Professionals		
			Clinical Psychologists[1,5]	Medical Social Workers[4]	Occupational Therapists[1,5]
2019-20	370	2 814	93	249	278
2020-21	384	2 911	103	256	289

2021-22	366	2 953	105	257	298
2022-23	381	3 015	105	257	287
2023-24 (as of 31 December 2023)	403	3 092	113	257	312

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but excluding those in the HA Head Office.
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 nurses in psychiatric stream.
4. Information on the number of medical social workers supporting psychiatric services in the HA are provided by the Social Welfare Department.
5. Clinical psychologists and occupational therapists working in psychiatric stream include those working in mental hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), those working in psychiatric departments of other non-mental hospitals, as well as those engaging in psychiatric-related work.

(2)

The table below sets out the expenditure for providing mental health services by the HA from 2019-20 to 2024-25.

Year	**Expenditure on Mental Health Services ($ million)**
2019-20	5,408
2020-21	5,672
2021-22	5,825
2022-23	6,145
2023-24 (Revised Estimate)	6,522
2024-25 (Estimate)	6,848

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).

Remark:

In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures. As the costing information for 2019-20 to 2022-23 has

reflected the impact of the epidemic outbreak on costs (if any), the costing information for different years may not be directly comparable.

(3)

The table below sets out the total number of psychiatric patients receiving treatment in each hospital cluster under the HA in 2023-24 (projection as of 31 December 2023).

2023-24 (projection as of 31 December 2023)

Hospital cluster							HA
HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**Overall**
26 900	25 800	23 100	44 600	84 100	57 100	49 800	305 700

Note:

1. Including inpatients, patients at specialist outpatient clinics and day hospitals.
2. Figures are rounded to the nearest hundred.
3. The figures for each hospital cluster may not add up to the total as patients may be treated in more than one hospital cluster.

(4)

The table below sets out the initiatives of the HA to enhance mental health services in 2023-24 and 2024-25:

Year	Measures	Additional funding
2023-24	(a) Enhancing the community psychiatric services by recruiting additional case managers; (b) Strengthening nursing manpower as well as allied health and peer support for psychiatric inpatient and day hospital services; and (c) Strengthening the psychiatric consultation liaison service.	Around $18.9 million
2024-25	(a) Enhancing the community psychiatric services by further recruiting additional case managers; (b) Strengthening nursing manpower as well as allied health and peer support for psychiatric inpatient and outpatient services; and (c) Enhancing the use of long-acting injectable antipsychotics in the treatment of mental illness.	Around $127 million

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1181)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Given the shortage and persistently high turnover rate of manpower in specialty services in HA and DH in recent years, the Government has introduced a new pathway for non-locally trained doctors to practice in Hong Kong in October 2021. Will the Government inform this Committee of:

(1) the number of non-locally trained doctors hired in each specialty in each cluster under the Hospital Authority over the past 3 years;
(2) the number of non-locally trained doctors hired from each country/region over the past 3 years;
(3) the number of non-locally trained doctors that applied for (i) full registration and limited registration over the past 3 years, and (ii) special registration since the announcement of the list of medical qualification recognised by the Special Registration Committee in 2022; and
(4) the various ranks of the non-locally trained doctors hired, and their respective remuneration packages.

Asked by: Hon IP LAU Suk-yee, Regina (LegCo internal reference no.: 30)

Reply:

(1)

The numbers of non-locally trained doctors employed by the Hospital Authority (HA) under limited registration (LR) or special registration (SR)[Note] in 2021-22 to 2023-24 (up to 31 December 2023) by hospital cluster and by specialty under the HA are set out in the following table:

Cluster	Specialty	2021-22	2022-23		2023-24 (up to 31 December 2022)	
		LR	LR	SR	LR	SR
Hong Kong East	Anaesthesia	0	0	0	1	0
	Family Medicine	1	1	0	1	0
	Medicine	0	0	0	1	1
	Neurosurgery	1	1	0	1	0
	Obstetrics & Gynaecology	1	1	0	0	0
	Ophthalmology	0	2	0	1	0
	Orthopaedics & Traumatology	0	0	0	1	0
	Paediatrics	0	0	0	1	0
	Psychiatry	0	0	0	1	0
	Radiology	0	0	0	2	0
Hong Kong West	Anaesthesia	5	2	0	1	1
	Cardiothoracic Surgery	2	2	0	3	0
	Accident & Emergency	1	0	0	1	0
	Family Medicine	1	1	0	1	0
	Medicine	0	2	0	3	0
	Obstetrics & Gynaecology	0	0	0	0	1
	Paediatrics	1	1	0	2	0
	Pathology	1	0	0	0	0
	Radiology	1	0	1	0	1
	Surgery	1	1	1	1	1
Kowloon Central	Anaesthesia	1	0	1	1	2
	Cardiothoracic Surgery	0	1	0	1	0
	Ear, Nose & Throat	0	0	0	1	0
	Family Medicine	0	1	0	1	0
	Medicine	0	0	0	4	1
	Neurosurgery	0	0	0	1	1
	Ophthalmology	0	0	0	1	0
	Orthopaedics & Traumatology	0	0	0	1	0
	Paediatrics	3	4	0	4	1
	Radiology	2	1	0	2	0
	Surgery	0	0	0	1	2

Cluster	Specialty	2021-22	2022-23		2023-24 (up to 31 December 2022)	
		LR	LR	SR	LR	SR
Kowloon East	Ear, Nose & Throat	0	1	0	1	0
	Accident & Emergency	1	1	0	2	0
	Family Medicine	3	3	0	4	0
	Medicine	2	3	0	3	2
	Ophthalmology	1	1	0	1	0
	Paediatrics	0	0	0	1	0
	Radiology	0	1	0	1	0
Kowloon West	Anaesthesia	0	1	0	1	1
	Medicine	1	0	0	3	0
	Neurosurgery	1	1	0	1	0
	Obstetrics & Gynaecology	0	0	0	1	0
	Paediatrics	1	1	0	1	0
	Psychiatry	0	0	0	1	0
	Radiology	1	2	0	3	0
New Territories East	Anaesthesia	0	0	0	1	1
	Anatomical Pathology	0	1	0	1	0
	Cardiothoracic Surgery	1	1	0	1	0
	Ear, Nose & Throat	0	0	0	0	1
	Accident & Emergency	1	1	0	3	0
	Family Medicine	2	2	0	2	0
	Internal Medicine	1	0	1	0	1
	Neurosurgery	1	1	0	2	0
	Obstetrics & Gynaecology	1	1	0	1	0
	Radiology	1	1	0	1	0
	Surgery	2	1	1	1	2
New Territories West	Anaesthesia	2	2	0	1	3
	Cardiothoracic Surgery	0	0	0	1	0
	Accident & Emergency	1	1	0	1	0
	Family Medicine	0	1	0	2	1
	Medicine	0	2	0	4	1

Cluster	Specialty	2021-22	2022-23		2023-24 (up to 31 December 2022)	
		LR	LR	SR	LR	SR
	Obstetrics & Gynaecology	0	0	0	0	1
	Ophthalmology	0	0	0	1	0
	Psychiatry	0	1	0	1	0
	Radiology	1	1	0	3	0
	Surgery	0	0	0	0	1
Total		**47**	**53**	**5**	**91**	**27**

Note: The figures refer to the total number of non-locally trained doctors employed, including doctors who have completed or ended their contracts and those who have been on exchange in Hong Kong during the said period.

(2)

Information on the countries/places where non-locally trained doctors employed by the Department of Health (DH) and the HA under LR or SR in 2021-22 to 2023-24 (up to 31 December 2023) obtained their medical qualifications are set out in the following table:

Country/ Place	2021-22		2022-23				2023-24 (up to 31 December 2023)			
	LR		LR		SR		LR		SR	
	DH	HA[Note]	DH	HA[Note]	DH	HA[Note]	DH	HA[Note]	DH	HA[Note]
United Kingdom	11	25	3	27	0	5	2	44	0	22
Australia/ New Zealand	0	4	1	3	0	0	1	5	0	3
United States/ Canada	0	2	0	3	0	0	1	3	0	0
China	1	1	3	4	0	0	2	18	0	1
Others	5	15	2	16	0	0	0	21	0	1
Total	**17**	**47**	**9**	**53**	**0**	**5**	**6**	**91**	**0**	**27**

Note: The figures refer to the total number of non-locally trained doctors employed, including doctors who have completed or ended their contracts and those who have been on exchange in Hong Kong during the said period.

(3)

The table below sets out the numbers of non-locally trained doctors who applied for full registration (FR), LR and SR in the past 3 years according to information provided by the Medical Council of Hong Kong:

Financial Year	Registration Type				
	FR	LR		SR[Note]	
		New applications	Renewal applications	New applications	Renewal applications
2021-22	17	55	44	0	0
2022-23	19	61	61	15	1
2023-24 (up to 31 December 2023)	15	90	28	38	3

Note: The application figures for 2021-22 reflect the situation after the Medical Registration (Amendment) Ordinance 2021 came into effect upon gazettal on 29 October 2021.

(4)

The monthly salary[Note] of doctors employed by the HA (including non-locally trained doctors under LR or SR) by rank is set out in the following table:

Rank	Monthly salary
Resident	$75,889 - $151,234
Associate Consultant	$154,832 - $178,384
Consultant	$198,776 - $250,605

Note: "Monthly salary" includes the basic salary of the relevant rank at the minimum and maximum salary points plus monthly allowances as at 1 April 2023.

Apart from monthly salary, the remuneration package of HA doctors also includes such other employment benefits as leave (annual leave, sick leave, maternity leave and paternity leave); medical, housing and retirement benefits; passage and relocation allowance (if applicable).

All non-locally trained doctors employed by the DH over the past 3 years were recruited at the basic entry rank and, regardless of their registration type, have been paid according to the following scale: $75,585 - $128,420 per month for civil service terms; and $68,940 - 98,810 per month plus contract gratuity for Non-Civil Service Contract terms.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1183)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

There has been a noticeable increase in infrastructure accidents at public hospital facilities over the past few years. Will the Government inform this Committee of:

(1) the number of infrastructure accidents in each Cluster under the Hospital Authority over the past 5 years;
(2) the number of people injured in such accidents over the past 5 years; and
(3) the expenditure on (i) building safety inspections and (ii) safety inspections of medical equipment and facilities over the past 5 years.

Asked by: Hon IP LAU Suk-yee, Regina (LegCo internal reference no.: 32)

Reply:

(1) & (2)

The Hospital Authority (HA) has all along upheld the principles of openness, transparency and accountability in making public announcements on major incidents of public hospitals. The HA will take into account various factors in making an announcement on an incident, such as whether there is any patient, staff or visitor injured, whether there is any impact on services, and the seriousness of the incident. Following up on the recommendations set out in the report of the Review Committee on Medical Equipment and Facility Maintenance in 2023, the HA has stepped up external communication in respect of medical equipment and facility incidents.

The table below sets out the number of press releases on "facilities and environment-related" incidents as reported by various Clusters of the HA from 2019 to 2023 and the number of injured persons involved.

Hospital cluster	Year				
	2019	2020	2021	2022	2023
Hong Kong East Cluster	0	1	1	0	6
Hong Kong West Cluster	0	1	1	0	9
Kowloon Central Cluster	0	0	0	0	4
Kowloon East Cluster	0	1	0	0	7
Kowloon West Cluster	1	2	5	1	8
New Territories East Cluster	0	2	2	0	5
New Territories West Cluster	0	3	0	0	9
Total number of press releases issued:	**1**	**10**	**9**	**1**	**48**
Number of injured persons involved:	**0**	**0**	**0**	**0**	**3**

Note
The 3 persons injured in 2023 sustained minor injuries which were confirmed not serious after examination.

(3)

From 2019-20 to 2023-24, the HA has conducted building surveys and inspections for facilities under its management, including public hospitals and clinics, and carried out repairs and preventive maintenance works according to the inspection reports and the ageing and dilapidated condition of the buildings, with an average expenditure of about $100 million per annum. As regards the expenditure on safety inspections of medical equipment, it is part of HA's overall expenditure for repairs and maintenance and thus cannot be provided separately. In respect of the contracts for bulk repairs and maintenance of medical equipment arranged by the HA's Head Office, the average value is about $800 million per annum.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3034)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): (700) General non-recurrent

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

In the Matters Requiring Special Attention in 2024-25, the Health Bureau stated that it would continue to take forward and enhance the development of District Health Centres (DHCs) and District Health Centre Expresses across the territory. In this connection, will the Government inform this Committee of the following?

1. What are the manpower establishment of healthcare staff at different ranks and the operating expenses of each DHC in 2023-24?
2. What are the monthly attendance and utilisation rate of each DHC in 2023-24?
3. The Bureau has stated that DHCs will be set up in 18 districts progressively. At present, however, only the DHCs in 7 districts have commenced services. Please advise on the details of the plan for the remaining 11 districts (including the progress, site selection and expected service commencement dates).
4. What are the manpower establishment of healthcare staff at different ranks and the operating expenses of each DHC Express in 2023-24?
5. What are the monthly attendance and utilisation rate of each DHC Express in 2023-24?
6. Under the Operating Account "700 General non-recurrent", there is an item "804 DHC Express Scheme". It is stated that "an increase in commitment of $514,900,000 is sought in the context of the Appropriation Bill 2024". Please explain the uses of the additional commitment.

Asked by: Hon IP LAU Suk-yee, Regina (LegCo internal reference no.: 38)

Reply:

(1)

The staff establishment (including healthcare professionals and other supporting staff) and revised estimate (including the provisions for service contracts, site maintenance and rental cost) of District Health Centres (DHCs) in Kwai Tsing, Sham Shui Po, Tuen Mun, Wong Tai Sin, Southern, Yuen Long and Tsuen Wan in 2023-24 are set out in the table below:

	Kwai Tsing DHC	Sham Shui Po DHC	Tuen Mun DHC	Wong Tai Sin DHC	Southern DHC	Yuen Long DHC	Tsuen Wan DHC
Staff establishment Note 1							
Executive Director	1	1	1	1	1	1	1
Medical Consultant Note 2	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Chief Care Coordinator	1	1	1	1	1	1	1
Care Coordinator/ Nurse	21	17.5	26	25	16	29	21
Physiotherapist	3.5	2	3	3	3	3	2
Occupational Therapist	1.5	2	2	2	3	3	2
Dietitian	1	1	1	2	1	2	1
Pharmacist	1	1	1	1	1	1	1
Social Worker, Administrative Staff and Supporting Staff	55	70	62	62	59	50	49
Total	**85.5**	**96**	**97.5**	**97.5**	**85.5**	**90.5**	**78.5**
2023-24 Revised Estimate ($ million)	**63**	**65**	**82**	**78**	**73**	**69**	**65**

Notes:

1. The staff establishment is proposed by DHC operators through tendering procedures according to the service demand in the community and manpower estimation, and is approved by the Government. The 0.5 staff establishment refers to a part-time position with half of the working hours of a full-time position. The actual number of staff may vary from time to time, depending on factors such as service demand and short-term manpower turnover, etc. The Government will continue to monitor the situation to ensure that services are not affected.
2. Medical Consultants are part-time or outsourced positions.

(2) and (5)

The cumulative numbers of members and attendances of DHCs and DHC Expresses (DHCEs) are set out in the table below:

DHC/DHCE Service commencement date	**Cumulative number of members (as at 31 December 2023)** Note 3 **[Provisional figures]**	**Cumulative number of attendances (as at 31 December 2023)** Notes 3,4,5,6,7 **[Provisional figures]**
Kwai Tsing DHC 24 September 2019	36 800	377 600
Sham Shui Po DHC 30 June 2021	19 900	117 700
Tuen Mun DHC 31 May 2022	21 500	163 600
Wong Tai Sin DHC 30 June 2022	18 600	75 400
Southern DHC 17 October 2022	13 800	71 100
Yuen Long DHC 24 October 2022	18 400	97 500
Tsuen Wan DHC 30 December 2022	12 700	69 500
Sai Kung DHCE 1 September 2021	6 400	53 400
Kowloon City DHCE 1 October 2021	7 100	28 900
Yau Tsim Mong DHCE 1 October 2021	6 100	26 500
Wan Chai DHCE 4 October 2021	4 300	29 500
North DHCE 18 October 2021	5 900	31 800
Islands DHCE 18 October 2021	4 100	22 800
Kwun Tong DHCE 21 October 2021	5 800	28 800
Tai Po DHCE 22 October 2021	4 900	30 000
Sha Tin DHCE 30 October 2021	7 900	36 800
Central and Western DHCE 30 October 2021	4 900	29 500
Eastern DHCE 30 October 2021	6 400	30 700
Total	**205 600**	**1 320 900**

Notes:

3. Figures are rounded to the nearest hundred.
4. The figures only include service figures captured from the DHC/DHCE information system, and do not include those relating to medical laboratory tests.

5. Starting from April 2021, a revised classification of disease prevention services has been adopted. Statistics on related services are not directly comparable to earlier figures.
6. As different services are provided by the 11 DHCEs, the attendance figures are not directly comparable.
7. The service figures above have included services provided by DHCs/DHCEs for participants of the Chronic Disease Co-care Pilot Scheme which was launched on 13 November 2023.

(3)

The Government has set up DHCs and smaller interim DHCEs by renting premises across the territory by 2022, thereby attaining the goal of covering all 18 districts.

The Government is concurrently taking forward the establishment of DHCs in all districts. The funding proposals in relation to the construction of the Wan Chai, Eastern and Kwun Tong DHCs were approved by the Legislative Council (LegCo) Finance Committee in January, June and October 2021 respectively, and the DHCs will be completed progressively in the next few years. Besides, the Ex-Mong Kok Market site was handed over to the Urban Renewal Authority and its contractor in the first quarter of 2023 for carrying out retrofitting works for Yau Tsim Mong DHC with target completion in the fourth quarter of 2024. The Government will continue to take forward the projects for the long-term development of DHCs in all 18 districts as early as possible, and will seek LegCo's funding approval in due course. The Government will continue to subsidise non-governmental organisations to operate DHCEs in various districts prior to the official launch of respective DHCs. Services of DHCE will be migrated as appropriate to the DHC of respective districts at a later stage.

(4)

The staff establishment (including healthcare professionals and other supporting staff) and revised estimate (including the provisions for service contracts, site maintenance and rental cost) of all DHCEs in 2023-24 are set out in the table below:

	Central and Western	Eastern	Islands	Kowloon City	Kwun Tong	North	Sai Kung	Sha Tin	Tai Po	Wan Chai	Yau Tsim Mong
Staff establishment [Notes 8, 9]											
Project Coordinator	1	1	1	1	1	1	1	1	1	1	1
Medical Consultant [Note 10]	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Care Coordinator	4	3	3	1	5	1	2	5	5	4	1
Nurse				4		3	3				4
Physiotherapist	1	1	1	1	1	1	1	1	1	1	1
Occupational Therapist					1		1		0.5	1	
Pharmacist	0.5	0.5					1	1		1	
Dietitian				1	1	0.5	1		1		1

Social Worker, Administrative Staff and Supporting Staff	14	13	10	10	14.5	14	11	16.5	13.5	6.5	10
Total	**21**	**19**	**15.5**	**18.5**	**24**	**21**	**21.5**	**25**	**22.5**	**15**	**18.5**
2023-24 Revised Estimate ($ million)	**15**	**14**	**13**	**14**	**14**	**14**	**14**	**14**	**14**	**15**	**14**

Notes:

8. The staff establishment is proposed by DHCEs according to the service demand in the community and manpower estimation, and is reviewed and approved by the Government before entering into contracts with operators. The 0.5 staff establishment refers to a part-time position with half of the working hours of a full-time position. The actual number of staff may vary from time to time, depending on factors such as service demand and short-term manpower turnover, etc. The Government will continue to monitor the situation to ensure that services are not affected.
9. The staff establishment of each DHCE is dependent on the service demand and service delivery model of the district concerned, and so the figures are not directly comparable.
10. Medical Consultants are part-time or outsourced positions.

(6)

To build up a critical mass of district-based primary healthcare services throughout the territory, the Health Bureau created a non-recurrent commitment of $596.2 million in 2020-21 (Head 140 – Government Secretariat: Health Bureau Sub-head 700 General non-recurrent item 804 "DHC Express" Scheme) to fund the non-governmental organisations (NGOs) for setting up smaller interim DHCEs in 11 districts during the 3-year period where full-fledged DHCs are yet to be set up and achieved "coverage in all 18 districts".

The Government will continue to subsidise NGOs to operate DHCEs in various districts prior to the official launch of respective DHCs. In order to ensure sufficient funding for the operation of the respective DHCEs prior to the official launch of the full-fledged DHCs in all 18 districts in Hong Kong, we will increase the approved commitment of $596.2 million for "DHC Express" Scheme by $514.9 million to $1,111.1 million in financial year 2024-25 to meet the operating expenses of the DHCEs in the next 3 financial years.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2101)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

As stated in Matters Requiring Special Attention in 2024-25 under Programme (2), the Health Bureau will continue to take forward and implement policy initiatives to promote the development of primary healthcare having regard to the Primary Healthcare Blueprint, including implementing the 3-year Chronic Disease Co-care Pilot Scheme, enhancing the Elderly Health Care Voucher Scheme, and preparing for the establishment of the Primary Healthcare Commission. In this connection, please advise this Committee on the following:

1) What are the progress, manpower and expenditure involved in implementing the Primary Healthcare Blueprint announced in late 2022?
2) Since the launch of the Chronic Disease Co-care Pilot Scheme, what are the number of participants and the respective share of those diagnosed with prediabetes, diabetes mellitus or hypertension upon screening?
3) Since the launch of the Chronic Disease Co-care Pilot Scheme, what is the number of participating private healthcare facilities?
4) What are the progress of the preparatory work, and the estimated manpower and expenditure involved, in establishing the Primary Healthcare Commission?

Asked by: Hon KAN Wai-mun, Carmen (LegCo internal reference no.: 22)

Reply:

(1)

The Government released the Primary Healthcare Blueprint (the Blueprint) on 19 December 2022, setting out the development direction and strategies for coping with the challenges brought about by an ageing population and the increasing prevalence of chronic diseases. The Government is progressively taking forward various recommendations of the Blueprint over the short, medium and long term.

The Government has set up District Health Centres (DHCs) and interim DHC Expresses (DHCEs) of a smaller scale in all districts across the city, thereby attaining the goal of covering all 18 districts. In accordance with the Blueprint, the Government will

progressively strengthen the roles of DHCs as the coordinator of community primary healthcare services and case manager to support primary healthcare doctors, and district service hub connecting public and private healthcare professionals with different sectors in society.

The Government launched the three-year Chronic Diseases Co-Care Pilot Scheme (CDCC Pilot Scheme) in November 2023, which is the first major initiative after the announcement of the Blueprint at the end of 2022, to establish family doctor regime and position the DHC and DHCE as a hub in fostering expansion of healthcare network at the community level. Additionally, in 2023, the Government extended the Elderly Health Care Voucher Scheme to cover more healthcare professionals and allowed shared use of vouchers between spouses, and launched the Elderly Health Care Voucher Pilot Reward Scheme to tie in with the prevention-oriented direction as put forward in the Blueprint. The Government will continue to advocate the concept of "Family Doctor for All". As at 29 February 2024, there are 3 700 doctors enrolled in the Primary Care Directory. The Government will also gradually reposition the General Out-patient Clinics to focus on taking care of low-income persons and the socially disadvantaged groups, and orderly migrate some primary healthcare services under the Department of Health, including Woman Health Centres and Elderly Health Centres, to the primary healthcare system. The Government has begun exploring the setting up of a community drug formulary and planning of the community pharmacy programme, aiming to facilitate patients receiving government-subsidised healthcare services to purchase drugs at affordable prices in the community. Besides, the Government is actively planning for the establishment of the Primary Healthcare Commission. The Government will continue to work with the healthcare sector and non-governmental organisations to implement the Blueprint.

(2) & (3)

The Government has launched the 3-year CDCC Pilot Scheme since 13 November 2023 to provide subsidised diabetes mellitus (DM) and hypertension (HT) screening services in the private healthcare sector to Hong Kong residents aged 45 or above with no known medical history of DM or HT. As at 27 March 2024 [provisional figure], around 30 000 members of the public and over 500 family doctors have participated in the scheme. Over 15 000 of the participants have completed the screenings for DM and HT, and nearly 6 000 of them (i.e. over 30%) have been diagnosed with prediabetes [Note 1], DM or HT. These patients can proceed to the treatment phase and will be subsidised by the Government to continue their treatment with self-selected family doctors, and subject to their health conditions, be offered prescribed medication, follow-up care at nurse clinics and allied health services.

The CDCC Pilot Scheme is a three-year pilot scheme, we will conduct evaluation on its overall effectiveness. To review the effectiveness of the scheme, the Government has commissioned a local university in the first quarter of 2024 to conduct a study to assess the extent to which the objectives of the scheme are met and the overall performance, including the service quality and effectiveness, as well as the cost-effectiveness of the scheme. In addition, the Government will review the service model and operational details of the CDCC Pilot Scheme in a timely manner and make enhancements as necessary to ensure its effectiveness. The Government will, having regard to the outcomes of the review, consider whether to expand the service scope of the CDCC Pilot Scheme.

Note:

1. A blood glucose level ranging from 6.0 to 6.4% for glycated haemoglobin or a fasting glucose level of 6.1 to 6.9 mmol/L.

(4)

The Government is progressively transforming the Primary Healthcare Office (PHO) currently under the Health Bureau into the Primary Healthcare Commission in 2024 in accordance with the recommendations set out in the Blueprint. The estimated expenditure for the PHO in 2024-25 is $1,159 million [Note 2] which includes the operating cost of the seven DHCs that have already commenced services and three DHCs that will commence services in the next few years, as well as the remuneration of about 130 PHO staff. The Government is preparing for the establishment of the Primary Healthcare Commission and details will be announced in due course.

In accordance with the Blueprint, the Government recommends a holistic approach at the policy level in addressing the systemic imbalances between primary healthcare and secondary/tertiary healthcare in terms of policymaking, financing, manpower, regulation and outcome monitoring. In addition, the Blueprint also recommends to strengthen co-ordination to ensure the implementation of the commitment to drive institutional changes and enhance cross-sectoral and inter-organisational co-ordination among primary healthcare services in an integrated manner.

We consider that an overarching governance structure focusing on positioning primary healthcare as a health system priority is essential to enable a vision- and mission- led policymaking process. The proposed Primary Healthcare Commission will be empowered to oversee primary healthcare service delivery, standard setting, quality assurance and training of primary healthcare professionals under one roof, as well as to take on service planning and resource allocation through strategic purchasing. It will also be tasked to review the roles of different key service providers in primary healthcare and enhance cross-sectoral and inter-organisational co-ordination. Specifically, the Primary Healthcare Commission will be given the statutory power to oversee –

(a) the co-ordination and provision of primary healthcare services, including service planning and resource allocation through strategic purchasing;
(b) standard and protocol setting, devising quality assurance mechanism and monitoring the quality of primary healthcare services; and
(c) the training of primary healthcare professionals.

Through its functions, the Primary Healthcare Commission will be able to co-ordinate inputs from stakeholders, develop and implement policies and strategies, and monitor and evaluate the effectiveness of the primary healthcare system in attaining our vision of improving the overall health status of the population, providing accessible and coherent healthcare services, and establishing a sustainable healthcare system.

Note:

2. The operating expenses of the 11 DHCEs are not included in the above-mentioned estimated recurrent expenditure. Their expenses are separately reflected in the cash

flow estimates of the “DHC Express” Scheme’s non-recurrent expenditure commitments.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2607)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: Not Specified

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

According to the Budget, the actual expenditures for 2022-23 and 2023-24 are about $113.7 billion and $96.8 billion respectively, while the estimate for 2024-25 is approximately $99.9 billion. In this regard, will the Government inform this Committee of the following:

(1) Hong Kong is facing a rapidly ageing population, with a significant rise in the proportion of elderly people. In the past 3 years, has the Government conducted any research and analysis on the changes in healthcare service demand due to the ageing population? If so, what are the details?

(2) In response to the future demand from an ageing population, does the Hospital Authority have any ideas and plans to ensure that its services can adapt to future developments?

Asked by: Hon KONG Yuk-foon, Doreen (LegCo internal reference no.: 25)

Reply:

1.

The Health Bureau (HHB) has been keeping in view the impact of the ageing of the Hong Kong population on the types and demand of healthcare services as well as that on the use of healthcare resources. The overall healthcare expenditures were higher than usual due to the efforts against the COVID-19 epidemic in 2020-21 to 2022-23. If relevant expenditures for coping with the epidemic were excluded, the healthcare expenditures of recent years have already increased correspondingly to dovetail with the expected additional service demand due to the ageing population.

To facilitate the formulation of related health policies, as well as planning and evaluation of services for the elderly, the HHB has commissioned universities through the Health and Medical Research Fund (HMRF) to conduct studies including survey on prevalence of mental health problems of the elderly; follow up on different groups of elders with delayed-onset dementia, symptoms of depression and anxiety; and understand the determinants and trajectories of major chronic illnesses at the end-of-life stage and the development of risk prediction models. Other commissioned research projects include improving infection control measures in residential care homes for the elderly (RCHEs); evaluating the immune

response of the elderly to different vaccines such as the COVID-19 and influenza vaccines; identifying reasons for vaccine hesitancy and formulating vaccination strategies; and the psychological and social effects of COVID-19.

The HMRF also supports investigator-initiated research projects through annual open calls. Higher priority for funding will be given to proposals addressing the thematic priorities specified in each year. During the open calls in 2022 and 2023, "ageing and elderly care" was included in the thematic priorities to address problems related to the ageing population, including sarcopenia, frailty, fracture, falls, cognitive impairment and promotion of healthy ageing; and development and evaluation of palliative care and end-of-life care delivery. Other thematic priorities addressed non-communicable diseases (NCDs) and other common diseases suffered by elders, including cardiovascular diseases, cancers, chronic respiratory diseases, diabetes mellitus and mental disorders, with a view to enhancing the effectiveness and cost-effectiveness of the service models for prevention and management of NCDs. In the open calls over the past 3 years, funding was granted to around 40 projects related to health issues of the elderly population.

Ageing population and increasing chronic diseases prevalence are expected to being immense pressure on secondary/tertiary care. Hence, the Government released the Primary Healthcare Blueprint (the Blueprint) on 19 December 2022, setting out the development direction and strategies for coping with the challenges brought about by an ageing population and the increasing prevalence of chronic diseases. The Government is progressively taking forward various recommendations of the Blueprint over the short, medium and long term.

The Government has set up District Health Centres (DHCs) and interim DHC Expresses (DHCEs) of a smaller scale in all districts across the city, thereby attaining the goal of covering all 18 districts. In accordance with the Blueprint, the Government will progressively strengthen the roles of DHCs as the coordinators of community primary healthcare services and case manager to support primary healthcare doctors, and district service hub connecting public and private healthcare professionals with different sectors in society.

The Government launched the three-year Chronic Disease Co-Care Pilot Scheme in November 2023, which is the first major initiative after the announcement of the Blueprint at the end of 2022, to establish family doctor regime and position the DHC and DHCE as a hub in fostering expansion of healthcare network at the community level. Additionally, in 2023, the Government extended the Elderly Health Care Voucher Scheme to cover more healthcare professionals and allowed shared use of vouchers between spouses, and launched the Elderly Health Care Voucher Pilot Reward Scheme to tie in with the prevention-oriented direction as put forward in the Blueprint. The Government will continue to advocate the concept of "Family Doctor for All". As at 29 February 2024, there are 3 700 doctors enrolled in the Primary Care Directory. The Government will also gradually reposition the General Out-patient Clinics (GOPCs) to focus on taking care of the low-income and socially disadvantaged groups, and orderly migrate some primary healthcare services under the DH, including Woman Health Centres and Elderly Health Centres, to the primary healthcare system. The Government has begun exploring the setting up of a community drug formulary and planning of a community pharmacy programme, aiming to facilitate patients receiving government-subsidised healthcare services to purchase drugs at affordable prices in the community. Besides, the Government is actively planning for the establishment of the Primary Healthcare Commission. The Government will continue to work with the healthcare sector and non-

government organisations to implement the Blueprint, with a view to establishing a sustainable healthcare system.

In addition, HA will consider the impact of the ageing population on service demand when planning and developing various public healthcare facilities and services. The HA devised the Strategic Service Framework for Elderly Patients as early as 2012 to formulate a strategic framework and provide guidelines for the development of elderly healthcare services, with a view to providing better integrated care for patients. A review on the Strategic Service Framework was completed in 2022 with 5 recommendations for the strategic directions updated:

(1) Clinical procedures and data-driven care: to expand the application of the existing clinical guidelines in clinical services to support the patient journey; to establish and apply risk stratification tools in clinical care procedures, such as the Hospital "Admission Risk Reduction Program for the Elderly", "e-Frailty Index", and chronic disease risk prediction model;

(2) Multi-disciplinary collaboration: to develop multi-disciplinary clinical guidelines to enhance multi-disciplinary collaboration; to strengthen the role of nurse coordinators/nurse consultants in multi-disciplinary teams;

(3) Community-based services and collaboration: to strengthen the assessment and discharge planning of "Integrated Discharge Support Service for the Elderly"; to promote ambulatory care and day services; to develop medical-social collaboration and optimise the use of community resources; to strengthen the support provided by community health nurses to frail elderly at home, as well as the service coverage of the Community Geriatric Assessment Teams (CGATs) and the clinical support for RCHEs;

(4) Staff training and development: to enhance training and continuous professional development for staff involved in elderly healthcare services; to provide continuous development opportunities for geriatric healthcare personnel; and

(5) Governance structure, related support and service monitoring: to enhance information technology support to facilitate communication and care co-ordination; to capitalise on clinical leadership and nursing expertise and to strengthen manpower; to explore room for improvement in related support such as hardware, facilities and infrastructure; and to explore and take forward the development of key performance indicators to monitor service quality.

The HA is pursuing various initiatives for improving healthcare services for the elderly on the basis of the suggestions above in an orderly manner.

2.

The impact of ageing population on the demand for hospital beds is particularly notable. HA will increase the number of hospital beds and build modern healthcare facilities (including operating theatres, diagnostic radiology facilities, etc.) through implementation of the Hospital Development Plans. Meanwhile, HA will continue to take forward smart care by

adopting advanced technology and new service models to enhance healthcare effectiveness, thereby reducing the demand for in-patient services while providing appropriate care for patients.

On the basis of the above healthcare development strategies, the key healthcare services currently provided by HA specifically for the elderly include:

(1) HA's GOPC service users are mainly the elderly, low-income persons, and patients with chronic diseases. HA has provided the Elderly Appointment Quotas whereby individual GOPCs will allocate some of the quotas to patients aged 65 or above with reference to the distribution of service users and service utilisation status in the district;

(2) HA has strengthened the integrated transitional support services for elderly patients at higher risk of hospital readmission. Healthcare professionals will assess the needs of the patients and formulate discharge plan upon patient admission, provide them with post-discharge support, and engage community service organisations to provide transitional personal care, home support services and carer training, so as to facilitate the elderly to age in place;

(3) HA has set up the Patient Support Call Centre to provide telephone support service to high-risk elderly patients discharged from hospitals; and

(4) HA's CGATs will visit RCHEs regularly and provide comprehensive multi-disciplinary care to frail elderly patients with complex health problems as well as poor functional and mobility status living in RCHEs, while allied health professionals will provide them with community rehabilitation services. Also, the CGATs will, in cooperation with palliative care teams and the RCHEs, provide end-of-life care service for the elderly and training for staff.

HA will keep monitoring the utilisation of its various healthcare services and plans public healthcare services according to the population projection parameters (including population ageing) across different districts in Hong Kong and development plans of the Government to meet the public's needs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2226)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in Matters Requiring Special Attention in 2024-25 under Programme (2) that the Health Bureau will continue to take forward the review of the dental care services provided or subsidised by the Government. At present, the waiting time for dental services in the public healthcare system is long, and members of the public even have to wait overnight for dental services, while the high fees charged by private dental clinics are unaffordable to the grassroots. Coupled with the ageing population in Hong Kong, the demand for dental services has risen. The situation will only deteriorate if no measures are taken. In this connection, will the Government inform this Committee:

1. whether it will consider expanding the scope of the School Dental Care Service of the Department of Health to cover secondary school students and regularising the Jockey Club Children Oral Health Project; if so, of the specific support measures and ways to strengthen the services, and the estimated expenditure involved; if not, the reasons for that;
2. whether the Government has any plan to set up additional public dental clinics and whether it has given any consideration to subsidising non-governmental organisations to operate mobile dental clinics so that there will be at least 1 clinic in each of the 18 districts throughout the territory, and improving out-patient dental services, including extension of service hours and expansion of service scope to cover filling, crowning and root canal treatment, etc. given that there are only 11 out-patient dental clinics currently operating in the territory, that they do not have a proper geographical distribution or sufficient opening hours (e.g. 8 out of 18 districts are not served by any clinic; some are provided with only 1 to 2 sessions of services per week), and that the clinics only provide pain relief and teeth extraction services; if so, of the estimated expenditure involved; if not, the reasons for that?

Asked by: Hon KOON Ho-ming, Peter Douglas (LegCo internal reference no.: 1)

Reply:

1 and 2

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups defined by the Working Group, including persons with financial difficulties, persons with disabilities or special needs, and the high risk groups.

The Chief Executive announced in the 2023 Policy Address that the Government plans to launch the Primary Dental Co-Care Pilot Scheme for Adolescents (PDCC) in 2025 as an interface with the School Dental Care Service for primary school students by providing partial subsidies for private dental check-up services for adolescents aged between 13 and 17, as well as to foster the establishment of a long-term partnership between the adolescents and the dentists in the non-governmental organisations (NGOs) or private sector and to promote the adolescents life-long habit of regular dental check-ups for prevention of dental diseases.

The Faculty of Dentistry of the University of Hong Kong launched the Jockey Club Children Oral Health Project in 2019 with the support of the Hong Kong Jockey Club Charities Trust. The Working Group reviewed the data collected by the Faculty of Dentistry of the University of Hong Kong and noted that the Project was effective in slowing down tooth decay among preschool children. The Project will be supported by the Hong Kong Jockey Club Charities Trust up to the 2025/26 academic year. The Working Group will continuously monitor the effectiveness of this Project to determine the way forward for dental services for preschool children.

The Government currently provides or subsidises limited dental services, which mainly include the management of dental emergencies for the public and the implementation of measures catering for persons with special needs, especially the elderly persons and families with financial difficulties or persons who have difficulties in accessing general dental services. Services provided for persons with special needs include special care dental services for persons with intellectual disability and the Healthy Teeth Collaboration, as well as dental care support for the elderly persons under the Outreach Dental Care Programme for the Elderly and the Elderly Dental Assistance Programme funded by the Community Care Fund. Also, elderly persons may use health care vouchers to receive dental services in the private sector, and persons with financial difficulties may apply for dental grant to cover dental treatment expenses under the Comprehensive Social Security Assistance Scheme.

Besides, free emergency dental service (generally referred to as General Public (GP) Sessions) are provided by the Department of Health (DH) through designated sessions each week in its 11 government dental clinics. Dental service under the GP Sessions only include treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists will also provide professional advice based on individual needs of patients. Under the civil service terms of appointment, the Government is obliged to provide dental benefits for civil servants/pensioners and their eligible dependents. Dental clinics under the DH are established primarily for fulfilling this obligation. That said, the Government uses a small fraction of the service capacity of the dental clinics to provide supplementary emergency dental service to the general public.

The Working Group considered that the current mode of service of GP Sessions was not effective in targeting underprivileged groups in need. Taking into consideration the dentist manpower shortage in the DH, the Working Group noted that the disc allocation under the GP sessions arrangement cannot be increased in the near future, and that tooth extraction service is not in line with the goal to improve oral health by retaining natural teeth. The Working Group considered that it is more appropriate to increase the service capacity in collaboration with the NGOs under a new service model to address the service demands of the underprivileged groups. As announced in the Chief Executive's 2023 Policy Address, the Government will collaborate with the NGOs to increase the emergency dental services targeting at the underprivileged groups with financial difficulties in 2025 through expansion of service capacity, service points and service scope to promote early identification and timely intervention of dental diseases. The target is to provide a service capacity of at least 2 times the current capacity of GP Sessions arrangement. The Health Bureau is exploring the details and will announce the details in due course.

In 2024-25, the DH has earmarked about $77 million to enhance public dental services, including enhancement of the Healthy Teeth Collaboration and emergency dental service, and launch of the PDCC. The Government will also deploy additional manpower to carry out the relevant preparatory work.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2227)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

In Matters Requiring Special Attention in 2024-25 under Programme (2), it is mentioned that the Health Bureau will enhance the Elderly Health Care Voucher Scheme. In this connection, would the Government inform this Committee of the following:

At present, non-institutionalised elderly persons can use private healthcare services only under the Government's Elderly Health Care Voucher Scheme. Each eligible elderly person is allotted health care vouchers with a cap on the cumulative value at $8,000 only, which is just a drop in the bucket for many elderly people who need to receive dental treatment. Will the Government consider introducing "dental care vouchers" for eligible elderly persons and extending the scope of application of such vouchers to the Greater Bay Area? Also, will the Government study the introduction of elderly dental care services to allow non-institutionalised elderly persons aged 65 or above to receive regular dental check-ups so as to better cater for and support the needs in dental care of the elderly? If so, what are the manpower and estimated expenditure involved in these services? If not, what are the reasons?

Asked by: Hon KOON Ho-ming, Peter Douglas (LegCo internal reference no.: 2)

Reply:

The Elderly Health Care Voucher Scheme (EHVS) provides eligible Hong Kong elderly persons aged 65 or above with an annual voucher amount of $2,000 to subsidise their use of private primary healthcare services, including dental services. The voucher accumulation limit was raised to $8,000 in 2019. The current arrangement provides greater flexibility for the elderly persons to choose private primary healthcare services that best suit their health needs. In 2023, the amount of Elderly Health Care Vouchers (EHCVs) claimed by the elderly persons for private dental services was around $413 million, accounting for 13% of the total amount claimed for the year, which was the third largest among the 14 types of healthcare service providers [Note] at that time.

To optimise the use of resources for promoting primary healthcare, the Department of Health further enhanced EHVS to allow the shared use of EHCVs between spouses and the use of

electronic consent with effect from 28 July 2023. A three-year EHCV Pilot Reward Scheme was launched on 13 November of the same year. Elderly persons who have used $1,000 or more of health care vouchers for designated primary healthcare purposes such as preventive healthcare and health management (as regards dental services, they include dental examination, scaling, extraction and filling) within the same year will be automatically allotted a $500 reward into their voucher accounts which can be used for the same designated primary healthcare purposes. This can provide an incentive for elderly persons to use EHCVs for regular dental examination.

In addition, eligible elderly persons can use EHCVs to pay for services provided by the University of Hong Kong – Shenzhen Hospital, also including dental services. The Government announced on 19 February 2024 the inclusion of 7 medical institutions in the Guangdong-Hong Kong-Macao Greater Bay Area (GBA) in the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme), offering eligible Hong Kong elderly persons additional options of service points for using EHCVs in the GBA. The medical institutions included in the Pilot Scheme are 5 medical institutions providing integrated services (all of which provide dental services) and 2 dental institutions. The pilot medical institutions are expected to gradually launch the relevant arrangements under the Pilot Scheme starting from the third quarter of 2024, enabling eligible Hong Kong elderly persons to use health care vouchers to pay for services received. It is estimated that nearly 1.7 million eligible Hong Kong elderly persons will benefit from the Pilot Scheme.

The Government currently subsidises elderly persons to use private healthcare services, including dental services, through EHCVs. At the same time, the Government provides subsidies covering dental services to elderly persons with financial difficulties, including the Elderly Dental Assistance Programme funded by the Community Care Fund and the dental grant under the Comprehensive Social Security Assistance Scheme. At this stage, the Government does not have any plan to introduce an elderly health care voucher designated for dental services. However, the Government will explore how to incentivise elderly persons to receive regular dental check-ups and preventive dental services by various measures, such as the Elderly Health Care Voucher Pilot Reward Scheme and the promotion of dental check-ups in collaboration with the dental profession, so as to achieve the goals of retention of natural teeth and enhancement of the overall level of oral health through prevention, early identification and timely intervention.

Note: With effect from 28 April 2023, the coverage of EHVS has been extended to include 4 categories of healthcare profession under the Accredited Registers Scheme for Healthcare Professions. Apart from the primary healthcare services provided by medical practitioners, Chinese medicine practitioners, dentists, nurses, physiotherapists, occupational therapists, radiographers, medical laboratory technologists, chiropractors and optometrists with Part I registration, eligible elderly persons can also use EHCVs to pay for the primary healthcare services provided by audiologists, dietitians, clinical psychologists and speech therapists enrolled in EHVS with effect from the same day.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2228)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Hong Kong has been facing a serious shortage of dentists. Statistics show that the dentist-to-population ratio in Hong Kong is relatively low, with an average of only about 3.7 dentists per 10 000 citizens, lagging behind many developed countries and the Mainland. And the results of the Healthcare Manpower Projection 2020 show that there will be a persistent shortage of dentists in the short to medium term and the manpower gaps are projected to be 115 and 102 dentists in year 2030 and 2035 respectively. In light of the worrying situation, will the Government advise this Committee of the following:

1. It has been pointed out that the serious wastage of government dentists is mainly attributed to the pay gap between the Government and the private sector. The pay of working in the Government is just not high enough to attract practicing dentists or graduates. Moreover, the government has not filled the posts of senior and consultant dentists after the reduction of such posts in earlier years, resulting in a bottleneck in the promotion of dentists, with the average length of service before promotion being as long as 16 years. Will the Bureau review, and adjust where necessary, the existing remuneration and promotion prospects of government dentists, so as to attract and retain talents more proactively. If so, what is the scope of the review? If not, what are the reasons?

2. At present, the Faculty of Dentistry of the University of Hong Kong is the sole provider of undergraduate training in dentistry in Hong Kong. With only 90 training places each year, it is unable to train sufficient manpower to alleviate the problem of wastage of dentists. Will the Bureau allocate additional resources and manpower to explore different ways to train more dentists, including allowing other institutions to offer degree courses in dentistry, continuously increasing the number of places of the existing course, and exploring collaboration with institutions in the Greater Bay Area in organising dentistry courses? If so, what are the details? If not, what are the reasons?

Asked by: Hon KOON Ho-ming, Peter Douglas (LegCo internal reference no.: 3)

Reply:

1.

To attract more prospective candidates to apply for the post of Dental Officers (DOs), with the approval of the Civil Service Bureau, the Department of Health (DH) has been launching year-round recruitment starting from 2021, granting incremental credits based on the experience of candidates and lowering the Chinese language proficiency requirements. Apart from recruiting civil servants, the DH accepts applications for Non-Civil Service Contract positions from persons with relevant professional qualifications throughout the year. The DH also recruits eligible retired civil servants or civil servants who will soon retire to continue their service on contract terms through other channels, including the Post-retirement Service Contract Scheme. On staff promotion, according to Civil Service Regulation 109, selection of officers for promotion is decided on the criteria of character, ability, experience as well as qualifications prescribed for the promotion rank. Seniority is not a consideration unless no candidate who stands out as the most suitable officer for promotion. All eligible officers, irrespective of their terms of appointment, are considered on equal terms.

2.

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental care services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in the end of 2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in December 2023. The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. Primary dental care services for citizens should be developed by focusing on prevention of dental diseases and ancillary dental workers should be allowed to play a more significant role. In this regard, the Government has introduced the Dentists Registration (Amendment) Bill 2024 into the Legislative Council to suitably adjust the areas of practice of ancillary dental workers, and introduce a statutory registration regime for both dental hygienists and dental therapists under the regulatory control of the Dental Council of Hong Kong, with a view to recognising their professional status and ensuring patients' safety and service quality.

To enhance local training, in addition to increasing training places for the Higher Diploma in Dental Hygiene and Advanced Diploma in Dental Therapy under the School of Professional and Continuing Education of the University of Hong Kong, the Government is currently liaising with the Vocational Training Council for organising a new course for dental hygienists. The training places of dental hygienists and dental therapists will increase to nearly a double from 95 in the 2023/24 academic year to 185 in the 2024/25 academic year. To attract more people to join the industry, the DH will offer full tuition fee sponsorship to students studying the above diploma programmes. The number of sponsored places was 95 in the 2023/24 academic year. Dental hygienists and dental therapists who have received sponsorship are required to work in dental clinics under the DH or other specified non-governmental organisations for at least 1 year after graduation.

Regarding the training of dentists, the Government increased the number of first-year-first-degree training places of the University Grants Committee-funded bachelor programme in dentistry on four occasions. The number increased from 50 in the 2009/10 academic year to 90 in the 2024/25 academic year, representing an increase of 80%. Given the lead time required for training local dentists, as well as the practical constraints in expanding the teaching manpower and facilities, the Government cannot solely rely on increasing the number of local training places to address the imminent manpower shortage, particularly the acute shortage of dentists in the public sector. To ensure adequate manpower to support public or subsidised dental care services, the Government, through amending the DRO, will provide new pathways for the admission of qualified non-locally trained dentists to practise in specified institutions under the premise that the professional standards and patients' well-being are maintained. Meanwhile, the Government will keep in view the demand for dental care services in the community and the manpower situation of the profession to timely adjust the strategy in ensuring the supply of dentists and ancillary dental workers, including reviewing training places at regular intervals based on the manpower projection.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2230)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

In respect of the matters requiring special attention in 2024-25 under Programme (2), it is mentioned that the Health Bureau will take forward to develop and roll out eHealth+ to build a comprehensive healthcare information infrastructure over the next 5 years aiming to develop a personalised eHealth account for every resident to manage their digital health data, and to integrate the healthcare service processes in both public and private sectors. In this connection, will the Government inform this Committee of the following:

1. The total number of public hospitals, public clinics, private hospitals and private healthcare institutions (including clinics, residential care homes for the elderly and welfare organisations providing healthcare services) in Hong Kong which have registered as healthcare providers since the launch of eHealth in March 2016;
2. The total number of doctors, dentists, Chinese medicine practitioners and healthcare workers in Hong Kong who have registered with access to the electronic health records (eHRs) in the eHealth since it was launched in March 2016;
3. At present, the number of eHRs uploaded by private healthcare institutions remains very low, accounting for less than 1% of the total number of eHRs. This is a major obstacle to patients' access to a continuum of care. What targeted measures or incentives will the Health Bureau consider taking or offering in a bid to encourage more private healthcare institutions to upload patients' medical records to the eHealth;
4. Although some 6 000 000 members of the public have registered for the eHealth, about 70 per cent of them have not yet given sharing consent to any private healthcare institutions. What improvement measures will the Health Bureau adopt, such as further streamlining the existing arrangements for giving consent to sharing health data, to facilitate access to one's health records kept by the private sector and uploading of health records to personal eHealth accounts by members of the public;
5. As a sophisticated system with more functions, the eHealth+ will inevitably incur additional recurrent expenses, such as staff costs, and hardware and software maintenance costs. How much recurrent and non-recurrent funding is expected to be earmarked for the development of the eHealth+ in the coming 5 years? Please provide a breakdown by expenditure type.

Asked by: Hon KOON Ho-ming, Peter Douglas (LegCo internal reference no.: 5)

Reply:

(1)&(2) The Electronic Health Record Sharing System (eHealth), which came into operation in 2016, is a territory-wide electronic health record sharing platform developed by the Government since 2009. Participants can authorise healthcare providers (HCPs) in both public and private sectors to view and upload their electronic health records (eHRs) through eHealth. eHealth has undergone two stages of development. As of the end of February 2024, it recorded about 6 million registered users, accounting for nearly 80% of the population in Hong Kong. Regarding HCPs, all public hospitals and clinics, 13 private hospitals and over 3 000 other private healthcare organisations in Hong Kong have registered with eHealth, covering over 5 400 service locations. Besides, about 55 000 healthcare professionals have registered with eHealth, including 12 500 doctors, 760 dentists, 875 Chinese Medicine practitioners and about 40 700 other healthcare professionals.

Building on the current strengths of eHealth, the 2023 Policy Address announced the Government's initiative to roll out a five-year plan of "eHealth+" to develop eHealth into a comprehensive healthcare information infrastructure that integrates multiple functions of data sharing, service support and care journey management. We will take forward the "eHealth+" development under four strategic directions, namely "One Health Record", "One Care Journey", "One Digital Front Door to Empowering Tool" and "One Health Data Repository". "eHealth+" aims to better serve citizens in obtaining optimal healthcare services and support the Government's overall healthcare agenda, including primary healthcare and cross-boundary healthcare.

(3) Currently, there are over 3.85 billion eHRs shared on eHealth, the vast majority of which (more than 99%) come from public HCPs. Despite the high level of eHealth participation and usage by private HCPs, as well as system readiness of these HCPs especially private hospitals and imaging centres, health data contribution by private HCPs has remained extremely low. One key objective of "eHealth+" development is to significantly increase the uploading of eHRs by the private sector with a view to providing continuity of care for patients.

The Government has rolled out the eHealth Adoption Sponsorship Pilot Scheme by partnering with solution vendors of clinical management systems and medical groups for system enhancements to facilitate seamless data upload from the clinical management systems of private doctors to eHealth. The pilot scheme has been progressing well. As of the end of February 2024, around 400 private doctors have connected with eHealth and uploaded more than 160 000 eHRs. The Government will continue to boost data connectivity between eHealth and the electronic medical management systems in the community through the provision of technical and financial support.

The Government will progressively require all private HCPs participating in all government-funded or subsidised health programmes to upload eHRs of the relevant service users onto eHealth, so as to assist members of the public in building and maintaining a complete health profile. In the future, we will launch an "eHealth+" certification scheme to facilitate the public to identify the capability of HCPs in

uploading medical records and the extent of information involved, in order to support their choice of suitable healthcare service providers.

The Government will also consider amending the Electronic Health Record Sharing System Ordinance (Cap. 625) (the eHR Ordinance) so as to empower the Secretary for Health to require HCPs to deposit specified essential health data in the personalised eHealth accounts of the public, thereby manifesting their right to access and manage their personal health records.

(4) Currently, an individual needs to give a "joining consent" and a "sharing consent" to a private HCP before the latter can upload data to his/her eHealth account. Of the nearly 6 million registered users of eHealth (i.e. those who have provided "joining consent"), over 70% have not given "sharing consent" to any private HCP, partly due to the relatively complicated two-step consent model, which some citizens may not fully understand. To facilitate citizens in unlocking the flow of eHRs from the private sector to their personalised eHealth account, we will revise the eHR Ordinance to streamline the consent mechanism.

(5) We plan to seek the Finance Committee's approval for a capital funding of about $1,395.8 million this year to support the implementation of "eHealth+". A breakdown of the estimated expenditure by key cost item is set out in the table below:

Items	**Expenditure ($'000)**
(a) Hardware	44,495
(b) Software	80,194
(c) Communication network	19,291
(d) Development team	
(i) Programme Office, project management and external engagement	92,188
(ii) Product, clinical services design and architect	115,236
(iii) Product development and implementation	115,235
(iv) Security and quality assurance	138,283
(e) Implementation services	
(i) Technical consultancy and services	63,232
(ii) Software development services	252,930
(iii) Cybersecurity and quality assurance	126,465
(iv) Rollout, engagement and implementation	189,697
(f) Training	1,784
(g) Others	29,895
Sub-Total	1,268,925
(h) Contingency	126,893
Total	1,395,818

As for recurrent expenditure such as staff costs, hardware and software maintenance, etc., we will work out the estimates nearer the time having regard to the number of new features and functionalities developed and the pace of project development, taking into account the prevailing technology advancement and market changes, as well as adhering to the value for money principle.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2231)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The Department of Health has set up the Centralised Organ Donation Register (CODR) to make it more convenient for prospective donors to voluntarily register their wish to donate organs after death, and for such wish to be properly recorded. In this connection, will the Government inform this Committee of:

1. the numbers of new registrations, withdrawals of registration and cumulative total registrations recorded in the CODR in each of the past 3 years;

2. the number of patients waiting for organ or tissue transplants, their average waiting time and the number of organ or tissue donations handled by the Hospital Authority in the past 3 years;

3. with nearly 3 000 people in Hong Kong currently waiting for organ transplants every day, whether Government resources and manpower will be increased in publicity work to promote organ donation in the coming year; if yes, what is the estimated expenditure involved; if no, what are the reasons?

Asked by: Hon KOON Ho-ming, Peter Douglas (LegCo internal reference no.: 6)

Reply:

(1)

The numbers of registrations recorded in the Centralised Organ Donation Register (CODR) in the past 3 years are as follows:

	2021	**2022**	**2023**
Number of new registrations [1]	12 829	13 418	25 968
Cumulative total number of registrations (as at 31 December of the year)	343 593	356 093	367 199
Number of withdrawals of registration [2]	748	1 068	14 862[3]

Note:

1. Number of new registrations refers to:
   (a) In or before April 2022 – the number of new registrations verified by the Department of Health (DH) minus the number of effective withdrawals during the same period (i.e. net increase in the cumulative number of registrations in the period); and
   (b) In or after May 2022 (after enhancement of the CODR System) – the number of new registrations verified by the DH (the number of effective withdrawals during the same period is not deducted in order to indicate more clearly the number of new registrations).

2. Number of withdrawals of registration refers to:
   (a) In or before April 2022 – the number of applications for withdrawal handled by the DH (without deducting the invalid applications); and
   (b) In or after May 2022 (after enhancement of the CODR System) – consists only of the effective withdrawals as verified by the DH.

3. During the period of May and June 2023, the spreading of quite a number of malicious remarks intending to mislead the public had led to an unusual surge in the number of withdrawals of registration from the CODR. Subsequently, with the Government's strengthened publicity efforts, the number of withdrawals of registration has returned to normal, with approximately 40 cases per month currently.

(2)

The number of patients waiting for organ/tissue transplant, their average waiting time and the number of organ/tissue donation cases handled by the Hospital Authority (HA) in the past 3 years are as follows:

Year (as at December 31)	**Organ/ Tissue**	**Number of Patients Waiting for Transplant**	**Average Waiting Time (months) [4]**	**Number of Donation Cases [6]**
2021	Kidney	2 360	56	72 (Cadaveric donation: 57 Living donation: 15)
	Liver	69	38.2	53 (Cadaveric donation: 33 Living donation: 20)
	Heart	78	27.7	8
	Lung	19	22.9	14
	Cornea (piece)	263	15.1	306
	Skin	N/A [5]		3
	Bone			1
2022	Kidney	2 451	56.8	56 (Cadaveric donation: 45 Living donation: 11)

Year (as at December 31)	Organ/ Tissue	Number of Patients Waiting for Transplant	Average Waiting Time (months) [4]	Number of Donation Cases [6]
	Liver	66	38.2	29 (Cadaveric donation:17 Living donation: 12)
	Heart	81	23.5	11
	Lung	13	27.6	7
	Cornea (piece)	357	21.2	244
	Skin	N/A [5]		5
	Bone			0
2023	Kidney	2 429	60	52 (Cadaveric donation: 41 Living donation: 11)
	Liver	81	33.4	30 (Cadaveric donation: 17 Living donation: 13)
	Heart	76	36.8	8
	Lung	21	28.2	2
	Cornea (piece)	474	31.3	253
	Skin	N/A [5]		2
	Bone			0

Note:

4. "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.
5. Cases of skin and bone transplant are sudden and emergency in nature. Substitutes will be used if no suitable skin or bone is identified for transplant.
6. Living donation applies to liver/kidney transplant only.

(3)

In 2023, the Government stepped up publicity efforts on organ donation and achieved positive results. The total number of registrations in the CODR has reached a record high. The Health Bureau, the DH and the HA will continue their multi-pronged strategies and strengthen collaboration with different sectors through various channels, including (1) setting up organ donation promotion booths and organising promotion activities to encourage public registration in the CODR; (2) using various channels, e.g. television, radio, newspapers and the internet for publicity; (3) promoting e-engagement of the public through a dedicated social media page "Organ Donation at HK"; (4) educating the public through health talks; (5) producing publicity materials for distribution in various events and activities; (6) developing an institution-based network by working with signatories of the Organ Donation Promotion Charter and supporters to promote organ donation; and (7) staging large-scale publicity events.

On the basis of the case of the first cross-boundary organ transplant in December 2022, the Government is making continued efforts to actively explore the setting up of a standing organ transplant mutual assistance mechanism with the relevant authorities of the Mainland. The mutual assistance mechanism will adopt a second-tier allocation mechanism. It will be activated only when suitable patients cannot be identified for a cadaveric organ donated in the Mainland or Hong Kong Special Administrative Region and matching is unsuccessful in its local allocation system for the relevant organ. We are now formulating the relevant operational details, among which the technical requirements, criteria and procedures will be aligned to ensure that organ donation is conducted in a safe, legal, fair and equitable manner to benefit patients with the greatest need, hence giving patients on the waiting list an extra chance to live a new life.

While pursuing the regularisation of a standing organ transplant mutual assistance mechanism, we will continue to seek assistance from the Mainland for patients with urgent need. Such experiences in handling relevant cases may be modelled upon in formulating the aforementioned operational arrangements and will provide the basis for taking forward the relevant tasks.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2232)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2024-25 under Programme (2) that the Health Bureau will continue to take forward and enhance the development of District Health Centres (DHCs) and District Health Centre Expresses (DHCEs) across the territory. In this connection, would the Government inform this Committee of the following:

1. information on various DHCs: (i) the number of attendances, (ii) the number of referrals received from public hospitals, and (iii) the types of such referrals since the commencement of their services;
2. whether the Government will increase resources and manpower in the coming year to enhance the services provided by various DHCs and DHCEs, and whether it will set relevant Key Performance Indicators (KPIs) for the services provided by them. If yes, what is the estimated expenditure involved? If not, what are the reasons?
3. whether the Government has reserved suitable sites for setting up DHCs given that primary healthcare co-ordination work in 11 districts in Hong Kong is still undertaken by interim DHCEs at present?

Asked by: Hon KOON Ho-ming, Peter Douglas (LegCo internal reference no.: 7)

Reply:

(1)
The cumulative numbers of attendances of Kwai Tsing, Sham Shui Po, Tuen Mun, Wong Tai Sin, Southern, Yuen Long and Tsuen Wan District Health Centres (DHCs) are set out in the table below:

DHC **Service commencement date**	**Cumulative number of attendances (as at 31 December 2023)** Notes 1, 2, 3, 4 **[Provisional figures]**	
	Category 1 Service/Activity Note 5	**Category 2 Service/Activity** Note 6
Kwai Tsing DHC 24 September 2019	194 700	182 900

Sham Shui Po DHC 30 June 2021	61 000	56 700
Tuen Mun DHC 31 May 2022	78 900	84 600
Wong Tai Sin DHC 30 June 2022	43 000	32 400
Southern DHC 17 October 2022	39 700	31 300
Yuen Long DHC 24 October 2022	46 000	51 500
Tsuen Wan DHC 30 December 2022	39 600	30 000

Notes:

1. Figures are rounded to the nearest hundred.
2. The figures only include service figures captured from the DHC information system, and do not include those relating to medical laboratory tests.
3. Starting from April 2021, a revised classification of disease prevention services has been adopted. Statistics on related services are not directly comparable to earlier figures.
4. The service figures above have included services provided by DHCs for participants of the Chronic Disease Co-care Pilot Scheme which was launched on 13 November 2023.
5. Category 1 service/activity includes health promotion and education.
6. Category 2 service/activity includes health risk assessment, screening for diabetes mellitus and hypertension, chronic disease management and community rehabilitation programme (including cases referred by Hospital Authority). Health Bureau does not maintain other separate breakdown mentioned in the question.

(2)

In face of the pressure brought about by an ageing population and the increasing prevalence of chronic diseases, the Government released the Primary Healthcare Blueprint (the Blueprint) in December 2022, setting out a series of reform initiatives to strengthen primary healthcare services in Hong Kong. One of the recommendations in the Blueprint is to further develop a district-based family-centric community health system based on the DHC model.

As the healthcare service and resource hub in the community, the DHCs are crucial in strengthening the concept of "Family Doctor for All" and cultivating a long-term doctor-patient relationship between the patient and his/her family doctor (especially in the management of chronic diseases). The Government has implemented the Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) since November last year, further strengthening the role of the DHCs/DHCEs with a view to supporting participants to better control hypertension and diabetes mellitus and prevent complications, as well as co-ordinating and arranging participants to receive screening and appropriate multidisciplinary treatment (including physiotherapy, dietetic consultation, optometry assessment and podiatry services) in private sectors at a subsidised rate.

The Government will continue to review the services of the DHCs with a view to strengthening their roles as the co-ordinator of community primary healthcare services and case manager, so as to provide comprehensive primary healthcare services to the public in the community. The Government has also commissioned the Chinese University of Hong Kong to conduct a monitoring and evaluation study on the DHCs to evaluate their degree of achievement of different targets and overall performance, including the quality and effectiveness of different DHC services, influences of DHC services towards individuals and the community as well as the cost-effectiveness of the DHCs. The report of the evaluation study will be submitted to the Steering Committee on Primary Healthcare Development for deliberation. The Government shall consider the report and views of the Steering Committee when reviewing the service of the DHCs.

The Government will also enhance the terms of the DHC operation service contracts. Currently, the DHC operation service contracts have provided specific descriptions of various facilities and service requirements, including recruitment and qualifications of the network service providers, required numbers of various professionals, the areas and numbers of satellite centres to be established as well as staffing establishment of the centres. The tender documents have also stated that the Government shall have the right to terminate the contract upon an operator's non-compliance of the contract requirements. Starting from this year, the Primary Healthcare Office (PHO) will adjust the terms of operation service contracts for the DHCs and DHCEs progressively, including adjustment on the categories of service targets to complement the enhancement of DHC services, such as pairing of family doctors for citizens and nurse clinic service provision, etc. With the implementation of the CDCC Pilot Scheme, the PHO will also review the performance assessment indicators of the DHCs to include new members' participation in the CDCC Pilot Scheme as one of the indicators.

(3)

The Government has set up DHCs and smaller interim DHC Expresses (DHCEs) by renting premises across the territory by 2022, thereby attaining the goal of covering all 18 districts.

The Government is concurrently taking forward the establishment of DHCs in all districts. The funding proposals in relation to the construction of the Wan Chai, Eastern and Kwun Tong DHCs were approved by the Legislative Council (LegCo) Finance Committee in January, June and October 2021 respectively, and the DHCs will be completed progressively in the next few years. Besides, the Ex-Mong Kok Market site was handed over to the Urban Renewal Authority and its contractor in the first quarter of 2023 for carrying out retrofitting works for Yau Tsim Mong DHC with target completion in the fourth quarter of 2024. The Government will continue to take forward the projects for the long-term development of DHCs in all 18 districts as early as possible, and will seek LegCo's funding approval in due course. The Government will continue to subsidise non-governmental organisations to operate DHCEs in various districts prior to the official launch of respective DHCs. Services of DHCE will be migrated as appropriate to the DHC of respective districts at a later stage.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2233)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is noted that in recent years, the Hospital Authority (HA) has been actively promoting telehealth such that suitable patients can receive services without having to visit hospitals or specialist out-patient clinics (SOPCs). Apart from providing tele-consultation services to confirmed COVID-19 patients during the epidemic, the HA has also introduced telehealth services in different SOPCs, nurse clinics, allied health services and outreach services. In this connection, will the Government inform this Committee of:

1. the number of tele-consultations provided in each of the past 5 years;
2. the total operating expenses of the clinics providing tele-consultation services in each of the past 5 years;
3. as it is proposed in the 2022 Policy Address that HA will make a wider use of telehealth services to improve patient experience, whether the Government has plans to extend telehealth services to more residential care homes for the elderly; if yes, what are the details and the estimates of expenditure involved; if not, what are the reasons;
4. At present, all locally registered doctors are required to comply with the "Code of Professional Conduct" (Code) and serve in the best interests of patients when delivering telemedicine. They should exercise their professionalism in judging the appropriateness for patients to receive telehealth services under different situations. However, there are views that the Code and the "Ethical Guidelines on Practice of Telemedicine" published by the Medical Council of Hong Kong are still unable to allay the concerns of the healthcare sector about the risk of bearing additional legal liability for providing telemedicine consultation services. Will the Government explore the enactment of legislation on telehealth services so as to clarify the relevant legal liability issues; if yes, what are the details; if not, what are the reasons?

Asked by: Hon KOON Ho-ming, Peter Douglas (LegCo internal reference no.: 8)

Reply:

The Hospital Authority (HA) has been striving to optimise the use of technology to enhance service quality and patient experience, and to adopt information and communication

technology in different types of workflow to provide medical services with telehealth being one of the key development directions. The HA is actively promoting telehealth to provide suitable patients with an alternative to receive healthcare services from the HA without necessarily having to visit hospitals and clinics. Telehealth services have been introduced by the HA in different out-patient, day-patient, in-patient and outreach services. Under the five-year plan of eHealth+, the Government will continue to explore more opportunities in further developing telehealth with the HA, including the gradual implementation of telehealth functions in the eHealth App. The Government will further study the feasibility of providing telehealth services and ways to provide users with more convenience when developing primary healthcare services.

As for the application of telehealth in residential care homes for the elderly (RCHEs), the HA provides telehealth services to elderly patients in RCHEs in accordance with their clinical needs and actual operation conditions. The services are now extended to RCHEs in all districts in Hong Kong. The Community Geriatric Assessment Teams of the HA provide comprehensive multi-disciplinary care to elderly patients in need through regular visits to RCHEs in various districts. 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 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 telehealth services in the HA also provide support for other services, the manpower and respective salary expenditure for supporting telehealth services cannot be separately quantified. The total attendance of the HA's telehealth services in the past 3 years[1] are set out in the table below:

Year	**Attendance of telehealth services[2]**
2021-22	5 111
2022-23	91 645
2023-24 (As at 31 December 2023) [Provisional figure]	82 384

The HA will regularly review the effectiveness of telehealth application, including exploration of applying information technology in appropriate healthcare services progressively with a view to benefitting more patients in need. Meanwhile, the HA will also carefully tackle the limitations of telehealth. It will decide whether and how telehealth should be applied having regard to the doctors' professional criteria and the patients' conditions. For example, patients who need to undergo clinical examinations are required to visit hospitals in person to complete the whole examination procedure.

In December 2019, the Medical Council of Hong Kong (MCHK) issued the Ethical Guidelines on Practice of Telemedicine (Guidelines) to ensure that doctors observe the principles outlined in the Code of Professional Conduct when delivering telemedicine services. The Guidelines cover a wide spectrum of areas including doctor-patient relationship, patient privacy and effective retention of medical records. The MCHK issued Questions and Answers to the Guidelines in March 2022 for reference by doctors providing

telemedicine services, such that the professional quality and safety of telemedicine services are guaranteed. The Government will continue to closely monitor the development and popularity of telehealth services in Hong Kong and take appropriate measures as necessary to further promote its application and development.

Note:

1. Since 2021-22, the HA has stepped up efforts in developing telehealth services and compiled statistics for various types of services to facilitate management. Figures in 2020-21 or before are incomplete and hence unavailable.
2. In view of the emergence of the COVID-19 epidemic in Hong Kong since early 2020, the HA adjusted its services in response to the epidemic. This should be taken into account when comparing the throughput of services provided by the HA across the years. With the subsiding of the local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2234)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding specialist services, will the Government inform this Committee of:

1. the number of specialist out-patient (clinical) attendances in each hospital cluster of the Hospital Authority (HA) in each of the past 3 years, with a breakdown by major speciality, including (i) Ear, Nose and Throat, (ii) Gynaecology, (iii) Medicine, (iv) Ophthalmology, (v) Orthopaedics and Traumatology, (vi) Surgery, (vii) Paediatrics and (vii) Psychiatry;

2. the numbers of inpatient discharges and deaths in each hospital cluster of the HA in each of the past 3 years, with a breakdown by major specialty, including (i) Ear, Nose and Throat, (ii) Gynaecology, (iii) Medicine, (iv) Ophthalmology, (v) Orthopaedics and Traumatology, (vi) Surgery, (vii) Paediatrics and (vii) Psychiatry; and

3. the number of new cases and the median waiting time for specialist out-patient services in each hospital cluster of the HA in each of the past 3 years, with a breakdown by major specialty, including (i) Ear, Nose and Throat, (ii) Gynaecology, (iii) Medicine, (iv) Ophthalmology, (v) Orthopaedics and Traumatology, (vi) Surgery, (vii) Paediatrics and (vii) Psychiatry.

Asked by: Hon KOON Ho-ming, Peter Douglas (LegCo internal reference no.: 9)

Reply:

1.

The tables below set out the number of specialist out-patient (clinical) attendances in each hospital cluster of the Hospital Authority (HA) in 2021-22, 2022-23 and 2023-24 (up to 31 December 2023):

2021-22

Specialties	Number of specialist out-patient (clinical) attendances							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
ENT	43 083	32 091	54 050	42 943	53 743	65 832	45 849	**337 591**
GYN	26 317	42 513	68 065	39 139	28 130	39 755	31 774	**275 693**
MED	318 088	302 228	404 331	247 924	476 574	408 485	329 224	**2 486 854**
OPH	121 199	90 893	253 607	131 674	181 400	179 202	187 903	**1 145 878**
ORT	63 501	64 245	109 354	93 614	120 719	123 317	90 480	**665 230**
PAE	12 698	22 622	72 381	31 417	30 939	33 226	27 456	**230 739**
PSY	92 045	72 600	73 934	125 830	255 324	163 045	174 371	**957 149**
SUR	90 987	132 785	188 300	120 485	156 746	139 751	115 189	**944 243**
All Specialties (including specialties other than those stated above)	848 040	893 426	1 476 389	900 108	1 400 673	1 333 028	1 113 169	**7 964 833**

2022-23

Specialties	Number of specialist out-patient (clinical) attendances							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
ENT	45 557	30 839	54 379	45 479	52 565	67 374	44 393	**340 586**
GYN	27 726	42 878	68 315	38 424	28 361	40 803	32 798	**279 305**
MED	313 234	302 004	404 847	259 346	477 275	413 247	338 790	**2 508 743**
OPH	127 407	88 581	267 654	137 661	175 571	182 611	201 094	**1 180 579**
ORT	66 746	64 059	109 214	92 954	124 766	121 663	89 729	**669 131**
PAE	13 351	23 367	76 790	33 253	34 727	36 031	30 525	**248 044**
PSY	92 888	73 226	74 586	128 875	253 461	165 866	178 297	**967 199**
SUR	89 730	132 757	185 616	119 787	158 996	144 179	117 774	**948 839**

All Specialties (including specialties other than those stated above)	855 718	881 886	1 487 946	922 340	1 403 480	1 353 969	1 138 405	**8 043 744**

2023-24 (Up to 31 December 2023) [Provisional figures]

Specialties	**Number of specialist out-patient (clinical) attendances**							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
ENT	37 356	25 249	39 260	37 315	43 704	49 728	34 960	**267 572**
GYN	20 410	32 817	51 681	29 976	21 876	30 818	25 450	**213 028**
MED	234 255	230 846	310 479	200 554	366 340	325 143	262 393	**1 930 010**
OPH	103 663	68 594	204 964	106 466	141 120	146 106	160 843	**931 756**
ORT	52 346	48 761	86 020	74 640	98 346	93 787	69 152	**523 052**
PAE	10 896	18 367	60 551	27 455	28 422	29 079	25 630	**200 400**
PSY	69 830	53 171	56 608	94 937	193 114	124 715	132 484	**724 859**
SUR	71 516	102 725	149 230	94 810	124 289	111 641	92 416	**746 627**
All Specialties (including specialties other than those stated above)	660 012	671 760	1 157 035	720 584	1 092 544	1 053 304	887 960	**6 243 199**

2.

The following tables set out information with breakdown by specialty in each hospital cluster of the HA in 2021-22, 2022-23 and 2023-24 (up to 31 December 2023) regarding:

(i) the number of in-patient discharges and deaths; and

(ii) the number of day in-patient discharges and deaths.

2021-22

Specialties	**Number of in-patient discharges and deaths**							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
ENT	495	1 287	1 185	670	1 148	1 512	1 951	**8 248**
GYN	2 827	3 144	6 485	3 872	5 168	3 263	4 777	**29 536**
MED	47 679	48 096	86 166	55 743	90 622	74 088	58 185	**460 579**
OPH	802	569	777	416	1 299	754	1 042	**5 659**
ORT	9 523	7 908	16 392	12 457	19 122	17 501	11 951	**94 854**

Specialties	Number of in-patient discharges and deaths							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
PAE	2 455	2 378	10 543	6 325	6 933	5 596	4 303	**38 533**
PSY	1 670	574	3 052	425	4 501	3 945	2 649	**16 816**
SUR	16 657	18 772	31 218	21 218	34 939	24 378	23 899	**171 081**

Specialties	Number of day in-patient discharges and deaths							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
ENT	1 369	1 250	787	1 648	757	3 286	2 593	**11 690**
GYN	2 184	5 742	3 593	2 148	1 979	3 975	9 165	**28 786**
MED	27 333	54 788	62 741	48 117	45 741	59 551	34 962	**333 233**
OPH	4 687	5 372	7 531	6 026	2 224	5 339	4 849	**36 028**
ORT	6 119	1 662	4 603	1 616	1 981	4 279	2 592	**22 852**
PAE	313	2 010	15 012	502	2 055	3 816	1 329	**25 037**
PSY	2	1	9	4	36	35	26	**113**
SUR	15 239	19 420	19 176	11 404	21 791	24 135	19 080	**130 245**

2022-23

Specialties	Number of in-patient discharges and deaths							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
ENT	460	1 174	1 055	729	1 082	1 380	1 721	**7 601**
GYN	2 531	2 752	5 949	3 384	4 420	2 878	4 374	**26 288**
MED	46 606	47 107	84 327	57 621	84 284	76 865	54 013	**450 823**
OPH	717	581	834	368	861	665	871	**4 897**
ORT	9 326	8 025	16 978	12 343	18 179	17 380	11 832	**94 063**
PAE	3 263	3 097	11 718	6 827	7 981	7 422	5 434	**45 742**
PSY	1 642	565	2 994	537	4 309	3 787	2 743	**16 577**
SUR	15 634	18 200	29 799	19 198	32 584	23 188	22 832	**161 435**

Specialties	Number of day in-patient discharges and deaths							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
ENT	1 312	1 023	599	1 549	1 060	3 324	2 030	**10 897**
GYN	2 222	4 878	3 479	2 282	1 822	4 352	9 025	**28 060**
MED	26 792	53 687	59 228	47 798	46 917	64 488	36 373	**335 283**
OPH	4 742	5 542	7 609	6 240	2 178	5 851	4 960	**37 122**
ORT	4 234	1 097	4 940	1 428	2 102	4 320	2 076	**20 197**
PAE	591	1 878	15 407	752	3 380	3 548	1 211	**26 767**
PSY	2	2	13	4	29	22	26	**98**
SUR	15 463	20 480	17 505	10 742	23 352	25 629	17 279	**130 450**

2023-24 (up to 31 December 2023) [Provisional figures]

Specialties	Number of in-patient discharges and deaths							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
ENT	494	1 020	1 003	593	794	1 079	1 435	**6 418**
GYN	2 227	2 189	5 175	2 801	3 376	2 131	3 440	**21 339**
MED	37 544	36 092	71 888	49 168	70 768	64 237	43 198	**372 895**

Specialties	Number of in-patient discharges and deaths							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
OPH	632	374	728	343	1 175	548	752	**4 552**
ORT	8 080	6 756	14 605	10 450	15 064	14 493	10 693	**80 141**
PAE	4 405	4 092	16 100	8 889	11 478	10 866	8 545	**64 375**
PSY	1 561	480	2 560	367	3 898	3 260	2 253	**14 379**
SUR	13 808	14 766	26 080	15 986	26 463	19 125	19 716	**135 944**

Specialties	Number of day in-patient discharges and deaths							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
ENT	1 087	935	592	1 585	1 314	2 750	1 869	**10 132**
GYN	1 709	3 849	2 737	2 368	1 966	3 313	6 934	**22 876**
MED	21 423	43 256	49 478	38 751	40 532	53 750	29 184	**276 374**
OPH	4 894	4 549	5 912	4 523	1 870	4 478	3 454	**29 680**
ORT	5 750	872	3 284	1 389	1 823	3 393	2 121	**18 632**
PAE	1 915	1 361	11 970	919	3 967	3 187	880	**24 199**
PSY	2	1	10	3	32	21	29	**98**
SUR	12 764	16 520	14 854	9 502	19 028	20 372	15 051	**108 091**

Note :

In the HA, day in-patients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. In-patients are those who are admitted into hospitals via Accident & Emergency departments or those who have stayed for more than 1 day.

3.

The tables below set out the number of specialist out-patient new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time (50th percentile) in each hospital cluster of the HA in 2021-22, 2022-23 and 2023-24 (up to 31 December 2023).

2021-22

Cluster	Specialties	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**	445	<1	3 249	6	5 684	26
	GYN	753	<1	579	5	3 939	25
	MED	1 006	1	3 798	5	11 449	36
	OPH	4 613	<1	2 488	7	7 501	62
	ORT	1 206	1	1 331	5	8 029	59
	PAE	69	1	770	5	295	9
	PSY	286	<1	912	3	2 989	16

Cluster	Specialties	Priority 1		Priority 2		Routine	
		Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
	SUR	1 104	1	3 547	7	10 582	52
HKWC	**ENT**	1 240	<1	2 132	6	3 621	39
	GYN	1 185	<1	765	5	4 137	41
	MED	2 792	<1	1 855	4	13 789	49
	OPH	3 136	1	1 583	7	5 464	62
	ORT	1 025	1	1 758	4	8 093	19
	PAE	174	1	378	5	1 225	13
	PSY	386	1	827	4	2 099	50
	SUR	2 995	<1	2 900	4	10 761	31
KCC	**ENT**	2 225	<1	2 161	4	12 489	27
	GYN	944	<1	2 982	6	8 138	33
	MED	1 357	1	4 068	5	24 269	73
	OPH	6 689	<1	6 749	3	13 753	79
	ORT	1 881	<1	1 953	4	11 607	53
	PAE	1 270	<1	1 554	4	2 569	9
	PSY	284	<1	1 096	4	1 542	14
	SUR	2 884	1	5 609	5	28 874	43
KEC	**ENT**	1 669	<1	2 586	7	6 985	68
	GYN	1 603	<1	951	4	6 028	41
	MED	1 931	1	5 516	7	20 429	62
	OPH	5 448	<1	4 494	7	9 628	55
	ORT	3 041	<1	2 503	3	10 128	69
	PAE	765	<1	512	4	3 039	11
	PSY	302	1	2 452	4	5 212	59
	SUR	1 701	1	5 982	7	18 676	50
KWC	**ENT**	2 086	<1	2 168	5	11 721	94
	GYN	237	<1	1 667	6	7 975	40
	MED	2 054	1	6 292	7	16 773	83
	OPH	6 537	<1	7 742	7	6 533	125
	ORT	1 792	1	3 110	4	13 254	61
	PAE	1 155	<1	1 108	4	2 724	10
	PSY	256	<1	794	5	13 361	24
	SUR	2 189	1	6 827	6	22 710	48
NTEC	**ENT**	2 876	<1	3 651	5	11 638	55
	GYN	2 313	<1	939	5	8 510	56
	MED	2 730	<1	3 506	7	25 143	79
	OPH	6 555	<1	3 147	4	15 656	63
	ORT	4 440	<1	1 625	5	14 848	46
	PAE	94	<1	385	6	3 521	12
	PSY	1 015	1	2 422	4	6 216	65
	SUR	2 254	<1	3 570	5	27 558	28
NTWC	**ENT**	3 654	<1	1 897	4	9 013	45
	GYN	1 331	<1	345	6	5 211	70

Cluster	Specialties	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)
	MED	913	<1	2 464	6	12 434	26
	OPH	9 839	<1	4 966	4	7 401	50
	ORT	1 915	<1	1 989	6	11 439	60
	PAE	161	<1	939	6	1 728	20
	PSY	399	1	1 492	3	5 606	62
	SUR	2 112	1	5 029	4	20 529	51
HA Overall	**ENT**	14 195	<1	17 844	5	61 151	47
	GYN	8 366	<1	8 228	6	43 938	38
	MED	12 783	<1	27 499	6	124 286	59
	OPH	42 817	<1	31 169	6	65 936	68
	ORT	15 300	<1	14 269	4	77 398	52
	PAE	3 688	<1	5 646	4	15 101	12
	PSY	2 928	1	9 995	4	37 025	40
	SUR	15 239	1	33 464	5	139 690	48

2022-23

Cluster	Specialties	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**	488	<1	3 502	4	4 910	14
	GYN	695	<1	541	6	3 904	25
	MED	963	1	3 178	5	10 668	48
	OPH	4 482	<1	3 041	5	7 584	52
	ORT	1 311	1	1 293	5	6 688	55
	PAE	76	1	673	4	286	9
	PSY	302	<1	897	3	3 296	19
	SUR	999	1	3 168	7	10 867	46
HKWC	**ENT**	961	<1	2 085	7	3 605	65
	GYN	1 244	<1	907	6	3 859	34
	MED	1 802	<1	1 793	4	11 414	34
	OPH	2 454	1	1 777	4	6 669	55
	ORT	1 265	1	1 409	4	7 808	20
	PAE	103	<1	361	5	1 122	11
	PSY	363	1	687	4	1 920	41
	SUR	2 441	<1	2 999	4	10 716	26
KCC	**ENT**	1 985	<1	2 088	4	13 181	37
	GYN	934	<1	2 944	6	7 482	30
	MED	1 210	1	3 593	6	21 992	71
	OPH	6 983	<1	6 604	2	10 388	71
	ORT	1 978	1	1 977	4	11 819	51

Cluster	Specialties	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)
	PAE	1 145	<1	1 605	4	2 748	10
	PSY	195	<1	1 318	4	2 347	18
	SUR	2 561	1	5 434	5	27 365	37
KEC	**ENT**	1 611	<1	2 606	6	6 742	86
	GYN	1 574	1	834	4	5 798	57
	MED	1 804	1	4 788	6	19 030	58
	OPH	5 520	<1	5 238	6	10 786	71
	ORT	2 975	<1	2 571	3	9 969	71
	PAE	731	<1	531	4	2 959	10
	PSY	265	1	2 322	3	5 238	52
	SUR	1 814	1	5 204	7	18 083	71
KWC	**ENT**	2 024	<1	2 303	5	10 662	62
	GYN	222	<1	1 595	6	7 468	46
	MED	1 752	1	5 585	6	15 897	72
	OPH	6 194	<1	5 886	5	9 144	167
	ORT	1 860	<1	3 251	4	12 632	54
	PAE	1 334	<1	1 138	4	2 840	9
	PSY	232	<1	909	4	13 129	29
	SUR	1 874	1	5 953	5	21 840	52
NTEC	**ENT**	2 469	<1	3 040	4	12 300	50
	GYN	2 216	<1	981	6	7 629	57
	MED	2 407	<1	3 201	6	21 681	48
	OPH	6 635	<1	4 053	4	15 941	52
	ORT	4 524	<1	1 360	4	14 346	45
	PAE	107	<1	407	6	3 701	16
	PSY	828	1	2 427	4	6 342	64
	SUR	2 166	1	2 992	5	26 850	32
NTWC	**ENT**	3 808	<1	1 380	4	8 828	61
	GYN	1 169	<1	353	6	4 814	62
	MED	1 013	<1	2 404	6	9 591	38
	OPH	10 901	<1	3 449	4	8 243	59
	ORT	1 896	1	1 793	6	9 791	31
	PAE	265	<1	1 059	6	1 951	23
	PSY	377	1	1 459	3	6 027	55
	SUR	1 986	1	5 057	5	18 527	49
HA Overall	**ENT**	13 346	<1	17 004	5	60 228	50
	GYN	8 054	<1	8 155	6	40 954	39
	MED	10 951	1	24 542	6	110 273	54
	OPH	43 169	<1	30 048	4	68 755	55
	ORT	15 809	<1	13 654	4	73 053	48
	PAE	3 761	<1	5 774	4	15 607	12
	PSY	2 562	1	10 019	4	38 299	40
	SUR	13 841	1	30 807	5	134 248	46

2023-24 (Up to 31 December 2023) [Provisional figures]

Cluster	Specialties	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	305	<1	2 981	4	4 332	13
	GYN	503	<1	427	6	2 957	25
	MED	498	1	2 643	5	8 746	39
	OPH	3 648	<1	2 931	7	7 013	40
	ORT	918	1	949	5	4 865	51
	PAE	39	<1	650	6	379	12
	PSY	201	1	601	3	2 726	25
	SUR	679	1	2 352	7	8 462	44
HKWC	ENT	832	<1	1 842	7	2 881	24
	GYN	1 033	<1	754	5	2 585	27
	MED	1 377	<1	1 533	4	8 283	28
	OPH	1 795	1	1 281	6	5 161	61
	ORT	745	1	1 326	4	6 334	21
	PAE	76	1	244	4	1 065	16
	PSY	267	1	615	4	1 462	40
	SUR	1 968	<1	2 443	5	8 553	17
KCC	ENT	1 568	<1	1 751	4	9 958	31
	GYN	676	<1	2 218	6	6 197	34
	MED	1 070	1	3 110	6	18 269	57
	OPH	5 559	<1	4 924	2	10 449	85
	ORT	1 141	1	1 624	3	9 052	41
	PAE	836	<1	1 509	6	2 662	12
	PSY	199	<1	905	3	1 829	20
	SUR	1 815	1	4 497	5	22 651	34
KEC	ENT	1 514	<1	2 218	4	5 847	89
	GYN	1 115	1	653	5	4 277	38
	MED	1 022	1	3 895	5	16 279	56
	OPH	4 401	<1	4 190	6	9 770	83
	ORT	2 391	<1	1 631	4	8 701	60
	PAE	549	<1	398	5	2 729	14
	PSY	194	1	1 628	3	4 106	56
	SUR	1 466	1	4 346	6	14 870	57

Cluster	Specialties	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	1 791	<1	2 042	5	9 627	31
	GYN	141	<1	1 323	6	5 724	57
	MED	1 246	1	4 548	6	12 479	63
	OPH	4 873	<1	3 789	5	5 605	26
	ORT	1 519	<1	2 016	3	10 296	49
	PAE	964	<1	931	5	2 413	11
	PSY	196	<1	590	3	9 900	29
	SUR	1 464	1	4 458	5	17 882	54
NTEC	ENT	1 767	<1	2 344	5	10 430	37
	GYN	1 573	<1	821	5	5 832	59
	MED	1 433	1	2 451	6	15 039	39
	OPH	5 293	<1	2 726	4	14 516	77
	ORT	3 471	<1	1 127	5	11 463	62
	PAE	75	<1	311	7	3 585	22
	PSY	640	1	1 729	4	5 147	73
	SUR	1 690	1	2 513	5	20 999	29
NTWC	ENT	3 357	<1	1 359	4	7 478	32
	GYN	803	<1	264	5	3 852	60
	MED	941	<1	1 937	6	7 888	25
	OPH	9 154	<1	4 735	3	6 390	84
	ORT	1 526	1	1 500	6	7 606	36
	PAE	170	1	813	6	2 144	21
	PSY	308	1	1 168	3	4 514	45
	SUR	1 557	1	3 642	5	14 922	38
HA Overall	ENT	11 134	<1	14 537	5	50 553	33
	GYN	5 844	<1	6 460	5	31 424	41
	MED	7 587	1	20 117	6	86 983	48
	OPH	34 723	<1	24 576	4	58 904	64
	ORT	11 711	<1	10 173	4	58 317	47
	PAE	2 709	<1	4 856	6	14 977	16
	PSY	2 005	1	7 236	3	29 684	44
	SUR	10 639	1	24 251	5	108 339	40

Note：

With effect from 1 October 2022, integrated clinics have been incorporated with respect to the waiting time for new case booking at Specialist Out-patient Clinics.

Note [Parts 1, 2 and 3]:

In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. With the subsiding of local COVID-19 epidemic

situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures. This should be taken into consideration when comparing the service capacity of the HA in 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

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2235)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The Hospital Authority (HA) established a Task Group on Sustainability in December 2019 to review the strategies for staff retention. A series of measures have been rolled out earlier to attract, develop and retain talents, including increasing the number of Resident Trainee posts to recruit local medical graduates, recruiting non-locally trained doctors to supplement local recruitment, improving promotion prospects to retain staff, hiring part-time healthcare staff (e.g. through recruiting locum staff), offering flexible work arrangements, offering further employment to suitable staff beyond retirement, enhancing Home Loan Interest Subsidy Scheme (HLISS) to introduce a home loan scheme for staff, and providing better training opportunities for various grades by establishing the Hospital Authority Academy. In this connection, will the Government inform this Committee if it knows:

1. the respective annual numbers of applications received and approved under the Enhanced HLISS since its launch;
2. the respective annual numbers of doctors, nurses, allied health professionals and supporting/other grades staff with extended employment upon retirement since the launch of the arrangement for extending the employment of retired staff;
3. the numbers of HA doctors, nurses and nursing staff who left the service in each of the past 3 years, with a breakdown by length of service and rank;
4. whether other measures will be introduced by the HA to attract, develop and retain healthcare manpower for supporting its overall service needs and development?

Asked by: Hon KOON Ho-ming, Peter Douglas (LegCo internal reference no.: 10)

Reply:

(1)

Since the launch of the Hospital Authority (HA)'s Home Loan Interest Subsidy Scheme (HLISS) in late December 2022, a total of 1 028 or 80% of the eligible applicants were granted approval-in-principle as at 31 December 2023. The relevant staff may submit a formal loan

application to the HA for property purchase or arrangement for property mortgage before the specified date.

The distribution of staff with approval-in-principle granted is as follows:

Staff Group	**Number of Staff with Approval-in-Principle Granted**
Doctors	93
Nursing	443
Allied Health Professionals	238
Administration and General Grades Staff	254
Total	**1 028**

(2)

The number of staff serving on full-time contract terms after retirement as of December in the past 3 years (i.e. from 2021 to 2023) are tabulated below:

Staff Group	**December 2021**	**December 2022**	**December 2023**
Doctors	91	103[1]	144[1]
Nursing	182	263	427
Allied Health Professionals	28	57	86
Supporting/Other Grades Staff	2 730	2 868	2 964
Total	**3 031**	**3 291**	**3 621**

Note:
1. Including 1 Dental Consultant
2. The "Allied Health Professionals" group includes radiographers, medical technologists/medical laboratory technicians, occupational therapists, physiotherapists, pharmacists, medical social workers, etc.
3. The number of staff refers to the number of existing staff on full-time contract terms under the policy of Extending Employment Beyond Retirement (EER) in each year ending 31 December, including those with employment extended beyond retirement in different years.

(3)

Tables 1-4 set out the attrition (wastage) figures and manpower figures of full-time doctors and nursing staff[3] in the HA in the past 3 years.

Table 1: Attrition (wastage) figures of full-time doctors[(1)(2)] by year of service and rank in 2021-22, 2022-23 and 2023-24 (Rolling 12 Months from January to December 2023)

Year of Service	2021-22			2022-23			2023-24 (Rolling 12 Months from January to December 2023)		
	CON	SMO/AC	MO/R	CON	SMO/AC	MO/R	CON	SMO/AC	MO/R
< 1 year	1	0	6	0	2	10	4	1	12
1 - < 6 years	18	4	92	14	4	79	10	4	81
6 - < 11 years	1	28	44	3	26	38	1	19	29
11 - < 16 years	7	101	17	6	64	13	3	60	14
16 - < 21 years	11	54	6	11	51	6	6	34	3
21 - < 26 years	8	23	1	9	20	1	8	13	0
26 - < 31 years	60	20	7	39	17	13	43	16	6
31 years or above	1	0	0	6	2	2	16	6	2

Table 2：Number of doctors on full-time equivalent basis by rank in 2021-22, 2022-23 and 2023-24 (up to 31 December 2023)

Rank	2021-22 (As at 31 March 2022)	2022-23 (As at 31 March 2023)	2023-24 (As at 31 December 2023)
CON	1 123	1 222	1 274
SMO/AC	2 015	2 011	1 975
MO/R	3 346	3 308	3 593
Total	**6 484**	**6 541**	**6 842**

Note:

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

(2) Doctors exclude Interns and Dental Officers.

(3) The above figures have not excluded those staff under the EER policy. From 2024 onwards, the HA would first exclude those staff under the EER policy when compiling the relevant statistics.

(4) The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.

Table 3: Attrition (wastage) figures of full-time nursing staff[1] by year of service and rank in 2021-22, 2022-23 and 2023-24 (Rolling 12 Months from January to December 2023)

Year of Service	2021-22				2022-23				2023-24 (Rolling 12 Months from January to December 2023)			
	DOM/NC/ SNO and above[2]	APN/NS/ NO/WM/ ANC[3]	RN	EN/ Others	DOM/NC/ SNO and above[2]	APN/NS/ NO/WM/ ANC[3]	RN	EN/ Others	DOM/NC/ SNO and above[2]	APN/NS/ NO/WM/ ANC[3]	RN	EN/ Others
< 1 year	0	9	158	53	0	9	196	88	0	11	180	82
1 - < 6 years	0	22	714	129	0	33	940	116	2	21	862	87
6 - < 11 years	0	20	327	33	0	39	438	20	1	34	382	12
11 - < 16 years	0	46	98	11	0	59	120	5	2	50	98	6
16 - < 21 years	2	33	21	2	0	31	27	1	0	37	18	1
21 - < 26 years	3	95	129	21	1	48	72	3	1	25	33	5
26 - < 31 years	33	260	216	69	35	245	214	77	24	126	126	26
31 years or above	6	35	21	7	8	61	38	16	20	147	101	39

Table 4：Number of nursing staff on full-time equivalent basis by rank in 2021-22, 2022-23 and 2023-24 (up to 31 December 2023)

Rank	2021-22 (As at 31 March 2022)	2022-23 (As at 31 March 2023)	2023-24 (As at 31 December 2023)
DOM/NC/SNO and above[2]	470	499	515
APN/NS/NO/WM/ANC[3]	6 553	6 851	7 114
RN	18 470	17 832	18 420
EN/Others	4 300	4 417	3 684
Total	**29 793**	**29 599**	**29 734**

Note:

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

(2) Since August 2022, the "DMO/SNO and above" rank group has been revised to "DMO/NC/SNO and above".

(3) After the creation of the rank of Associate Nurse Consultant, the "APN/NS/NO/WM" rank group was revised to "APN/NS/NO/WM/ANC" in August 2022.

(4) The above figures have not excluded those staff under the EER policy. From 2024 onwards, the HA would first exclude those staff under the EER policy when compiling the relevant statistics.

(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.

(4)

Over the years, the 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, the HA implements ongoing measures including increasing the number of Resident Trainee posts to recruit local medical graduates, recruitment of non-locally trained doctors to supplement local recruitment, improving promotion prospects to retain staff, hiring part-time healthcare staff (e.g. via recruitment of locum staff), offering flexible work arrangements, offering further employment to suitable staff beyond retirement, enhancing the HLISS and provision of better training opportunities for various grades by establishing the HA Academy. The above measures have begun to yield results as an increase in the number of the HA's healthcare staff was recorded in the past year and the attrition rate also subsided from the peak in the past 2 years.

The HA will continue to in line with the key directions recommended by the Task Group on Sustainability, gradually roll out further staff retention measures. The relevant work in 2024-25 includes:

(a) creating opportunities for Associate Consultants to be promoted to Consultant rank, so as to retain experienced medical personnel to address the service, manpower and training needs in the HA;
(b) providing Specialty Nurse Allowance to eligible registered nurses, so as to retain manpower and encourage professional development of nurses through recognising their specialty qualifications; and
(c) continuing efforts in EER to attract more retired staff who are willing to stay after retirement.

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

Abbreviations
CON – Consultants
SMO/AC – Senior Medical Officers/Associate Consultants
MO/R – Medical Officers/Residents
DMO/NC/SNO – Department Operations Managers/Nurse Consultants/Senior Nursing Officers
APN/NS/NO/WM/ANC – Advanced Practice Nurses/ Nurse Specialists/Nursing Officers/ Ward Managers/Associate Nurse Consultants
RN – Registered Nurses
EN – Enrolled Nurses

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0193)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Under this Programme, the Hospital Authority (HA) advises the Government on the needs of the public for hospital services and resources required to meet those needs, and provides adequate, efficient and effective public hospital services of the highest standard recognised internationally within the resources available. In this connection, will the Government inform this Committee of the following:

a. the geographical distribution of the community geriatric assessment services provided by the HA, the number of assessment services and the number of participants in the past 5 years;

b. further to the above question, the average expenditure for each assessment service;

c. the geographical distribution of the community psychiatric services provided by the HA, the number of assessment services and the number of participants in the past 5 years; and

d. further to the above question, the average expenditure for each assessment service?

Asked by: Hon KWOK Ling-lai, Lillian (LegCo internal reference no.: 22)

Reply:

(a)

The Community Geriatric Assessment Teams (CGATs) of the Hospital Authority (HA) provide comprehensive multi-disciplinary care to elderly patients in need through regular visits to residential care homes for the elderly (RCHEs) in various districts. The CGATs' primary target group is frail elderly patients with complex health problems and poor functional and mobility status living in RCHEs. The services include medical consultations, nursing assessments and treatments, as well as community rehabilitation services by allied health professionals. Relevant service arrangements are made by CGATs having regard to the patients' conditions and the number and frequency of consultation depends on their clinical conditions.

The numbers of geriatric outreach attendances provided for elderly patients living in RCHEs (including subsidised and private RCHEs) by CGATs of each hospital cluster under the HA

from 2019-20 to 2023-24 (provisional figures as at 31 December 2023) are set out in the table below:

Hospital Cluster	Year[2]				
	2019-20	2020-21[1]	2021-22	2022-23	2023-24 (as at 31 Dec 2023) [Provisional Figures]
HKEC	97 330	104 131	117 031	107 842	81 816
HKWC	56 454	61 652	76 231	59 287	46 991
KCC	155 734	160 399	174 474	164 304	126 466
KEC	48 012	56 200	57 167	58 853	47 181
KWC	129 905	138 347	148 261	151 099	109 994
NTEC	82 270	96 771	127 632	104 868	77 482
NTWC	109 822	115 485	113 823	123 890	91 626
HA Overall	**679 527**	**732 985**	**814 619**	**770 143**	**581 556**

(b)

The average cost per geriatric outreach attendance of HA in the past 5 years is set out in the table below:

Year	Average cost per geriatric outreach attendance [3] ($)
2019-20	615
2020-21[1]	695
2021-22	690
2022-23	800
2023-24 (revised estimate)	825

The geriatric outreach 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) and other operating costs (such as travelling expenses). The average cost per attendance represents an average computed with reference to the total service costs of the CGATs and the corresponding activities (in terms of attendances) provided.

Note：

(1) Starting from 2020-21, the overall service model for CGATs 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.

(2) In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, HA adjusted its services to cope with the epidemic. This should be taken into account when comparing the throughput of services provided by HA across the years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures.

(3) As the costing information for 2019-2020 to 2022-23 has reflected the impact of the COVID-19 epidemic on unit costs (if any), the costing information for different years may not be directly comparable.

(c)

The HA's community psychiatric service is an integral part of community care. Its multi-disciplinary team provides appropriate community support to persons in metal recovery in the community, having regard to their conditions, clinical needs and risks. Community psychiatric services cover three tiers of services, namely "Intensive Care Plan", "Personalised Care Programme" and "Standard Community Psychiatric Services". Through regular outreach or home visits and close collaboration with community partners, case managers will assist them to develop goals and recovery plans in order to assist them in reintegrating into the community.

The total numbers of attendances of psychiatric patients for community psychiatric services in each hospital cluster under the HA from 2019-20 to 2023-24 (provisional figures as at 31 December 2023) are set out in the table below:

Hospital Cluster	**Year[(2)]**				
	2019-20	**2020-21**	**2021-22**	**2022-23**	**2023-24 (as at 31 Dec 2023) [Provisional figures]**
HKEC	21 440	17 049	20 518	24 835	23 497
HKWC	17 798	13 067	15 205	14 681	14 492
KCC	18 283	10 974	11 895	11 661	13 793
KEC	27 361	22 224	26 328	30 706	26 652
KWC	87 252	37 578	71 962	85 087	74 938
NTEC	41 168	37 799	43 688	46 967	37 059
NTWC	56 403	20 135	32 356	58 408	50 117
HA Overall	**269 705**	**158 826**	**221 952**	**272 345**	**240 548**

(d)

The average cost per psychiatric outreach attendance of HA in the past 5 years is set out in the table below:

Year	**Average cost per psychiatric outreach attendance [(3)]($)**
2019-20	2,000
2020-21	3,310
2021-22	2,520
2022-23	2,220
2023-24 (revised estimate)	1,930

The psychiatric outreach service costs include direct staff costs (such as doctors, nurses and allied health professionals) for providing services to patients and other operating costs (such

as travelling expenses). The average cost per psychiatric outreach attendance represents an average computed with reference to its total service costs and the corresponding activities (in terms of attendances) provided.

Note：

(1) Starting from 2020-21, the overall service model for CGATs and 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.
(2) In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, HA adjusted it services to cope with the epidemic. This should be taken into account when comparing the throughput of services provided by HA across the years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures.
(3) As the costing information for 2019-2020 to 2022-23 has reflected the impact of the COVID-19 epidemic on unit costs (if any), the costing information for different years may not be directly comparable.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2864)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Under this Programme, the Health Bureau is tasked to formulate and oversee the implementation of policies to protect and promote public health, to provide comprehensive and lifelong holistic healthcare to each citizen, and to ensure that no one is prevented, through lack of means, from obtaining adequate medical treatment. In this connection, will the Government inform this Committee of the following:

a. Please set out in detail the expenses involved in following up on the recommendations of the Mental Health Review Report in each of the past 5 years and the estimated expenditure for the coming year;
b. Please set out in detail the expenditure on mental health support for children and adolescents in each of the past 5 years, as well as the planned and estimated expenditure for the coming year;
c. The Hospital Authority (HA) provides a range of mental health services for children and adolescents with mental health problems. Please set out in table form the numbers of children and adolescents under the age of 18 who received treatment in the HA and were diagnosed as having various types of mental health needs in the past 5 years, broken down by age group (0-below 5, 5-below 12, 13-below 17) and type of problems (attention deficit/hyperactivity disorder, autism spectrum disorders, depression/bipolar affective disorder, anxiety-related disorders, schizophrenic spectrum disorder, others);
d. Following up on the previous question, please set out in detail specific follow-up services provided by the HA to children and adolescents diagnosed with various types of mental health needs, the ratio of manpower for providing such services, the relevant expenditure and average follow-up time for each case;
e. Please set out in table form the numbers of persons aged 18 or above who received treatment in the HA and were diagnosed with various mental health needs in the past 5 years, broken down by age group (18 or above to 64 or below, above 65) and type of problems (attention deficit/hyperactivity disorder, autism spectrum disorders, depression/bipolar affective disorder, anxiety-related disorders, schizophrenic spectrum disorder, others);
f. Following up on the previous question, please set out in detail specific follow-up services provided by the HA to adults who were diagnosed with various types of mental

health needs, the ratio of manpower for providing such services, the relevant expenditure and average follow-up time for each case.

Asked by: Hon KWOK Ling-lai, Lillian (LegCo internal reference no.: 31)

Reply:

(a)
The Government attaches great importance to the mental health of the public, and adopts an integrated approach to promote mental health, providing services that include prevention, early identification, as well as timely intervention, treatment and rehabilitation services for persons in need. Apart from promotion of self-care, primary healthcare and community support, the Government provides specialist and institutionalised services, and also multi-disciplinary and cross-sectoral services to persons with mental health needs through co-ordination and co-operation among the Health Bureau, the Labour and Welfare Bureau, the Education Bureau, the Department of Health, the Social Welfare Department (SWD), the Hospital Authority (HA), non-governmental organisations and other stakeholders in the community.

The Government set up the Advisory Committee on Mental Health in December 2017, with members comprising professionals from the healthcare sector, social service and education sectors, as well as lay persons with concerns over mental health, to advise the Government on mental health policies (including following up on the implementation of the recommendations of the Mental Health Review Report) and assist the Government in formulating policies, strategies and measures to enhance the mental health services on all fronts.

Since the follow-up work on the Mental Health Review Report and the mental health support for children and adolescents in the past 5 years involved cross-bureau/inter-departmental co-ordination and co-operation, the expenditure has been subsumed into the overall allocation of the relevant bureaux/departments and hence cannot be separately quantified.

(b), (d) and (f)

The HA delivers mental health services through 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 manpower to cope with service needs and operational requirements. As healthcare professionals in the HA usually provide support for a variety of psychiatric services, the manpower and expenditure for supporting individual psychiatric services cannot be separately quantified. The follow-up for each patient varies with factors such as clinical conditions, complexity of medical conditions and treatment needs. The HA does not maintain statistics on the average time taken for following up on such cases.

The table below sets out the expenditure for providing mental health services by the HA from 2019-20 to 2024-25.

Year	Expenditure on mental health services ($ million)
2019-20	5,408
2020-21	5,672
2021-22	5,825
2022-23	6,145
2023-24 (revised estimate)	6,522
2024-25 (estimate)	6,848

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).

The HA has earmarked additional funding of around $127 million in 2024-25 to enhance mental health services, relevant measures include:

(a) enhancing the community psychiatric services by further recruiting additional case managers;
(b) strengthening nursing manpower as well as allied health and peer support for psychiatric inpatient and outpatient services; and
(c) enhancing the use of long-acting injectable antipsychotics in the treatment of mental illness.

The table below sets out the number of doctors, nurses and allied health professionals working in the psychiatric stream in the HA from 2019-20 to 2023-24 (as of 31 December 2023).

Year	Psychiatric doctors[1,2]	Psychiatric nurses[1,3] (including community psychiatric nurses)	Allied health professionals		
			Clinical psychologists[1,5]	Medical social workers[4]	Occupational therapists[1,5]
2019-20	370	2 814	93	249	278
2020-21	384	2 911	103	256	289
2021-22	366	2 953	105	257	298
2022-23	381	3 015	105	257	287
2023-24 (as of 31 December 2023)	403	3 092	113	257	312

Note:
1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in the HA, but excluding those in the HA Head Office.
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 nurses in psychiatric stream.
4. Information on the number of medical social workers supporting psychiatric services in the HA are provided by the SWD.
5. Clinical psychologists and occupational therapists working in psychiatric stream include those working in mental hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), those working in psychiatric departments of other non-mental hospitals, as well as those engaging in psychiatric-related work.

(c)

The table below sets out the number of psychiatric patients by type of disorder and age group (aged below 18) in the HA from 2019-20 to 2023-24 (projection as of 31 December 2023).

Year	**Age group[2]**	**Number of psychiatric patients aged below 18 [1,2,3,5]**	**Number of diagnosed patients aged below 18**					
			anxiety-related disorders	**bipolar affective disorder**	**autism spectrum disorder**	**attention deficit/ hyperactivity disorder**	**schizophrenic spectrum disorder**	**depression**
2019-20	Aged below 6	3 410	10	0	1 940	290	0	0
	Aged 6-11	20 280	180	< 5	7 610	9 510	< 5	20
	Aged 12-17	16 660	1 080	110	4 660	7 610	300	1 050
	Total[4]	**40 350**	**1 270**	**110**	**14 210**	**17 420**	**310**	**1 070**
2020-21	Aged below 6	3 490	10	0	1 970	320	0	0
	Aged 6-11	19 230	180	< 5	7 510	8 780	10	50
	Aged 12-17	17 390	1 090	130	5 010	7 990	280	1 260
	Total[4]	**40 120**	**1 280**	**140**	**14 490**	**17 090**	**280**	**1 310**
2021-22	Aged below 6	3 460	10	0	1 870	290	0	< 5
	Aged 6-11	20 320	210	< 5	8 090	8 690	10	40

Year	Age group[2]	Number of psychiatric patients aged below 18 [1,2,3,5]	Number of diagnosed patients aged below 18					
			anxiety-related disorders	bipolar affective disorder	autism spectrum disorder	attention deficit/ hyperactivity disorder	schizophrenic spectrum disorder	depression
	Aged 12-17	19 490	1 360	160	5 630	8 760	270	1 690
	Total[4]	**43 270**	**1 570**	**160**	**15 590**	**17 730**	**270**	**1 730**
2022-23	Aged below 6	3 660	10	0	2 030	280	0	0
	Aged 6-11	20 610	210	< 5	8 510	8 690	10	30
	Aged 12-17	20 830	1 540	200	6 160	9 100	280	1 780
	Total[4]	**45 100**	**1 750**	**200**	**16 690**	**18 060**	**290**	**1 810**
2023-24 (projection as of 31 December 2023)	Aged below 6	3 560	10	0	1 970	230	0	0
	Aged 6-11	20 640	230	< 5	8 670	8 210	10	30
	Aged 12-17	22 110	1 580	230	6 680	9 490	260	1 800
	Total[4]	**46 310**	**1 820**	**240**	**17 310**	**17 930**	**270**	**1 830**

Note:

1. Including inpatients, patients at specialist outpatient clinics and day hospitals.
2. Refer to the age of the patient as of 30 June of the respective year.
3. Figures are rounded to the nearest ten.
4. Individual figures may not add up to the total due to rounding.
5. As the above table does not cover all types of disorder, the breakdown by type of disorder may not add up to the total number of psychiatric patients.

(e)

The table below sets out the number of psychiatric patients by type of disorder and age group (aged 18 or above) in the HA from 2019-20 to 2023-24 (projection as of 31 December 2023).

Year	Age group[2]	Number of psychiatric patients aged 18 or above [1,2,3,5]	Number of diagnosed patients aged below 18					
			anxiety-related disorders	bipolar affective disorder	autism spectrum disorder	attention deficit/ hyperactivity disorder	schizophrenic spectrum disorder	depression
2019-20	Aged 18-64	163 600	48 100	7 500	3 800	2 400	40 400	42 400

Year	Age group[2]	Number of psychiatric patients aged 18 or above [1,2,3,5]	Number of diagnosed patients aged below 18					
			anxiety-related disorders	bipolar affective disorder	autism spectrum disorder	attention deficit/ hyperactivity disorder	schizophrenic spectrum disorder	depression
	Aged 65 or above	66 700	18 000	1 200	< 50	0	9 900	15 400
	Total[4]	**230 300**	**66 100**	**8 700**	**3 800**	**2 400**	**50 200**	**57 700**
2020-21	Aged 18-64	164 900	49 000	7 600	4 200	2 700	39 800	43 300
	Aged 65 or above	70 800	19 800	1 300	< 50	< 50	10 500	16 600
	Total[4]	**235 700**	**68 800**	**8 900**	**4 200**	**2 700**	**50 300**	**59 900**
2021-22	Aged 18-64	169 600	51 200	7 800	4 800	3 300	39 700	44 800
	Aged 65 or above	76 100	22 100	1 400	< 50	< 50	11 200	18 200
	Total[4]	**245 600**	**73 200**	**9 300**	**4 800**	**3 300**	**50 900**	**63 000**
2022-23	Aged 18-64	171 300	52 000	8 000	5 300	3 800	39 200	45 400
	Aged 65 or above	80 500	24 100	1 600	< 50	< 50	11 700	19 600
	Total[4]	**251 800**	**76 000**	**9 500**	**5 300**	**3 800**	**50 800**	**65 000**
2023-24 (projection as of 31 December 2023)	Aged 18-64	172 800	52 400	8 200	6 000	4 600	38 500	45 500
	Aged 65 or above	86 600	26 600	1 700	< 50	< 50	12 400	21 100
	Total[4]	**259 300**	**79 000**	**9 900**	**6 000**	**4 600**	**50 900**	**66 600**

Note:

1. Including inpatients, patients at specialist outpatient clinics and day hospitals.
2. Refer to the age of the patient as of 30 June of the respective year.
3. Figures are rounded to the nearest hundred.
4. Individual figures may not add up to the total due to rounding.
5. As the above table does not cover all types of disorder, the breakdown by type of disorders may not add up to the total number of psychiatric patients.

Remark:

In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures. As the costing information for 2019-20 to 2022-23 has reflected the impact of the epidemic outbreak on costs (if any), the costing information for different years may not be directly comparable.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0121)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: Not Specified

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Fully-funded by the Government, the "18111 - Mental Health Support Hotline" was launched last December to co-ordinate about 20 related organisations to provide one-stop, round-the-clock support for people with mental health needs, rendering them immediate mental health support and referral services. In this connection, will the Government inform this Committee of:

(1) the details of the related organisations co-ordinated under the Hotline;
(2) the number of calls that can be answered simultaneously under the Hotline;
(3) the expenditure involved in setting up the Hotline;
(4) the staffing establishment and estimated expenditure for the operation of the Hotline in 2024-25;
(5) the number of calls received and the number of referrals made for the callers since the launch of the Hotline; and
(6) the plan to promote the Hotline in the future?

Asked by: Hon LAI Tung-kwok (LegCo internal reference no.: 8)

Reply:

(1) The Health Bureau (HHB) has launched the "18111-Mental Health Support Hotline" (the "Hotline") to provide one-stop, round-the-clock support for people with mental health needs, rendering emotional and mental health support to people from all backgrounds and of all ages. Callers will be provided with service information or referred to appropriate service organisations based on their individual needs. The Hotline has established a referral mechanism with 4 relevant Government departments (including the Fire Services Department, the Hospital Authority, the Hong Kong Police Force and the Social Welfare Department) and about 20 non-governmental organisations providing different services (including suicide prevention, mental health services, family services, youth services and bereavement counselling, etc.).

(2) The Hotline can receive calls from up to 30 lines at the same time.

(3) and (4)

The Government has engaged an operator to operate the Hotline through open tender. The time-limited recurrent expenditure in 2023-24, 2024-25 and 2025-26 is about $9.9 million. No additional staff establishment is involved in the Hotline. The HHB and the Department of Health will deploy existing manpower to monitor the operation of the Hotline.

(5) Since the launch of the Hotline on 27 December 2023 and up to 29 February 2024, a total of around 21 000 calls were received and provided with immediate support. About 200 cases were referred to the Integrated Community Centre for Mental Wellness and the Designated Hotline for Carer Support of the Social Welfare Department, the Hospital Authority's Mental Health Direct hotline and non-governmental organisations, etc. 2 of the cases were more urgent and required immediate referral to the Police for follow-up.

(6) The Government has set up a dedicated webpage on the website of the "Shall We Talk" mental health promotion and public education initiative and disseminated service information of the Hotline to the public through various channels including the Government's social media platforms (such as Tamar Talk). The Government has also launched a publicity campaign with large-scale online and offline promotional activities to be rolled out in the first and second quarters of 2024.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0129)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The Chief Executive proposed in his 2022 Policy Address the establishment of the Poison Control Centre (the Centre) under the Hospital Authority. The Centre was opened in November last year to provide clinical toxicology services and treatment for patients suffering from poisoning. In this regard, will the Government inform this Committee of:
(1) the numbers of hospital admissions and deaths caused by poisoning in each of the past 5 years;
(2) the expenditure involved in setting up the Centre;
(3) the projected staff establishment, estimated expenditure on remuneration and total expenditure of the Centre in 2024-25;
(4) the resources involved in the Centre's plan to enhance the prevention, control and treatment of poisoning in the future; and
(5) the resources involved in the Centre's plan for future exchanges and co-operation with healthcare institutions in the Greater Bay Area?

Asked by: Hon LAI Tung-kwok (LegCo internal reference no.: 16)

Reply:

(1)
In the past 5 years, there were on average around 4 000 hospital admissions per year due to poisoning and about 1% of these patients died in hospitals subsequent to admission, i.e. around 40 persons per year. In addition, there were around 200 to 300 poisoning cases per year where the patients died before arriving at hospitals.

(2), (3), (4) and (5)
Established in November 2023, the Hong Kong Poison Control Centre (HKPCC) aims at coordinating poison control work in the public healthcare sector of Hong Kong and enhancing poisoning control and treatment for patients suffering from poisoning by integrating and expanding the existing clinical toxicology services. Specifically, the HKPCC will gradually integrate the relevant services provided by the Hospital Authority (HA) such as toxicology consultation, laboratory and treatment procedures, and expand its services in different areas, including:

(i) establishing an Integrated Chinese-Western Medicine (ICWM) Treatment Safety Office to make recommendations on ICWM applications, to update and evaluate safety guidelines regularly, and to provide training for Chinese medicine practitioners and dispensers to ensure medication safety for supporting active development of ICWM;
(ii) setting up a Drug of Abuse (DoA) Early Warning Office to enhance reporting and provide prompt warnings of emerging novel DoAs to government departments to safeguard the health and safety of the public;
(iii) setting up an Antidote Coordination Office for central stockpiling and coordination of antidote applications; and
(iv) opening a Poison Treatment Unit at United Christian Hospital to strengthen in-patient clinical toxicology services.

The expenditures involved in the existing poisoning-related services provided by the HA have been incorporated into its overall funding provision, and the estimated additional expenditure for the HKPCC for 2024-25 is about $6 million, which includes the expenditures for additional manpower and development of information system, etc. The HA will take into account the operational experiences of and service demand for the HKPCC planning for the future expenditures of the HKPCC.

The HKPCC will also continue to strengthen exchange with other healthcare institutions in the Greater Bay Area (GBA) via the existing network, so as to deepen Hong Kong's collaboration in poisoning control and treatment with the Mainland. The manpower and resources involved in the exchange and cooperation with healthcare institutions in the GBA have been included as part of the overall expenditures of the HKPCC and no separate account is kept.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1840)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the development of Chinese medicine (CM), will the Government inform this Committee of the following:

(1) What were the respective (i) numbers of attendances, (ii) numbers of quotas of subsidised CM outpatient services; (iii) utilisation rates of the quotas of subsidised CM outpatient services; and (iv) subventions of the Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) in various districts in each of the past 5 years;

(2) What were the respective (i) numbers, (ii) pay levels and (iii) numbers of vacancies and vacancy rates of the Chinese medicine practitioners (CMPs) employed by the CMCTRs in various districts in each of the past 5 years, with a breakdown by the ranks of the CMPs;

(3) Since the launch of the government-subsidised integrated Chinese-Western medicine (ICWM) services at designated public hospitals in 2014, what were the (i) numbers of inpatients receiving the relevant services; (ii) numbers of attendances; and (iii) numbers of patient days, with a breakdown by the participating hospitals and selected disease areas, namely stroke care, musculoskeletal pain management and cancer palliative care; and

(4) Last year, the Government stated that some CMCTRs would be re-provisioned with a view to increasing the service capacities. What are the relevant details, including the number of CMCTRs planned to be re-provisioned, their locations, the anticipated completion dates and the estimated increase in service capacities?

Asked by: Hon LAM Chun-sing (LegCo internal reference no.: 32)

Reply:

(1) to (3)

Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) have been established in 18 districts across the territory to promote the development of Chinese medicine (CM) by providing services, training and conducting 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. Since March 2020, the 18 CMCTRs have been providing Government-subsidised CM outpatient services at the district level. The annual quota has increased from about 600 000 to 800 000 since October 2023, representing an increase of over 30%.

The attendances of the 18 CMCTRs in the past 5 years are set out in the table below:

District	**Attendance for the Year**				
	2019	**2020**	**2021**	**2022**	**2023**
Central & Western	58 805	33 527	52 385	87 186	93 358
Tsuen Wan	75 038	81 132	93 815	96 071	112 384
Tai Po	71 735	60 933	74 512	86 229	100 866
Wan Chai	55 004	52 074	66 212	76 430	94 946
Sai Kung	58 593	50 932	60 908	65 529	89 331
Yuen Long	83 099	74 952	85 267	92 070	94 257
Tuen Mun	64 844	58 732	67 669	75 719	77 887
Kwun Tong	68 003	63 010	71 948	82 556	86 916
Kwai Tsing	47 387	36 196	54 794	71 806	79 053
Eastern	54 795	61 732	83 095	104 034	114 504
North	81 868	75 723	85 988	98 671	119 156
Wong Tai Sin	58 360	50 179	61 685	74 040	72 486
Sha Tin	68 631	65 284	83 067	89 020	107 076
Sham Shui Po	66 436	54 304	63 783	76 836	78 628
Southern	59 250	52 521	61 031	87 486	98 312
Kowloon City	57 878	64 199	78 922	80 630	86 845
Yau Tsim Mong	50 685	56 585	70 978	90 694	86 288
Islands	49 732	55 282	63 928	83 629	91 978
Total	**1 130 143**	**1 047 297**	**1 279 987**	**1 518 636**	**1 684 271**

Note: The above attendances cover CMCTRs' regular services (both Government-subsidised and non-Government-subsidised outpatient services), Civil Service Chinese Medicine Clinic services, as well as time-limited Special Chinese Medicine Out-patient Programme for COVID-19 Infected Persons introduced during the COVID-19 epidemic.

Utilisation rates of Government-subsidised CM outpatient service quota of the 18 CMCTRs in the past 3 years are tabulated below:

Financial Year	**Utilisation rate of the Government-subsidised CM outpatient service quota**
2020-21	88%
2021-22	95%
2022-23	92%

Chinese medicine practitioners (CMPs) of the 18 CMCTRs are employed by the NGOs operating the CMCTRs. Their terms of employment and remuneration packages are determined by the respective NGOs which review and adjust the salary level of CMPs based on the market situation every year. According to the information submitted by these NGOs

at the end of 2022, the monthly salaries of CMP trainees at the 18 CMCTRs ranged from $24,000 to $34,000, while the monthly salaries of other CMPs of various ranks ranged from $35,000 to $110,000, depending on their experience, qualifications and duties. In 2023-24, the salaries of the CMPs concerned have been increased by about 4-5% based on the personnel management mechanisms of individual NGOs. To dovetail with the continuous development of the services concerned, there was also an increase in the overall number of CMPs in the 18 CMCTRs in 2023.

The numbers of CMPs employed by the 18 CMCTRs in the past 5 years are set out in the table below:

District	**Number of CMPs as at Year End**				
	2019	**2020**	**2021**	**2022**	**2023**
Central & Western	21	27	29	30	31
Tsuen Wan	25	26	25	26	31
Tai Po	29	32	31	30	29
Wan Chai	25	24	22	22	24
Sai Kung	18	24	20	18	24
Yuen Long	25	24	21	20	23
Tuen Mun	25	25	24	25	24
Kwun Tong	27	30	28	24	28
Kwai Tsing	21	18	19	19	21
Eastern	17	27	27	29	32
North	20	20	21	22	24
Wong Tai Sin	22	22	19	20	20
Sha Tin	22	23	21	23	25
Sham Shui Po	24	21	19	21	24
Southern	26	26	26	29	30
Kowloon City	23	23	19	21	22
Yau Tsim Mong	25	25	21	19	18
Islands	20	24	23	21	27
Total	**415**	**441**	**415**	**419**	**457**

Note: CMPs are employed by the NGOs operating the CMCTRs and their terms of employment and remuneration packages are determined by the respective NGOs. The above information is provided by the respective NGOs.

To explore the operation and gather experience of integrated Chinese-Western medicine (ICWM) and CM inpatient services for formulating a roadmap for the future development of CM, the Government commissioned the HA to launch in 2014 the time-limited ICWM Pilot Programme (Pilot Programme) for providing ICWM treatment for inpatients of selected disease areas (namely stroke care, musculoskeletal pain management and cancer palliative care) at 8 designated hospitals (Kwong Wah Hospital, Pamela Youde Nethersole Eastern Hospital, Princess Margaret Hospital, Prince of Wales Hospital, Shatin Hospital, Tuen Mun Hospital, Tung Wah Hospital and United Christian Hospital) by phases. Having regard to the clinical assessment by CM and Western medicine teams, ICWM services are provided to inpatients suitable for participating in the Pilot Programme.

To tie in with the policy direction of the long-term development of CM, the HA regularised the Pilot Programme in early 2023 and further expanded ICWM services to cover more public

hospitals and other disease areas for leveraging the advantages of CM and ICWM. To support cancer patients of different stages, the HA has incorporated ICWM services into the cancer treatment protocol, and launched the new cancer care pilot programme at 2 public hospitals (Princess Margaret Hospital and Tuen Mun Hospital) in the third quarter of 2023 to provide such services for the first time in day chemotherapy centres.

In the first quarter of 2024, the ICWM services have reached its periodical milestone. The HA has further expanded the ICWM services to 26 public hospitals under the 7 clusters, increasing the hospital sites from 8 to 53. Such expansion is in line with the policy direction to promote CM development and enhance ICWM services set forth in the Chief Executive's Policy Address in providing services to patients of under the designated disease areas (including stroke care, musculoskeletal pain management, cancer palliative care and cancer care pilot programme).

Further, the HA has also planned to include CM rehabilitation in the clinical framework for stroke care inpatient services and will continue to explore from multiple perspectives the feasibility of extending ICWM services to cover more disease areas (such as elderly degenerative diseases), starting from those where CM has advantages, for the long-term development of sustainable ICWM services.

Cumulative numbers of patients enrolled for and attendances in the ICWM services as at 31 December 2023 are tabulated below:

Disease area	**Number of patient enrollment**	**Number of attendances**
Stroke care	1 782	28 186
Musculoskeletal pain management	1 790	4 550
Cancer palliative care	993	9 137
Cancer care pilot programme	36	179
Total	**4 601**	**42 052**

The Government has earmarked funding for the HA to take forward initiatives for promoting CM development, which include operating the CMCTRs to provide Government-subsidised CM outpatient services and CMP trainee programme, providing ICWM services, providing "evidence-based" CM training, operating the Toxicology Reference Laboratory, conducting quality assurance and central procurement of CM drugs, and enhancing and maintaining the CM Information System.

The relevant financial provisions in the past 5 years are tabulated below:

Financial Year	**Financial Provision ($m)**
2019-20	147
2020-21	227
2021-22	230
2022-23	229
2023-24	348

(4)

Due to the limitation of physical space, it is difficult to increase the service capacity of the existing 18 CMCTRs on a continuous basis. The Health Bureau (HHB) and the HA have been actively identifying suitable sites for the re-provisioning of the CMCTRs, with a view to increasing the service capacity, upgrading the facilities and improving the waiting environment in the long run. At the same time, the HHB and the HA will review the utililisation of and demand for Government-subsidised CM outpatient services on an ongoing basis for timely enhancement of service arrangements.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1841)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): (-) Not specified

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the treatment of eczema, will the Government inform this Committee:

(1) of the respective (i) numbers of consultations and (ii) attendances at each of the 9 clinics providing dermatology services under the Department of Health (DH) in each of the past 5 years, with a breakdown by new cases and revisiting cases, as well as the median, longest and shortest waiting time for the new cases;

(2) among the new cases mentioned in (1), of the number of those with eczema and their average waiting time;

(3) of the number of specialists in Dermatology and Venereology on the Specialist Register of the Medical Council of Hong Kong and the total number of such specialists providing the relevant services at the 9 dermatology clinics under the DH in each of the past 5 year;

(4) given that some patients with eczema have indicated that biologic therapy is effective in alleviating eczema but the cost of such therapy is high, whether it will consider providing subsidies for eczema patients with financial needs to receive biologic therapy; and

(5) whether it will consider including eczema in the selected disease areas for integrated Chinese-Western medicine treatment, with a view to providing more treatment options for patients with eczema; if so, of the details; if not, the reasons for that?

Asked by: Hon LAM Chun-sing (LegCo internal reference no.: 33)

Reply:

(1)

The Social Hygiene Service (SHS) of the Department of Health (DH) offers dermatological services to members of the public through its 9 clinics. The numbers of consultation and attendances at these clinics in the past 5 years are set out below:

	Number of Attendances		
	New Cases	**Old Cases**	**Total**
2019	21 890	177 070	**198 960**
2020	18 714	153 500	**172 214**
2021	21 369	158 958	**180 327**
2022	19 308	139 426	**158 734**
2023	21 295	141 859	**163 154**

Since the fourth quarter of 2021, the SHS has systematically compiled statistics on the waiting time of clinic cases. According to the information available, in 2022 and 2023, all new cases of severe skin diseases have been offered appointments within 8 weeks in accordance with the performance pledge. The median waiting time was 2.7 and 2.9 weeks respectively. As for other new cases with stable condition, the median waiting time was 90 weeks and 93 weeks, while the overall longest waiting time was 203 weeks and 183 weeks respectively.

(2)

The numbers of consultation for eczema cases are as follows:

	Number of Consultation for Eczema Cases
2019	1 827
2020	1 778
2021	1 652
2022	2 885
2023	5 618

Since 2022, the SHS has been using the Clinical Information Management System (CIMS) to facilitate the input of patients' electronic clinical diagnosis data. In respect of eczema, the number of frequently-input clinical diagnosis has increased from 3 common types in the past to 10 after the adoption of the CIMS, including atopic dermatitis, eczema herpeticum, asteatotic dermatitis, discoid eczema, dyshidrosis, stasis dermatitis, lichen simplex chronicus, prurigo nodularis, seborrhoeic dermatitis and eczema/dermatitis (unspecified).

The enhanced effect of using the CIMS for inputting diagnosis is reflected by an increase in the total number of eczema cases recorded in 2022 and 2023 as compared to previous years. However, this does not mean that eczema has become a more severe problem in the local community. The SHS will continue to closely monitor the trend of diagnosed eczema cases and take timely measures to address the needs of the public. The SHS does not keep statistics on the average waiting time of new eczema cases.

(3)

The number of specialists in Dermatology and Venereology registered in the Specialist Register of the Medical Council of Hong Kong in the past 5 years is set out below:

Year （as at 31 December）	Number of Specialists
2019	109
2020	115
2021	114
2022	116
2023	117

At present, there are 29 doctors serving in the SHS. In the 9 clinics under the SHS, 8 are qualified specialists in Dermatology and Venereology, with the remaining 21 as members of Hong Kong College of Physicians who have completed basic Medicine training and are undergoing specialist training in Dermatology and Venereology.

(4)

Eczema is a common skin disease. The main symptoms are itch, redness, swelling or dryness and cracking of the skin. Most cases presented with mild symptoms, and are diagnosed and managed mainly by doctors in primary healthcare. Generally, the condition can be improved and controlled after patients are prescribed mild to moderate topical steroid ointments and strengthen skin care. For more serious or urgent cases, doctors would refer the patients to dermatological clinics under the SHS of the DH. In dermatology specialists' service, topical steroids or non-steroid ointments and oral anti-itch drugs of different strengths are prescribed according to the conditions of patients, with strengthened skin care education, checking and avoiding of skin irritants or possible allergens that may be exposed in daily life, and follow-up on medication compliance. For some of the cases where the conditions of patients are not satisfactorily improved, the use of systemic oral drugs, light therapy and biological agents or other new drugs would be further considered according to the therapeutic ladder.

Being the major provider of publicly-funded public healthcare services, the Hospital Authority (HA) places high importance on providing optimal care for all patients while ensuring rational use of public resources. On drug management, the HA has an established mechanism for regular evaluation of new drugs and review the HA Drug Formulary (HADF) and its safety net coverage (including the Samaritan Fund and the Community Care Fund Medical Assistance Programmes). The process follows the principles of evidence-based practice, rational use of public resources, targeted subsidy, opportunity cost consideration and facilitation of patients' choice, taking into account the safety, efficacy and cost-effectiveness of drugs and other relevant considerations. The HA will also formulate relevant clinical treatment criteria for drugs listing on the HADF or the safety net based on the above-mentioned principles, published scientific research and clinical data, and with reference to international practices.

Based on the above principles and considerations, drugs for treating eczema, including biologics dupilumab and upadacitinib, have been included in the safety net of the Samaritan

Fund since 4 December 2021 and 16 December 2023 respectively in accordance with the established mechanisms.

Evaluation of drugs is an on-going process driven by evolving medical evidence, the latest clinical developments and market dynamics. The HA will continue to keep abreast of the latest development of clinical and scientific evidence of different drugs, listen to the views and suggestions of patient groups, and continue to review the HADF and coverage of the safety net through the established mechanisms under the principle of rational use of limited public resources with a view to benefitting more patients in need.

(5)

The Integrated Chinese-Western Medicine (ICWM) Programme of the HA provides ICWM treatment for in-patients of selected disease areas at designated public hospitals. At present, the HA provides ICWM treatment for in-patients of selected disease areas (namely stroke care, musculoskeletal pain management, cancer palliative care and cancer care pilot programme) at 53 hospital sites in 26 public hospitals. For the long-term development of sustainable ICWM services, the HA will continue to explore from multiple perspectives the feasibility of extending ICWM services to cover more disease areas, starting from those where Chinese medicine (CM) has advantages.

In addition, the Government provides the public with Government-subsidised CM outpatient services at district level through Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) in 18 districts. Each CMCTR operates on a tripartite collaboration model involving the HA, a non-governmental organisation and a local university. The HA also provides training courses on specific disease areas, such as stroke, emergency medicine, dermatology and oncology, for CM practitioners from the 18 CMCTRs. If members of the public suffer from eczema and need CM treatment, they may consider making appointments for the relevant CM outpatient services at the 18 CMCTRs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2701)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: Not Specified

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

In 2023, did the Health Bureau engage external lawyers for consultancy services in accordance with the Stores and Procurement Regulations of the Government without first seeking assistance from the Department of Justice? If so, what were the nature of such services and the expenditures incurred?

Asked by: Hon LAM San-keung (LegCo internal reference no.: 25)

Reply:

In 2023, the Health Bureau engaged lawyers in accordance with the Stores and Procurement Regulations to provide the following services:

	Nature of Services	Expenditures (HK$)
1.	Assisting the Voluntary Health Insurance Scheme (the Scheme) Office in examining and approving applications for product certification and re-certification, as well as interpreting and making recommendations on the provisions of the Scheme	Approximately $1.92 million
2.	Providing legal services on trademark registration and related matters for the Chinese Medicine Hospital project	Approximately $0.36 million
3.	Providing incorporation and business registration services for the establishment of the Greater Bay Area International Clinical Trial Institute	Approximately $85,000
4.	Providing company secretarial services for the Greater Bay Area International Clinical Trial Institute	Approximately $65,000

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0039)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (1) Director of Bureau's Office

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Budget Speech that the Government will devote significant resources to the healthcare portfolio, which account for 19% of recurrent expenditure in 2024-25. In this regard, will the Government inform this Committee of:

(1) the total number of subsidised primary healthcare programmes in the past 3 years, as well as the expenditures on and concrete outcomes of each of these programmes; and

(2) the distribution of healthcare expenditure in 2024-25?

Asked by: Hon LAM Shun-chiu, Dennis (LegCo internal reference no.: 1)

Reply:

(1)

The Government released the Primary Healthcare Blueprint (the Blueprint) on 19 December 2022, setting out the development direction and strategies for coping with the challenges brought about by an ageing population and the increasing prevalence of chronic diseases. The Government is progressively taking forward various recommendations of the Blueprint over the short, medium and long term.

Following the announcement of the Blueprint, the Government has committed to advocate the concept of "Family Doctor for All" to tie in with the development of primary healthcare services. In this regards, with effect from October 6, 2023, only doctors enlisted in the Primary Care Directory (the Directory) are allowed to take part in various government-subsidised primary healthcare programmes, including District Health Centre (DHC) services, the Elderly Health Care Voucher Scheme, the Vaccination Subsidy Scheme, the Residential Care Home Vaccination Programme, the Colorectal Cancer Screening Programme and the Hospital Authority General Outpatient Clinic Public-Private Partnership Programme, with a view to standardising the arrangements across various subsidised programmes. Furthermore, the Government launched the three-year Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) in November 2023, which is the first major initiative after the

announcement of the Blueprint, to establish family doctor regime and position the DHC and DHC Express as a hub in fostering the expansion of healthcare network at the community level. The above requirement to be enlisted in the Directory is also applicable to the CDCC Pilot Scheme.

Expenditures on the various government-subsidised primary healthcare programmes above under the Directory in the past three years are as follows:

Primary Healthcare Programmes Note 1, 2	**2021-22 Expenditure ($ million)**	**2022-23 Expenditure ($ million)**	**2023-24 Revised estimate ($ million)**
District Health Centre Service	182	364	495
District Health Centre Express Service	199	116	155
Elderly Health Care Voucher Scheme	2,554.7	2,785.9	3,343.6
Vaccination Subsidy Scheme	128.6	195.6	245.7
Residential Care Home Vaccination Programme	7.3	9.2	9.6
Colorectal Cancer Screening Programme	175.5	151.6	264.7
General Outpatient Clinic Public-Private Partnership Programme	97.7	101.8	130.8
Chronic Disease Co-Care Pilot Scheme	-	-	287

Notes

1. At primary healthcare level, apart from the primary healthcare programmes under the Directory listed above, the Department of Health (DH) currently delivers free or subsidised services using a life course approach through various areas of work with emphasis on preventive care (including Family Health Service, Student Health Service, Elderly Health Service, etc.). The expenditure and specific outcome on supporting the measures to improve primary healthcare cannot be separately quantified by DH.
2. The above expenditure is mainly used to subsidise the relevant healthcare services provided to the participants.

The Government will continue to advocate the concept of "Family Doctor for All". As at 29 February 2024, there are 3 700 doctors enrolled in the Directory. The Government will also gradually reposition the General Out-patient Clinics to focus on taking care of low-income persons and the socially disadvantaged groups, and orderly migrate some primary healthcare services under the DH, including Woman Health Centres and Elderly Health Centres, to the primary healthcare system. The Government has begun exploring the setting up of a community drug formulary and planning of the community pharmacy programme, aiming to facilitate patients receiving government-subsidised healthcare services to purchase drugs at affordable prices in the community. Besides, the Government is actively planning for the establishment of the Primary Healthcare Commission. The Government will continue to work with the healthcare sector and non-governmental organisations to implement the Blueprint.

(2)

The recurrent expenditure of $109.5 billion on Policy Area Group (PAG): Health covers a wide range of recurrent expenditure items. Details could be found in the Controlling Officer's Report of the respective Heads including Heads 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 2024-25.

Head of Expenditure	**2024-25 Estimate ($ million)**
Head 140 – Government Secretariat: Health Bureau	96,640.7
Head 37 – Department of Health	11,711.6
Head 48 – Government Laboratory	83.0
Head 155 – Government Secretariat: Innovation and Technology Commission	4.5
Total:	**(Note) 108,439.8**

(Note)
The total recurrent expenditure for PAG: Health amounts is $109.5 billion as per Appendix B of the Budget Speech. It has included $1.0819 billion of Additional Commitments under Head 106 – Miscellaneous Services apportioned to PAG: Health to meet funding for initiatives under planning and any unavoidable recurrent expenditure that may arise during the year in excess of the amounts provided under other heads and subheads of the Estimates.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0043)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (1) Director of Bureau's Office

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Budget Speech that the Government has been improving public healthcare services and enhancing patient experience on various fronts with specific performance indicators, which include shortening the waiting time for specialist out-patient services and making wider use of telehealth services. In this regard, will the Government inform this Committee of the following:

(1) the total number of indicators met in the past 3 years with the expenditures incurred by and concrete outcomes of each indicator.

Asked by: Hon LAM Shun-chiu, Dennis (LegCo internal reference no.: 2)

Reply:

In respect of improving public healthcare services and enhancing patient experience, the Hospital Authority (HA) has established specific performance indicators, which concern shortening the waiting time for specialist out-patient (SOP) services, enhancing patient experience and using telehealth, etc.

Shortening the waiting time for SOP services

The HA has been implementing a triage system for new referrals to SOP clinics to ensure that priority is given to treating patients in urgent conditions and requiring early intervention. Under the current triage system, newly referred patients are usually screened by a nurse and then examined by a specialist doctor of the relevant department, before being classified into Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases. The HA's target is to maintain the median waiting time for Priority 1 and Priority 2 cases within 2 weeks and 8 weeks respectively. The HA has been able to fulfil the pledge regarding the median waiting time for Priority 1 and Priority 2 cases, and will continue to implement this effective triage system to ensure timely treatment for patients in most urgent need.

Apart from implementing the triage system, the HA has been taking measures actively to manage and improve the waiting time for SOP patients, such as enhancing public primary healthcare services, strengthening manpower, optimising appointment booking and scheduling, and displaying the latest waiting time on the HA's website and at SOP clinics to help patients consider their treatment plans and options. Under the strategy of "narrowing upstream, collaborating downstream, diverting midstream", the HA has introduced doctor-led multi-disciplinary integrated clinics, and will allocate more resources for new cases, streamline referral arrangements for cross-specialty cases, set up more integrated clinics to provide multi-disciplinary support, and enhance primary healthcare to follow up on patients in stable conditions.

On shortening the waiting time for SOP services, the Chief Executive's 2022 Policy Address has set the target of reducing the 90th percentile waiting time for stable new case bookings for the specialty of Internal Medicine at SOP clinics by 20% in 2023-24, i.e. reducing the waiting time from 122 weeks in 2021-22 to 97 weeks or less. As at 31 December 2023, the relevant performance indicator has reached 92 weeks [provisional figure]. The HA is confident that it can continue to meet the target set in the Policy Address.

The Chief Executive's 2023 Policy Address has set the target of maintaining the median waiting time for new cases triaged as Priority 1 (urgent) and Priority 2 (semi-urgent) at psychiatric SOP clinics at no longer than 1 week and 4 weeks respectively. Currently, this target has been achieved and is expected to be maintained. In addition, the HA has set the target of reducing the 90th percentile waiting time for stable new case bookings for the specialties of Ear, Nose and Throat as well as Orthopaedics and Traumatology at SOP clinics by 10% in 2024-25. The HA will continue to actively manage the waiting time for SOP services, with a view to meeting and maintaining the relevant targets. It will also review the effectiveness of these measures in a timely manner and implement appropriate supplementary measures as necessary to further shorten the waiting time of SOP clinics.

Enhancing patient experience

To enhance patient experience, the Chief Executive's 2022 Policy Address has also set the target that, by 31 March 2023, 75% of patients attending SOP clinics would have their journey time from registration to doctor consultation completed within 60 minutes, and from registration to medication collection within 120 minutes. The HA has met and will be able to maintain these performance indicators.

In addition, the "HA Go" mobile application helps patients and carers manage medical appointments and healthcare arrangement in an easy and effective manner, including checking appointment records, making out-patient appointments, handling mobile payment, viewing queuing status, performing rehabilitation exercise according to prescriptions, viewing important information such as medications, investigation reports and sick leave certificates, as well as attending tele-consultations and arranging medication delivery service, etc. The HA envisions driving forward smart healthcare through the continuous development of the "HA Go" mobile application, while providing convenient services for the public and continuously improving patient experience.

Using telehealth

The HA has been striving to optimise the use of technology to enhance service quality and patient experience; and telehealth is one of the key development directions. The HA is actively promoting telehealth to provide an additional option for suitable patients when seeking medical consultation, such that they may receive healthcare services from the HA without making in-person visits to hospitals or clinics. Telehealth services have been introduced in different out-patient, day in-patient, in-patient and outreach services. The table below sets out the number of attendances for the HA's telehealth services over the past 3 years.

Year	Number of telehealth attendances [Note]
2021-22	5 111
2022-23	91 645
2023-24 (Up to 31 December 2023) [Provisional figure]	82 384

The HA will regularly review the effectiveness relating to the use of telehealth, including exploring the progressive application of information technology to appropriate healthcare services with a view to benefitting more patients in need. Nonetheless, telehealth has its limitations and may not be suitable for all patients or circumstances. For example, patients who need to undergo clinical examinations by doctors are required to visit hospitals in person to complete the whole examination procedure.

The Chief Executive's 2023 Policy Address has set the target of issuing electronic sick leave certificates at all HA's clinics to fully replace the paper copies given then, and providing medication delivery service in all the HA's SOP clinics with telehealth services by 31 March 2023. The HA has started issuing electronic medical certificates and attendance certificates since March 2023. Patients using telehealth services will receive their electronic medical certificates immediately after medical consultations through the "HA Go" mobile application, without the need to go to the hospitals or clinics for collecting the certificates. Meanwhile, medication delivery service has been extended to all SOP clinics with telehealth services, further enhancing the overall telehealth process.

The HA's paid medication delivery service aims to enhance patients' medication collection experience and offer another option for patients attending public hospitals and clinics to collect medications. Through the "HA Go" mobile application, patients can arrange delivery of their medications to their homes or other specified addresses without the need to return to and wait at the pharmacy departments of hospitals or clinics after attending consultations. At present, the medication delivery service has been extended to cover all patients attending SOP clinics, discharged from hospitals, and receiving accident and emergency services at all public hospitals. From January 2024 onwards, the service has been gradually extended to patients attending general out-patient clinics.

The HA adopts an integrated and multi-disciplinary approach in service provision, and strives to deploy staff and other resources flexibly to cope with the service needs and operational requirements. As staff delivering the above services also provide support for other services, the relevant manpower and expenditure cannot be separately quantified.

Note:

In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures. This should be taken into consideration when comparing the service capacity of the HA in previous years.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1749)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in paragraph 179 of the Budget Speech that the Health Bureau will continue to enhance healthcare-related teaching facilities, while increasing the number of local training places as appropriate. In this connection, will the Government inform this Committee of:

(1) the expenditures involved in enhancing healthcare-related teaching facilities in the past 3 years; and

(2) the numbers of local training places in the past 3 years and the expenditures involved.

Asked by: Hon LAM Shun-chiu, Dennis (LegCo internal reference no.: 28)

Reply:

(1)

To enable the University Grants Committee (UGC)-funded universities which offer healthcare training programmes (i.e. the Chinese University of Hong Kong, the Hong Kong Polytechnic University and the University of Hong Kong) to upgrade and increase their healthcare-related teaching facilities, the Government has earmarked about $20 billion for short, medium and long-term works projects in relation to the above-mentioned purpose as announced in the 2018 Policy Address. Subsequently, another $10 billion has been set aside for that purpose as announced in the 2022-23 Budget. The enhancement of healthcare-related teaching facilities is funded under the Capital Works Reserve Fund, details of which fall outside the scope of Head 140 under the General Revenue Account.

(2)

All along, the Government has been striving to enhance the training of local healthcare professionals so as to cater for the needs of society. Given the manpower shortages in some healthcare professions, the Government has, from the 2011/12 academic year to the 2021/22 academic year, substantially increased the number of student intake places of UGC-funded manpower-planned healthcare-related programmes. The relevant increment is tabulated below:

Programme	Academic Year					Total
	2009/10-2011/12	2012/13-2015/16 Note (1)	2016/17-2018/19	2019/20-2021/22	2022/23-2024/25	
Medicine	320	420 (+100)	470 (+50)	530 (+60)	590 (+60)	270
Dentistry	53	53	73 (+20)	80 (+7)	90 (+10)	37
Nursing	590	630 (+40)	630	690 (+60)	690	100
Medical Laboratory Science	32	44 (+12)	54 (+10)	54	60 (+6)	28
Occupational Therapy	46	90 (+44)	100 (+10)	100	100	54
Physiotherapy	70	110 (+40)	130 (+20)	150 (+20)	150	80
Radiography	48	98 (+50)	110 (+12)	110	115 (+5)	67
Chinese Medicine	79	79	79	79	84 Note (2) (+5)	5

Notes:

(1) The 2012/13 to 2014/15 triennium was rolled over to cover 2015/16 academic year.

(2) The UGC will allow the universities to reallocate on their own accord a limited number of non-manpower-planned intake places for Chinese Medicine (CM) programmes, in addition to the existing 70 first-year-first-degree intake places to provide flexibility in increasing the number of places for CM intake places for the 2022-25 triennium on a pilot basis. Under the pilot scheme, the Hong Kong Baptist University and the University of Hong Kong have provided 10 and 4 additional intake places per academic year respectively for their bachelor degree programmes in CM for the 2022-25 triennium while the Chinese University of Hong Kong has no intention of increasing for the time being. As such, the number of student intake places for the bachelor degree programmes in CM is 84 per academic year for the 2022-25 triennium.

The Health Bureau (HHB) has launched a new round of healthcare manpower projection to tie in with the planning exercise for the 2025-28 triennium of the UGC. Subject to the projection results, the Government will review the strategies for increasing local healthcare manpower and consider the need to further adjust the number of healthcare training places in the next triennium of the UGC.

Under the established arrangement, the Government allocates recurrent funding to the 8 UGC-funded universities in the form of a block grant. The universities may decide how the block grant should be allocated among various academic programmes and activities in accordance with the principle of institutional autonomy. Breakdown figures on the expenditures involved are thus unavailable. Nonetheless, the UGC Secretariat maintains information on the average teaching expenditure per student of the UGC-funded universities by 17 academic programme categories (APCs), with the above healthcare-related programmes falling under the 3 APCs of "Medicine", "Dentistry" and "Studies Allied to Medicine and Health"

respectively. The expenditures reported by the universities are not directly related to the allocations of the Government. The average teaching expenditure per student for all programmes under these APCs in the academic years from 2020/21 to 2022/23 is as follows:

Level of Study	**Academic Programme Category**	**Average Teaching Expenditure per Student**		
		2020/21 academic year	**2021/22 academic year**	**2022/23 academic year**
Undergraduate programme	Medicine	$264,000	$250,000	$270,000
	Dentistry	$284,000	$270,000	$298,000
	Studies Allied to Medicine and Health	$164,000	$168,000	$172,000
Taught postgraduate programme	Dentistry	$327,000	$305,000	$342,000

Through the Study Subsidy Scheme for Designated Professions/Sectors (SSSDP) launched by the Education Bureau, the Government provides a subsidy for students pursuing designated programmes and encourages the self-financing post-secondary education sector to offer programmes in selected disciplines, including healthcare, to nurture talents in support of specific industries with keen manpower demand. In the past 3 years, the subsidised places of the designated undergraduate programmes in the healthcare discipline under the SSSDP which are related to healthcare professions subject to statutory registration increased from 1 460 in the 2021/22 academic year to 2 035 in the 2023/24 academic year, including 480 in nursing (general) programmes, 30 in physiotherapy programmes, 60 in medical laboratory science programmes and 5 in radiography programmes. The annual subsidy amount for each student of these programmes is $76,800 in the 2021/22 academic year and $78,280 in the 2023/24 academic year.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1759)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Budget Speech that the Government will continue to further develop primary healthcare. In this connection, will the Government inform this Committee of the following:

(1) the specific progress and effectiveness of the implementation of various recommendations set out in the Primary Healthcare Blueprint in the past 3 years; and

(2) the respective estimated expenditures on the Chronic Disease Co-care Pilot Scheme in 2024-25?

Asked by: Hon LAM Shun-chiu, Dennis (LegCo internal reference no.: 6)

Reply:

(1)

The Government released the Primary Healthcare Blueprint (the Blueprint) on 19 December 2022, setting out the development direction and strategies for coping with the challenges brought about by an ageing population and the increasing prevalence of chronic diseases. The Government is progressively taking forward various recommendations of the Blueprint over the short, medium and long term.

The Government has set up District Health Centres (DHCs) and interim DHC Expresses (DHCEs) of a smaller scale in all districts across the city, thereby attaining the goal of covering all 18 districts. In accordance with the Blueprint, the Government will progressively strengthen the roles of DHCs as the coordinator of community primary healthcare services and case manager to support primary healthcare doctors, and district service hub connecting public and private healthcare professionals with different sectors in society.

The Government launched the three-year Chronic Diseases Co-Care Pilot Scheme (CDCC Pilot Scheme) in November 2023, which is the first major initiative after the announcement

of the Blueprint at the end of 2022, to establish family doctor regime and position the DHC and DHCE as a hub in fostering expansion of healthcare network at the community level. Additionally, in 2023, the Government extended the Elderly Health Care Voucher Scheme to cover more healthcare professionals and allowed shared use of vouchers between spouses, and launched the Elderly Health Care Voucher Pilot Reward Scheme to tie in with the prevention-oriented direction as put forward in the Blueprint. The Government will continue to advocate the concept of "Family Doctor for All". As at 29 February 2024, there are 3 700 doctors enrolled in the Primary Care Directory. The Government will also gradually reposition the General Out-patient Clinics to focus on taking care of low-income persons and the socially disadvantaged groups, and orderly migrate some primary healthcare services under the Department of Health, including Woman Health Centres and Elderly Health Centres, to the primary healthcare system. The Government has begun exploring the setting up of a community drug formulary and planning of the community pharmacy programme, aiming to facilitate patients receiving government-subsidised healthcare services to purchase drugs at affordable prices in the community. Besides, the Government is actively planning for the establishment of the Primary Healthcare Commission. The Government will continue to work with the healthcare sector and non-governmental organisations to implement the Blueprint.

(2)

The Government has launched the 3-year CDCC Pilot Scheme since 13 November 2023 to provide subsidised diabetes mellitus (DM) and hypertension (HT) screening services in the private healthcare sector to Hong Kong residents aged 45 or above with no known medical history of DM or HT. As at 27 March 2024 [provisional figure], around 30 000 members of the public and over 500 family doctors have participated in the scheme. Over 15 000 of the participants have completed the screenings for DM and HT, and nearly 6 000 of them (i.e. over 30%) have been diagnosed with prediabetes [Note 1], DM or HT. These patients can proceed to the treatment phase and will be subsidised by the Government to continue their treatment with self-selected family doctors, and subject to their health conditions, be offered prescribed medication, follow-up care at nurse clinics and allied health services.

The estimated expenditure on the CDCC Pilot Scheme in 2024-25 is as follows:

Programme	**Estimated Expenditure in 2024-25 (HK$ million)**
CDCC Pilot Scheme	575

The above expenditure is mainly used to subsidise the relevant healthcare services provided to the participants, including doctor consultations, laboratory investigations, nurse clinics and allied health services, etc. It also covers the expenses incurred in supporting the implementation of the scheme.

Note:

1. A blood glucose level ranging from 6.0 to 6.4% for glycated haemoglobin or a fasting glucose level of 6.1 to 6.9 mmol/L.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1760)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Budget Speech that the Government provides resources and implements a variety of measures to promote Chinese medicine. In this regard, will the Government inform this Committee of: (1) details of the development of the Chinese Medicine Hospital and the Government Chinese Medicines Testing Institute, as well as the relevant distributions of expenditures; and (2) the expenditures on and concrete outcomes of the Integrated Chinese-Western Medicine Pilot Programme in the past 3 years?

Asked by: Hon LAM Shun-chiu, Dennis (LegCo internal reference no.: 7)

Reply:

(1)

The latest developments of the Chinese Medicine Hospital (CMH) and the Government Chinese Medicines Testing Institute (GCMTI), the 2 flagship projects in Hong Kong's Chinese medicine (CM) development, are as follows:

Chinese Medicine Hospital

The CMH is constructed by the Government and operated under a public-private-partnership model. In 2021, Hong Kong Baptist University (HKBU) was selected through tendering procedures as the Contractor for operation of the CMH. In the same year, HKBU incorporated the HKBU Chinese Medicine Hospital Company Limited as the Operator. HKBU and the Operator have since been working together on the commissioning tasks as stipulated in the service deed. The Hospital Chief Executive and other core management team members (the Core Management Team) were in post in January 2024. The Core Management Team is in the process of formulating hospital structure and systems and will undertake preparatory work having regard to the hospital service commencement plan.

The detailed architectural design of the CMH has been substantially completed. Planning of CM culture display design and installation is in progress.

The procurement of the hospital's furniture and equipment is progressing at full steam as planned. HKBU and the Operator also take an active part in the preparation of user requirements for the procurement items. Inspection and acceptance testing of furniture and equipment is expected to commence in early 2025.

The contract for the Core Hospital Information Technology System was awarded in mid-2022. With the system analysis and design substantially completed, the system development stage has already begun. The contract for the information technology (IT) network, Infrastructure and Data Centre of CMH was awarded in the fourth quarter of 2023. Tenders for the enterprise resource planning system and picture archiving and communication system and radiology information system are being evaluated. More IT system tenders will be issued progressively.

The construction works of the CMH commenced in June 2021, with the premises expected to be handed over in batches to the HHB starting in mid-2025. The CMH is expected to commence services in phases from the end of 2025 and, depending on the progress and demand and supply, becomes fully operational within 5 years after service commencement.

The Finance Committee of the Legislative Council approved in June 2021 a non-recurrent commitment of $80.445 million for the preparation for service commencement of the CMH as well as a capital commitment of $383.9 million for IT support for the CMH under Capital Works Reserve Fund Head 710 Computerisation vote.

Government Chinese Medicines Testing Institute

The GCMTI was established in 2017 with its temporary facilities located at the Hong Kong Science Park in Shatin. The missions of the GCMTI are to develop a set of internationally-recognised reference standards for CMs and related products by employing state-of-the-art technology and through scientific research, and to help empower the industry through transfer of testing technology to strengthen quality control of products, establish the brand image of Hong Kong in CMs and develop Hong Kong into an international hub on CMs testing and quality control.

The GCMTI has launched a number of research projects and publicity campaigns, including the ongoing project on the Hong Kong Chinese Materia Medica Standards. So far, the GCMTI has published the reference standards for a total of 330 Chinese Materia Medica (CMM). The reference standards for 14 additional CMM have also been completed and will be published in due course.

The permanent GCMTI building under construction is expected to be commissioned in phases alongside with the adjoining CMH starting from end 2025. Major facilities of the permanent GCMTI building include various dedicated laboratories, a CMs herbarium laboratory, an international collaboration and training centre, a medicinal plant garden, and relevant ancillary facilities.

Apart from continuing to develop and formulate a set of reference standards for CMs, transferring technology on CMs testing to the CMs and testing industries, and fostering research on CMs testing upon relocation to the permanent GCMTI building, the GCMTI will also collaborate with the CMH and Mainland and international research institutes to deepen

cooperation in the CMs fields of the Guangdong-Hong Kong-Macao Greater Bay Area, with a view to further leveraging Hong Kong's role as a platform for driving the standardisation, modernisation and internationalisation of CMs.

The estimated cost of constructing the permanent building of the GCMTI is $2,005.0 million which was approved by the Finance Committee of the LegCo in June 2021. An additional annual recurrent expenditure is $198.7 million,

(2)

To explore the operation and gather experience of integrated Chinese-Western medicine (ICWM) and CM inpatient services for formulating a roadmap for the future development of CM, the Government commissioned the Hospital Authority (HA) to launch in 2014 the time-limited ICWM Pilot Programme (Pilot Programme) for providing ICWM treatment for inpatients of selected disease areas (namely stroke care, musculoskeletal pain management and cancer palliative care) at 8 designated hospitals (Kwong Wah Hospital, Pamela Youde Nethersole Eastern Hospital, Princess Margaret Hospital, Prince of Wales Hospital, Shatin Hospital, Tuen Mun Hospital, Tung Wah Hospital and United Christian Hospital) by phases. Having regard to the clinical assessment by CM and Western medicine teams, the ICWM services are provided to inpatients suitable for participating in the Pilot Programme.

To tie in with the policy direction of the long-term development of CM, the HA regularised the Pilot Programme in early 2023 and further expanded ICWM services to cover more public hospitals and other disease areas for leveraging the advantages of CM and ICWM. To support cancer patients of different stages, the HA has incorporated ICWM services into the cancer treatment protocol, and launched the new cancer care pilot programme at 2 public hospitals (Princess Margaret Hospital and Tuen Mun Hospital) in the third quarter of 2023 to provide such services for the first time in day chemotherapy centres.

In the first quarter of 2024, the ICWM services have reached its periodical milestone. The HA has further expanded the ICWM services to 26 public hospitals under the 7 clusters, increasing the hospital sites from 8 to 53. Such expansion is in line with the policy direction to promote CM development and enhance ICWM services set forth in the Chief Executive's Policy Address in providing services to patients of under the designated disease areas (including stroke care, musculoskeletal pain management, cancer palliative care and cancer care pilot programme).

Further, the HA has also planned to include CM rehabilitation in the clinical framework for stroke care inpatient services and will continue to explore from multiple perspectives the feasibility of extending ICWM services to cover more disease areas (such as elderly degenerative diseases), starting from those where CM has advantages, for the long-term development of sustainable ICWM services.

The Government has earmarked funding for the HA to take forward initiatives for promoting CM development, which include operating the Chinese Medicine Clinics cum Training and Research Centres to provide Government-subsidised CM outpatient services and CM practitioner trainee programme, providing ICWM services, providing "evidence-based" CM training, operating the Toxicology Reference Laboratory, conducting quality assurance and central procurement of CM drugs, and enhancing and maintaining the CM Information System.

The relevant financial provisions in the past 3 years are tabulated below:

Financial Year	Financial Provision ($m)
2021-22	230
2022-23	229
2023-24	348

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1761)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It was mentioned in the Budget Speech that the Government will continue to promote the development of Chinese medicine (CM) and further expand the Integrated Chinese-Western Medicine services. In this connection, will the Government inform this Committee of the following: (1) the details of the Government's plan to promote the modernisation and internationalisation of CM in the coming year; and (2) the estimated expenditure for deepening collaboration in CM (including talent nurturing, research, exchange, industry and market development of the CM sector and the CM drug trade) in the coming year.

Asked by: Hon LAM Shun-chiu, Dennis (LegCo internal reference no.: 8)

Reply:

The Government has been committed to promoting the high-quality development of Chinese medicine (CM) in Hong Kong on all fronts by rolling out a number of measures on the modernisation of CM, talent nurturing, research and industry development, with a view to proactively integrating into the overall development of CM in the country, giving full play to the city's role as the country's gateway to the international markets and contributing to the internationalisation of CM. In 2024-25, the Government will continue to take forward the policy measures detailed below:

Holistic support rendered by the Chinese Medicine Development Fund (CMDF) to the Chinese medicine (CM) sector

Officially launched in June 2019, the Chinese Medicine Development Fund (CMDF) is the first dedicated fund set up to support the development of CM with the objective of enhancing the overall standard of the CM sector to promote the holistic and high-quality development of CM in Hong Kong.

As at 20 March 2024, nearly 7 800 funding applications were approved under the CMDF, involving a total funding of about $276 million (provisional figure) for the approved projects and benefiting more than 2.2 million individuals/organisations in the CM sector, including registered and listed Chinese Medicine practitioners (CMPs), CM drug personnel, CM clinics,

manufacturers and wholesalers of proprietary Chinese medicines (pCm), retailers and wholesalers of Chinese herbal medicines (Chm), CM-related organisations, universities and tertiary education institutions, as well as members of the public. Major achievements of the CMDF are set out below:

(a) Talent nurturing: Close to 3 200 CMPs and CM drug personnel have received subsidies to attend CM professional training programmes for them to continuously upskill professional knowledge and ability. The CMDF has also supported programme providers to design and organise innovative training projects, benefiting over 37 100 practitioners;

(b) Quality enhancement: The CMDF has supported more than 480 CM clinics and nearly 190 Chm retailers/wholesalers to upgrade their facilities and equipment with a view to enhancing service quality, safety and quality control of CM drugs. The CMDF has also supported nearly 160 pCm manufacturers/wholesalers to engage consultancy services and technical support to complete the registration process for some 730 pCm products, thereby levelling up the quality of Hong Kong-registered pCm products and fostering the development of CM drug industry;

(c) Research and applied studies: The CMDF has supported the commencement of 62 CM research and applied studies projects which are instrumental to the academic and clinical research, professional and industry development of CM in Hong Kong; and

(d) Publicity and promotion: The CMDF has supported nearly 675 CM publicity and public education activities of various forms with target audiences covering kindergarten students, primary and secondary school students, and elderly persons.

The Health Bureau (HHB), in conjunction with the CMDF's implementation agent, has been reviewing the operation of the CMDF. In consultation with the Advisory Committee on the CMDF, the HHB implements various enhancement proposals, such as refining the design of the existing funding schemes, streamlining the application process and administrative arrangements, expanding the application eligibility and funding scope, raising the funding ceiling and extending the time limit for project completion.

Since 2023-24, the CMDF has been taking forward a number of new capacity building initiatives. They include: (a) subsidising programmes related to the Training Programme of Advanced Clinical Talents in Chinese Medicine co-organised by the National Administration of Traditional Chinese Medicine and the HHB, one of which is the first edition of the Hong Kong Chinese Medicine Talent Short-term Training Programme successfully completed in Beijing in November 2023 aimed to help nurture more high-level backbone talents in CM theories and clinical practice; (b) launching the Guangdong-Hong Kong-Macao Greater Bay Area Proprietary Chinese Medicine Industry Development Support Scheme in February 2024 to subsidise local pCm manufacturers or wholesalers for the application fees for registering of eligible pCm products in the Mainland with the Guangdong Provincial Medical Products Administration through the streamlined registration approval process, thereby facilitating Hong Kong pCm to "go global" through expansion to other markets; and (c) raising the funding ceiling of the Chinese Medicine Promotion Funding Scheme from $750,000 to $2,000,000 with effect from April 2024 to enhance the scale and effectiveness of the public education and promotion projects designed and implemented by the CM sector.

Meanwhile, the CMDF will commission organisations to conduct large-scale training, publicity and research projects on strategic themes conducive to the development of CM =as a whole. The first batch of projects include training programmes developed and implemented to tie in with the service commencement of the Chinese Medicine Hospital, and large-scale territory-wide promotional and publicity campaigns for the wider use of CM in the community. Application is expected to be open in the second quarter of this year.

The details and vetting criteria of the funding schemes as well as the progress and results of the approved projects have been uploaded to the CMDF website (www.cmdevfund.hk).

Chinese medicine talent nurturing and research

To tie in with the long-term development of CM in Hong Kong, the Government is committed to promoting the establishment of a CM professional talent pool. Apart from the above measures launched under the CMDF to promote high-level CM professional exchange and talent nurturing, the Government also promotes the building of a CM talent pool on all fronts. With the staunch support from the country, CM personnel in Hong Kong may participate in, among others, the selection of National Medicine Masters and National Famous Traditional Chinese Medicine Practitioners, and talent nurturing programmes for Qi Huang scholars and Qi Huang young scholars. Some CMPs in Hong Kong have already been selected as National Famous Traditional Chinese Medicine Practitioners and Qi Huang young scholars. Furthermore, the National Administration of Traditional Chinese Medicine and the HHB are actively implementing related programmes under Hong Kong's Training Programme of Advanced Clinical Talents in Chinese Medicine. In particular, the Hong Kong Chinese Medicine Talent Short-term Training Programme (Phase 1) was successfully held in Beijing in November 2023. With the funding support of the CMDF, 30 students were recommended to receive about a week's training at renowned CM institutions in the Mainland, and had a fruitful learning and exchange experience with the renowned Mainland experts. Phase 2 of the short-term training programme will be held in late May 2024. The training will focus on clinical skills and professional knowledge related to CM in-patient services. It is expected that about 40 CMPs and CM drug personnel will receive subsidies from the CMDF to attend the training in Beijing.

To support the Government's efforts in promoting overall development of CM, the Hospital Authority (HA) has all along been providing different types of CM training for CM professionals of various ranks in the 18 Chinese Medicine Clinics cum Training and Research Centres (CMCTRs), including CMP trainees, CMPs, senior CMPs and CM pharmacists, with a view to nurturing more local CM talents. To promote the development of integrated Chinese-Western medicine services, the HA launched the Greater Bay Area Chinese Medicine Visiting Scholars Programme in November 2022 in collaboration with the Grade 3A Chinese Medicine hospitals in the Mainland, which have deployed their clinically experienced CM experts to Hong Kong as visiting scholars for the purposes of clinical guidance, exchanges and training, so as to enhance the standard of inpatient treatment by CMPs in Hong Kong. Since the implementation of the programme, 13 CM experts from the Guangdong Province have joined the expert pool and trained a cumulative total of nearly 90 local CMPs.

On the research front, the CMDF will continue to provide funding for the industry to conduct various research projects and support collaboration among different organisations. To better meet the needs of CM development, the CMDF will also encourage and guide applicant

organisations to focus on submitting proposals on priority areas that are conducive to the overall development of CM. In addition, the HA collaborates actively with the CMCTRs and local universities to systematically carry out research projects on CM and diseases, with 66 CM research projects completed and more than 75 academic reports released separately in academic journals since 2006.

Chinese medicine industry and market development

The Government supports the value-adding and upgrading of the CM industry through the CMDF. It provides funding support for the industry to acquire modern equipment and facility, and accords priority to projects related to the promotion of the CM industry and research on market development of the industry, so as to assist the industry in market expansion. The Government also encourages the CM industry to capitalise on the development opportunities in the Guangdong-Hong Kong-Macao Greater Bay Area and make good use of the important platform for exchange and interflow between the two places as set out in the Construction Plan for the Chinese Medicine Highlands in the Guangdong-Hong Kong-Macao Greater Bay Area (2020-2025). In particular, pCm products for external use registered in Hong Kong are allowed to be registered and sold in the Mainland through a streamlined registration and approval process. So far, a total of 11 Hong Kong pCm products have been approved to be sold in the Mainland under the procedures. To further facilitate local pCm products to enter the Mainland market under the relevant policy, a funding scheme has been introduced under the CMDF to provide subsidy on registration fee for local pCm manufacturers or wholesalers.

Promoting the modernisation and internationalisation of Chinese medicine

The Government strives to promote the application of information technology (IT) at different levels by the CM sector and the modernisation of CM. On the front of CM clinical services, the Government actively promotes the use of electronic CM medical records and encourages the CM sector to join the eHealth electronic health record system. At present, eHealth supports the deposit and sharing of CM information, including CM diagnosis, procedures and prescriptions. To facilitate the sharing of CM information on eHealth, the Government has developed EC Connect, a clinical management system for CM clinics in need, that primarily supports the computerisation of the daily administration and clinical management (including functions of a clinical management system such as patient registration and appointment, clinical documentation, CM prescriptions and dispensary records, billing, etc.) of CM clinics in need, and allows CM clinics to connect with eHealth for sharing of CM clinical data.

Besides, the Government offers multi-pronged support to the CM sector on IT application through the CMDF. In addition to according funding priority to CM clinics using EC Connect for acquisition of equipment to improve their consultation systems, the CMDF also supports Chm retailers and wholesalers to acquire logistics management and Chm transaction record systems with a view to promoting the CM sector's use of modern technology for enhancing quality management and traceability of Chm. Meanwhile, projects on areas such as "training on enhancing IT application by CMPs and CM drug personnel" and "CM innovation and technology application related studies" have been included in the "priority themes" under the Industry Support Programme to encourage and guide the applicants to submit proposals focusing on those areas. The CMDF has previously approved funding for research projects themed on application of big data and artificial intelligence on CM with a view to taking forward the application and development of frontier technology in the CM

sector. The CMDF website also provides digitalised online resources for the CM sector to facilitate its use of digital resources for enhancing efficiency and professional competence.

On promoting the internationalisation of CM, the Government has been supporting the industry to organise various kinds of international CM mega events, including giving full support to the CM sector in bidding for and hosting the 18th World Congress of Chinese Medicine in Hong Kong in 2021, as well as providing funding support through the CMDF for the industry to implement different types of international academic forums and conferences, and CM promotional projects, with a view to better fulfilling Hong Kong's role as the country's window to the world and enhancing the influence of CM in the international arena.

Designated as the Collaborating Centre for Traditional Medicine by the World Health Organization (WHO) in 2012, the Chinese Medicine Regulatory Office of the Department of Health (DH) has been committed to promoting the internationalisation of CM over the years. It has also been providing technical support for WHO, promoting international collaboration, and organising various symposiums and conferences, thus contributing to the promotion of CM in the international arena.

Furthermore, the Government Chinese Medicines Testing Institute (GCMTI) was established by the DH in 2017 to develop a set of internationally-recognised reference standards for Chinese medicines (CMs) and related products by employing state-of-the-art technology and through scientific research, and to help empower the industry through transfer of testing technology to strengthen quality control of products, establish the brand image of Hong Kong in CMs and developing Hong Kong into an international hub on CMs testing and quality control. One of the major research activities of the GCMTI is carrying on the research work on the Hong Kong Chinese Materia Medica Standards (HKCMMS) project. So far, the GCMTI has published the reference standards for a total of 330 Chinese Materia Medica (CMM). The reference standards for additional 14 CMM have also been completed and will be published in due course. With the support of the GCMTI Advisory Committee, the GCMTI has embarked on 10 research and thematic projects in the past 3 years, details of which are set out in the **Annex**.

To fully implement the approach of innovative application of CM data and resources proposed in the Development Plan for the Informatisation of Traditional Chinese Medicine during the 14th Five-Year Plan Period issued by the National Administration of Traditional Chinese Medicine, the GCMTI launched the Digital Herbarium for Chinese Medicines (DHCM) in March 2024. High-resolution pictures and related data of 220 commonly used Chinese materia medica (CMM) and their source plants are included at the DHCM. It is the first online herbarium of its kind that provides comprehensive digital information on CM, and also the first in the world using photogrammetry to produce three dimensional (3D) images on traceable CMM specimens. The DHCM supports the technical requirements of the CM, academic, research and testing sectors, as well as plays a role in the dissemination of CM culture.

Annex

Research and Thematic Projects Conducted by the GCMTI of the DH from 2019-20 to 2023-24

Research/Thematic Project	Commencement Date	Completion Date
DNA method for identification of Bulbus Fritillariae Ussuriensis – a common adulterant found in Bulbus Fritillariae Cirrhosae	October 2019	May 2022
Analysis of chemical markers of CMM in pCms for internal use (Pei Pa Koa)	June 2020	December 2021
Study on the identification of Ziziphi Spinosae Semen and its commonly confused species	June 2021	November 2022
Analysis of chemical markers of CMM in Baifeng Wan	December 2021	June 2023
Building of the Digitalised Chinese Medicines Information Platform (Phase II)	March 2022	December 2023
Consolidation of the Preliminary Index of CMM Resources in Hong Kong under the Fourth National Survey of CMM Resources	June 2022	December 2022
Collection of specimens of *Daodi* medicinal materials of China and South Eastern Asia herbal medicines for the CMs Herbarium of the GCMTI	June 2020	In progress
Establishment of reference DNA Sequence Library for CMM (Phase II)	June 2020	In progress
Identification of tiny seed and fruit types of CMM	April 2022	In progress
Building of 3D CMM Images for DHCM	March 2023	In progress
Survey of CMM Resources under the Fourth National Survey of CMM Resources (Phase II)	May 2023	In progress
Study on the identification of Ziziphi Spinosae Semen and its commonly confused species by DNA method	June 2023	In progress
Analysis of chemical markers in pCms containing Psoraleae and Ginseng	July 2023	In progress
Collection of specimens of Western herbal medicines and Lingnan herbal medicines for the CMs Herbarium of the GCMTI	September 2023	In progress

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1763)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

In the aspect of healthcare, the Government will continue to pursue transformation with innovation and upgrade eHealth+. In this connection, will the Government inform this Committee of (1) how the nearly $1.4 billion capital funding for the development of the platform will be allocated; and (2) the specific indicators of the 4 strategies (One Digital Health Record, One Care Journey, One Digital Front Door to Empowering Tools and One Health Data Repository) under the eHealth+ Five-Year Plan?

Asked by: Hon LAM Shun-chiu, Dennis (LegCo internal reference no.: 10)

Reply:

The Electronic Health Record Sharing System (eHealth), which came into operation in 2016, is a territory-wide electronic health record sharing platform developed by the Government since 2009. Participants can authorise healthcare providers (HCPs) in both public and private sectors to view and upload their electronic health records (eHRs) through eHealth. eHealth has undergone two stages of development. As of the end of February 2024, it recorded about 6 million registered users, accounting for nearly 80% of the population in Hong Kong. Regarding HCPs, all public hospitals and clinics, 13 private hospitals and over 3 000 other private healthcare organisations in Hong Kong have registered with eHealth, covering over 5 400 service locations.

Building on the current strengths of eHealth, the 2023 Policy Address announced the Government's initiative to roll out a five-year plan of "eHealth+" to develop eHealth into a comprehensive healthcare information infrastructure that integrates multiple functions of data sharing, service support and care journey management. We will take forward the "eHealth+" development under four strategic directions, namely "One Health Record", "One Care Journey", "One Digital Front Door to Empowering Tool" and "One Health Data Repository". "eHealth+" aims to better serve citizens in obtaining optimal healthcare services and support the Government's overall healthcare agenda, including primary healthcare and cross- boundary healthcare.

Our reply to the question raised by the Hon Dennis LAM is as follows:

(1) A breakdown of the estimated expenditure to support the implementation of "eHealth+" by key cost item is set out in the table below:

Items	Expenditure ($'000)
(a) Hardware	44,495
(b) Software	80,194
(c) Communication network	19,291
(d) Development team	
(i) Programme Office, project management and external engagement	92,188
(ii) Product, clinical services design and architect	115,236
(iii) Product development and implementation	115,235
(iv) Security and quality assurance	138,283
(e) Implementation services	
(i) Technical consultancy and services	63,232
(ii) Software development services	252,930
(iii) Cybersecurity and quality assurance	126,465
(iv) Rollout, engagement and implementation	189,697
(f) Training	1,784
(g) Others	29,895
Sub-Total	1,268,925
(h) Contingency	126,893
Total	1,395,818

(2) The details of work under the four strategic directions are as follows:

"One Health Record" aims to consolidate the longitudinal eHRs of an individual spread across multitude of healthcare processes into his/her personalised eHealth account. We will take forward various initiatives to expand and deepen the existing pool of data domains by enhancing the level of participation of citizens and private HCPs as well as their respective data contribution to eHealth. We will also expand the data sharing scope to cover more types of eHRs (such as health status/ behaviour data and health service/ programme data) to provide a broader view of the health and wellness of an individual.

"One Care Journey" aims to reshape the delivery of healthcare services by establishing an effective information technology infrastructure that acts as the vehicle of a coordinated healthcare journey for an individual to traverse across different levels and tiers of the healthcare system, participate in different health programmes, and gain access and control of the journey. We will build a one-stop operating platform called "Strategic Health Service Operation Platform" to support and standardise the workflow and documentation, both clinically and administratively, of all subsidised health programmes and related provision of private and public health services.

"One Digital Front Door to Empowering Tool" aims to leverage on the eHealth App and its reach to the wider community service network to bolster the Government's efforts in building a primary healthcare-centric system. The eHealth App will become the single health tool for citizens to access to care at all points; manage their health service processes and take control of their health information; monitor their health condition; and take active steps to prevent diseases and build a healthier lifestyle.

"One Health Data Repository" aims to establish a centralised databank with population-wide health dataset of Hong Kong people augmented by data analytic tools to support medical researches, clinical trials and innovations, and healthcare policy formulation by the Government.

We plan to seek the Finance Committee's approval for a capital funding of about $1,395.8 million this year, and will formulate specific targets for each major projects under the four strategic directions.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1768)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Budget Speech that the Government is committed to establishing the Hong Kong Centre for Medical Products Regulation (CMPR) to restructure and strengthen the current regulatory and approval regimes for drugs, medical devices and medical technologies. In this connection, would the Government inform this Committee of: (1) the progress and expenditure of the project related to the setting up of the preparatory office; and (2) the estimated operating expenditure of the CMPR? Will an expenditure ceiling be imposed?

Asked by: Hon LAM Shun-chiu, Dennis (LegCo internal reference no.: 15)

Reply:

(1) & (2)
As announced in the Chief Executive's 2023 Policy Address, the HKSAR Government will enhance the current evaluation and registration mechanism for drugs, and establish an internationally renowned regulatory authority of drugs and medical devices. In the first half of 2024, the HKSAR Government will set up a preparatory office in the Department of Health (DH). The preparatory office will review the existing regulatory functions of the DH, including the regulation of Chinese and Western medicines and medical devices; study the potential restructuring and strengthening of the regulatory and approval regime for medicine, medical devices and medical technology; and put forward proposals and steps for the establishment of the Hong Kong Centre for Medical Products Regulation (CMPR) which will be a step towards the transition to the "primary evaluation" approach in approving applications for registration of pharmaceutical products. This will help accelerate the clinical application of new drugs and medical devices, and foster the development of emerging industries related to the research and development (R&D) and testing of medical products. The HKSAR Government will also explore the upgrading of the CMPR as a standalone statutory body in the long run, thereby helping to accelerate the launching of new drugs and medical devices to the market, and foster the development of emerging industries related to the R&D and testing of medical products.

The preparatory office for the CMPR will create 6 time-limited posts. The relevant staff establishment and remuneration expenditure are at **Annex**. The DH will regularly review the staffing requirements, and seek necessary resources and create additional posts through the established mechanism.

Annex

The Establishment of the Preparatory Office for the Hong Kong Centre for Medical Products Regulation

Rank	Number of time-limited posts	Net annual recurrent cost of civil service posts (HK$) #
Senior Pharmacist	1	1,597,080
Pharmacist	2	2,077,800
Scientific Officer (Medical)	1	1,038,900
Senior Chemist	1	1,597,080
Senior Electronics Engineer	1	1,597,080
Total:	**6**	**7,907,940**

Based on the notional annual mid-point salary value of each rank concerned.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1770)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The 2024-25 estimated recurrent expenditure for healthcare is $109.5 billion, accounting for about 19% of government recurrent expenditure. In this connection, will the Government inform this Committee of: (1) the respective number of attendances, average waiting time of patients and staffing establishment of the accident and emergency departments of the 18 public hospitals under the Hospital Authority in the past 3 years; and (2) the distribution of healthcare expenditures in 2024-25.

Asked by: Hon LAM Shun-chiu, Dennis (LegCo internal reference no.: 22)

Reply:

At present, there are 18 public hospitals under the Hospital Authority (HA) providing Accident and Emergency (A&E) services for the critically ill or seriously injured people and victims of disasters. To ensure that citizens with urgent needs can receive timely services, A&E departments implement a patient triage system under which patients are classified into five categories, namely Critical, Emergency, Urgent, Semi-urgent and Non-urgent based on their clinical conditions, and will receive treatment as prioritised by their urgency category. The HA's service target specifies that Critical patients (i.e. 100 per cent) will receive immediate treatment while those categorised as Emergency and Urgent will also be given priority for receiving treatment upon arrival at A&E departments. The target is that most of the Emergency (95 percent) and Urgent (90 percent) patients will be treated within 15 or 30 minutes respectively. A&E departments are not General Out-patient Clinics. If there are a large number of Semi-urgent or Non-urgent patients in the A&E departments, this may affect treatment of the Emergency and Urgent patients.

The tables below set out the number of attendances and the average waiting time under various triage categories at each A&E department under the HA in 2021-22, 2022-23 and 2023-24 (up to 31 December 2023).

No. of A&E Attendances

2021-22

Cluster	Hospital	No. of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	1 617	3 632	40 123	53 428	1 416
	RH	1 001	1 318	16 815	36 725	1 798
	SJH	42	104	2 078	5 002	126
HKWC	QMH	1 350	3 712	40 106	58 000	2 220
KCC	KWH	2 232	3 407	48 597	39 689	1 706
	QEH	3 897	4 129	89 413	57 438	3 840
KEC	TKOH	1 196	2 331	46 148	49 557	1 155
	UCH	3 220	4 500	61 518	61 989	4 846
KWC	CMC	1 407	2 974	42 977	55 749	2 313
	NLTH	408	809	15 124	59 322	1 754
	PMH	2 038	2 877	61 548	40 475	612
	YCH	1 967	2 325	40 342	61 568	1 039
NTEC	AHNH	556	1 502	19 007	63 006	2 083
	NDH	1 207	1 841	32 939	38 502	1 275
	PWH	2 142	5 610	40 008	94 210	819
NTWC	POH	627	3 066	26 784	45 763	3 537
	TMH	1 757	6 071	58 677	69 560	1 949
	TSWH	495	2 045	22 728	69 844	8 660
HA Overall		**27 159**	**52 253**	**704 932**	**959 827**	**41 148**

2022-23

Cluster	Hospital	No. of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	1 351	3 723	37 843	54 366	1 529
	RH	1 020	1 281	17 134	33 062	1 559
	SJH	45	115	1 995	4 898	105
HKWC	QMH	1 256	3 471	38 967	52 844	1 629
KCC	KWH	2 082	3 321	50 294	39 638	2 136
	QEH	3 884	3 895	82 243	56 116	3 369
KEC	TKOH	1 313	2 419	41 982	50 032	1 489
	UCH	3 279	4 518	63 275	53 174	4 958
KWC	CMC	1 084	2 991	38 873	49 110	1 975

Cluster	Hospital	No. of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
	NLTH	383	913	15 620	51 272	1 568
	PMH	2 064	2 686	58 304	35 691	585
	YCH	1 558	2 199	35 014	53 930	854
NTEC	AHNH	630	1 511	18 840	58 004	1 897
	NDH	1 494	2 090	32 710	40 639	1 342
	PWH	2 473	5 782	40 334	90 862	1 191
NTWC	POH	630	3 015	25 375	45 709	5 031
	TMH	1 790	5 343	56 472	71 626	2 244
	TSWH	489	1 579	18 723	62 552	7 380
HA Overall		**26 825**	**50 852**	**673 998**	**903 525**	**40 841**

2023-24 (up to 31 December 2023) [provisional figures]

Cluster	Hospital	No. of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	914	3 346	32 763	48 969	1 166
	RH	1 038	904	16 000	29 609	2 568
	SJH	25	62	1 565	5 476	158
HKWC	QMH	983	2 757	33 953	46 081	2 577
KCC	KWH	1 646	2 642	47 763	40 723	1 814
	QEH	3 375	3 145	76 722	58 078	4 223
KEC	TKOH	905	2 091	38 340	51 099	2 477
	UCH	2 277	3 740	55 194	49 673	5 287
KWC	CMC	731	2 430	35 291	47 144	2 596
	NLTH	288	959	15 305	49 038	812
	PMH	1 410	2 404	52 742	31 652	496
	YCH	1 126	1 717	31 234	53 410	587
NTEC	AHNH	458	1 465	17 686	54 408	2 387
	NDH	1 065	1 772	30 319	38 496	1 453
	PWH	1 538	5 012	38 150	78 618	1 790
NTWC	POH	1 066	1 562	21 323	44 608	4 030
	TMH	1 185	4 495	52 918	68 038	1 647
	TSWH	499	1 414	17 437	61 791	9 866
HA Overall		**20 529**	**41 917**	**614 705**	**856 911**	**45 934**

Note:
The above attendances for A&E services under various triage categories in each hospital cluster under the HA exclude (i) first-time visits without triage categories, and (ii) follow-up visits to the A&E departments.

Average A&E Waiting Time

2021-22

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	7	31	205	229
	RH	0	11	30	139	208
	SJH	0	8	15	27	35
HKWC	QMH	0	9	27	100	166
KCC	KWH	0	8	52	203	199
	QEH	0	8	25	130	154
KEC	TKOH	0	8	27	148	149
	UCH	0	10	33	198	239
KWC	CMC	0	4	30	137	128
	NLTH	0	8	18	54	75
	PMH	0	8	24	128	144
	YCH	0	7	30	107	145
NTEC	AHNH	0	9	27	84	94
	NDH	0	9	29	191	240
	PWH	0	10	28	117	126
NTWC	POH	0	7	20	156	191
	TMH	0	7	27	151	154
	TSWH	0	5	14	132	165
HA Overall		**0**	**8**	**29**	**135**	**168**

2022-23

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	26	136	157
	RH	0	8	26	129	193
	SJH	0	9	16	27	36
HKWC	QMH	0	9	28	109	155
KCC	KWH	0	8	35	116	133
	QEH	0	7	16	86	125
KEC	TKOH	0	7	25	133	170
	UCH	0	11	32	206	241
KWC	CMC	0	4	27	119	113
	NLTH	0	8	24	85	103
	PMH	0	9	27	157	178
	YCH	0	3	37	161	194
NTEC	AHNH	0	8	27	83	90
	NDH	0	9	29	146	183

Cluster	Hospital	Average waiting time (in minutes) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
	PWH	0	11	29	101	130
NTWC	POH	0	6	19	118	156
	TMH	0	7	26	135	136
	TSWH	0	6	15	136	168
HA Overall		**0**	**8**	**26**	**124**	**158**

2023-24 (up to 31 December 2023) [Provisional figures]

Cluster	Hospital	Average waiting time (in minutes) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	0	5	28	188	200
	RH	0	8	26	156	224
	SJH	0	10	16	27	40
HKWC	QMH	0	10	39	179	212
KCC	KWH	0	9	53	263	267
	QEH	0	7	14	118	165
KEC	TKOH	0	7	26	156	196
	UCH	0	11	30	231	260
KWC	CMC	0	5	26	145	135
	NLTH	0	9	23	136	146
	PMH	0	8	37	248	221
	YCH	0	3	26	173	227
NTEC	AHNH	0	9	30	125	121
	NDH	0	9	29	221	311
	PWH	0	10	35	206	239
NTWC	POH	0	7	19	164	202
	TMH	0	7	25	243	290
	TSWH	0	5	15	182	214
HA Overall		**0**	**8**	**29**	**181**	**209**

Note:

In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures. This should be taken into consideration when comparing the service capacity of the HA in previous years.

The table below sets out the full-time equivalent strength of doctors and nursing staff in A&E departments under the HA by cluster in 2021-22, 2022-23 and 2023-24 (up to 31 December 2023).

Cluster	2021-22 (up to 31 March 2022)		2022-23 (up to 31 March 2023)		2023-24 (up to 31 December 2023)	
	Doctors[(2)]	**Nursing Staff**	**Doctors[(2)]**	**Nursing Staff**	**Doctors[(2)]**	**Nursing Staff**
HKEC	59	151	56	141	65	151
HKWC	30	56	26	58	33	54
KCC	84	197	85	199	92	200
KEC	75	176	72	172	75	172
KWC	121	278	124	293	122	301
NTEC	83	236	82	229	90	236
NTWC	90	238	95	230	96	218

Note:

(1) The manpower figures above are calculated on full-time equivalent basis, including permanent, contract and temporary staff of the HA.

(2) The manpower figures of doctors above exclude those of Interns and Dental Officers.

(2)

The recurrent expenditure of $109.5 billion on Policy Area Group (PAG): Health 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 2024-25.

Head of Expenditure	2024-25 Estimate ($million)
Head 140 – Government Secretariat: Health Bureau	96,640.7
Head 37 – Department of Health	11,711.6
Head 48 – Government Laboratory	83.0
Head 155 – Government Secretariat: Innovation and Technology Commission	4.5
Total:	**(Note) 108,439.8**

Note:
The total recurrent expenditure for PAG: Health amounts to $109.5 billion as per Appendix B of the Budget Speech. It has included $10.819 million of Additional Commitments under Head 106 – Miscellaneous Services apportioned to PAG: Health to meet funding for initiatives under planning and any unavoidable recurrent expenditure that may arise during the year in excess of the amounts provided under other heads and subheads of the Estimates.

Abbreviations

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

Hospital
PYNEH – Pamela Youde Nethersole Eastern Hospital
RH – Ruttonjee Hospital
SJH – St. John Hospital
QMH – Queen Mary Hospital
KWH – Kwong Wah Hospital
QEH – Queen Elizabeth Hospital
TKOH – Tseung Kwan O Hospital
UCH – United Christian Hospital
CMC – Caritas Medical Centre
NLTH – North Lantau Hospital
PMH – Princess Margaret Hospital
YCH – Yan Chai Hospital
AHNH – Alice Ho Miu Ling Nethersole Hospital
NDH – North District Hospital
PWH – Prince of Wales Hospital
POH – Pok Oi Hospital
TMH – Tuen Mun Hospital
TSWH – Tin Shui Wai Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1771)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned under this Head of the Budget that in 2024-2025, the Bureau will oversee the setting up of a preparatory office for the Hong Kong Centre for Medical Products Regulation (CMPR) and enhancements to the regulatory regime with the long-term objective of registering drugs and medical devices under the "primary evaluation" approach. In this connection, would the Government inform this Committee of: (1) the development blueprint of the preparatory office for the CMPR and the way forward; (2) the expected completion time of the preparatory work for the office; and (3) the relevant expenditure involved?

Asked by: Hon LAM Shun-chiu, Dennis (LegCo internal reference no.: 25)

Reply:

(1), (2) & (3)

As announced in the Chief Executive's 2023 Policy Address, the HKSAR Government will enhance the current evaluation and registration mechanism for drugs, and establish an internationally renowned regulatory authority of drugs and medical devices. In the first half of 2024, the HKSAR Government will set up a preparatory office in the Department of Health (DH). The preparatory office will review the existing regulatory functions of the DH, including the regulation of Chinese and Western medicines and medical devices; study the potential restructuring and strengthening of the regulatory and approval regime for medicine, medical devices and medical technology; and put forward proposals and steps for the establishment of the Hong Kong Centre for Medical Products Regulation (CMPR) which will be a step towards the transition to the "primary evaluation" approach in approving applications for registration of pharmaceutical products. This will help accelerate the clinical application of new drugs and medical devices, and foster the development of emerging industries related to the research and development (R&D) and testing of medical products. The HKSAR Government will also explore the upgrading of the CMPR as a standalone statutory body in the long run, thereby helping to accelerate the launching of new drugs and medical devices to the market, and foster the development of emerging industries related to the R&D and testing of medical products. The specific work of the preparatory

office will include comprehensive study and planning of a regulatory and approval regime for drugs and medical devices suitable for Hong Kong, as well as consideration of the need for amending existing legislations.

Additionally, to further promote and implement the work to develop the HKSAR into a health and medical innovation hub, the HKSAR Government has established the Steering Committee on Health and Medical Innovation and Development (Steering Committee). Chaired by the Secretary for Health and comprising members from the Innovation, Technology and Industry Bureau, relevant departments and institutions as well as local medical schools, the Steering Committee is tasked with co-ordinating and advancing the work related to health and medical innovation. The Steering Committee held its first meeting on 30 January 2024 and advised the HKSAR Government on the direction and policy initiatives for driving medical innovation, including measures to enhance the regulation on drugs and medical devices and the clinical trial development. The preparatory office will make recommendations to the Steering Committee, and liaise and communicate closely with various stakeholders. The preparatory office will report the progress to the Steering Committee in due course, with the aim of formally establishing the CMPR within 2 to 3 years.

The preparatory office for the CMPR will create 6 time-limited posts. The relevant staff establishment and remuneration expenditure are at **Annex**. The DH will regularly review the staffing requirements, and seek necessary resources and create additional posts through the established mechanism.

Annex

The Establishment of the Preparatory Office for the Hong Kong Centre for Medical Products Regulation

Rank	Number of time-limited posts	Net annual recurrent cost of civil service posts (HK$) #
Senior Pharmacist	1	1,597,080
Pharmacist	2	2,077,800
Scientific Officer (Medical)	1	1,038,900
Senior Chemist	1	1,597,080
Senior Electronics Engineer	1	1,597,080
Total:	6	**7,907,940**

Based on the notional annual mid-point salary value of each rank concerned.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0106)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: Not Specified

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

There is no mention of mental health first aid in this year's Budget. However, with the recent occurrence of many related tragedies, the mental health condition of Hong Kong people requires much attention. In this connection, will the Government inform this Committee whether the Government attaches importance to the mental well-being of Hong Kong people and will introduce policy initiatives on mental health support? If not, what are the reasons?

Asked by: Hon LAM So-wai (LegCo internal reference no.: 1)

Reply:

The Government attaches great importance to the mental health of the public, and adopts an integrated approach to promote mental health, providing services that include prevention, early identification, as well as timely intervention, treatment and rehabilitation services for persons in need. Apart from promotion of self-care, primary healthcare and community support, the Government provides specialist and institutionalised services, and also multi-disciplinary and cross-sectoral services to persons with mental health needs through co-ordination and co-operation among the Health Bureau (HHB), the Labour and Welfare Bureau, the Education Bureau (EDB), the Department of Health, the Social Welfare Department (SWD), the Hospital Authority (HA), non-governmental organisations and other stakeholders in the community.

The Government set up the Advisory Committee on Mental Health in December 2017, with members comprising professionals from the healthcare sector, social service and education sectors, as well as lay persons with concerns over mental health, to advise the Government on mental health policies and assist the Government in formulating policies, strategies and measures to enhance the mental health services on all fronts.

Over the past year, the Government has introduced or planned to introduce a number of mental health-related policy initiatives, which cover enhancing the manpower for mental health services, strengthening the support for specific groups (including students, ethnic minorities and persons in mental recovery), and enhancing mental health support at district level, etc. The key initiatives are as follows:

(a) The HA enhanced manpower and further optimised the ratio of case manager under the Case Management Programme to patients to no higher than 1:40 in the fourth quarter of 2023. The HA has earmarked additional funding of around $127 million in 2024-25 to enhance mental health services, relevant measures include: (i) enhancing the community psychiatric services by further recruiting additional case managers; (ii) strengthening nursing manpower as well as allied health and peer support for psychiatric inpatient and outpatient services; and (iii) enhancing the use of long-acting injectable antipsychotics in the treatment of mental illness;

(b) Through cross-departmental collaboration of the HHB, the EDB and the SWD, the Three-Tier School-based Emergency Mechanism was implemented in December 2023 to provide support to students with higher suicidal risk as early as possible. The initiative has been extended to end-2024;

(c) The HHB launched the "18111 - Mental Health Support Hotline" in December 2023 to provide one-stop, round-the-clock support for people with mental health needs, rendering immediate mental health support and referral services;

(d) The HHB set up a service centre to provide emotional support and counselling services for ethnic minorities in December 2023, with a multi-professional team comprising social workers, counsellors and support staff conversant in ethnic minority languages, to provide mental health support and counselling services to ethnic minorities and refers cases to other service platforms for additional support and/or treatment if needed;

(e) The HHB will launch a pilot scheme in 3 District Health Centres in 2024 in collaboration with community organisations to provide mental health assessments for those in need, and to provide early follow-up and referral for high-risk cases;

(f) The HHB will provide Care Team members with mental health support training (including Mental Health First Aid training) in 2024 to assist in the early referral of persons in need in the local communities for support;

(g) In 2023-24, the SWD increased the manpower of clinical psychologists in 24 Integrated Community Centres for Mental Wellness (ICCMWs) to strengthen professional support and training, and provided additional funding to assist ICCMWs in enhancing the application of information technology in service delivery so as to strengthen the support for persons in mental recovery and their carers;

(h) The SWD will enhance the services of ICCMWs in 2024, including strengthening early identification of persons with mental health needs and early intervention, and scale up the training of social workers in community mental health service units to raise their capacity in handling complicated cases; and

(i) The SWD will strengthen peer support services in 2024 and set up 4 additional Parents/Relatives Resource Centres for carers of those in mental recovery in 2025 to support people in mental recovery and their carers.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0515)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The current Early Assessment Service for Young People with Early Psychosis (EASY) programme of the Hospital Authority (HA) provides referral, assessment and treatment services for patients aged between 15 and 64 for the first 3 critical years of illness. According to the Work Report of the Advisory Committee on Mental Health released in November 2023, the HA also indicated that it would integrate the EASY programme with the Community Psychiatric Services, with a view to optimising care for suitable patients aged between 26 and 64. In this connection, will the Government inform this Committee of the respective numbers of (i) children or adolescents aged below 18, (ii) young persons aged between 18 and 25, (iii) persons aged between 26 and 64, and (iv) persons aged 65 or above receiving treatment in the HA and assessed to have various mental health needs in the past 5 financial years? How many and what percentage of them were diagnosed with severe mental illness, especially early psychosis?

Asked by: Hon LAM So-wai (LegCo internal reference no.: 9)

Reply:

The table below sets out the total numbers of psychiatric patients receiving treatment and the numbers of psychiatric patients diagnosed with schizophrenia spectrum disorder in the Hospital Authority (HA) by age group from 2019-20 to 2023-24 (projection as of 31 December 2023).

Year	**Age group[3]**	**Total number of psychiatric patients receiving treatment[1,2]**	**Number of patients diagnosed with schizophrenia spectrum disorder[1,2,4]**
2019-20	0 - 17	40 300	300
	18 - 64	163 600	40 400
	65 or above	66 700	9 900
	Total[5]	270 700	50 500
2020-21	0 - 17	40 100	300
	18 - 64	164 900	39 800
	65 or above	70 800	10 500

Year	Age group[3]	Total number of psychiatric patients receiving treatment[1,2]	Number of patients diagnosed with schizophrenia spectrum disorder[1,2,4]
	Total [5]	275 800	50 600
2021-22	0 - 17	43 300	300
	18 - 64	169 600	39 700
	65 or above	76 100	11 200
	Total[5]	288 900	51 200
2022-23	0 - 17	45 100	300
	18 - 64	171 300	39 200
	65 or above	80 500	11 700
	Total[5]	296 900	51 100
2023-24 (projection as of 31 December 2023)	0 - 17	46 300	300
	18 - 64	172 800	38 500
	65 or above	86 600	12 400
	Total[5]	305 700	51 100

Note:

1. Including inpatients, patients at specialist outpatient clinics and day hospitals.
2. Figures are rounded to the nearest hundred.
3. Age groups are delineated according to the age attained as of 30 June of the respective year.
4. In the HA, patients with severe mental illness refer to those with schizophrenic spectrum disorder, and do not include severely mentally ill patients diagnosed with other disorders. Psychosis is a clinical diagnosis and is one of the symptoms of schizophrenia.
5. Individual figures may not add up to the total due to rounding and the inclusion of unknown age groups and gender.

Remark:

In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0516)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

According to the two-year report of the Advisory Committee on Mental Health released in November 2023, the Hospital Authority indicated that it would continue to monitor the integration of the Early Assessment Service for Young People with Early Psychosis (EASY) programme and community psychiatric services. Will the Government inform this Committee of the progress, specific measures and effectiveness of the integration?

Asked by: Hon LAM So-wai (LegCo internal reference no.: 10)

Reply:

The Early Assessment Service for Young People with Early Psychosis (EASY) Programme of the Hospital Authority (HA) aims to provide early identification and intervention for psychosis patients. The multi-disciplinary medical team provides patients with targeted and continuous support, including psychiatric specialist outpatient (SOP) services and community support services. The initial service targets of the Programme were psychosis patients aged between 15 and 25 with service period covering the first 2 years after the first episode of illness. In 2011-12, the HA expanded the service targets of the Programme to patients aged between 15 and 64, and extended the service period to the first 3 years after the first episode of illness, with a view to benefiting more patients.

On the other hand, in view of the international trend of focusing on the provision of community and ambulatory care support for psychiatric patients, the HA has strengthened its community psychiatric services along this direction to promote the recovery of psychiatric patients and facilitate their re-integration into society. The HA completed a review of its community psychiatric services in late 2017 and enhanced its service delivery model. At present, community psychiatric services cover three levels of services, including the Intensive Care Team, Case Management Programme and Standard Community Psychiatric Service. Taking into account patients' medical conditions as well as clinical needs and risks, the multi-disciplinary medical team will provide them with appropriate community support.

The HA reviewed and re-integrated the EASY Programme and community psychiatric services in 2021. Upon integration, patients aged 15 to 25 in the programme will continue

to be under the care of Programme case managers, while those aged 26 or above will be under the care of case managers of community psychiatric services. This will reduce the overlap between the service targets under the Programme and community psychiatric services, and the Programme case managers can focus on providing more age-appropriate community services to patients aged 15 to 25 to achieve better synergy. SOP services under the Programme will maintain its status quo, with the Programme's multi-disciplinary medical team continuing to provide targeted services to patients. The HA reported the outcome of the review to the Advisory Committee on Mental Health (ACMH) in November 2021.

The HA will continue to monitor the integration of the services concerned and maintain close communication with the ACMH and relevant stakeholders, with a view to providing appropriate support to patients in need according to the different demand for psychiatric services in the community.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0528)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the development of Chinese medicine, will the Government inform this Committee whether there are any specific plans for promoting the development of Chinese medicine? Whether the Government will take forward in full swing the construction of the Chinese medicine hospital in Tseung Kwan O, the first Chinese medicine hospital in Hong Kong, and the Government Chinese Medicines Testing Centre?

Asked by: Hon LAM So-wai (LegCo internal reference no.: 22)

Reply:

The Government has been committed to promoting the high-quality development of Chinese medicine (CM) in Hong Kong on all fronts and will continue to take forward various policy initiatives in 2024-25, including pressing ahead with the construction of the Chinese Medicine Hospital (CMH) and the Government Chinese Medicines Testing Institute (GCMTI); strengthening the co-ordination of CM professional and policy development and collaborating with the CM sector to formulate a comprehensive CM Development Blueprint to map out the vision and strategies for future development by the Chinese Medicine Unit of the Health Bureau under the leadership of the Commissioner for Chinese Medicine Development who would assume office in 2024; strengthening integrated Chinese-Western medicine services; promoting scientific research and standard-setting for Chinese medicines (CMs) testing; promoting more talent nurturing programmes for boosting the establishment of CM talent pool in Hong Kong; refining the funding arrangement of the Chinese Medicine Development Fund, taking forward new capacity-building initiatives for the industry and commissioning organisations to conduct large-scale training, publicity and research projects on strategic priority themes conducive to CM development as a whole; and continuing to strengthen Hong Kong's role under the Construction Plan for the Chinese Medicine Highlands in the Guangdong-Hong Kong-Macao Greater Bay Area (2020-2025) for proactive integration into the national CM development and give full play to our role as the country's gateway to the international markets and contribute to the internationalisation of CM.

The latest developments of the CMH and the GCMTI, the 2 flagship projects in Hong Kong's CM development, are as follows:

Chinese Medicine Hospital

The CMH is constructed by the Government and operated under a public-private-partnership model. In 2021, Hong Kong Baptist University (HKBU) was selected through tendering procedures as the Contractor for operation of the CMH. In the same year, HKBU incorporated the HKBU Chinese Medicine Hospital Company Limited as the Operator. HKBU and the Operator have since been working together on the commissioning tasks as stipulated in the service deed. The Hospital Chief Executive and other core management team members (the Core Management Team) were in post in January 2024. The Core Management Team is in the process of formulating hospital structure and systems and will submit the detailed manpower plan in the latter half of 2024 having regard to the hospital service commencement plan.

The detailed architectural design of the CMH has been substantially completed. Planning of CM culture display design and installation is in progress.

The procurement of the hospital's furniture and equipment is progressing at full steam as planned. HKBU and the Operator also take an active part in the preparation of user requirements for the procurement items. Inspection and acceptance testing of furniture and equipment is expected to commence in early 2025.

The contract for the Core Hospital Information Technology System was awarded in mid-2022. With the system analysis and design substantially completed, the system development stage has already begun. The contract for the information technology (IT) network, Infrastructure and Data Centre of CMH was awarded in the fourth quarter of 2023. Tenders for the enterprise resource planning system and picture archiving and communication system and radiology information system are being evaluated. More IT system tenders will be issued progressively.

The construction works of the CMH commenced in June 2021, with the premises expected to be handed over in batches to the HHB starting in mid-2025. The CMH is expected to commence services in phases from the end of 2025 and, depending on the progress and demand and supply, becomes fully operational within 5 years after service commencement.

Government Chinese Medicines Testing Institute

The GCMTI was established in 2017 with its temporary facilities located at the Hong Kong Science Park in Shatin. The missions of the GCMTI are to develop a set of internationally-recognised reference standards for CMs and related products by employing state-of-the-art technology and through scientific research, and to help empower the industry through transfer of testing technology to strengthen quality control of products, establish the brand image of Hong Kong in CMs and develop Hong Kong into an international hub on CMs testing and quality control.

The GCMTI has launched a number of research projects and publicity campaigns, including the ongoing project on the Hong Kong Chinese Materia Medica Standards. So far, the

GCMTI has published the reference standards for a total of 330 Chinese Materia Medica (CMM). The reference standards for 14 additional CMM have also been completed and will be published in due course.

The permanent GCMTI building under construction is expected to be commissioned in phases alongside with the adjoining CMH starting from end 2025. Major facilities of the permanent GCMTI building include various dedicated laboratories, a CMs herbarium laboratory, an international collaboration and training centre, a medicinal plant garden, and relevant ancillary facilities.

Apart from continuing to develop and formulate a set of reference standards for CMs, transferring technology on CMs testing to the CMs and testing industries, and fostering research on CMs testing upon relocation to the permanent GCMTI building, the GCMTI will also collaborate with the CMH and Mainland and international research institutes to deepen cooperation in the CMs fields of the Guangdong-Hong Kong-Macao Greater Bay Area, with a view to further leveraging Hong Kong's role as a platform for driving the standardisation, modernisation and internationalisation of CMs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0529)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding cross-boundary healthcare issues, will the Government inform this Committee whether it has plans to launch and enhance the two-way talent training programmes?

Asked by: Hon LAM So-wai (LegCo internal reference no.: 23)

Reply:

The Hospital Authority (HA) has all along been actively promoting the exchange of healthcare talents. Amongst the initiatives, with support from the Health Commission of Guangdong Province (GDHC) and the Health Bureau of the HKSAR Government, the HA rolled out the Greater Bay Area (GBA) Healthcare Talents Visiting Programmes in the fourth quarter of 2022. The first phase of the Programmes covers various clinical healthcare professions on a pilot basis. Details are set out below.

GBA Visiting Doctors Programme

This programme aims to establish a mechanism for doctors working in the public healthcare system in the Guangdong Province and Hong Kong to undergo exchanges in public hospitals of the other place. There are 10 doctors nominated by the GDHC under the first batch. They are at the rank of Associate Chief Physician or Attending Physician serving in Tier III Class A hospitals in the Mainland with over 7 years of clinical experience. Their specialties include Respiratory Medicine, Infectious Disease, Nephrology, Cardiology, Anaesthesiology, and Radiology.

After obtaining Limited Registration with approval from the Medical Council of Hong Kong, the 10 visiting doctors came to Hong Kong in April 2023 to commence a year of clinical practice and experience exchange in the HA. To enable visiting doctors to adapt to the work of public hospitals as soon as possible, they were provided with support by local doctors upon joining the HA for integrating into the cluster healthcare teams to deliver clinical services to patients.

Since its implementation, the programme has been operating smoothly in general and achieved the anticipated outcomes of exchange.

GBA Chinese Medicine Visiting Scholars Programme

This programme aims to enhance the professional competency of Chinese medicine (CM) practitioners in Hong Kong and foster the development of Integrated Chinese-Western Medicine (ICWM). Visiting scholars provide clinical training at selected HA hospitals under limited registration granted by the Chinese Medicine Council of Hong Kong. The programme also offers hospital-based CM training in the "master-apprentice" model, the first of its kind in Hong Kong, to provide clinical mentorship and professional exchange for local CM practitioners. Apart from providing inpatients with ICWM treatment, the programme also explores new models for the development of ICWM services.

The first phase of the programme commenced in November 2022. Two visiting scholars from the Guangdong Provincial Hospital of Traditional Chinese Medicine came to Hong Kong for exchange and ICWM clinical training for COVID-19 cases in selected public hospitals. Subsequently, the programme focused on ICWM development. So far, 9 CM experts from Guangdong Province had come to Hong Kong in phases and offered training to about 90 local CM practitioners.

Visiting scholars must be at the rank of Associate Chief Physician or above and nominated by the GDHC with solid clinical experience in renowned hospitals or institutions. Their specialties include Respiratory Medicine, Neurology, Oncology, Orthopedics & Traumatology, and Acupuncture. Depending on the future development of the programme, more specialties may be included.

The healthcare personnel of the relevant HA hospitals and the CM practitioners of the 18 CM clinics are all very supportive to the programme and are pleased to see the outcomes achieved. The HA will continue to maintain close liaison and collaboration with CM hospitals in the GBA to dovetail with the development of ICWM for training of talents and extension to various types of diseases.

GBA Specialty Nursing Knowledge-Exchange Programme

The HA recruits a total of 300 experienced nurses in 3 cohorts from the Guangdong Province to join the exchange programme within the 2 years starting from 2023, providing them with, among other things, online learning followed by 45-week on-site clinical practicum at selected service areas of HA hospitals. All exchange visitors must hold a Bachelor Degree in Nursing and possess at least 3 years of post-registration nursing experience in related specialty area. Priority are given to those currently working in Tier III Class A hospitals in the Mainland.

In addition to the online briefings by specialty tutors on nursing care in the relevant specialty areas organised by the HA for the exchange nurses before their departure, the practicum hospitals will also provide induction training for exchange nurses after their arrival to help them understand the organisation structure and daily operation of the hospitals. Cluster coordinators and clinical tutors will also be arranged to provide exchange nurses with support in adaption to life in Hong Kong and clinical practicum.

The first cohort of 70 nurses completed clinical practicum in Geriatric Nursing in February 2024. The programme has achieved desirable outcomes of collaboration and received wide recognition.

Besides, the HA also sent a delegation to visit 4 Tier III Class A hospitals in the Guangdong Province in January 2024 for a 3-day study tour to help its nursing leaders to get a deeper understanding of the mode of operation of Mainland hospitals.

GBA Visiting Radiographer (Diagnostic) Programme

This programme aims to foster mutual understanding between diagnostic radiographers of Hong Kong and the Mainland and lay a solid foundation for future exchange in the radiography profession between the two places.

There were 5 diagnostic radiographers nominated by the GDHC at the rank of Radiographer In-charge, Deputy Chief Radiographer or Radiographer from Tier III Class A hospitals with 2 to 30 years of clinical experience. They came to Hong Kong in early August 2023 for a 2-week technical exchange with the radiographers of the HA and were assigned to the Radiology Departments of Tuen Mun Hospital and North District Hospital, as well as the Central Government-Aided Emergency Hospital.

In view of the successful experience and positive response of the visiting programme, in mid-January 2024, the HA sent 14 radiographers and 5 medical physicists to several Tier III Class A hospitals in the Guangdong Province for an exchange visit of 1 to 2 weeks under the "Guangdong-Hong Kong Radiographer and Physicist Talent Exchange Programme". Both the radiographer and physicist teams from the HA and the participating healthcare teams from Guangdong expressed positive feedback on the technical exchange for mutual benefits.

Work Ahead

The first phase of the GBA Healthcare Talents Visiting Programmes was well received by participating healthcare professionals of both places. Having worked in concerted efforts, the healthcare professionals interacted with their counterparts to achieve the anticipated outcomes. Based on the successful implementation of talent exchange and co-operation with the Guangdong Province under the first phase, the HA has already rolled out the second batch of exchange programmes with the GDHC and over 100 healthcare professionals from different cities of the Guangdong Province came to Hong Kong for exchange in batches in the first quarter of 2024. Among them, 2 ophthalmologists nominated by the GDHC came to Hong Kong in March this year for exchange. The HA is also exploring the extension of the programme to cover more specialties and to gradually enhance talent exchange across regions in terms of depth and breadth. As to nursing professionals, about 100 nurses from the Guangdong Province came to Hong Kong in batches in the first quarter of 2024 for clinical exchange, and their specialties include Geriatric Care, Peri-operative Nursing, Critical Care, Cardiac Critical Care, Ophthalmology and Endoscopy, etc.

Meanwhile, the HA is also planning and actively exploring with other regions/cities of the Mainland, such as Beijing and Shanghai, to establish two-way talent exchange, including short-term observation exchange, medium-to-long term clinical practice exchange and sending outstanding healthcare professionals from Hong Kong to the Mainland for learning and exchange in the latter's public healthcare system. At present, 1 endoscopic doctor from Shanghai has obtained limited registration with approval from the Medical Council of Hong

Kong and has already commenced a 6-month clinical exchange in Hong Kong from March this year. The HA is now actively exploring the exchange arrangements with the Health Commissions and relevant authorities of Beijing and Shanghai, with a view to gradually implementing two-way exchange of suitable doctors within this year.

As for allied health professionals, in view of the successful experience and positive response of "Guangdong-Hong Kong Radiographer and Physicist Talent Exchange Programme", the HA is actively preparing for the implementation of the next phase with the GDHC, including inviting the second batch of diagnostic radiographers and radiation therapists from the Guangdong Province for exchange in Hong Kong. The HA is also exploring the feasibility of in-depth exchange for the second batch of radiographers and medical physicists of the HA at Tier III Class A hospitals in the Guangdong Province so that they can have a fuller understanding of the scope of work and service model in the Mainland.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0532)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

"Providing Smart Care" and "Developing Smart Hospitals" are mentioned in the Hospital Authority Strategic Plan 2022-2027, entitled "Towards Sustainable Healthcare", with emphasis on the integration of technology and healthcare. Will the Government inform this Committee of the implementation situation of the plan since its promulgation?

Asked by: Hon LAM So-wai (LegCo internal reference no.: 26)

Reply:

"Providing Smart Care" and "Developing Smart Hospitals" are put forward in the Hospital Authority (HA) Strategic Plan 2022-2027, entitled "Towards Sustainable Healthcare", as one of the major development strategies for public hospital services.

The HA's concept of developing smart hospitals reflects how buildings and facilities, digital technology and devices, information technology systems and data can all be harnessed together to promote excellent, efficient and patient-centred services, where the delivery and management of quality healthcare is made easier and more sustainable. Relevant strategies cover smart care application, smart hospital management, smart hospital support, etc. In recent years, the HA has developed and deployed a number of high-performance smart products to enhance patient experience and service efficiency. The following are some relevant measures already implemented in most public hospitals:

Smart Care Application
- Smart bed panel
- e-Vitals
- e-Frailty Index
- Diabetes Mellitus Risk Model
- Telehealth
- HA Go attendance taking and payment
- Out-patient testing result screening
- Smart specimen collection
- e-Consent

Smart Hospital Management
- Resources command centre
- Clinical command centre
- Queue management system
- Real-time tracking system

Smart Hospital Support
- Smart kiosk
- Out-patient blood taking scheduling
- Digital ward place
- Smart robots
- Patient Support Call Centre
- Smart Patient Website (an electronic information platform)

The HA has been striving to introduce modern technology to provide patient-centred medical services, in order to provide a better experience for patients and to improve service quality. The HA is currently exploring and implementing different systems to support the development of "Smart Hospital" such as developing smart care equipment based on a machine learning model to assist healthcare practitioners in formulating personalised healthcare plans for patients and following up on these plans, and to facilitate the arrangement of appropriate assessments and targeted care for patients. As for product deployment under the "Smart Hospital" project, the HA has adopted the "Levels of Smart" framework, under which 3 levels (each with standard and objective key indicators from Level 1 to the highest Level 3) have been set up to monitor the effectiveness of the project and accelerate the implementation of the above smart products in hospitals. At present, 27 hospitals under the HA have attained the highest Level 3, and the remaining hospitals have all attained Level 1 or above. There are also implementation plans to further upgrade these hospitals.

Moreover, the HA has explored the use of information and communication technology in different types of workflow to provide medical services, with telehealth being one of the key development directions. The HA is actively promoting telehealth to provide suitable patients with an alternative to receive healthcare services from the HA without necessarily having to visit hospitals and clinics. Telehealth services have been introduced by the HA in different out-patient, day-patient, in-patient and outreach services. Under the five-year plan of eHealth+, the Government will continue to explore more opportunities in further developing telehealth with the HA, including the gradual implementation of telehealth functions in the eHealth App. The Government will further study the feasibility of providing telehealth services and ways to provide users with more convenience when developing primary healthcare services.

To further enhance healthcare efficiency and achieve sustainable development of healthcare services, "Smart Hospital" and "Smart Healthcare" are major strategic goals for the future. The HA will continue to utilise digital technology, information technology and artificial intelligence infrastructure, with a view to providing members of the public with "Smart Healthcare" and enhancing operational efficiency.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0540)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The "18111 – Mental Health Support Hotline" provides one-stop mental health support with dedicated personnel answering the phone 24 hours a day. Will the Government inform this Committee whether the hotline is provided with a function for user review? If yes, please provide data on users' feedback. If not, please advise whether there are plans to add a user review function for the hotline.

Asked by: Hon LAM So-wai (LegCo internal reference no.: 34)

Reply:

The Health Bureau has launched the "18111-Mental Health Support Hotline" (the "Hotline") to provide one-stop, round-the-clock support for people with mental health needs, rendering emotional and mental health support to people from all backgrounds and of all ages. Callers will be provided with service information or referred to appropriate service organisations based on their individual needs. Since the launch of the Hotline on 27 December 2023 and up to 29 February 2024, a total of around 21 000 calls were received and provided with immediate support. About 200 cases were referred to the Integrated Community Centre for Mental Wellness and the Designated Hotline for Carer Support of the Social Welfare Department, the Hospital Authority's Mental Health Direct hotline and non-governmental organisations, etc. 2 of the cases were more urgent and required immediate referral to the Police for follow-up.

To avoid causing distress to callers, the Hotline does not have a separate function to ask callers to make an evaluation after receiving the service. For effective monitoring of service quality, the operating organisation will submit service statistics and service evaluation reports to the Government on a regular basis. The Government will commission an independent organisation to conduct a service evaluation study in the third quarter of 2024 to assess, among other things, callers' evaluation of the service.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0542)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The "18111 – Mental Health Support Hotline" provides one-stop mental health support with dedicated personnel answering the phone 24 hours a day. Will the Government inform this Committee of the statistics on the number of requests for assistance received, referrals made and health support services provided since the launch of the hotline?

Asked by: Hon LAM So-wai (LegCo internal reference no.: 36)

Reply:

The Health Bureau has launched the "18111-Mental Health Support Hotline" (the "Hotline") to provide one-stop, round-the-clock support for people with mental health needs, rendering emotional and mental health support to people from all backgrounds and of all ages. Callers will be provided with service information or referred to appropriate service organisations based on their individual needs. Since the launch of the Hotline on 27 December 2023 and up to 29 February 2024, a total of around 21 000 calls were received and provided with immediate support. About 200 cases were referred to the Integrated Community Centre for Mental Wellness and the Designated Hotline for Carer Support of the Social Welfare Department, the Hospital Authority's Mental Health Direct hotline and non-governmental organisations, etc. 2 of the cases were more urgent and required immediate referral to the Police for follow-up.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1772)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2024-25 that the Health Bureau will "continue to take forward the review of dental care services provided or subsidised by the Government". Would the Government inform this Committee of: the expenditure related to public dental care services in each of the past 5 financial years, and its proportion to the public healthcare expenditure in that year?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 1)

Reply:

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups defined by the Working Group, including persons with financial difficulties, persons with disabilities or special needs, and the high risk groups.

The public dental services provided by the Department of Health (DH) and the expenditures involved are set out below:

(A) School Dental Care Service (SDCS)

The Government focuses particularly on nurturing good oral hygiene habits from an early age including providing the SDCS to children. Primary school students in Hong Kong, as well as students aged under 18 with intellectual disability (ID) and/or physical disability studying in special schools, can join the SDCS of the DH to receive annual check-ups at designated school dental clinics, which cover oral examination as well as basic restorative and preventive treatment. The actual expenditures for the SDCS in 2019-20, 2020-21, 2021-22 and 2022-23 and the revised estimate for 2023-24 are as follows:

SDCS	2019-20 (Actual)	2020-21 (Actual)	2021-22 (Actual)	2022-23 (Actual)	2023-24 (Revised estimate)
Annual expenditure ($ million)	270.1	283.8	270.8	276.2	279.1

(B) Hospital Dental Service, Emergency Dental Service and Special Oral Care Services (SOCS)

Free emergency dental service (generally referred to as General Public (GP) sessions) are provided by the DH through designated sessions each week in its 11 government dental clinics. Such services cover treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists will also provide professional advice with regard to the individual needs of patients. Under the civil service terms of appointment, the Government is obliged to provide dental benefits for civil servants/pensioners and their eligible dependents. Dental clinics under the DH are established primarily for fulfilling this obligation. That said, the Government uses a small fraction of the service capacity of the dental clinics to provide supplementary emergency dental service to the general public.

Moreover, specialist oral maxillofacial surgery and dental treatment are provided by the DH's Oral Maxillofacial Surgery and Dental Clinics in 7 public hospitals for hospital in-patients, and patients with special oral health care needs and dental emergency needs. Such specialist services are provided through referral by the Hospital Authority (HA) or private practitioners, etc. To improve the oral health of children with ID, the DH has also provided SOCS for pre-school children under 6 years old with ID for early intervention and prevention of common oral diseases in collaboration with the HA since September 2019.

The expenditures for Hospital Dental Service, Emergency Dental Service and SOCS are absorbed within DH's overall provision for dental services under Programme (4) and Programme (7) and there is no breakdown available.

(C) Dental Care Support for Adult Persons with ID

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 programme was further extended for 3 years to July 2024 in 2021. The actual expenditures for implementing the HTC in 2019-20, 2020-21, 2021-22 and 2022-23 and the revised estimate for 2023-24 are as follows:

HTC	2019-20 (Actual)	2020-21 (Actual)	2021-22 (Actual)	2022-23 (Actual)	2023-24 (Revised estimate)
Annual expenditure ($ million)	12.8	6.8	11.1	22.8	32.0

(D) Dental Care Support for Elderly Persons in Residential Care Homes for the Elderly (RCHEs) and Day Care Centres for the Elderly (DEs)

The Outreach Dental Care Programme for the Elderly (ODCP) was implemented since October 2014 to provide free on-site oral check-ups for elderly persons and oral care training to caregivers of RCHEs, DEs and similar facilities in 18 districts of Hong Kong through outreach dental teams set up by non-governmental organisations. If the elderly person is considered suitable for further curative treatment, free dental treatment will be provided on-site or at a dental clinic. The outreach dental teams also design oral care plans for elderly persons to suit their oral care needs and self-care abilities. The actual expenditures for implementing the ODCP in 2019-20, 2020-21, 2021-22 and 2022-23 and the revised estimate for 2023-24 are as follows:

ODCP	2019-20 (Actual)	2020-21 (Actual)	2021-22 (Actual)	2022-23 (Actual)	2023-24 (Revised estimate)
Annual expenditure ($ million)	44.3	37.8	41.6	48.6	58.9

Apart from the above services, the Elderly Health Care Voucher Scheme (EHVS) provides eligible Hong Kong elderly persons aged 65 or above with an annual voucher amount of $2,000 to subsidise their use of private primary healthcare services, including dental services. The voucher accumulation limit of vouchers was raised to $8,000 in 2019. The amount of vouchers claimed by dentists under the EHVS in the past 5 years (from 2019 to 2023) are as follows:

	2019	2020	2021	2022	2023
Amount of vouchers claimed by dentists in Hong Kong ($'000)	313,111	276,556	355,444	343,327	413,222
Amount of vouchers claimed	388	316	302	170	462

by the dental clinic of the University of Hong Kong - Shenzhen Hospital ($'000)					

Based on the actual expenditures provided above, as well as the expenditure separately under the "Elderly Dental Assistance Programme" funded by the Community Care Fund and the dental grant under the Comprehensive Social Security Assistance Scheme of the Social Welfare Department, the expenditures on dental programmes provided or subsidised by the Government was close to $1.1 billion in 2022-23.

The recurrent public/government expenditures on healthcare in the past 5 financial years are as follows:

Policy area group	2019-20 (Actual)	2020-21 (Actual)	2021-22 (Actual)	2022-23 (Actual)	2023-24 (Revised estimate)
Expenditure on health ($ billion)	82.142	87.598	98.329	127.002	104.711

As mentioned above, there is no breakdown of expenditures for some of the services. As such, the proportion of the annual expenditure on public dental care services to the public healthcare expenditure for the respective year is not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1773)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Budget Speech that "the Health Bureau will continue to enhance healthcare-related teaching facilities, while increasing the number of local training places as appropriate". Would the Government inform this Committee of the following:

(1) the specific details of the teaching facilities and the estimated expenditure involved;
(2) the number of additional places to be provided in 2024-25 by profession and the estimated expenditure involved;
(3) whether consideration will be given to waiving the clinical practicum training fees of subsidised enrolled nurse programmes; and
(4) whether the possibility of establishing a new medical school for training doctors is assessed.

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 2)

Reply:

(1)

To enable the University Grants Committee (UGC)-funded universities which offer healthcare training programmes (i.e. the Chinese University of Hong Kong, the Hong Kong Polytechnic University and the University of Hong Kong) to upgrade and increase their healthcare-related teaching facilities, the Government has earmarked about $20 billion for short, medium and long-term works projects in relation to the above-mentioned purpose as announced in the 2018 Policy Address. Subsequently, another $10 billion has been set aside for that purpose as announced in the 2022-23 Budget. The enhancement of teaching facilities is funded under Capital Works Reserve Fund, details of which fall outside the scope of Head 140 under the General Revenue Account Head 140.

(2) & (4)

All along, the Government has been striving to enhance the training of local healthcare professionals so as to cater for the needs of society. Given the manpower shortages in some healthcare professions, the Government has, from the 2011/12 academic year to the 2021/22

academic year, substantially increased the number of student intake places of UGC-funded manpower-planned healthcare-related programmes. The relevant increment is tabulated below:

Programme	Academic Year					Total
	2009/10-2011/12	2012/13-2015/16 Note (1)	2016/17-2018/19	2019/20-2021/22	2022/23-2024/25	
Medicine	320	420 (+100)	470 (+50)	530 (+60)	590 (+60)	270
Dentistry	53	53	73 (+20)	80 (+7)	90 (+10)	37
Nursing	590	630 (+40)	630	690 (+60)	690	100
Medical Laboratory Science	32	44 (+12)	54 (+10)	54	60 (+6)	28
Occupational Therapy	46	90 (+44)	100 (+10)	100	100	54
Physiotherapy	70	110 (+40)	130 (+20)	150 (+20)	150	80
Radiography	48	98 (+50)	110 (+12)	110	115 (+5)	67
Chinese Medicine	79	79	79	79	84 Note (2) (+5)	5

Notes:

(1) The 2012/13 to 2014/15 triennium was rolled over to cover 2015/16 academic year.

(2) The UGC will allow the universities to reallocate on their own accord a limited number of non-manpower-planned intake places for Chinese Medicine (CM) programmes, in addition to the existing 70 first-year-first-degree intake places to provide flexibility in increasing the number of places for CM intake places for the 2022-25 triennium on a pilot basis. Under the pilot scheme, the Hong Kong Baptist University and the University of Hong Kong have provided 10 and 4 additional intake places per academic year respectively for their bachelor degree programmes in CM for the 2022-25 triennium while the Chinese University of Hong Kong has no intention of increasing for the time being. As such, the number of student intake places for the bachelor degree programmes in CM is 84 per academic year for the 2022-25 triennium.

Under the established arrangement, the Government allocates recurrent funding to the 8 UGC-funded universities in the form of a block grant. The universities may decide how the block grant should be allocated among various academic programmes and activities in accordance with the principle of institutional autonomy. Breakdown figures on the expenditure involved are thus unavailable. Nonetheless, the UGC Secretariat maintains information on the average teaching expenditure per student of the UGC-funded universities by 17 academic programme categories (APCs), with the above healthcare-related programmes falling under the 3 APCs of "Medicine", "Dentistry" and "Studies Allied to Medicine and Health" respectively. The expenditures reported by the universities are not directly related to the

allocations of the Government. The average teaching expenditure per student for all programmes under these APCs in the academic years from 2020/21 to 2022/23 is as follows:

Level of Study	**Academic Programme Category**	**Average Teaching Expenditure per Student**		
		2020/21 academic year	**2021/22 academic year**	**2022/23 academic year**
Undergraduate programme	Medicine	$264,000	$250,000	$270,000
	Dentistry	$284,000	$270,000	$298,000
	Studies Allied to Medicine and Health	$164,000	$168,000	$172,000
Taught postgraduate programme	Dentistry	$327,000	$305,000	$342,000

Through the Study Subsidy Scheme for Designated Professions/Sectors (SSSDP) launched by the Education Bureau, the Government provides a subsidy for students pursuing designated programmes and encourages the self-financing post-secondary education sector to offer programmes in selected disciplines, including healthcare, to nurture talents in support of specific industries with keen manpower demand. From the academic years of 2022/23 to 2024/25, the subsidised places of the designated undergraduate programmes in the healthcare discipline under the SSSDP which are related to healthcare professions subject to statutory registration increased from 1 655 in the 2022/23 academic year to 2 050 in the 2024/25 academic year, including 315 in nursing (general) programmes, 20 in physiotherapy programmes and 60 in medical laboratory science programmes. The annual subsidy amount for each student of these programmes is $77,040 in the 2022/23 academic year and $79,770 in the 2024/25 academic year.

The Health Bureau has launched a new round of healthcare manpower projection to tie in with the planning exercise for the 2025-28 triennium of the UGC. Subject to the projection results, the Government will review the strategies for increasing local healthcare manpower, consider the need to further adjust the number of healthcare training places in the next triennium of the UGC and explore the long-term measures for training of healthcare manpower (including the need to introduce new medical programmes, etc.).

(3)

With the increasing number of students enrolling in healthcare-related programmes, the UGC-funded and self-financing institutions have been facing the challenges of financial sustainability in using the UGC funding and/or tuition fees to support the clinical practicum. To address the institutions' concerns in offering more healthcare training places to meet manpower needs, with effect from the 2023-24 financial year, the Hospital Authority (HA)

will start to waive the clinical practicum fees payable by the UGC-funded and self-financing institutions to the HA for students pursuing healthcare-related and subsidised undergraduate or taught-postgraduate programmes. The Government has earmarked funding of about $55 million and $60 million in 2023-24 and 2024-25 respectively to support the institutions in arranging clinical practicum in non-HA organisations for students.

In the 2023-24 academic year, there were a total of 893 places in 8 enrolled nurse (general) programmes offered by different institutions. Among them, 4 programmes with a total of 365 places were offered by nurse training schools under different hospitals, while clinical practicum was arranged by the hospitals concerned. In addition, 427 places were fully subsidised, including clinical practicum training fees, by the Social Welfare Department through the Enrolled Nurse Training Programme for the Welfare Sector. In view of this, we do not have any plan to include the clinical practicum training fees of enrolled nurse programmes in the waiver arrangement for the time being. We will review the waiver arrangement for clinical practicum training fees in due course, taking into account changes in the supply of healthcare personnel, changes in the subsidies for healthcare-related programmes and financial sustainability.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1774)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

On enhancing the Elderly Health Care Voucher Scheme, would the Government inform this Committee of the following:

1) the numbers of voucher claim transactions and the total amounts of vouchers claimed in the past 3 years, broken down by healthcare service provider;
2) whether there are plans to introduce Elderly Health Care Voucher for designated use for guiding the elderly to use healthcare services in a timely and appropriate manner. If yes, what are the details? If not, what are the reasons?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 4)

Reply:

1.

The Government launched the Elderly Health Care Voucher Scheme (EHVS) in 2009. It aims at providing financial incentives for elderly persons to choose private primary healthcare services that best suit their health needs and providing them with additional healthcare choices on top of the existing public healthcare services. Currently, the EHVS subsidises eligible Hong Kong elderly persons aged 65 and over annually with Elderly Health Care Vouchers (EHCVs) at the amount of $2,000 (accumulation limit of $8,000) to use primary healthcare services provided by 14 types of healthcare professions[1].

The tables below show the number of voucher claim transactions, the amount of vouchers claimed and the average amount per claim transaction by types of healthcare service providers enrolled in the EHVS in the past 3 years:

[1] They are medical practitioners, Chinese medicine practitioners, dentists, nurses, physiotherapists, occupational therapists, radiographers, medical laboratory technologists, chiropractors, optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359), and audiologists, dietitians, clinical psychologists and speech therapists under the Accredited Registers Scheme for Healthcare Professions (AR Scheme).

Number of Voucher Claim Transactions

	2021	2022	2023 Note 1
Medical Practitioners	1 917 943	1 954 032	2 325 617
Chinese Medicine Practitioners	1 542 578	1 647 630	1 965 635
Dentists	308 343	288 532	331 342
Occupational Therapists	7 224	4 177	4 232
Physiotherapists	48 107	37 603	45 673
Medical Laboratory Technologists	20 033	14 593	15 441
Radiographers	19 373	20 761	22 659
Nurses	11 295	9 376	11 196
Chiropractors	9 357	8 841	10 331
Optometrists	196 046	161 156	230 239
Audiologists Note 2	-	-	784
Clinical Psychologists Note 2	-	-	2
Dietitians Note 2	-	-	609
Speech Therapists Note 2	-	-	5
Sub-total (Hong Kong):	**4 080 299**	**4 146 701**	**4 963 765**
University of Hong Kong - Shenzhen Hospital (HKU-SZH) Note 3	35 953	32 356	38 462
Total:	**4 116 252**	**4 179 057**	**5 002 227**

Amount of Vouchers Claimed (in $'000)

	2021	2022	2023 Note 1
Medical Practitioners	1,027,990	1,059,052	1,270,495
Chinese Medicine Practitioners	788,617	854,324	1,140,988
Dentists	355,444	343,327	413,222
Occupational Therapists	7,503	4,518	4,455
Physiotherapists	19,238	17,743	22,726
Medical Laboratory Technologists	20,552	13,393	14,712
Radiographers	22,603	24,635	29,503
Nurses	11,049	9,878	11,168
Chiropractors	5,760	5,080	5,955
Optometrists	284,753	233,912	352,743
Audiologists Note 2	-	-	2,693
Clinical Psychologists Note 2	-	-	4
Dietitians Note 2	-	-	829

Speech Therapists Note 2	-	-	5
Sub-total (Hong Kong):	**2,543,509**	**2,565,862**	**3,269,498**
HKU-SZH Note 3	12,103	10,949	11,883
Total:	**2,555,612**	**2,576,811**	**3,281,381**

Average Amount of Vouchers per Claim Transaction ($)

	2021	**2022**	**2023** Note 1
Medical Practitioners	536	542	546
Chinese Medicine Practitioners	511	519	580
Dentists	1,153	1,190	1,247
Occupational Therapists	1,039	1,082	1,053
Physiotherapists	400	472	498
Medical Laboratory Technologists	1,026	918	953
Radiographers	1,167	1,187	1,302
Nurses	978	1,054	997
Chiropractors	616	575	576
Optometrists	1,452	1,451	1,532
Audiologists Note 2	Not Applicable	Not Applicable	3,435
Clinical Psychologists Note 2	Not Applicable	Not Applicable	2,000
Dietitians Note 2	Not Applicable	Not Applicable	1,361
Speech Therapists Note 2	Not Applicable	Not Applicable	1,000
HKU-SZH Note 3	337	338	309

Note 1: From 28 July 2023, the EHVS allows shared use of vouchers between two eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts. Besides, the three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) was launched on 13 November 2023 under the EHVS. Eligible elderly persons who have accumulated voucher spending of $1,000 or more on designated primary healthcare services within the same year will be allotted $500 reward to their voucher account for use for the same designated healthcare purposes, so as to encourage more effective use of primary healthcare services by the elderly.

Note 2: With effect from 28 April 2023, the coverage of EHVS has been extended to include primary healthcare services provided by 4 additional types of the healthcare professionals enlisted under the AR Scheme (i.e. audiologists, clinical psychologists, dietitians and speech therapists).

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 EHVS on a hospital basis. Starting from 17 April 2023, eligible elderly persons can use the vouchers to pay for the fees of outpatient healthcare services at the Huawei Li Zhi Yuan Community Health Service Center of the HKU-SZH.

2.

In accordance with the Primary Healthcare Blueprint (Blueprint) launched by the Government in December 2022, the Government will strive to direct resources towards primary healthcare services with an emphasis on strengthening chronic disease management and reinforcing the different levels of prevention. To tie in with the development direction put forward in the

Blueprint, the Government launched the three-year Pilot Reward Scheme in November 2023 to, through providing rewards, further incentivise elderly persons by guiding them to make better use of EHCVs for continuous preventive healthcare and chronic disease management services, etc., so as to achieve the original policy objectives of the EHVS by optimising the use of resources to promote primary healthcare and supporting the healthcare needs of elderly persons.

Under the Pilot Reward Scheme, elderly persons only need to accumulate the use of EHCVs of $1,000 or more for designated primary healthcare purposes such as disease prevention and health management services within the same year (from January to December), and they will be automatically allotted a $500 reward to their voucher accounts by the eHealth System (Subsidies), which can be used for the same designated primary healthcare purposes, without the need for registration. In other words, for elderly persons who met the above criterion and are allotted the reward, the amount of EHCVs they receive in that year is increased from $2,000 to $2,500.

The designated primary healthcare services under the Pilot Reward Scheme include:

(1) Services on disease prevention and follow-up/monitoring of long-term conditions provided by medical practitioners, Chinese medicine practitioners and dentists enrolled in the EHVS, such as health assessment, body check, screening, vaccination, chronic disease management, dental examination, scaling, extraction and filling, etc.;
(2) Hypertension and diabetes mellitus screening, as well as treatment phase services provided under the Chronic Disease Co-Care Pilot Scheme;
(3) Personalised services and Community Rehabilitation Programme provided by District Health Centres/District Health Centre Expresses; and
(4) Outpatient services on preventive and follow-up/monitoring of long-term conditions provided by 11 designated Outpatient Medical Centers of the HKU-SZH and the Health Centre operated by the HKU-SZH.

From mid-November 2023, when the Pilot Reward Scheme was launched, to end-December 2023, over 83 000 elderly persons have received the reward, and the number of voucher claim transactions used on the designated primary healthcare services was 307 628, accounting for 54% of the total voucher claim transactions during the same period, whereas that for the period between January 2023 and mid-November 2023, i.e. prior to the launch of the Pilot Reward Scheme, was 48%. This shows that the Pilot Reward Scheme has the effect of encouraging the elderly to use the designated primary healthcare services. The Government will keep closely monitoring the implementation of the Pilot Reward Scheme and evaluate its effectiveness in promoting the use of such services as health assessment, disease screening and chronic disease management by the elderly.

Hong Kong has one of the most rapidly ageing of population in the world and the pace of ageing will peak in the upcoming decade. The population aged 65 and over will increase from 1.45 million in 2021 to 2.74 million in 2046. Both the number of elderly persons using vouchers and the financial commitments involved will continue to increase substantially. Optimising the use of resources invested in the EHVS so as to achieve our objective to enable the elderly to make good use of their vouchers on primary healthcare services for disease prevention and health management is essential for enhancing the health of the elderly and the sustainability of the healthcare system. Continuing to increase or expand the EHCVs for undesignated and unguided uses for unmonitored healthcare services, and allowing use of

EHCVs for secondary/tertiary healthcare services would not be sustainable policy-wise and financially and is thus not on our policy agenda. We will continue to review the health benefits brought by the EHVS in planning for the future development of primary healthcare.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1775)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

As mentioned in Matters Requiring Special Attention in 2024-25, the Health Bureau will "continue to take forward and enhance the development of District Health Centres (DHCs) and DHC Expresses (DHCEs) across the territory". In this connection, will the Government inform this Committee of the following:

1) the respective numbers of members of DHCs and DHCEs in various districts, broken down by age, as well as the respective numbers of attendances of the DHCs and DHCEs in the previous year, broken down by type of service;
2) the staff establishment and estimated expenditure of the DHCs and DHCEs in 2024-25; and
3) what are the performance assessment indicators of the DHCs and DHCEs, and how does the Primary Healthcare Office review and adjust their operating contracts and evaluate their service effectiveness?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 5)

Reply:

(1)

The cumulative numbers of members and attendances of all the District Health Centres (DHCs) and DHC Expresses (DHCEs) are set out in the table below:

DHC/DHCE Service commencement date	**Cumulative number of members (as at 31 December 2023)** Note 1 **[Provisional figures]**	**Cumulative number of attendances (as at 31 December 2023)** Notes 1, 2, 3, 4, 5 **[Provisional figures]**
Kwai Tsing DHC 24 September 2019	36 800	377 600
Sham Shui Po DHC 30 June 2021	19 900	117 700

DHC/DHCE Service commencement date	**Cumulative number of members (as at 31 December 2023)** Note 1 **[Provisional figures]**	**Cumulative number of attendances (as at 31 December 2023)** Notes 1, 2, 3, 4, 5 **[Provisional figures]**
Tuen Mun DHC 31 May 2022	21 500	163 600
Wong Tai Sin DHC 30 June 2022	18 600	75 400
Southern DHC 17 October 2022	13 800	71 100
Yuen Long DHC 24 October 2022	18 400	97 500
Tsuen Wan DHC 30 December 2022	12 700	69 500
Sai Kung DHCE 1 September 2021	6 400	53 400
Kowloon City DHCE 1 October 2021	7 100	28 900
Yau Tsim Mong DHCE 1 October 2021	6 100	26 500
Wan Chai DHCE 4 October 2021	4 300	29 500
North DHCE 18 October 2021	5 900	31 800
Islands DHCE 18 October 2021	4 100	22 800
Kwun Tong DHCE 21 October 2021	5 800	28 800
Tai Po DHCE 22 October 2021	4 900	30 000
Sha Tin DHCE 30 October 2021	7 900	36 800
Central and Western DHCE 30 October 2021	4 900	29 500
Eastern DHCE 30 October 2021	6 400	30 700
Total	**205 600**	**1 320 900**

Notes:

1. Figures are rounded to the nearest hundred.
2. The figures only include service figures captured from the DHC/DHCE information system and do not include those relating to medical laboratory tests.
3. Starting from April 2021, a revised classification of disease prevention services has been adopted. Statistics on related services are not directly comparable to earlier figures.
4. As different services are provided by the 11 DHCEs, the attendance figures are not directly comparable.

5. The service figures above have included services provided by DHCs/DHCEs for participants of the Chronic Disease Co-care Pilot Scheme which was launched on 13 November 2023.

(2)

The provisional staff establishment (including healthcare professionals and other supporting staff) of DHCs in Kwai Tsing, Sham Shui Po, Tuen Mun, Wong Tai Sin, Southern, Yuen Long and Tsuen Wan in 2024-25 and the estimated expenditure for 2024-25 (including the provisions for service contracts, site maintenance and rentals) are set out in the table below:

	Kwai Tsing DHC	**Sham Shui Po DHC**	**Tuen Mun DHC**	**Wong Tai Sin DHC**	**Southern DHC**	**Yuen Long DHC**	**Tsuen Wan DHC**
Staff establishment Note 6							
Executive Director	1	1	1	1	1	1	1
Medical Consultant Note 7	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Chief Care Coordinator	1	1	1	1	1	1	1
Care Coordinator/ Nurse	21	17.5	26	25	16	29	21
Physiotherapist	3.5	2	3	3	3	3	2
Occupational Therapist	1.5	2	2	2	3	3	2
Dietitian	1	1	1	2	1	2	1
Pharmacist	1	1	1	1	1	1	1
Social Worker, Administrative Staff and Supporting Staff	55	70	62	62	59	50	49
Total	**85.5**	**96**	**97.5**	**97.5**	**85.5**	**90.5**	**78.5**
Estimated Expenditure for 2024-25 ($ million)	**99**	**95**	**104**	**92**	**76**	**107**	**119**

Notes:

6. The staff establishment is proposed by DHC operators through tendering procedures according to the service demand in the community and manpower estimation, and is approved by the Government. The 0.5 staff establishment refers to a part-time position with half of the working hours of a full-time position. The actual number of staff may vary from time to time, depending on factors such as service demand and short-term

manpower turnover, etc. The Government will continue to monitor the situation to ensure that services are not affected.

7. Medical Consultants are part-time or outsourced positions.

The provisional staff establishment (including healthcare professionals and other supporting staff) of all DHCEs in 2024-25 and the 2023-24 revised estimate (including the provisions for service contracts, site maintenance and rental cost) are set out in the table below:

	Central and Western	**Eastern**	**Islands**	**Kowloon City**	**Kwun Tong**	**North**	**Sai Kung**	**Sha Tin**	**Tai Po**	**Wan Chai**	**Yau Tsim Mong**
Staff establishment Notes 8, 9											
Project Coordinator	1	1	1	1	1	1	1	1	1	1	1
Medical Consultant Note 10	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Care Coordinator	4	3	3	1	5	1	2	5	5	4	1
Nurse				4		3	3				4
Physiotherapist	1	1	1	1	1	1	1	1	1	1	1
Occupational Therapist					1		1		0.5	1	
Pharmacist	0.5	0.5					1	1		1	
Dietitian				1	1	0.5	1		1		1
Social Worker, Administrative Staff and Supporting Staff	14	13	10	10	14.5	14	11	16.5	13.5	6.5	10
Total	**21**	**19**	**15.5**	**18.5**	**24**	**21**	**21.5**	**25**	**22.5**	**15**	**18.5**
2023-24 Revised Estimate Note 11 **($ million)**	**15**	**14**	**13**	**14**	**14**	**14**	**14**	**14**	**14**	**15**	**14**

Notes:

8. The staff establishment is proposed by DHCEs according to the service demand in the community and manpower estimation, and is reviewed and approved by the Government before entering into contracts with operators. The 0.5 staff establishment refers to a part-time position with half of the working hours of a full-time position. The actual number of staff may vary from time to time, depending on factors such as service demand and short-term manpower turnover, etc. The Government will continue to monitor the situation to ensure that services are not affected.
9. The staff establishment of each DHCE is dependent on the service demand and service delivery model of the district concerned, and so the figures are not directly comparable.
10. Medical Consultants are part-time or outsourced positions.
11. As the Health Bureau is processing the renewal of all the DHCE contracts which are going to expire in mid-2024, the estimated expenditures for the DHCEs for 2024-25 are not available for the time being.

(3)

In face of the pressure brought about by an ageing population and the increasing prevalence of chronic diseases, the Government released the Primary Healthcare Blueprint (Blueprint) in December 2022, setting out a series of reform initiatives to strengthen primary healthcare services in Hong Kong. One of the recommendations in the Blueprint is to further develop a district-based family-centric community health system based on the DHC model.

As the healthcare service and resource hub in the community, the DHCs are crucial in strengthening the concept of "Family Doctor for All" and cultivating a long-term doctor-patient relationship between the patient and his/her family doctor (especially in the management of chronic diseases). The Government has implemented the Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) since November last year, further strengthening the role of the DHCs/DHCEs with a view to supporting participants to better control hypertension and diabetes mellitus and prevent complications, as well as co-ordinating and arranging participants to receive screening and appropriate multidisciplinary treatment (including physiotherapy, dietetic consultation, optometry assessment and podiatry services) in private sectors at a subsidised rate.

The Government will continue to review the services of the DHCs with a view to strengthening their roles as the co-ordinator of community primary healthcare services and case manager, so as to provide comprehensive primary healthcare services to the public in the community. The Government has also commissioned the Chinese University of Hong Kong to conduct a monitoring and evaluation study on the DHCs to evaluate their degree of achievement of different targets and overall performance, including the quality and effectiveness of different DHC services, influences of DHC services towards individuals and the community as well as the cost-effectiveness of the DHCs. The report of the evaluation study will be submitted to the Steering Committee on Primary Healthcare Development for deliberation. The Government shall consider the report and views of the Steering Committee when reviewing the service of the DHCs.

The Government will also enhance the terms of the DHC operation service contracts. Currently, the DHC operation service contracts have provided specific descriptions of various facilities and service requirements, including recruitment and qualifications of the network service providers, required numbers of various professionals, the areas and numbers of satellite centres to be established as well as staffing establishment of the centres. The tender documents have also stated that the Government shall have the right to terminate the contract upon an operator's non-compliance of the contract requirements. Starting from this year, the Primary Healthcare Office (PHO) will adjust the terms of operation service contracts for the DHCs and DHCEs progressively, including adjustment on the categories of service targets to complement the enhancement of DHC services, such as pairing of family doctors for citizens and nurse clinic service provision, etc. With the implementation of the CDCC Pilot Scheme, the PHO will also review the performance assessment indicators of the DHCs to include new members' participation in the CDCC Pilot Scheme as one of the indicators.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1776)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding healthcare manpower, would the Government inform this Committee of:
1) the changes in the manpower of (i) medical practitioners, (ii) registered and enrolled nurses, (iii) registered and listed Chinese medicine practitioners, (iv) registered midwives, (v) chiropractors, (vi) medical laboratory technologists, (vii) physiotherapists, (viii) pharmacists, (ix) dentists, (x) dental hygienists, (xi) radiographers, (xii) optometrists, and (xiii) occupational therapists in the Hospital Authority (HA), including the total number of staff in each grade and the related changes, the number of new recruits (as a percentage of the total number of staff in the grade), the number of retirees (as a percentage of the number of departures from the grade) and the number of resignees (as a percentage of the number of departures from the grade) in the past 3 years;
2) a breakdown, by cluster and specialty, of the 5 specialties with the largest number of departures of specialists and the 5 specialties with the highest percentage of such departures in the HA in the past 3 years; and
3) a breakdown, by cluster and specialty, of the 5 specialties with the largest number of departures of nurses and the 5 departments with the highest percentage of such departures in the HA in the past 3 years.

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 6)

Reply:

(1)
The tables below set out the number of staff, intake and attrition (wastage) number of doctors, dental officers, nurses and allied health professionals in the Hospital Authority (HA) in the past 3 years.

2021-22

Staff Group / Rank Group / Major Grade		No. of staff (as at 31 Mar 2022) (including full-time and part-time staff)	Intake (including full-time and part-time staff)	Full-time Attrition (Wastage) Number	
				Retirement	Non-retirement
Doctors		6 484	555	67	443
Dental Officer		12	0	0	1
Nursing	Registered Nurse	25 493	2 334	381	1 867
	Enrolled Nurse	2 614	225	65	260
Allied Health	Medical Laboratory Technologist	1 797	175	33	80
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1 186	77	21	86
	Occupational Therapist	982	123	8	99
	Physiotherapist	1 202	125	11	158
	Pharmacist	782	54	9	28
	Optometrist	74	7	0	9

2022-23

Staff Group / Rank Group / Major Grade		No. of staff (as at 31 Mar 2023) (including full-time and part-time staff)	Intake (including full-time and part-time staff)	Full-time Attrition (Wastage) Number	
				Retirement	Non-retirement
Doctors		6 541	582	68	368
Dental Officer		14	4	1	1
Nursing	Registered Nurse	25 182	2 258	418	2 196
	Enrolled Nurse	2 389	248	67	259
Allied Health	Medical Laboratory Technologist	1 810	164	46	105
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1 194	95	20	76
	Occupational Therapist	996	134	5	114
	Physiotherapist	1 239	186	14	138
	Pharmacist	813	79	10	27
	Optometrist	75	8	1	6

2023-24

Staff Group / Rank Group / Major Grade		No. of staff (as at 31 Dec 2023) (including full-time and part-time staff)	Intake (Apr-Dec 2023) (including full-time and part-time staff)	Full-time Attrition (Wastage) Number (Apr-Dec 2023)	
				Retirement	Non-retirement
Doctors		6 842	630	57	224
Dental Officer		13	0	0	1
Nursing	Registered Nurse	26 050	2 289	311	1 322
	Enrolled Nurse	2 201	173	40	153
Allied Health	Medical Laboratory Technologist	1 881	162	33	67
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1 226	81	13	35
	Occupational Therapist	1 047	127	7	72
	Physiotherapist	1 342	213	12	108
	Pharmacist	856	57	2	19
	Optometrist	79	5	0	2

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in the HA.
2. Intake refers to the total number of permanent and contract staff joining the HA on headcount basis during the period. Transfer, promotion and staff movement within the HA are not regarded as intake.
3. Intake of Doctors included the number of Interns appointed as Residents.
4. Attrition (wastage) includes all types of cessation of service from the HA (including retirement) for permanent and contract staff on headcount basis. Temporary staff such as Pharmacy Interns and Trainee Nurses are not included.
5. The number of Pharmacists includes Interns appointed as Resident Pharmacists.
6. Both intake and attrition (wastage) figures above do not exclude the staff under the Extending Employment Beyond Retirement (EER) arrangement. From 2024 onwards, the HA will first exclude those staff under the EER arrangement when compiling the relevant statistics.

The 18 Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) have been established, one in each district, to promote Chinese Medicine by providing services, training and research. Each CMCTR operates on a tripartite collaboration model involving the HA, a non-governmental organisation (NGO) and a local university. The NGOs are responsible for the day-to-day clinic operation. Chinese medicine practitioners (CMPs) working at 18 CMCTRs are employed by the respective operating NGOs. The terms of employment, remuneration packages, staff establishment and manpower planning of CMPs are determined by the respective NGOs. Based on the information provided by the NGOs, the number of

CMPs employed by the 18 CMCTRs in Hong Kong in the past 3 years is set out in the table below.

Year	Number of CMPs as at year end
2021	415
2022	419
2023	457

The tables below set out the full-time attrition (wastage) rates of doctors, dental officers, nurses and allied health professionals in the HA in the past 3 years.

Staff Group / Rank Group / Major Grade		2021-22	2022-23	2023-24 (rolling 12 months from Jan to Dec 2023)
Doctors		8.1%	6.9%	6.1%
Dental Officer		7.8%	15.9%	7.4%
Nursing	Registered Nurse	9.1%	10.6%	9.3%
	Enrolled Nurse	12.8%	14.0%	11.8%
Allied Health	Medical Laboratory Technologist	6.6%	8.6%	7.2%
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	8.9%	8.2%	5.7%
	Occupational Therapist	11.0%	12.2%	9.5%
	Physiotherapist	13.7%	12.4%	12.4%
	Pharmacist	5.2%	4.9%	4.0%
	Optometrist	12.6%	9.9%	6.9%

Note:

1. Attrition (wastage) includes all types of cessation of service (including retirement) from the HA for permanent and contract staff on headcount basis. Temporary staff such as Pharmacy Interns and Trainee Nurses are not included.
2. 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%
3. The number of Pharmacists includes Interns appointed as Resident Pharmacists.
4. Attrition (wastage) figures above do not exclude the staff under the Extending Employment Beyond Retirement (EER) arrangement. From 2024 onwards, the HA will first exclude those staff under the EER arrangement when compiling the relevant statistics.

(2)

The table below sets out the 5 specialties with the highest overall attrition (wastage) counts of full-time doctors in the HA from 2021-22 to 2023-24 (rolling 12 months from January to December 2023).

Specialty	**2021-22**	**2022-23**	**2023-24 (rolling 12 months from Jan to Dec 2022)**
1	Medicine	Medicine	Medicine
2	Anaesthesia	Accident & Emergency	Family Medicine
3	Family Medicine	Family Medicine	Anaesthesia
4	Surgery	Surgery	Surgery
5	Radiology	Anaesthesia	Accident & Emergency

The table below sets out the 5 specialties with the highest overall attrition (wastage) rates of full-time doctors in the HA from 2021-22 to 2023-24 (rolling 12 months from January to December 2023).

Specialty	**2021-22**	**2022-23**	**2023-24 (rolling 12 months from Jan to Dec 2022)**
1	Radiology	Cardiothoracic Surgery	Cardiothoracic Surgery
2	Anaesthesia	Accident & Emergency	Ophthalmology
3	Ophthalmology	Obstetrics & Gynaecology	Anaesthesia
4	Intensive Care Unit	Family Medicine	Family Medicine
5	Pathology	Ophthalmology	Paediatrics

(3)

The table below sets out the 5 specialties with the highest overall attrition (wastage) counts of full-time nurses in the HA from 2021-22 to 2023-24 (rolling 12 months from January to December 2023).

Specialty	**2021-22**	**2022-23**	**2023-24 (rolling 12 months from Jan to Dec 2022)**
1	Medicine	Medicine	Medicine
2	Psychiatry	Surgery	Surgery
3	Surgery	Obstetrics & Gynaecology	Paediatrics
4	Paediatrics	Psychiatry	Psychiatry
5	Obstetrics & Gynaecology	Accident & Emergency	Accident & Emergency

The table below sets out the 5 specialties with the highest overall attrition (wastage) rates of full-time nurses in the HA from 2021-22 to 2023-24 (rolling 12 months from January to December 2023).

Specialty	**2021-22**	**2022-23**	**2023-24 (rolling 12 months from Jan to Dec 2022)**
1	Obstetrics & Gynaecology	Obstetrics & Gynaecology	Paediatrics
2	Paediatrics	Accident & Emergency	Accident & Emergency
3	Intensive Care Unit	Intensive Care Unit	Obstetrics & Gynaecology
4	Medicine	Paediatrics	Intensive Care Unit
5	Surgery	Surgery	Surgery

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1779)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the promotion of organ donation and the cross-boundary mutual assistance mechanism, will the Government inform this Committee of the following:
1) Please list the total number of registrations in the Centralised Organ Donation Register in each of the past 5 financial years;
2) Please set out the number of patients waiting for organ transplants, the average waiting time, the longest waiting time, the number of organ transplant operations completed in public hospitals, as well as the number of patients who passed away while waiting for organ transplants, broken down by type of organ, in each of the past 5 financial years; and
3) whether the Government has any specific work plan and implementation timetable for the setting up of a cross-boundary mutual assistance mechanism on organ donation?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 9)

Reply:

1)

The numbers of registrations recorded in the Centralised Organ Donation Register in the past 5 years are as follows:

	2019	**2020**	**2021**	**2022**	**2023**
Cumulative total number of registrations (as at 31 December of the year)	317 447	330 764	343 593	356 093	367 199

2)

The number of patients waiting for organ/tissue transplant, their average waiting time, the number of patients who passed away while waiting for transplant and the number of

organ/tissue donation cases handled by the Hospital Authority (HA) in the past 5 years are as follows:

Year (as at December 31)	Organ/ Tissue	Number of Patients Waiting for Transplant	Average Waiting Time (months) [1]	Number of Patients who Passed Away while Waiting for Transplant	Number of Donation Cases [5]
2019	Kidney	2 268	54	N/A [2]	57 (Cadaveric donation: 42 Living donation: 15)
	Liver	60	43.8	14	43 (Cadaveric donation: 23 Living donation: 20)
	Heart	54	26	2	8
	Lung	24	15	6	7
	Cornea (piece)	269	11	N/A [3]	324
	Skin	N/A [4]			5
	Bone				1
2020	Kidney	2 302	55	N/A [2]	65 (Cadaveric donation: 55 Living donation: 10)
	Liver	72	37.1	11	50 (Cadaveric donation: 27 Living donation: 23)
	Heart	78	24.4	4	10
	Lung	29	18.1	7	8
	Cornea (piece)	280	14.5	N/A [3]	267
	Skin	N/A [4]			1
	Bone				0
2021	Kidney	2 360	56	N/A [2]	72 (Cadaveric donation: 57 Living donation: 15)
	Liver	69	38.2	10	53 (Cadaveric donation: 33 Living donation: 20)

Year (as at December 31)	Organ/ Tissue	Number of Patients Waiting for Transplant	Average Waiting Time (months) [1]	Number of Patients who Passed Away while Waiting for Transplant	Number of Donation Cases [5]
	Heart	78	27.7	7	8
	Lung	19	22.9	2	14
	Cornea (piece)	263	15.1	N/A [3]	306
	Skin	N/A [4]			3
	Bone				1
2022	Kidney	2 451	56.8	N/A [2]	56 (Cadaveric donation: 45 Living donation: 11)
	Liver	66	38.2	12	29 (Cadaveric donation: 17 Living donation: 12)
	Heart	81	23.5	6	11
	Lung	13	27.6	6	7
	Cornea (piece)	357	21.2	N/A [3]	244
	Skin	N/A [4]			5
	Bone				0
2023	Kidney	2 429	60	N/A [2]	52 (Cadaveric donation: 41 Living donation: 11)
	Liver	81	33.4	15	30 (Cadaveric donation: 17 Living donation: 13)
	Heart	76	36.8	7	8
	Lung	21	28.2	3	2
	Cornea (piece)	474	31.3	N/A [3]	253
	Skin	N/A [4]			2
	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. The lives of patients suffering from renal failure may be prolonged by means of dialysis treatment. Lack of organ transplant may not be a direct and main cause of the patients'

death.

3. Lack of cornea transplant may not be a direct and main cause of the patients' death.
4. Cases of skin and bone transplant are sudden and emergency in nature. Substitutes will be used if no suitable skin or bone is identified for transplant.
5. Living donation applies to liver/kidney transplant only.

3)

On the basis of the case of the first cross-boundary organ transplant in December 2022, the Government is making continued efforts to actively explore the setting up of a standing organ transplant mutual assistance mechanism with the relevant authorities of the Mainland. The mutual assistance mechanism will adopt a second-tier allocation mechanism. It will be activated only when suitable patients cannot be identified for a cadaveric organ donated in the Mainland or Hong Kong Special Administrative Region and matching is unsuccessful in its local allocation system for the relevant organ. We are now formulating the relevant operational details, among which the technical requirements, criteria and procedures will be aligned to ensure that organ donation is conducted in a safe, legal, fair and equitable manner to benefit patients with the greatest need, hence giving patients on the waiting list an extra chance to live a new life.

While pursuing the regularisation of a standing organ transplant mutual assistance mechanism, we will continue to seek assistance from the Mainland for patients with urgent need. Such experiences in handling relevant cases may be modelled upon in formulating the aforementioned operational arrangements and will provide the basis for taking forward the relevant tasks.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1780)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the support for patients suffering from rare diseases (known as uncommon disorders in Hong Kong), would the Government inform this Committee of the following:

1) the number of rare disease patients in the past 5 years in table form, broken down by disease category;
2) the means of support provided by the Government targeting rare disease patients and the expenditure incurred;
3) whether the Government will consider taking forward cross-border co-operation projects on rare diseases. If yes, what are the details?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 10)

Reply:

(1) & (2)

The Government and the Hospital Authority (HA) attach high importance to providing optimal care for all patients, including those with uncommon disorders, based on available medical evidence while ensuring optimal and rational use of public resources. At present, the HA makes use of the recurrent funding from the Government, as well as subsidies for 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.

There is no common definition of uncommon disorders available worldwide and the HA is unable to provide the total number of uncommon disorder patients in the past 5 years. Nevertheless, the HA is progressively building up a database on individual uncommon disorders with a view to providing more optimal treatment to the patients concerned and targeted measures to support them. Currently, the HA has developed a database for 35 uncommon disorders (including 25 metabolic diseases, 4 neurological diseases and 6 endocrine diseases) and is consolidating information on patients with relevant disorders. It is expected that the HA will progressively build up a registry with 207 uncommon disorders. Doctors will tag the patient in the HA's clinical management system (CMS) on the next

encounter, and the HA will also arrange necessary information technology system enhancements to the CMS to facilitate doctors' clinical diagnosis and treatment of patients.

In view of the rising demand for ultra-expensive drug treatments for patients with uncommon disorders, the Government has allocated a designated funding to the HA to provide a special drug programme for the treatment of eligible patients with specific lysosomal storage disorders (LSDs), including Pompe, Gaucher, Fabry, Mucopolysaccharidosis (MPS) Type I, MPS Type II, MPS Type IV and MPS Type VI, through enzyme replacement therapy (ERT). The HA's expenditure for the treatment of LSDs through ERT and the number of HA patients who received ERT in the past 5 years [from 2019-20 to 2023-24 (as at 31 December 2023)] are set out in the table below:

Year	HA's drug consumption expenditure for the treatment of LSDs ($ million)	Number of HA patients who received ERT
2019-20	62.8	38
2020-21	81.0	37
2021-22	82.5	40
2022-23	99.7	50
2023-24 (as of 31 December 2023)	83.2	53

In addition, the Government and the 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)" (CCF Ultra-expensive Drugs (UED) Programme). The HA's Expert Panels will assess the clinical benefits of drug treatments under these arrangements on a case-by-case basis according to the specific patients' clinical conditions and established treatment guidelines.

The following table sets out the number of applications approved and the amount of subsidies granted for drugs under the CCFUED Programme since its implementation in August 2017 and up to 31 December 2023 (including a drug repositioned from the CCFUED Programme to the SF during the said period[1]):

Ultra-expensive Drug and Clinical Indication	Number of Applications Approved	Amount of Subsidies Granted ($ million)
1. Eculizumab for Paroxysmal Nocturnal Haemoglobinuria[1]	73	285.15
2. Eculizumab for Atypical Haemolytic Uraemic Syndrome[2]	6	22.48
3. Nusinersen for Spinal Muscular Atrophy[3]	77	178.42
4. Tafamidis Meglumine for Familial Amyloid Polyneuropathy[4]	3	2.09
5. Dinutuximab beta for Neuroblastoma[5]	15	23.38
6. Tisagenlecleucel for B-cell Acute Lymphoblastic Leukaemia[6]	10	19.65
7. Tisagenlecleucel for Diffuse Large B-cell Lymphoma[6]	59	133.87

Ultra-expensive Drug and Clinical Indication	Number of Applications Approved	Amount of Subsidies Granted ($ million)
8. Tafamidis for Herediatary Transthyretin Amyloidosis in Adult Patients with Cardiomyopathy[7]	10	8.71
9. Risdiplam for Spinal Muscular Atrophy[8]	27	41.85
10. Burosumab for X-linked Hypophosphataemia[9]	1	2.85
11. Ravulizumab for Paroxysmal Nocturnal Haemoglobinuria[10]	4	14.86
12. Ravulizumab for Atypical Haemolytic Uraemic Syndrome[10]	0	0
13. Onasemnogene Abeparvovec for Spinal Muscular Atrophy[11]	0	0
Total	**285**	**733.31**

Notes:

1. From 1 August 2017 to 31 December 2023, including the number of applications approved and the amount of subsidies granted under the CCFUED Programme from 1 August 2017 to 10 July 2020 and under the SF since 11 July 2020 after repositioning
2. From 25 November 2017 to 31 December 2023
3. From 25 September 2018 to 31 December 2023
4. From 13 July 2019 to 31 December 2023
5. From 29 December 2020 to 31 December 2023
6. From 10 April 2021 to 31 December 2023
7. From 4 December 2021 to 31 December 2023
8. From 17 December 2022 to 31 December 2023
9. From 26 May 2023 to 31 December 2023
10. From 11 November 2023 to 31 December 2023
11. From 30 December 2023 to 31 December 2023

At present, cases related to undiagnosed disorders, hereditary cancers and genomics and precision healthcare are also covered by the Hong Kong Genome Project. Eligible patients and their family members are recruited at the HA's hospitals on a voluntary basis with informed consent, and the sequencing analysis results will allow patients to benefit from more precise diagnosis and appropriate treatment.

(3)

The HA has all along been keeping abreast of clinical evidence and technological development on treatment options for uncommon disorders worldwide, and has bilateral/reciprocal visits and 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 the development of the treatment of uncommon disorders. For cross-boundary co-operation with the Mainland, the HA is discussing with the Peking Union Medical College Hospital (PUMCH) relevant details on clinical experience exchanges and collaboration on research and development between the two places. It is initially planned that, starting from the second quarter of 2024, the Hong Kong Children's Hospital and the Princess Margaret Hospital will conduct weekly online clinical experience exchanges with the PUMCH on cases of uncommon disorders.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1781)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the Voluntary Health Insurance Scheme (VHIS), will the Government inform this Committee of:

1) the number of persons who joined the VHIS each year since its launch, and the respective shares of new policies and policies transferred from other medical policies;
2) the total number of persons who have medical expense reimbursement insurance by age group and the number of them who are holders of VHIS policies;
3) the respective shares of medical expenses covered by private health insurance and company/group health insurance in the total health expenditure in Hong Kong in the past 5 years;
4) the change in the share of medical expenses covered by medical expense reimbursement insurance (including VHIS) in the total health expenditure in the past 5 years?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 11)

Reply:

1) According to the latest statistics, the number of policies of the Voluntary Health Insurance Scheme (VHIS) Certified Plans reached 1 284 000 as at 30 September 2023. Relevant figures by financial year are as follows:

	Number of policies	Percentage of new policies (%)	Percentage of policies transferred from other insurances to VHIS (%)
As at 31 March 2020	522 000	20	80
As at 31 March 2021	791 000	29	71
As at 31 March 2022	1 045 000	38	62
As at 31 March 2023	1 220 000	44	56

As a person may have more than one VHIS policy, the Health Bureau (HHB) is unable to provide the number of persons participating in the VHIS.

2) HHB does not get hold of the number of persons in Hong Kong with medical insurance on a reimbursement basis. Since non-VHIS medical insurances are not regulated by HHB, HHB has no authority to require insurance companies to provide relevant figures of such medical insurances. As at 30 September 2023, the breakdown by the age of insured person for VHIS is as follows:

Age of insured person	Number of VHIS policies*
0 - 9	124 000
10 - 19	117 000
20 - 29	176 000
30 - 39	266 000
40 - 49	252 000
50 - 59	203 000
60 or above	147 000
Total	1 284 000

* Breakdown may not add up to the total due to rounding.

3&4) As estimated from the data collected for Hong Kong's Domestic Health Accounts, the expenditure on insurance schemes and its percentage share of Current Health Expenditure in the past 5 years are as follows:

Financial year	Expenditure on privately purchased insurance schemes (HK$ million)	As percentage of Current Health Expenditure (%)	Expenditure on employer-based insurance schemes (HK$ million)	As percentage of Current Health Expenditure (%)	Total# (HK$ million)	As percentage of Current Health Expenditure (%)	Current Health Expenditure (HK$ million)
2017-18	12,223	7.2	10,913	6.4	23,136	13.7	169,216
2018-19	12,257	6.8	11,559	6.4	23,816	13.2	180,131
2019-20	12,116	6.3	12,916	6.7	25,033	13.0	192,602*
2020-21	12,205	5.9	13,468	6.5	25,672	12.4	206,622*
2021-22	12,840	5.6	13,686	6.0	26,526	11.7	227,395*

Source: Hong Kong's Domestic Health Accounts

* In view of the COVID-19 epidemic, the Current Health Expenditure in 2019-20, 2020-21 and 2021-22 are significantly higher than normal.

\# Breakdown may not add up to the total due to rounding.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1782)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding Chinese Medicine (CM) services, will the Government inform this Committee of:
1) the number of attendances by specialty at the CM Department of the Hospital Authority and the 18 Chinese Medicine Clinics cum Teaching and Research Centres (CMCTRs) at the district level in each of the past 3 years;
2) the number of patients treated for COVID-19 at the CMCTRs in the 18 districts during the epidemic;
3) the expenditure on Government subsidised consultation and treatment services provided by relevant CM institutions in each of the past 3 years.

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 12)

Reply:

(1)
Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) have been established in 18 districts across the territory to promote the development of Chinese medicine (CM) by providing services, training and conducting 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. Since March 2020, the 18 CMCTRs have been providing Government-subsidised CM outpatient services at the district level. The annual quota has increased from about 600 000 to 800 000 since October 2023, representing an increase of over 30%. The Government will continue to review the service capacities of the 18 CMCTRs and the public demand for Government-subsidised CM outpatient services, with a view to enhancing the service arrangements as appropriate.

The attendances of the 18 CMCTRs in the past 3 years are set out in the table below:

District	Attendance for the Year		
	2021	**2022**	**2023**
Central & Western	52 385	87 186	93 358
Tsuen Wan	93 815	96 071	112 384
Tai Po	74 512	86 229	100 866
Wan Chai	66 212	76 430	94 946
Sai Kung	60 908	65 529	89 331
Yuen Long	85 267	92 070	94 257
Tuen Mun	67 669	75 719	77 887
Kwun Tong	71 948	82 556	86 916
Kwai Tsing	54 794	71 806	79 053
Eastern	83 095	104 034	114 504
North	85 988	98 671	119 156
Wong Tai Sin	61 685	74 040	72 486
Sha Tin	83 067	89 020	107 076
Sham Shui Po	63 783	76 836	78 628
Southern	61 031	87 486	98 312
Kowloon City	78 922	80 630	86 845
Yau Tsim Mong	70 978	90 694	86 288
Islands	63 928	83 629	91 978
Total	**1 279 987**	**1 518 636**	**1 684 271**

Note: The above attendances cover CMCTRs' regular services (both Government-subsidised and non-Government-subsidised outpatient services), Civil Service Chinese Medicine Clinic services, as well as the time-limited Special Chinese Medicine Out-patient Programme for COVID-19 Infected Persons introduced during the COVID-19 epidemic.

(2)
During the COVID-19 epidemic, the Government had actively promoted the use of CM in the whole process of epidemic prevention, treatment and rehabilitation, and further stepped up the use of CM and enhancing the role of Chinese medicine practitioners (CMPs) in combating the epidemic with the support from the HA.

In this connection, the HA launched the Special Chinese Medicine Out-patient Programme in April 2020 to provide eligible Hong Kong residents who have been infected with COVID-19 in Hong Kong, and discharged from hospital or completed isolation but still had COVID-19 sequelae, with free CM general consultations based on CMPs' clinical assessment at the 18 CMCTRs. The programme ended on 28 July 2023. During the period, a total of 617 291 consultations were provided by the 18 CMCTRs benefiting nearly 118 000 recovered patients.

(3)
The Government has earmarked funding for the HA to take forward initiatives for promoting CM development, which include operating the CMCTRs to provide Government-subsidised CM outpatient services and CMP trainee programme, providing integrated Chinese-Western medicine services, providing "evidence-based" CM training, operating the Toxicology Reference Laboratory, conducting quality assurance and central procurement of CM drugs, and enhancing and maintaining the CM Information System.

The relevant financial provisions in the past 3 years are tabulated below:

Financial Year	Financial Provision ($m)
2021-22	230
2022-23	229
2023-24	348

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1783)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The Government takes forward the eHealth+ to build a comprehensive healthcare information infrastructure with a view to centralising the management of digital health records and integrating public and private healthcare service processes through a personalised eHealth account. Will the Government inform this Committee:

1) of the staffing establishment and estimated expenditure involved;
2) of the average monthly number of accesses to digital health records in the past 3 years;
3) whether it will provide incentives and technical support for the private sector and private medical practitioners to complete the integration and connection; if so, of the details and timetable?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 13)

Reply:

The Electronic Health Record Sharing System (eHealth), which came into operation in 2016, is a territory-wide electronic health record sharing platform developed by the Government since 2009. Participants can authorise healthcare providers (HCPs) in both public and private sectors to view and upload their electronic health records (eHRs) through eHealth. eHealth has undergone two stages of development. As of the end of February 2024, it recorded about 6 million registered users, accounting for nearly 80% of the population in Hong Kong. Regarding HCPs, all public hospitals and clinics, 13 private hospitals and over 3 000 other private healthcare organisations in Hong Kong have registered with eHealth, covering over 5 400 service locations.

Building on the current strengths of eHealth, the 2023 Policy Address announced the Government's initiative to roll out a five-year plan of "eHealth+" to develop eHealth into a comprehensive healthcare information infrastructure that integrates multiple functions of data sharing, service support and care journey management. We will take forward the "eHealth+" development under four strategic directions, namely "One Health Record", "One Care Journey", "One Digital Front Door to Empowering Tool" and "One Health Data Repository". "eHealth+" aims to better serve citizens in obtaining optimal healthcare

services and support the Government's overall healthcare agenda, including primary healthcare and cross- boundary healthcare.

Our reply to the question raised by the Hon David LAM is as follows:

(1) The Government plans to seek the Finance Committee's approval for a capital funding of about $1,395.8 million this year to support the implementation of "eHealth+". A breakdown of the estimated expenditure by key cost item is set out in the table below:

Items	Expenditure ($'000)
(a) Hardware	44,495
(b) Software	80,194
(c) Communication network	19,291
(d) Development team	
(i) Programme Office, project management and external engagement	92,188
(ii) Product, clinical services design and architect	115,236
(iii) Product development and implementation	115,235
(iv) Security and quality assurance	138,283
(e) Implementation services	
(i) Technical consultancy and services	63,232
(ii) Software development services	252,930
(iii) Cybersecurity and quality assurance	126,465
(iv) Rollout, engagement and implementation	189,697
(f) Training	1,784
(g) Others	29,895
Sub-Total	1,268,925
(h) Contingency	126,893
Total	1,395,818

"eHealth+" will be developed and implemented by the Hospital Authority (HA)'s dedicated team (including health informatics staff, information technology staff and project management staff). Estimated manpower is set out in the table below:

Financial Year	Estimated Manpower (number of posts in HA)
2024-25	58
2025-26	58
2026-27	60
2027-28	60
2028-29	60

Note: In addition to the support of the above HA staff, "eHealth+" will be supplemented by separately procured technical outsourcing agent, professional and consultancy services to assist in the implementation and quality assurance work.

As for the Health Bureau, eHealth-related work is only part of the relevant staff's duties. A breakdown on the relevant manpower is not available.

(2) Access of eHRs has continued to rise in the past three years, the monthly average access of eHRs is set out in the table below:

Financial Year	**Monthly Average Access of eHRs (times)**
2021-22	119 000
2022-23	162 000
2023-24 (as at 29 February 2024)	207 000

(3) Currently, there are over 3.85 billion eHRs shared on eHealth, the vast majority of which (more than 99%) come from public HCPs. Despite the high level of eHealth participation and usage by private HCPs, as well as system readiness of these HCPs especially private hospitals and imaging centres, health data contribution by private HCPs has remained extremely low. One key objective of "eHealth+" development is to significantly increase the uploading of eHRs by the private sector with a view to providing continuity of care for patients.

The Government has rolled out the eHealth Adoption Sponsorship Pilot Scheme by partnering with solution vendors of clinical management systems and medical groups for system enhancements to facilitate seamless data upload from the clinical management systems of private doctors to eHealth. The pilot scheme has been progressing well. As of the end of February 2024, around 400 private doctors have connected with eHealth and uploaded more than 160 000 eHRs. The Government will continue to boost data connectivity between eHealth and the electronic medical management systems in the community through the provision of technical and financial support.

The Government will progressively require all private HCPs participating in all government funded or subsidised health programmes to upload eHRs of the relevant service users onto eHealth, so as to assist members of the public to build and maintain a complete health profile. In the future, we will launch an "eHealth+" certification scheme to facilitate the public to identify the capability of HCPs in uploading medical records and the extent of information involved, in order to support their choice of suitable healthcare service providers.

The Government will also consider amending the Electronic Health Record Sharing System Ordinance (Cap. 625) (the eHR Ordinance) so as to empower the Secretary for Health to require HCPs to deposit specified essential health data in the personalised eHealth accounts of the public, thereby manifesting their right to access and manage their personal health records.

The Government will promote and explain the above-mentioned work to stakeholders within 2024 to take forward the “eHealth+” project.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1784)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The Government will formulate a comprehensive blueprint in collaboration with the Chinese Medicine (CM) sector and enhance funding support to the CM sector through the Chinese Medicine Development Fund (CMDF). In this connection, please advise this Committee on the following:

1. How many funding schemes were launched by the CMDF in the past 3 years? Please set out the expenditure and concrete outcomes of the schemes.
2. What are the specific plans and timetable to provide financial support to the CM sector through the CMDF in 2024-25?
3. Since the majority of CM practitioners in Hong Kong are engaged in private practice, how does the Government allocate financial resources to achieve a balanced provision of public and private CM services, and what are the details?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 14)

Reply:

(1)&(2)

Officially launched in June 2019, the Chinese Medicine Development Fund (CMDF) is the first dedicated fund set up to support the development of Chinese medicine (CM) with the objective of enhancing the overall standard of the CM sector to promote the holistic and high-quality development of CM in Hong Kong.

As at 20 March 2024, nearly 7 800 funding applications were approved under the CMDF, involving a total funding of about $276 million (provisional figure) for the approved projects and benefiting more than 2.2 million individuals/organisations in the CM sector, including registered and listed Chinese medicine practitioners (CMPs), CM drug personnel, CM clinics, manufacturers and wholesalers of proprietary Chinese medicines (pCm), retailers and wholesalers of Chinese herbal medicines (Chm), CM-related organisations, universities and tertiary education institutions, as well as members of the public. Major achievements of the CMDF are set out below:

(a) Talent nurturing: Close to 3 200 CMPs and CM drug personnel have received subsidies to attend CM professional training programmes for them to continuously upskill professional knowledge and ability. The CMDF has also supported programme providers to design and organise innovative training projects, benefiting over 37 100 practitioners;

(b) Quality enhancement: The CMDF has supported more than 480 CM clinics and nearly 190 Chm retailers/wholesalers to upgrade their facilities and equipment with a view to enhancing service quality, safety and quality control of CM drugs. The CMDF has also supported nearly 160 pCm manufacturers/wholesalers to engage consultancy services and technical support to complete the registration process for some 730 pCm products, thereby levelling up the quality of Hong Kong-registered pCm products and fostering the development of CM drug industry;

(c) Research and applied studies: The CMDF has supported the commencement of 62 CM research and applied studies projects which are instrumental to the academic and clinical research, professional and industry development of CM in Hong Kong; and

(d) Publicity and promotion: The CMDF has supported nearly 675 CM publicity and public education activities of various forms with target audiences covering kindergarten students, primary and secondary school students, and elderly persons.

The Health Bureau (HHB), in conjunction with the CMDF's implementation agent, has been reviewing the operation of the CMDF. In consultation with the Advisory Committee on the CMDF, the HHB implements various enhancement proposals, such as refining the design of the existing funding schemes, streamlining the application process and administrative arrangements, expanding the application eligibility and funding scope, raising the funding ceiling and extending the time limit for project completion.

Since 2023-24, the CMDF has taken forward a number of new capacity building initiatives. They include: (a) subsidising programmes related to the Training Programme of Advanced Clinical Talents in Chinese Medicine co-organised by the National Administration of Traditional Chinese Medicine and the HHB, one of which is the first edition of the Hong Kong Chinese Medicine Talent Short-term Training Programme successfully completed in Beijing in November 2023 aimed to help nurture more high-level backbone talents in CM theories and clinical practice; (b) launching the Guangdong-Hong Kong-Macao Greater Bay Area Proprietary Chinese Medicine Industry Development Support Scheme in February 2024 to subsidise local pCm manufacturers or wholesalers for the application fees for registering of eligible pCm products in the Mainland with the Guangdong Provincial Medical Products Administration through the streamlined registration approval process, thereby facilitating Hong Kong pCm to "go global" through expansion to other markets; and (c) raising the funding ceiling of the Chinese Medicine Promotion Funding Scheme from $750,000 to $2,000,000 with effect from April 2024 to enhance the scale and effectiveness of the public education and promotion projects designed and implemented by the CM sector.

Meanwhile, the CMDF will commission organisations to conduct large-scale training, publicity and research projects on strategic themes conducive to the development of CM as a whole. The first batch of projects include training programmes developed and implemented to tie in with the service commencement of the Chinese Medicine Hospital (CMH), and large-

scale territory-wide promotional and publicity campaigns for the wider use of CM in the community. Application is expected to be open in the second quarter of this year.

The details and vetting criteria of the funding schemes as well as the progress and results of the approved projects have been uploaded to the CMDF website (www.cmdevfund.hk).

(3)

The Government has been committed to promoting the high-quality development of CM on all fronts in Hong Kong and has allocated more resources to take forward various policy initiatives in recent years, including pressing ahead with the construction of the CMH and the Government Chinese Medicines Testing Institute (GCMTI); increasing the quota for government-subsidised CM outpatient services; strengthening integrated Chinese-Western medicine (ICWM) services; promoting scientific research and standard-setting for CM testing; promoting more talent training programmes for boosting the establishment of CM talent pool in Hong Kong; enhancing the funding arrangement of the CMDF; taking forward new capacity-building initiatives for the industry and commissioning organisations to conduct large-scale training, publicity and research projects on strategic themes instrumental to CM development as a whole; and continuing to strengthen Hong Kong's role under the Construction Plan for the Chinese Medicine Highlands in the Guangdong-Hong Kong-Macao Greater Bay Area (2020-2025) for proactive integration into the overall development of CM in the country to give full play to our role as the country's gateway to the international markets and contribute to the internationalisation of CM.

Regarding the Government-subsidised CM services, the existing Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) in 18 districts have provided services to around 1.5 million attendances each year on average in the past 3 years (2021-2023), and the annual quota for Government-subsidised CM outpatient services has increased from about 600 000 to 800 000 since October 2023, representing an increase of over 30%. Further, in the first quarter of 2024, the HA has further expanded the ICWM services to 26 public hospitals under the 7 clusters, increasing the hospital sites from 8 to 53 to provide services to patients of under the designated disease areas (including stroke care, musculoskeletal pain management, cancer palliative care and cancer pilot programme). Upon commencing service in phases starting from end-2025, Hong Kong's first CMH will also provide a series of Government-subsidised CM inpatient and outpatient services.

In fact, the resources in the CM sector are mostly concentrated in the private sector. More than 90 per cent of CMPs practice in the private market, providing around 10 million attendances for CM outpatient services every year, which has established a strong service network at the community level. Through the EHVS, the Government provides eligible elderly person with an annual voucher amount of $2,000 to subsidise their use of private primary healthcare services provided by 14 categories of healthcare professions (including CMPs). In the past three years, the amount claimed by the eligible elderly person for using CM services under EHVS has increased year-on-year (see table below). In 2023, the amount claimed was nearly $1,141 million, accounted for the second highest among the 14 categories of healthcare professions. The Government has launched a three-year Elderly Health Care Voucher Pilot Reward Scheme in November 2023. If an elderly person has accumulated voucher spending of $1,000 or above on designated primary healthcare services such as disease prevention and health management services within the same year (January to December), a $500 reward will be automatically allotted to his/her healthcare voucher

account, which can be used on the same designated primary healthcare purposes, hence enabling them to harness the benefits of the CM in disease prevention and management.

Services used under the ECVS (Extract)	**Voucher amount claimed($'000)**		
	2021	**2022**	**2023**
CM	788,617	854,324	1,140,988

As for District Health Centres (DHC), the operators will procure services from non-government entities in the community and establish the DHC network (including CMPs). Members with stroke, knee osteoarthritis and low back pain may opt for CM services. Network CMPs will provide acupuncture and acupressure treatment to these patients having regard to their needs. In addition, CMPs also provide disease prevention, health maintenance and health education, including group activities on dietary therapy. The DHCs will also collaborate with the CMCTRs to provide or promote Tianjiu service in the centres.

The Government will continue to develop various primary healthcare services (including CM services) in accordance with the Primary Healthcare Blueprint to utilise resources of both public and private CM sectors. Meanwhile, the involvement of the CM in the primary healthcare reference frameworks will be further explored with a view to unleashing the potential advantage of the CM in health management and facilitating cross-disciplinary collaboration in primary healthcare services. In the long term, with a view to better leveraging on the strengths and advantages of the CM, the Government will continue to strengthen the role of the CM in primary healthcare services, enhance cross-disciplinary collaboration, and look into opportunities for further synergies with the CM in primary healthcare services with a focus on chronic disease prevention and health management through development of relevant training, publicity and promotion, health assessment, preventive care and introduction of new programmes with the involvement of the CM.

In parallel, the HHB is collaborating with the CM sector to formulate the CM Development Blueprint, in which a comprehensive review on the long-term strategies and planning for the development of the CM services will be conducted, covering issues such as the role of the CM in primary, secondary and tertiary healthcare, as well as the use of the CM in disease prevention, treatment and rehabilitation throughout the life cycle.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1785)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2024-25 that the Health Bureau will continue to make use of the $10 billion designated Hospital Authority Public-Private Partnership (PPP) Fund to operate clinical PPP programmes. Will the Government inform this Committee of:

1) the financial position of the PPP Fund of the Hospital Authority (HA) in the past 3 financial years;
2) the service provision and actual expenditure of each PPP programme of the HA in the past 3 financial years; and
3) whether it has considered including new medical services in the PPP programmes in 2024-25; if so, the relevant details and estimated expenditure involved?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 15)

Reply:

1)
On 31 March 2016, the Hospital Authority (HA) was allocated $10 billion as endowment fund to generate investment returns on placement 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 past 3 years is as follows:

	2021-22 Actual ($ million)	**2022-23 Actual ($ million)**	**2023-24 Projected ($ million)**
Opening balance	10,866.6	11,033.5	11,063.1
Income	528.4	560.0	422.0
Expenditure	(361.5)	(530.4)	(688.8)
Closing balance	11,033.5	11,063.1	10,796.3
Investment yield	4.8%	5.1%	3.7%

2)
In the past 3 years, the HA continued to implement a series of PPP programmes, namely the Cataract Surgeries Programme (CSP), Haemodialysis PPP Programme (HD PPP), Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (Radi Collaboration), General Outpatient Clinic PPP Programme/Co-care Service Model (GOPC PPP/Co-care), Provision of Infirmary Service through PPP (Infirmary Service PPP), Colon Assessment PPP Programme (Colon PPP) and Glaucoma PPP Programme (Glaucoma PPP).

To cope with the COVID-19 epidemic since early 2020, the HA has expanded the service scope of some of the initial PPP Programmes, including expanding the 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, the HA has also launched new PPP initiatives as contingency COVID-19 PPPs to divert suitable patients from public hospitals to the private sector to receive treatment. These initiatives include the Trauma Operative Service Collaboration Programme (Trauma Collaboration), Breast Cancer Operative Service Collaboration Programme (Breast Cancer Collaboration), Radiation Therapy Service PPP Programme (RT PPP) and Oesophago-Gastro-Duodenoscopy Collaboration Programme (OGD Collaboration). The HA will make timely adjustments to the arrangements of the PPP programmes in the light of actual need and effectiveness of the programmes. Among the above 4 contingency PPP programmes, Trauma Collaboration, Breast Cancer Collaboration and RT PPP are still being run by the HA whereas OGD Collaboration has ceased operation.

Service provisions by PPP programmes in the past 3 years are set out in the table below:

Programme	**2021-22 Actual Provisions**	**2022-23 Actual Provisions**	**2023-24 Planned Provisions**
CSP (surgeries)	825	2 914	5 000
HD PPP (places)	336[1]	376	426
Radi Collaboration (scans)	27 479	56 148	56 000
GOPC PPP/Co-care (participating patients)	41 804	49 384	56 280
Infirmary Service PPP (beds)	64[2]	N/A	N/A
Colon PPP & Surge Special [3] (colonoscopies)	1 953	2 924	2 000
Glaucoma PPP (participating patients)	2 040	2 686	2 700
Trauma Collaboration [4] (patients)	205	586	600
Breast Cancer Collaboration [5] (patients)	156	379	430
RT PPP [6] (patients)	N/A	98	128

Programme	2021-22 Actual Provisions	2022-23 Actual Provisions	2023-24 Planned Provisions
OGD Collaboration [7] (patients)	N/A	1 151	N/A
Investigation PPP [8] (investigations)	N/A	N/A	25 000

The HA's expenditures by PPP programme in the past 3 years are set out in the table below:

Programme	2021-22 Actual Expenditure [9] ($ million)	2022-23 Actual Expenditure [9] ($ million)	2023-24 Projected Expenditure [9] ($ million)
CSP	6.2	25.3	40.6
HD PPP	81.0	89.5	107.3
Radi Collaboration	70.5	167.9	208.5
GOPC PPP/Co-care	97.7	101.8	130.8
Infirmary Service PPP	9.3	N/A	N/A
Colon PPP & Surge Special	24.2	33.9	37.0
Glaucoma PPP	5.5	6.4	9.8
Trauma Collaboration	13.9	40.1	50.6
Breast Cancer Collaboration	6.7	26.8	40.9
RT PPP	N/A	4.7	7.5
OGD Collaboration	(0.4)[10]	8.9	N/A
Investigation PPP	N/A	N/A	7.0

Notes:

1. HD PPP benefited 401 patients and 416 patients in 2021-22 and 2022-23 (full-year basis) respectively.
2. Infirmary Service PPP ended in September 2021.
3. In view of the development of the COVID-19 epidemic, the Surge Special was introduced for Colon PPP between April and August 2022 to cope with colonoscopy cases delayed or cancelled due to the epidemic.
4. Trauma Collaboration was launched in April 2020 as a PPP programme in response to the COVID-19 epidemic and continued as a PPP programme.
5. Breast Cancer Collaboration was launched in June 2020 as a COVID-19 PPP and continued as a PPP programme.
6. RT PPP was launched in February 2020 and ended in February 2021, and was re-activated in July 2022 as a PPP programme.
7. OGD Collaboration was launched in June 2020 and ended in April 2021, and then re-activated in March 2022 and ended in August 2022.
8. Investigation PPP was launched in late March 2023 and is applicable to GOPC PPP/Co-care.
9. Expenditures on information technology and administration support are excluded.
10. The above actual expenditure in 2021-22 represents an adjustment to the 2020-21 expenditure.

3)
When exploring new PPP programmes, the HA will align with the Government's healthcare policies including directions of primary healthcare development, apply the principle of strategic procurement of healthcare services, and consider a number of factors including evolving service needs, potential complexity of PPP programmes, capacity and readiness of the private sector, as well as the impact on public healthcare manpower and private healthcare charges etc. The HA will continue to communicate with the public and patient groups, work closely with stakeholders, review the effectiveness of existing programmes in a timely manner, and explore the demand for and feasibility of introducing other PPP programmes in order to meet the healthcare service needs of the general public.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1786)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the Pilot Accredited Registers Scheme for Healthcare Professions, will the Government inform this Committee of the following:

1) numbers of clinical psychologists, educational psychologists, dietitians, speech therapists and audiologists registered under the scheme by profession in the past 3 financial years; and

2) whether the Government has plans to implement statutory registration for the above professions in 2024-25; if so, what is the timetable; if not, what are the reasons?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 16)

Reply:

(1) The Government introduced the Pilot Accredited Registers Scheme for Healthcare Professions (AR Scheme) in end-2016 to improve the society-based regulatory framework, with a view to upholding professional standards and providing more information for the public to make informed decisions when choosing healthcare service providers. Since the introduction of the AR Scheme, 1 professional body from each of the 5 healthcare professions, namely audiologists, clinical psychologists, dietitians, educational psychologists and speech therapists, passed the accreditation assessments and were granted full accreditation status. According to the information provided on the websites of these accredited healthcare professional bodies, the total number of voluntary registrants in each of these professions by year is listed below:

Accredited Healthcare Professional Body	Total Number of Registrants (as at December of each year)		
	2021	2022	2023
Hong Kong Institute of Speech Therapists	409	305	341
Hong Kong Institute of Audiologists	51	49	64
Hong Kong Academy of Accredited Dietitians	75	100	129
Hong Kong Association of Educational Psychologists	227	229	225
Hong Kong Institute of Clinical Psychologists	377	396	423

(2) Healthcare professions in Hong Kong have all along observed the principle of professional autonomy. Various healthcare professions are subject to different levels of regulation based on their professional risks and development, including mandatory statutory registration regimes, registration under accredited schemes and voluntary registration under a society-based arrangement. A mandatory statutory registration regime is not the only effective mode of regulation, nor is it applicable to the actual situation of all healthcare professions.

The Government's policy is to first and foremost adopt a risk-based approach to consider the most suitable mode of regulation based on the level of risk on public health and healthcare quality and safety posed by individual healthcare professions when providing services. In general, the Government will prioritise the implementation of mandatory statutory registration for healthcare professionals carrying out medical procedures which are invasive or of a higher risk. At the same time, the Government will separately maintain communication with the professions and regulates healthcare professions taking into consideration the actual situation of their development. The factors to be considered include the following 4 points:

(1) whether the profession has a broadly representative organisation or association with an effective governance structure;
(2) whether the profession is capable of formulating professional standards and registration criteria with recognition;
(3) the scale of the profession, including the service volume and the number of professionals; and
(4) the views of the organisations and members of the profession.

To enhance the recognition of the AR Scheme, the Department of Health and the Hospital Authority have enhanced their employment arrangements by including registration with the accredited bodies as one of the priority considerations in the recruitment of the relevant healthcare professions. Also, starting from April 2023, the Government has extended the scope of the Elderly Health Care Voucher Scheme to cover primary healthcare services provided by 4 categories of healthcare professionals

registered under the AR Scheme (viz. audiologists, dietitians, clinical psychologists and speech therapists). This notwithstanding, there is still a considerable room for improvement in the number of registrants and ratio of registration under the AR Scheme. For some professions, it is estimated that only less than around 40% of practitioners were registered with the accredited bodies.

The purpose of introducing the AR Scheme is to encourage individual healthcare professions to promote voluntary registration based on the principle of professional autonomy, so as to enhance the representativeness of the healthcare professional bodies, forge consensus and promote professional development within healthcare professions. We consider that the accredited bodies should focus on promoting their accreditation status and enhancing their professional representation in order to attract more healthcare professionals to apply for registration. Based on the risk-based approach, the Government has no plan at this stage to legislate in respect of the relevant healthcare professions to set up mandatory registration regimes and to preclude non-registrants from practising.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1787)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the Chronic Disease Co-Care Pilot Scheme, will the Government inform this Committee:

1) of the number of family doctors and citizens participating in the scheme;
2) if there is assessment on whether the intended targets are achieved?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 17)

Reply:

(1)

The Government launched the 3-year Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) on 13 November 2023 to provide subsidised diabetes mellitus (DM) and hypertension (HT) screening services in the private healthcare sector to Hong Kong residents aged 45 or above with no known medical history of DM or HT. As at 27 March 2024 [provisional figure], around 30 000 members of the public and over 500 family doctors have participated in the scheme. Over 15 000 of the participants have completed the screenings for DM and HT, and nearly 6 000 of them (i.e. over 30%) have been diagnosed with prediabetes [Note 1], DM or HT. These patients can proceed to the treatment phase and will be subsidised by the Government to continue their treatment with self-selected family doctors, and subject to their health conditions, be offered prescribed medication, follow-up care at nurse clinics and allied health services.

Note:

1. A blood glucose level ranging from 6.0 to 6.4% for glycated haemoglobin or a fasting glucose level of 6.1 to 6.9 mmol/L.

(2)

The CDCC Pilot Scheme is a three-year pilot scheme, we will conduct evaluation on its overall effectiveness. To review the effectiveness of the scheme, the Government has

commissioned a local university in the first quarter of 2024 to conduct a study to assess the extent to which the objectives of the scheme are met and the overall performance, including the service quality and effectiveness, as well as the cost-effectiveness of the scheme. In addition, the Government will review the service model and operational details of the CDCC Pilot Scheme in a timely manner and make enhancements as necessary to ensure its effectiveness.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1788)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

As proposed in the Budget, the tobacco duty on cigarettes has been increased by 80 cents per stick with immediate effect and duties on other tobacco products will also be increased by the same proportion. With such adjustment, the tobacco duty is expected to account for about 70% of the retail price of cigarettes in Hong Kong, which is still lower than the rate recommended by the World Health Organization (WHO). In this regard, please advise this Committee on whether the Government has a timetable for raising the tobacco duty to the level of 75% recommended by the WHO. If yes, what is the specific timeline?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 18)

Reply:

Increasing tobacco duty is recognised internationally as the most effective means of reducing tobacco use. The raised costs of smoking can provide a greater incentive for smokers to quit smoking, and the high prices of tobacco products will also dampen the eagerness of non-smokers, the youth in particular, to smoke. The World Health Organization (WHO) encourages its members to raise tobacco duty periodically and recommends that tobacco duty should account for at least 75% of the retail price of tobacco products.

As a result, the Government has announced in the Budget Speech this year an increase of the tobacco duty on cigarettes by 80 cents per stick to $3.306 per stick, following a raise of 60 cents in the previous year. It is the first time over the past 20 years for tobacco duty to increase in two consecutive years. This serves to ensure that the cigarette prices maintain at a certain level which helps prevent a rebound in smoking prevalence, and convey a clear message to the society on the Government's commitment and determination to safeguard the overall health of the public.

The Government's aim is to gradually implement the recommendation of the WHO so as to provide a greater incentive for the public to quit smoking, safeguarding public health. The Government will continuously review the effect of tobacco duty increase and the pace of future adjustments.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1789)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Refractive error is a common disorder among young children. Its early detection will help lessen the impact on their growth and learning, and provide a window for therapeutic intervention. Will District Health Centres (DHCs), as the hub for primary healthcare services, introduce subsidised refraction examination for young children and low-income families? If yes, what are the details; if not, what are the reasons?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 19)

Reply:

The Maternal and Child Health Centres of the Department of Health (DH) provides Pre-school Vision Screening service for pre-school children aged four to five in order to detect as early as possible any visual abnormality (e.g. amblyopia, squint and significant refractive errors) of children, and to refer them to ophthalmologists for further visual assessment and treatment with a view to protecting children's vision and visual development. In 2023, there were about 23 000 new cases (about 47% of the target number of children) for Pre-school Vision Screening, of which 15.4% were referred to ophthalmologists for follow-up.

In addition, the Student Health Service (SHS) of the DH provides visual acuity test for all primary school and secondary school students during their annual health checks. The aim is to detect as early as possible any visual acuity problems of students (including refractive errors) and assess whether the problems so detected have already been appropriately corrected (e.g. wearing suitable glasses). Students who fail the visual acuity test will be referred to the Special Assessment Centres (SACs) of SHS under the DH for further visual assessment by optometrists. For students with other visual problems (such as amblyopia), referrals will also be made as appropriate. In the 2022/23 school year, the SHS provided annual health checks for a total of 330 000 students from Primary 1 to Primary 6 and from Secondary 1 to Secondary 3 (about 62% of the total number of students of relevant school levels). Among them, 13% were referred to the optometrists at SHS for further visual assessment (including those who failed the visual acuity test).

In addition to the above services provided by the DH, parents may also choose to arrange their children to private sectors for visual examination. DH does not maintain the statistical data on children receiving visual examinations in private sectors. At present, there is no requirement for private healthcare service providers (including optometrists) to store relevant medical records in the Electronic Health Record Sharing System (eHealth).

Meanwhile, the Government has set up District Health Centres (DHCs) and interim DHC Expresses of a smaller scale in all districts across the territory by the end of 2022, thereby attaining the interim goal of covering all 18 districts. DHCs establish personalised health plans for the public (including children) according to their age, gender and lifestyle, etc. DHCs also provide health assessments and organise health promotion activities (including health education on eye care), and play the role of a primary healthcare resource hub in the district by connecting different healthcare professions in the community (including optometrists) in order to co-ordinate and make referrals for persons in need.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1790)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

With the commissioning of the Chinese Medicine Hospital (CMH) in 2025, Chinese medicine practitioners (CMPs) will certainly play a pivotal role in its establishment and will work alongside Western medicine practitioners, nurses, pharmacists and physiotherapists. Will the Government advise this Committee of:
1) the establishment of the CMH, how the remuneration of CMPs at the CMH will be determined, their starting pay point, the number of recruits; and
2) the details of the progress of the preparation work and the service mode of the CMH?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 20)

Reply:

The Chinese Medicine Hospital (CMH) is constructed by the Government and operated under a public-private-partnership model. In 2021, Hong Kong Baptist University (HKBU) was selected through tendering procedures as the Contractor for operation of the CMH. In the same year, HKBU incorporated the HKBU Chinese Medicine Hospital Company Limited as the Operator. HKBU and the Operator have since been working together on the commissioning tasks as stipulated in the service deed. The Hospital Chief Executive and other core management team members (the Core Management Team) were in post in January 2024. The Core Management Team is in the process of formulating hospital structure and systems and will submit the detailed manpower plan in the latter half of 2024 having regard to the hospital service commencement plan. The Core Management Team will also make recommendations to the Board of Directors on the remuneration packages for staff of various disciplines and ranks.

The detailed architectural design of the CMH including the Chinese medicine (CM) culture theme has been substantially completed. Planning of CM culture display design and installation is in progress.

The procurement of the hospital's furniture and equipment is progressing at full steam as planned. HKBU and the Operator also take an active part in the preparation of user

requirements for the procurement items. Inspection and acceptance testing of furniture and equipment is expected to commence in early 2025.

The contract for the Core Hospital Information Technology System was awarded in mid-2022. With the system analysis and design substantially completed, the system development stage has already begun. The contract for the information technology (IT) network, Infrastructure and Data Centre of CMH was awarded in the fourth quarter of 2023. Tenders for the enterprise resource planning system and picture archiving and communication system and radiology information system are being evaluated. More IT system tenders will be issued progressively.

As for consultation and communication with stakeholders, the Health Bureau has organised 9 open forums to engage the CM sector regarding the development of the CMH. The next open forum will be held in June 2024, with planned focus on talent development for the CMH.

In addition, the Operator signed a strategic collaboration agreement with the Guangdong Provincial Hospital of Traditional Chinese Medicine in January 2024, with a view to supporting the preparatory work for the commissioning and the continuing development of the CMH.

The CMH is expected to commence operation in phases from the end of 2025. It will serve as a local flagship CM institution for promoting the development of CM including Chinese medicines. It will also play the role of a change driver to foster the development of CM services, education and training, innovation and research in Hong Kong. Apart from providing quality clinical services, the CMH will also establish a collaborative network with Chinese Medicine Clinics cum Training and Research Centres, universities and the CM sector to further promote the development of CM in the areas of clinical services, education and training, research, collaboration and creating health values.

The clinical services of the CMH cover primary, secondary and tertiary care, offering pure CM services, services with CM playing the predominant role with support from Western medicine (WM) and integrated Chinese-Western medicine services. The CMH will provide inpatient and outpatient services, as well as specialised CM services including Internal Medicine in CM, External Medicine in CM, Gynecology in CM, Paediatrics in CM, Orthopedics and Traumatology in CM, and Acupuncture and Moxibustion in CM. The CMH will also provide CM services in respect of specific disease for strategic development, in the light of the medical needs of the Hong Kong population, advantages and strengths of CM, as well as the availability of talents and collaborative support with other institutions.

The clinical services of the CMH will be provided by CMPs as clinicians-in-charge, in collaboration with a multi-disciplinary team, comprising of CMPs, doctors, nurses, staff of CM and WM professionals and other allied health professionals. The teams of CMPs and doctors will collaborate to provide service through consultation. The CMH will also provide community outreach services and comprehensive rehabilitation services, including physiotherapy, occupational therapy, speech therapy and other allied health services. However, accident and emergency services, general anaesthetic surgical services, intensive care services and child delivery services will not be provided in the CMH.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1791)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Budget Speech that the Government will extend integrated Chinese-Western medicine services. Will the Government inform this Committee whether resources will be deployed to provide courses on diagnostic radiography, as well as those relating to medical laboratory test and analysis for Chinese medicine practitioners (including undergraduates and graduates)? If yes, what are the details? If not, what are the reasons?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 21)

Reply:

The Government has all along strived to promote the building of a talent pool of Chinese medicine (CM) professionals. It also encourages Chinese medicine practitioners(CMPs) to upgrade their professional standards on an on-going basis and actively explores modes of their collaboration with other healthcare professions.

Through the CM Personal Training Funding Scheme under the Chinese Medicine Development Fund (CMDF), the Government provides funding for serving CMPs to pursue continuing education to enhance their professional knowledge and competence. The scope of funding covers different types and levels of training courses, including those recognised under the Qualifications Framework, training courses with assessment, and general courses including those that fulfil the requirements of Continuing Education in CM for Registered CMPs set out by the Chinese Medicine Practitioners Board (CMPB) of the Chinese Medicine Council of Hong Kong (CMCHK). Course providers are encouraged to register their training courses on various topics (including but not limited to diagnostic radiography, medical laboratory analysis and use, etc.) for inclusion in the List of Eligible Training Courses. A total of 17 courses relating to diagnostic radiography as well as medical laboratory analysis and use have so far been registered and included in the List.

Meanwhile, the CMDF also provides funding under the CM Industry Training Funding Scheme to eligible organisations for developing and implementing innovative training projects to meet the latest development needs of the CM sector. So far, funding support has been approved for 3 training projects or forums relating to diagnostic radiography as well as

medical laboratory analysis and use, including the Professional Training Programme on CM for Cancer (中醫癌症專業培訓計劃), the International Forum on Infertility (不孕症國際論壇) and the Summit on Rehabilitation and Treatment of Spinal Injuries and Diseases (國際脊柱損傷疾病康復治療高峰論壇). Areas such as Related Training in the Use of Modern Medical Diagnostic Techniques in CM (中醫應用現代醫療診斷技術的相關培訓) and Multi-disciplinary Collaborative Training Programmes (跨專業協作培訓項目) have also been included in the list of priority themes to encourage and guide course providers to focus their proposals on these areas for submission.

Moreover, there are 3 local universities, namely the Hong Kong Baptist University, the Chinese University of Hong Kong and the University of Hong Kong, offering full-time CM undergraduate programmes recognised by the CMPB of the CMCHK. In addition to a series of subjects based on traditional CM theories, the curriculum also covers some aspects of Western medicine, such as diagnostics, pathology and clinical disciplines (including areas such as diagnostic radiography, medical laboratory analysis and use, etc.), to which undergraduates will gain exposure during their internship in local CM outpatient clinics and clinical internship in CM hospitals in the Mainland.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1792)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the work to enhance mental health services and community health, will the Government inform this Committee of:

1) the following statistics on mental health services under the Hospital Authority (HA) in each of the past 3 years:
   (i) the number of patients, with a tabulated breakdown by disease groups in the diagnosis profile;
   (ii) the number of attendances at psychiatric specialist outpatient clinics;
   (iii) the numbers of psychiatric doctors, psychiatric nurses, clinical psychologists and occupational therapists;

2) the expenditure for providing mental health services by HA; and

3) the Government's specific plans for optimising the primary healthcare system so as to provide multi-disciplinary one-stop support services for patients in need in the community?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 22)

Reply:

(1)(i)

The table below sets out the number of psychiatric patients receiving treatment in the Hospital Authority (HA) from 2021-22 to 2023-24 (projection as of 31 December 2023), with a breakdown of the most common type of psychiatric disorders.

Year	Number of psychia-tric patients [1,2,3]	Type of disorder					
		Anxiety-related disorders	Bipolar affective disorder	Autism spectrum disorder	Attention-deficit/ hyperactivity disorder	Schizo-phrenia spectrum disorder	Depression/ Depressive disorders
2021-22	288 900	74 800	9 400	20 400	21 000	51 200	64 700
2022-23	296 900	77 800	9 700	22 000	21 900	51 100	66 800

2023-24 (projection as of 31 December 2023)	305 700	80 900	10 100	23 300	22 500	51 100	68 400

Note:

1. Including inpatients, patients at specialist outpatient clinics (SOPCs) and day hospitals.
2. Figures are rounded to the nearest hundred.
3. As the above table only covers the most common types of psychiatric disorders but not all types of psychiatric disorders, the breakdown by type of disorder may not add up to the total number of psychiatric patients.

(1)(ii)

The table below sets out the total number of attendances at psychiatric SOPCs of the HA from 2021-22 to 2023-24 (as of 31 December 2023).

Year	**2021-22**	**2022-23**	**2023-24 (as of 31 December 2023) [provisional figure]**
Total number of attendances at psychiatric SOPCs	957 149	967 199	724 859

(1)(iii)

The table below sets out the number of doctors, nurses and allied health professionals working in the psychiatric stream of the HA from 2021-22 to 2023-24 (as of 31 December 2023).

Year	**Psychiatric Doctors [1,2]**	**Psychiatric Nurses [1,3] (including Community Psychiatric Nurses)**	**Allied Health Professionals**	
			Clinical Psychologists [1,4]	**Occupational Therapists [1,4]**
2021-22	366	2 953	105	298
2022-23	381	3 015	105	287
2023-24 (As of 31 December 2023)	403	3 092	113	312

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in the HA, but excluding those in the HA Head Office.
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 nurses in psychiatric stream.
4. Clinical psychologists and occupational therapists working in psychiatric stream include those working in mental hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and

Siu Lam Hospital), those working in psychiatric departments of other non-mental hospitals, as well as those engaging in psychiatric-related work.

Remark:
In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures. As the costing information for 2019-20 to 2022-23 has reflected the impact of the epidemic outbreak on costs (if any), the costing information for different years may not be directly comparable.

(2)
The table below sets out the expenditure for providing mental health services by the HA from 2021-22 to 2023-24.

Year	Expenditure on Mental Health Services ($ million)
2021-22	5,825
2022-23	6,145
2023-24 (Revised Estimate)	6,522

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

Remark:
In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures. As the costing information for 2019-20 to 2022-23 has reflected the impact of the epidemic outbreak on costs (if any), the costing information for different years may not be directly comparable.

(3)
In view of the international trend of focusing on the provision of community and ambulatory care support for psychiatric patients, the HA has strengthened its community psychiatric services along this direction to promote the recovery of psychiatric patients and facilitate their re-integration into society. The HA completed a review of its community psychiatric services in late 2017 and enhanced its service delivery model. At present, community psychiatric services cover three levels of services, including the Intensive Care Team, Case Management Programme and Standard Community Psychiatric Service. Taking into account patients' medical conditions as well as clinical needs and risks, the multi-disciplinary medical team will provide them with appropriate community support.

Apart from the above services, the HA is also implementing the Integrated Mental Health Programme (IMHP) in all 7 clusters to provide appropriate treatment to patients with mild mental illness in the community (such as those having mild depression or anxiety disorder symptoms) at the primary healthcare level. Under the IMHP, the HA adopts a multi-disciplinary teams service delivery model at designated general outpatient clinics, whereby the team led by family medicine specialists collaborates with psychiatric specialists in the provision of services including individual and group counselling, drug treatment, etc.

On the other hand, with an emphasis on preventive work, the District Health Centres (DHCs) provide disease prevention services at the primary healthcare level with a view to enhancing public awareness of personal health management and disease prevention. Among the 3 levels of prevention, primary prevention provides health educational programmes and preventive promotion with wide coverage, which includes mental health. The DHCs provide basic health risk assessments with an aim to identifying health risk factors at an early stage. If members of the public are found to have emotional problems, nurses and social workers of DHCs will provide them with health consultation and counselling services. The DHCs also serve as district primary healthcare hubs to work with other community partners that provide primary healthcare services and co-ordinate referral services, including mental health support, for members of the public in need.

The Health Bureau will launch a pilot scheme in 3 District Health Centres in 2024 in collaboration with community organisations to provide mental health assessments for those in need, and to provide early follow-up and referral for high-risk cases. Preliminarily, we will partner with community organisations to follow up mainly on mild to moderate cases through paramedics who have received training in accredited programmes, so that relevant members of the public can receive timely intervention, treatment and rehabilitation services. Serious cases will be referred to doctors for follow-up in accordance with the primary healthcare mechanism.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1793)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Medical incidents are important factors affecting the doctor-patient relationship and the healthy operation of the healthcare system. In this connection, will the Government inform this Committee of the following:

(1) the number of claims received by various public hospitals in the past 3 years in respect of medical incidents, with a breakdown by type of claims;
(2) the number of substantiated complaints in the past 3 years and the number of healthcare professionals (with a breakdown by profession, e.g. doctors, nurses and allied health professionals) who were disciplined for the relevant incidents;
(3) whether it knows the number of claims in respect of which compensation was paid by the Hospital Authority to the patients concerned or their families in each of the past 3 years, as well as the total amount of compensation paid and the expenses incurred? If yes, what are the details? If not, what are the reasons?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 23)

Reply:

The Hospital Authority (HA) has attached great importance to service quality and patient safety. It has put in place mechanisms and guidelines to enhance reporting, management and monitoring of medical incidents in public hospitals. Under relevant arrangements, hospitals/clusters should report sentinel and serious untoward events to the HA Head Office within 24 hours through the Advance Incident Reporting System. They should also handle the incidents properly in accordance with the established procedures so as to minimise any possible harm to patients brought by the events while providing necessary support to the family members and staff involved. If the relevant incident has immediate and significant impact on the public or involves patient death, the HA will disclose the incident and set up a Root Cause Analysis Panel according to the established mechanism, with a view to identifying the possible root cause of the incident, as well as identifying the risks and formulating improvement measures. Each year, the HA Head Office will submit to the HA Board a report of sentinel and serious untoward events, which will also be released to the public. The

HA will continue to review the relevant mechanism and arrangements from time to time and make suitable adjustments when necessary.

(1)

HA does not maintain statistics of claims arising from medical incidents classified by nature. The table below sets out the numbers of claims received by the HA by cluster from 2021 to 2023:

Hospital Cluster	Reporting year and number of claims [Note]		
	2021	2022	2023
Hong Kong East	8	1	8
Hong Kong West	12	12	4
Kowloon Central	18	19	24
Kowloon East	9	10	12
Kowloon West	18	12	21
New Territories East	19	14	11
New Territories West	17	16	15

Note: Claims reported under the medical incidents insurance scheme of the HA.

(2)

The table below sets out the breakdown of complaints by hospital cluster in the past 3 years:

Cluster / Year	Hong Kong East	Hong Kong West	Kowloon Central	Kowloon East	Kowloon West	New Territories East	New Territories West
2020-21	61	154	631	254	190	51	175
2021-22	193	150	705	286	150	76	50
2022-23	227	190	674	228	352	263	228

Note: The figures listed in the table above do not include complaints lodged in relation to the services of the HA in general and the HA Head Office.

One of the main objectives of the HA's complaint mechanism is to help resolve problems for the complainants and improve service delivery in the course of complaint handling. Therefore, regardless of whether the complaints are substantiated or not, the HA will take appropriate follow-up actions as long as room for improvement in service delivery is identified when handling the complaint cases. Previously, the HA did not maintain any statistics on whether individual complaints handled by the hospital clusters were substantiated or not. Subsequent to the review and enhancement made by the HA in 2023 regarding the prevailing procedures for handling complaints, the hospital clusters will maintain such statistics starting from 2024.

The HA's established two-tier complaint system provides that where complainants are not satisfied with the outcome of the case as handled by the hospital/HA, they may appeal to the second tier, i.e. the Public Complaints Committee (PCC) of the HA. The PCC is a committee established under the HA Board to independently consider and decide on all appeal cases in an impartial and just manner.

The table below sets out the statistics on the appeal cases handled by the PCC in the past 3 years:

Year	Total number of appeal cases	Number of substantiated or partially substantiated cases
2020-21	239	15
2021-22	237	21
2022-23	210	9

The HA has an established mechanism to handle disciplinary matters of its staff. Disciplinary actions taken in the past were not confined to cases relating to medical complaints and claims. The HA will consider the seriousness of the incidents in determining the appropriate disciplinary actions, including counselling, verbal or written warnings, and dismissal in case of gross misconduct.

The table below sets out the numbers of disciplinary actions taken by the HA by type of staff in the past 3 years, i.e. 2020-21 to 2022-23:

Year	Number of disciplinary actions taken against healthcare personnel			
	Doctors	Nurses	Allied health professionals	Total
2020-21	19	97	14	130
2021-22	14	96	40	150
2022-23	21	101	10	132

Note: The number of disciplinary actions taken in 2023-24 is not yet available.

(3)

The table below sets out the amounts of compensation and relevant costs for cases of claims received by the HA from 2021 to 2023 (as at end-February 2024; figures in million dollars):

Reporting year of claims [Note]	2021	2022	2023
Cumulative number of claims for which compensation was paid	**15**	**9**	**5**
Total amount of compensation paid in respect of claims settled out of court	8.30	4.76	4.35
Total amount of compensation paid pursuant to arbitration awards	0	0	0
Total amount of compensation paid pursuant to court rulings	0	0	0
Fees paid by the HA to mediators	0	0	0
Arbitration fees paid by the HA	0	0	0
HA's legal costs in respect of claims settled out of court	2.76	1.46	0.34

Note:

1. The claims reported refer to those reported under the medical incidents insurance scheme of the HA.
2. A medical negligence claim may only be received by the HA after a period of time following the medical incident. The HA needs time to investigate the claim, consult medical experts and seek legal advice before responding to the claimant/his lawyer. Subject to the expert opinions and legal advice, the HA will appoint a loss adjustor or lawyer to negotiate a settlement as and when appropriate. Where legal

proceedings have commenced, it will take time for the parties to prepare and submit all the necessary documents and evidence in accordance with court directions. Moreover, the duration taken for reaching a settlement will depend on the nature and complexity of each claim. For example in 2023, for the 95 claims reported in 2023, only 5 claims were settled as at February 2024. On the other hand, the HA reached out-of-court settlements for 21 claims, covering reporting years from 2010 to 2023.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1794)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Under the prevailing laws, all holders of the Hong Kong Identity Card (HKIC), their spouses as well as their children under the age of 11 are eligible for public health services at heavily subsidised rates. In this connection:

1) For Hong Kong people who emigrated overseas, has the Government compiled any statistics on the number of such people who continued to retain their eligibility for Hong Kong's public services (including health services) because they were retaining their HKICs in the past 5 financial years?

2) What were the actual numbers of attendances and patients for various public health services thus provided and the total public expenditure incurred?

3) What was the rationale for the Government's decision to allow people emigrating overseas to continue to retain their eligibility for public services (including health services) and benefits when formulating the policy?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 24)

Reply:

As the cornerstone and safety net of Hong Kong's healthcare system, the Government has been according priority to public healthcare services to provide optimal medical care to local citizens. At present, all holders of a valid Hong Kong Identity Card and children under 11 years of age who are Hong Kong residents are eligible for using public healthcare services that are heavily subsidised by the Government (collectively referred to as "Eligible Persons"). To ordinarily reside in Hong Kong is not an eligibility requirement, and Eligible Persons do not have to prove so when using public healthcare services. The Hospital Authority (HA) does not collect information on whether users of public healthcare services reside in Hong Kong, have moved to the Mainland or emigrated overseas, nor does it compile any statistics with respect to the utilisation rate of public healthcare services by individuals who do not ordinarily reside in Hong Kong and the cost of such service provision.

The eligibility criteria for using public healthcare services form part of the fee and charges policies of public healthcare services. To ensure effective utilisation of the resources in the healthcare system, the Government and the HA have in place a mechanism for reviewing the fees and charges of public healthcare services regularly according to the applicable guiding principles (considering factors include costs, affordability of the citizens, appropriate use of services, resources prioritisation, support for the disadvantaged groups and public acceptance etc.). The Government will keep in view changes to the patterns of Hong Kong residents in moving to the Mainland or overseas, as well as make reference to the subsidisation policies of other public services and social welfare when reviewing the fee and charges policies of public healthcare services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1796)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Price transparency is one of the key elements of the regulatory regime for private healthcare facilities. Since October 2016, the Government has launched a pilot programme in collaboration with the Hong Kong Private Hospitals Association to enhance price transparency of private hospitals. In the past 7 years, all private hospitals in Hong Kong have participated in the pilot programme and consolidated statistics on charges for hospitalisation with surgery by type of operation. Government statistics showed that the average cost per general bed day in public hospitals was $7,010 in 2021-22. However, public hospitals have never publicised the cost by type of surgery, making it impossible for people to know the reasonable medical charges. Will the Government inform this Committee of the cost of hospitalisation with surgery in public hospitals by type of surgery under the aforesaid pilot programme for private hospitals?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 26)

Reply:

To enhance the price transparency of private healthcare facilities, the Government, together with the Hong Kong Private Hospitals Association, launched a pilot scheme in 2016 to enhance price transparency of private hospitals. Currently, all the 14 private hospitals in Hong Kong have participated in the pilot scheme on a voluntary basis, in respect of the following three price transparency measures – (a) publicising the fee schedules of the major chargeable items; (b) providing patients with the budget estimates for 30 common and non-emergency treatments/procedures; and (c) publicising the historical bill sizes of 30 common treatments/procedures.

Under the pilot scheme, the Government has set up a dedicated website (https://apps.orphf.gov.hk/Public/Enquiry/Main.aspx) to facilitate public access to the bill size statistics publicised by private hospitals for common treatments/procedures, including the annual number of discharges for each of the specified treatment/procedure, the average number of days of hospitalisation for each of the specified treatments/procedures, and the actual billing data for the 50th percentile and the 90th percentile of each specified treatment/procedure. The bill size statistics specifies the doctor's fees and hospital charges

among others. However, the calculation basis for the fees is not standardised and it is different from the cost structure of public hospitals, making it difficult to make direct comparison with the cost of public hospitals.

Under the policy of ensuring that no one should be prevented, through lack of means, from obtaining adequate healthcare services, the public healthcare services provided by the Hospital Authority (HA) to eligible citizens are heavily subsidsed by the Government (at over 97% of the cost). HA has an established mechanism to monitor its expenditure to ensure that limited public healthcare resources are properly utilised while patients optimal appropriate treatment. The unit costs of HA's services are set out in the Controlling Officer's Report and HA's Annual Report.

In the face of increasing service demand and in order to optimise the use of limited resources to ensure service sustainability, HA has stepped up the development and use of costing information. Detailed costing enables HA to fully understand the use and allocation of resources and identify opportunities for optimising service efficiency. The HA Board has also set up a Task Group on Sustainability (TG) earlier to examine the key challenges facing HA and to formulate strategic directions to promote sustainable development. Among other things, the TG will study how to better measure the effectiveness and efficiency of HA's resource utilisation, and consider further development of a mechanism for calculating and analysing service costing benchmarks based on case-mix, so as to ensure efficient and cost-effective utilisation of public healthcare resources.

In addition, the HA has all along been providing private services to allow members of the public to obtain in the public sector specialised services and facilities that are not generally available in the private sector. At present, the fees for private services provided by the HA are determined on the basis of the relevant costs or with reference to market prices. To enhance the price transparency of its private charges, HA has published for general information the categories and ranges of fees, as well as the items in detail, of private operations through the Government Gazette and the HA's website (http://www.ha.org.hk) under Service Guides > Fees and Charges > Fees and Charges > List of Private Services > Operations.

The HA’s website lists the surgery items under private services by category and the respective ranges of fees as the reference costs of relevant operations. Fees for various categories of operations (including charges to cover the surgeon fee, administration of anesthetics and operating theatre expenses) may vary depending on the complexity of the medical conditions, as well as the nature and scope of the actual treatment.

The Private Healthcare Facilities Ordinance (Cap. 633) sets out the fee transparency measures to be observed by licensees of private medical organisations (including private hospitals) and empowers the Secretary for Health to make regulations on related matters. The Government will review the effectiveness of the existing pilot scheme to enhance the transparency of private hospital charges and, in consultation with various stakeholders, study the further implementation of fee transparency measures for private healthcare organisations.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1797)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding accident and emergency (A&E) and general out-patient services, will the Government inform this Committee:

1) of the number of attendances and the waiting time of patients of each triage category in the A&E departments of public hospitals in the past 3 years, with a breakdown by quarter;

2) of the number of quotas for general out-patient services in each cluster in 2023-24 and the number of additional quotas in the past 5 years, with a breakdown by district; and

3) whether there are plans to divert non-urgent patients seeking medical consultation at A&E departments to General Out-patient Clinics or other private or public healthcare facilities? If so, what are the details?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 27)

Reply:

(1)

At present, there are 18 public hospitals under the Hospital Authority (HA) providing Accident and Emergency (A&E) services for the critically ill or seriously injured people and victims of disasters. To ensure that citizens with urgent needs can receive timely services, A&E departments implement a patient triage system under which patients are classified into five categories, namely Critical, Emergency, Urgent, Semi-urgent and Non-urgent based on their clinical conditions, and will receive treatment as prioritised by their urgency category. The HA's service target specifies that Critical patients (i.e. 100 percent) will receive immediate treatment while those categorised as Emergency and Urgent will also be given priority for receiving treatment upon arrival at A&E departments. The target is that most of the Emergency (95 percent) and Urgent (90 percent) patients will be treated within 15 or 30 minutes respectively. A&E departments are not General Out-patient Clinics (GOPCs). If

there are a large number of Semi-urgent or Non-urgent patients in the A&E departments, this may affect the treatments for the Emergency and Urgent patients.

The table below sets out the quarterly number of A&E attendances by triage category under the HA in 2021-22, 2022-23 and 2023-24 (up to 31 December 2023).

Year	Quarter	Number of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
2021-22	April to June	5 488	12 961	182 465	258 089	10 246
	July to September	5 287	12 971	191 673	269 351	10 127
	October to December	6 158	13 184	184 956	254 987	10 886
	January to March	10 226	13 137	145 838	177 400	9 889
2022-23	April to June	5 751	11 469	149 349	196 619	9 205
	July to September	6 088	12 549	169 170	237 042	9 664
	October to December	7 544	13 419	178 403	241 649	11 046
	January to March	7 442	13 415	177 076	228 215	10 926
2023-24 (up to 31 December 2023)	April to June	7 030	14 580	206 725	292 924	18 397
	July to September	6 674	13 903	207 299	286 293	14 381
	October to December [provisional figures]	6 825	13 434	200 681	277 694	13 156

Note:
The attendances for A&E services under various triage categories in each hospital cluster under the HA exclude (i) first-time visits without triage categories, and (ii) follow-up visits to the A&E departments.

The table below sets out the quarterly average waiting time for A&E services in various triage categories at A&E departments under the HA in 2021-22, 2022-23 and 2023-24 (up to 31 December 2023). At present, patients triaged as critical, emergency and urgent are handled immediately and with priority according to the HA's performance targets. If the conditions of patients triaged as semi-urgent and non-urgent worsen while waiting, healthcare staff on site will assess whether the patients' triage category needs to be adjusted depending on the situation. In fact, since A&E departments aim to provide emergency medical services for patients with more urgent conditions, if A&E departments receive patients with more critical conditions, they will have to deploy healthcare staff to rescue the more critical patients and patients triaged as semi-urgent or non-urgent will need to wait for a longer period of time.

Year	Quarter	Average waiting time (minutes) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
2021-22	April to June	0	8	27	142	179
	July to September	0	8	28	153	191
	October to December	0	7	26	133	172
	January to March	0	9	36	99	130
2022-23	April to June	0	7	23	93	125
	July to September	0	8	28	134	175
	October to December	0	8	30	145	182
	January to March	0	7	24	119	148
2023-24 (up to 31 December 2023)	April to June	0	8	29	194	223
	July to September	0	8	30	182	211
	October to December [provisional figures]	0	8	27	169	190

Note:

In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures. This should be taken into consideration when comparing the service capacity of the HA in previous years.

(2)

The HA plans and develops public primary healthcare services on a cluster basis. There are currently 74 GOPCs under the HA in Hong Kong, mainly providing community-based primary healthcare services to the citizens including the elderly, low-income persons and patients with chronic diseases.

The numbers of general out-patient (GOP) attendances by cluster in 2023-24 (up to 31 December 2023) are as follows:

Hospital cluster	Number of GOP attendances (up to 31 December 2023) (provisional figures)
HKEC	418 595

Hospital cluster	Number of GOP attendances (up to 31 December 2023) (provisional figures)
HKWC	286 535
KCC	805 126
KEC	653 248
KWC	799 256
NTEC	768 470
NTWC	712 222

The numbers of additional attendances at the HA's GOPCs in the past 5 years are as follows:

Year	Total additional GOP attendances in various clusters	Relevant hospital clusters
2019-20	44 000	KCC, KEC, KWC, NTEC and NTWC
2020-21	9 500	KEC, NTEC and NTWC
2021-22	12 800	KEC, NTEC and NTWC
2022-23	11 100	KEC, KWC, NTEC and NTWC
2023-24	In planning for 2023-24, the HA has focused on strengthening its manpower from the year-end onwards with a view to commencing the preparatory work for the new GOPCs/Community Health Centres (CHCs) to be commissioned progressively in the next financial year. The relevant clinics include the GOPC at the Joint-user Government Office Building in Area 67, Tseung Kwan O, the North District CHC and the CHC in Tuen Mun Area 29 West. The number of additional GOP attendances will further increase in 2024-25.	

(3)

To allow A&E departments of public hospitals to focus on handling emergency and urgent cases, the Government and the HA have been encouraging patients with milder conditions to use more primary healthcare and family doctors' services in the community, so as to effectively alleviate the pressure on public A&E services.

To cope with the service surges during and after the Lunar New Year (LNY) and Easter holidays, the HA implemented a series of special measures during the long holidays, including increasing the number of operating GOPCs and service quotas, enhancing services of the 18 Chinese Medicine Clinics cum Training and Research Centres to provide government-subsidised Chinese medicine out-patient services, etc., and encouraging private doctors to provide services during the holidays. To minimise the impact of service demand surges on the public healthcare system, the Government also collated information of private hospitals, healthcare facilities, family doctors and Chinese medicine clinics which operated during the LNY and Easter holidays across the 18 districts of Hong Kong (including addresses, telephone numbers, and opening hours) and uploaded the information of relevant hospitals and clinics to an online portal for the public's reference. Such initiative aims to enable citizens in need to identify suitable hospitals or clinics for medical treatment.

The HA also implemented a special refund arrangement in A&E departments which allowed patients who had not attended a consultation within 24 hours after registration to request a

refund of the $180 A&E fee. This measure provided patients with stable and less severe conditions with more flexibility in choosing alternative consultation arrangements, enabling A&E departments to focus resources on taking care of patients in need.

The Government and the HA will continue to review the effectiveness of the measures from time to time and introduce as necessary more initiatives to alleviate the pressure on public A&E services.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1798)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

One of the objectives in promoting primary healthcare is to shorten the waiting time for specialist outpatient services. Will the Government inform this Committee:

1) of the average waiting time and the longest waiting time for specialist outpatient services in each cluster of the Hospital Authority in the past 3 years; and

2) whether there are further initiatives apart from the Chronic Disease Co-Care Scheme and the existing General Out-patient Clinic Public-Private Partnership Programme?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 28)

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

2021-22

Hospital Cluster	Specialty	Priority 1			Priority 2			Routine Cases		
		Number of new cases	Waiting Time (weeks)		Number of new cases	Waiting Time (weeks)		Number of new cases	Waiting Time (weeks)	
			50th	90th		50th	90th		50th	90th
			percentile			percentile			percentile	
HKEC	ENT	445	<1	<1	3 249	6	7	5 684	26	99
	MED	1 006	1	2	3 798	5	8	11 449	36	100
	GYN	753	<1	1	579	5	7	3 939	25	32
	OPH	4 613	<1	1	2 488	7	8	7 501	62	90
	ORT	1 206	1	1	1 331	5	7	8 029	59	95
	PAE	69	1	1	770	5	8	295	9	17
	PSY	286	<1	1	912	3	7	2 989	16	45
	SUR	1 104	1	2	3 547	7	8	10 582	52	85
HKWC	ENT	1 240	<1	1	2 132	6	7	3 621	39	72
	MED	2 792	<1	2	1 855	4	7	13 789	49	138
	GYN	1 185	<1	1	765	5	7	4 137	41	54
	OPH	3 136	1	2	1 583	7	8	5 464	62	71
	ORT	1 025	1	2	1 758	4	7	8 093	19	80
	PAE	174	1	2	378	5	8	1 225	13	20
	PSY	386	1	2	827	4	7	2 099	50	83
	SUR	2 995	<1	2	2 900	4	6	10 761	31	103
KCC	ENT	2 225	<1	1	2 161	4	7	12 489	27	116
	MED	1 357	1	2	4 068	5	7	24 269	73	118
	GYN	944	<1	1	2 982	6	7	8 138	33	58
	OPH	6 689	<1	1	6 749	3	7	13 753	79	147
	ORT	1 881	<1	1	1 953	4	7	11 607	53	109
	PAE	1 270	<1	1	1 554	4	7	2 569	9	21
	PSY	284	<1	1	1 096	4	7	1 542	14	46
	SUR	2 884	1	1	5 609	5	12	28 874	43	104
KEC	ENT	1 669	<1	1	2 586	7	8	6 985	68	105
	MED	1 931	1	2	5 516	7	8	20 429	62	120
	GYN	1 603	<1	1	951	4	7	6 028	41	90
	OPH	5 448	<1	1	4 494	7	7	9 628	55	125
	ORT	3 041	<1	1	2 503	3	7	10 128	69	116
	PAE	765	<1	1	512	4	7	3 039	11	50
	PSY	302	1	1	2 452	4	7	5 212	59	97
	SUR	1 701	1	1	5 982	7	8	18 676	50	99

Hospital Cluster	Specialty	Priority 1			Priority 2			Routine Cases		
		Number of new cases	Waiting Time (weeks)		Number of new cases	Waiting Time (weeks)		Number of new cases	Waiting Time (weeks)	
			50th	90th		50th	90th		50th	90th
			percentile			percentile			percentile	
KWC	ENT	2 086	<1	1	2 168	5	8	11 721	94	105
	MED	2 054	1	2	6 292	7	8	16 773	83	114
	GYN	237	<1	1	1 667	6	7	7 975	40	77
	OPH	6 537	<1	<1	7 742	7	22	6 533	125	164
	ORT	1 792	1	2	3 110	4	7	13 254	61	83
	PAE	1 155	<1	1	1 108	4	7	2 724	10	17
	PSY	256	<1	1	794	5	7	13 361	24	90
	SUR	2 189	1	2	6 827	6	8	22 710	48	90
NTEC	ENT	2 876	<1	1	3 651	5	7	11 638	55	101
	MED	2 730	<1	1	3 506	7	8	25 143	79	134
	GYN	2 313	<1	1	939	5	8	8 510	56	87
	OPH	6 555	<1	2	3 147	4	8	15 656	63	93
	ORT	4 440	<1	1	1 625	5	7	14 848	46	97
	PAE	94	<1	2	385	6	8	3 521	12	28
	PSY	1 015	1	1	2 422	4	7	6 216	65	97
	SUR	2 254	<1	2	3 570	5	8	27 558	28	80
NTWC	ENT	3 654	<1	1	1 897	4	7	9 013	45	89
	MED	913	<1	1	2 464	6	7	12 434	26	84
	GYN	1 331	<1	1	345	6	11	5 211	70	72
	OPH	9 839	<1	1	4 966	4	8	7 401	50	81
	ORT	1 915	<1	2	1 989	6	7	11 439	60	91
	PAE	161	<1	1	939	6	7	1 728	20	27
	PSY	399	1	1	1 492	3	7	5 606	62	90
	SUR	2 112	1	2	5 029	4	7	20 529	51	78
Overall HA	ENT	14 195	<1	1	17 844	5	7	61 151	47	104
	MED	12 783	<1	2	27 499	6	8	124 286	59	122
	GYN	8 366	<1	1	8 228	6	7	43 938	38	77
	OPH	42 817	<1	1	31 169	6	9	65 936	68	139
	ORT	15 300	<1	1	14 269	4	7	77 398	52	97
	PAE	3 688	<1	1	5 646	4	7	15 101	12	26
	PSY	2 928	1	1	9 995	4	7	37 025	40	93
	SUR	15 239	1	2	33 464	5	8	139 690	48	96

2022-23

Hospital Cluster	Specialty	Priority 1			Priority 2			Routine Cases		
		Number of new cases	Waiting Time (weeks)		Number of new cases	Waiting Time (weeks)		Number of new cases	Waiting Time (weeks)	
			50th	90th		50th	90th		50th	90th
			percentile			percentile			percentile	
HKEC	ENT	488	<1	<1	3 502	4	7	4 910	14	77
	MED	963	1	1	3 178	5	7	10 668	48	94
	GYN	695	<1	1	541	6	8	3 904	25	28
	OPH	4 482	<1	1	3 041	5	8	7 584	52	85
	ORT	1 311	1	1	1 293	5	7	6 688	55	92
	PAE	76	1	2	673	4	7	286	9	14
	PSY	302	<1	1	897	3	7	3 296	19	60
	SUR	999	1	2	3 168	7	8	10 867	46	84
HKWC	ENT	961	<1	1	2 085	7	7	3 605	65	83
	MED	1 802	<1	1	1 793	4	8	11 414	34	105
	GYN	1 244	<1	1	907	6	7	3 859	34	50
	OPH	2 454	1	2	1 777	4	8	6 669	55	75
	ORT	1 265	1	2	1 409	4	7	7 808	20	84
	PAE	103	<1	1	361	5	7	1 122	11	17
	PSY	363	1	2	687	4	7	1 920	41	87
	SUR	2 441	<1	2	2 999	4	7	10 716	26	86
KCC	ENT	1 985	<1	1	2 088	4	7	13 181	37	93
	MED	1 210	1	1	3 593	6	7	21 992	71	96
	GYN	934	<1	1	2 944	6	7	7 482	30	64
	OPH	6 983	<1	1	6 604	2	4	10 388	71	86
	ORT	1 978	1	1	1 977	4	7	11 819	51	98
	PAE	1 145	<1	1	1 605	4	7	2 748	10	25
	PSY	195	<1	1	1 318	4	7	2 347	18	55
	SUR	2 561	1	2	5 434	5	10	27 365	37	111
KEC	ENT	1 611	<1	1	2 606	6	7	6 742	86	92
	MED	1 804	1	2	4 788	6	8	19 030	58	108
	GYN	1 574	1	1	834	4	7	5 798	57	78
	OPH	5 520	<1	1	5 238	6	7	10 786	71	97
	ORT	2 975	<1	1	2 571	3	7	9 969	71	95
	PAE	731	<1	1	531	4	7	2 959	10	44
	PSY	265	1	2	2 322	3	7	5 238	52	95

	SUR	1 814	1	1	5 204	7	7	18 083	71	105

Hospital Cluster	**Specialty**	**Priority 1**			**Priority 2**			**Routine Cases**		
		Number of new cases	**Waiting Time (weeks)**		**Number of new cases**	**Waiting Time (weeks)**		**Number of new cases**	**Waiting Time (weeks)**	
			50th	**90th**		**50th**	**90th**		**50th**	**90th**
			percentile			**percentile**			**percentile**	
KWC	**ENT**	2 024	<1	1	2 303	5	7	10 662	62	97
	MED	1 752	1	2	5 585	6	8	15 897	72	95
	GYN	222	<1	2	1 595	6	7	7 468	46	88
	OPH	6 194	<1	<1	5 886	5	23	9 144	167	216
	ORT	1 860	<1	2	3 251	4	7	12 632	54	79
	PAE	1 334	<1	1	1 138	4	7	2 840	9	19
	PSY	232	<1	1	909	4	7	13 129	29	93
	SUR	1 874	1	2	5 953	5	7	21 840	52	100
NTEC	**ENT**	2 469	<1	1	3 040	4	7	12 300	50	89
	MED	2 407	<1	2	3 201	6	8	21 681	48	114
	GYN	2 216	<1	1	981	6	8	7 629	57	89
	OPH	6 635	<1	2	4 053	4	8	15 941	52	96
	ORT	4 524	<1	1	1 360	4	7	14 346	45	86
	PAE	107	<1	2	407	6	11	3 701	16	29
	PSY	828	1	2	2 427	4	7	6 342	64	93
	SUR	2 166	1	2	2 992	5	8	26 850	32	75
NTWC	**ENT**	3 808	<1	1	1 380	4	7	8 828	61	76
	MED	1 013	<1	1	2 404	6	7	9 591	38	80
	GYN	1 169	<1	1	353	6	8	4 814	62	66
	OPH	10 901	<1	1	3 449	4	7	8 243	59	88
	ORT	1 896	1	2	1 793	6	7	9 791	31	76
	PAE	265	<1	1	1 059	6	7	1 951	23	32
	PSY	377	1	1	1 459	3	7	6 027	55	87
	SUR	1 986	1	2	5 057	5	8	18 527	49	78
Overall HA	**ENT**	13 346	<1	1	17 004	5	7	60 228	50	93
	MED	10 951	1	2	24 542	6	7	110 273	54	102
	GYN	8 054	<1	1	8 155	6	7	40 954	39	80
	OPH	43 169	<1	1	30 048	4	8	68 755	55	100
	ORT	15 809	<1	1	13 654	4	7	73 053	48	91
	PAE	3 761	<1	1	5 774	4	7	15 607	12	29
	PSY	2 562	1	1	10 019	4	7	38 299	40	91
	SUR	13 841	1	2	30 807	5	8	134 248	46	101

2023-24 (up to 31 December 2023) [Provisional figures]

Hospital Cluster	Specialty	Priority 1			Priority 2			Routine Cases		
		Number of new cases	Waiting Time (weeks)		Number of new cases	Waiting Time (weeks)		Number of new cases	Waiting Time (weeks)	
			50th	90th		50th	90th		50th	90th
			percentile			percentile			percentile	
HKEC	ENT	305	<1	<1	2 981	4	7	4 332	13	57
	MED	498	1	2	2 643	5	7	8 746	39	91
	GYN	503	<1	1	427	6	8	2 957	25	32
	OPH	3 648	<1	1	2 931	7	8	7 013	40	79
	ORT	918	1	1	949	5	7	4 865	51	87
	PAE	39	<1	2	650	6	8	379	12	18
	PSY	201	1	2	601	3	7	2 726	25	84
	SUR	679	1	2	2 352	7	8	8 462	44	85
HKWC	ENT	832	<1	1	1 842	7	7	2 881	24	58
	MED	1 377	<1	1	1 533	4	7	8 283	28	84
	GYN	1 033	<1	1	754	5	6	2 585	27	51
	OPH	1 795	1	2	1 281	6	8	5 161	61	65
	ORT	745	1	2	1 326	4	7	6 334	21	90
	PAE	76	1	1	244	4	7	1 065	16	18
	PSY	267	1	2	615	4	7	1 462	40	83
	SUR	1 968	<1	2	2 443	5	7	8 553	17	68
KCC	ENT	1 568	<1	1	1 751	4	8	9 958	31	74
	MED	1 070	1	1	3 110	6	7	18 269	57	94
	GYN	676	<1	1	2 218	6	7	6 197	34	74
	OPH	5 559	<1	1	4 924	2	4	10 449	85	101
	ORT	1 141	1	1	1 624	3	7	9 052	41	99
	PAE	836	<1	1	1 509	6	7	2 662	12	40
	PSY	199	<1	1	905	3	6	1 829	20	78
	SUR	1 815	1	2	4 497	5	8	22 651	34	110
KEC	ENT	1 514	<1	1	2 218	4	7	5 847	89	92
	MED	1 022	1	2	3 895	5	8	16 279	56	95
	GYN	1 115	1	1	653	5	7	4 277	38	83
	OPH	4 401	<1	1	4 190	6	7	9 770	83	100
	ORT	2 391	<1	1	1 631	4	7	8 701	60	76
	PAE	549	<1	1	398	5	7	2 729	14	60
	PSY	194	1	1	1 628	3	7	4 106	56	92

	SUR	1 466	1	1	4 346	6	7	14 870	57	111

Hospital Cluster	**Specialty**	**Priority 1**			**Priority 2**			**Routine Cases**		
		Number of new cases	**Waiting Time (weeks)**		**Number of new cases**	**Waiting Time (weeks)**		**Number of new cases**	**Waiting Time (weeks)**	
			50th	**90th**		**50th**	**90th**		**50th**	**90th**
			percentile			**percentile**			**percentile**	
KWC	**ENT**	1 791	<1	1	2 042	5	7	9 627	31	100
	MED	1 246	1	2	4 548	6	8	12 479	63	94
	GYN	141	<1	1	1 323	6	8	5 724	57	93
	OPH	4 873	<1	<1	3 789	5	10	5 605	26	200
	ORT	1 519	<1	2	2 016	3	7	10 296	49	93
	PAE	964	<1	1	931	5	7	2 413	11	21
	PSY	196	<1	1	590	3	7	9 900	29	97
	SUR	1 464	1	2	4 458	5	8	17 882	54	97
NTEC	**ENT**	1 767	<1	1	2 344	5	8	10 430	37	94
	MED	1 433	1	2	2 451	6	8	15 039	39	85
	GYN	1 573	<1	1	821	5	7	5 832	59	85
	OPH	5 293	<1	2	2 726	4	8	14 516	77	99
	ORT	3 471	<1	1	1 127	5	7	11 463	62	90
	PAE	75	<1	2	311	7	8	3 585	22	50
	PSY	640	1	2	1 729	4	8	5 147	73	96
	SUR	1 690	1	2	2 513	5	8	20 999	29	85
NTWC	**ENT**	3 357	<1	1	1 359	4	7	7 478	32	69
	MED	941	<1	1	1 937	6	7	7 888	25	62
	GYN	803	<1	1	264	5	8	3 852	60	62
	OPH	9 154	<1	1	4 735	3	7	6 390	84	93
	ORT	1 526	1	2	1 500	6	7	7 606	36	57
	PAE	170	1	1	813	6	7	2 144	21	23
	PSY	308	1	1	1 168	3	7	4 514	45	97
	SUR	1 557	1	1	3 642	5	8	14 922	38	91
Overall HA	**ENT**	11 134	<1	1	14 537	5	7	50 553	33	92
	MED	7 587	1	2	20 117	6	8	86 983	48	92
	GYN	5 844	<1	1	6 460	5	7	31 424	41	81
	OPH	34 723	<1	1	24 576	4	8	58 904	64	100
	ORT	11 711	<1	1	10 173	4	7	58 317	47	90
	PAE	2 709	<1	1	4 856	6	7	14 977	16	43
	PSY	2 005	1	1	7 236	3	7	29 684	44	94
	SUR	10 639	1	2	24 251	5	8	108 339	40	99

Note:

(1) The HA uses 90th percentile to denote the longest waiting time for SOP service.

(2) With effect from 1 October 2022, the waiting time for new case booking at integrated clinics has been incorporated in those at specialist outpatient clinics (SOPCs).

(3) In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures.

2)

In face of the pressure brought about by an ageing population and the increasing prevalence of chronic diseases, the Government released the Primary Healthcare Blueprint (the Blueprint) in December 2022, setting out a series of reform initiatives to strengthen primary healthcare services in Hong Kong. Through strategies including prevention-oriented, community-based, family-centric, early detection and intervention, our vision is to improve the overall health status of the population, provide coherent and comprehensive healthcare services, and establish a sustainable healthcare system. Improving primary healthcare services will help alleviate the pressure on the secondary and tertiary healthcare services in the long run.

Specifically, the Government has launched the three-year Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) since 13 November 2023 to provide subsidised diabetes mellitus (DM) and hypertension (HT) screening services in the private healthcare sector to Hong Kong residents aged 45 or above with no known medical history of DM or HT. By managing chronic diseases in the community properly and prevent complications, CDCC Pilot Scheme can achieve the goal of "early detection and intervention" and thus alleviate the pressure on the secondary and tertiary healthcare services, especially the pressure of SOP clinics under HA.

While implementing the CDCC Pilot Scheme, the Government is concurrently exploring with HA to reposition General Out-patient Clinic (GOPC) services in accordance with the recommendations of the Blueprint, aiming to focus on taking care of disadvantaged groups, especially the low-income families and poor elderly persons. The review covers areas including the strengthening of prevention-oriented services in HA's GOPC for low-income families and poor elderly, and the addition of appropriate chronic disease screening and management services.

As stated in the Blueprint, the Government will make reference to the experience of the existing referral system in the public healthcare system and the bi-directional referral mechanism of CDCC Pilot Scheme to establish an evidence-based, two-way protocol-driven referral mechanism between primary and secondary healthcare, with a view to enhancing the

role of the primary healthcare system as a gatekeeper and case manager to the public secondary healthcare system, and facilitating patients navigate and seek appropriate services at each level of the healthcare system efficiently, thereby addressing the demand and the waiting time of SOP clinics. In this regards, the Government has established the bi-directional referral mechanism with HA under CDCC Pilot Scheme. Family doctor can refer participant with clinical needs to receive a one-off specialist consultation at an HA designated Medicine Specialist Out-patient Clinic according to the clinical pre-defined criteria and guidelines to obtain clinical advices on care plans which supports family doctor and allow participant to continuously receive primary healthcare services in the community, so as to reduce unnecessary new case referral to SOP clinics.

Given the pilot nature of the CDCC Pilot Scheme, we will conduct evaluation on its overall effectiveness. The Government has commissioned a local university in the first quarter of 2024 to conduct a study to assess the extent to which the objectives of the scheme are met and the overall performance, including the service quality and effectiveness, as well as the cost-effectiveness of the scheme. In addition, the Government will review the service model and operational details of the CDCC Pilot Scheme in a timely manner and make enhancements as necessary to ensure its effectiveness. The Government will, having regard to the outcomes of the review, consider whether to expand the service scope of the CDCC Pilot Scheme, including the feasibility to integrate the General Outpatient Clinic Public-Private Partnership Programme under the HA into the CDCC Pilot Scheme.

Apart from the measures above, the HA has been taking measures actively to manage and improve the waiting time for SOP patients, such as enhancing public primary healthcare services, strengthening manpower, optimising appointment booking and scheduling, and displaying the latest waiting time on the HA's website and at SOP clinics to help patients consider their treatment plans and options. Under the strategy of "narrowing upstream, collaborating downstream, diverting midstream", the HA has introduced doctor-led multi-disciplinary integrated clinics, and will allocate more resources for new cases, streamline referral arrangements for cross-specialty cases, set up more integrated clinics to provide multi-disciplinary support, and enhance primary healthcare to follow up on patients in stable conditions.

In addition, the HA is setting concrete performance targets for managing and improving the waiting time of SOPC patients. The targets to reduce the 90th percentile waiting time of stable new case bookings for the specialty of Medicine by 20% in 2023-24 and to reduce the 90th percentile waiting time of stable new case bookings for the specialties of Ear, Nose & Throat and Orthopaedics & Traumatology by 10% in 2024-25 have been set out in the Chief Executive's 2022 Policy Address and the Chief Executive's 2023 Policy Address respectively.

The HA will review the effectiveness of these measures in a timely manner and implement supplementary measures as appropriate and necessary to further shorten the SOPC waiting time.

Abbreviations

Specialty
ENT – Ear, Nose & Throat
MED – Medicine

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

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1799)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the shortage of hospital beds in public hospitals, will the Government inform this Council of:

1) the number of general beds and the growth rate of such beds in each hospital cluster in the past 3 years;
2) the number of beds in the specialist wards (i.e. beds for the mentally ill, beds for the mentally handicapped and infirmary beds) of public hospitals and the growth rate of such beds in the past 3 years; and
3) whether the Government has conducted surveys to find out the reasons for the shortage of hospital beds in public hospitals, and what plans there are to further increase the number of hospital beds and the expenditures involved?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 29)

Reply:

(1) to (3)

The table below sets out the number of hospital beds by general (acute and convalescent), infirmary, mentally ill and mentally handicapped services in each hospital cluster under the Hospital Authority (HA) in 2021-22, 2022-23 and 2023-24 (up to 31 December 2023):

2021-22

Hospital cluster	Number of hospital beds#			
	General (acute and convalescent)	Infirmary	Mentally ill	Mentally handicapped*
HKEC	2 280	627	400	N/A
HKWC	2 794	200	82	N/A
KCC	5 290	250	465	N/A
KEC	2 766	76	80	N/A
KWC	3 682	196	920	155
NTEC	4 095	497	552	N/A

Hospital cluster	Number of hospital beds#			
	General (acute and convalescent)	Infirmary	Mentally ill	Mentally handicapped*
NTWC	2 931	135	1 176	520
HA Overall	**23 838**	**1 981**	**3 675**	**675**

Hospital beds as at 31 March 2022

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

2022-23

Hospital cluster	Number of hospital beds#			
	General (acute and convalescent)	Infirmary^	Mentally ill	Mentally handicapped*
HKEC	2 283 *(+3)*	627	400	N/A
HKWC	2 797 *(+3)*	200	82	N/A
KCC	5 353 *(+63)*	250	465	N/A
KEC	2 844 *(+78)*	76	80	N/A
KWC	3 753 *(+71)*	196	920	155
NTEC^	4 167 *(+72)*	477 *(-20)*	552	N/A
NTWC	3 060 *(+129)*	135	1 176	520
HA Overall	**24 257** ***(+419)***	**1 961** ***(-20)***	**3 675**	**675**

Hospital beds as at 31 March 2023

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

^ To cope with service demand, NTEC upgraded 20 infirmary beds to convalescent beds in 2022-23 and the number of infirmary beds as at 31 March 2023 was adjusted accordingly.

2023-24 (up to 31 December 2023) [Provisional figures]

Hospital cluster	Number of hospital beds#			
	General (acute and convalescent)@ [Provisional figures]	Infirmary	Mentally ill	Mentally handicapped*
HKEC	2 309 *(+26)*	627	400	N/A
HKWC	2 797 *0*	200	82	N/A
KCC	5 361 *(+8)*	250	465	N/A
KEC	2 854 *(+10)*	76	80	N/A
KWC	3 753 *0*	196	920	155
NTEC	4 183 *(+16)*	457	552	N/A
NTWC	3 068 *(+8)*	135	1 176	520
HA Overall	**24 325** ***(+68)***	**1 961**	**3 675**	**675**

Hospital beds as at 31 December 2023

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

@ Comparing the number of hospital beds as at 31 March 2023 with that as at 31 December 2023

Notes:

1. While there was no increase in the number of infirmary, mentally ill and mentally handicapped beds in 2022-23 and 2023-24 (up to 31 December 2023), the figures do not reflect the 35 additional mentally ill beds planned for the first quarter of 2024.

2. In the HA, day in-patients (DPs) refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day, while in-patients (IPs) refer to those who are admitted into hospitals via the Accident & Emergency departments or those who have stayed for more than 1 day. The calculation of the number of hospital beds includes that of both IPs and DPs.

(3)

To cope with the growing demand for public hospital services, the Government and the HA regularly review the provision of hospital beds. When planning and developing public healthcare services including the provision of hospital beds, the HA generally does so on a cluster basis, taking into account a number of factors, including increase in service demand as a result of population growth and demographic changes, rising prevalence of chronic diseases, technological advancement, manpower supply as well as the complementary service arrangements among the clusters. The HA will monitor the utilisation of various healthcare services, and formulate plans for public healthcare services with consideration given to the above factors and tying in with the Government's development plans.

The Government and the HA commenced implementation of the First Ten-year Hospital Development Plan (HDP) in 2016, for which $200 billion has been earmarked for a total of 16 projects. All hospital projects under the plan have commenced and will provide over 6 000 additional hospital beds upon completion in succession. It was announced in the 2018 Policy Address that in parallel with the implementation of the First Ten-year HDP, the Government had invited the HA to commence planning for the Second HDP. Upon completion of the whole plan that involves an estimated sum of about $270 billion, there will be over 9 000 additional beds and other healthcare facilities to help the HA meet future service demand. The HA is reviewing the latest population projection, the Government's development plans and the corresponding adjustments in service demand for formulating the second HDP and revising its project list.

Apart from the HDPs, the HA has earmarked $235 million in 2024-25 to open 153 planned additional hospital beds.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1800)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the maintenance and upgrade of professional competence in the medical and healthcare sector, continuing professional education (CPE) is practised by Chinese medicine practitioners and specialists while mandatory continuing professional development (CPD) programmes for registered optometrists, registered occupational therapists and registered physiotherapists under the Supplementary Medical Professions Council have also commenced. Taking CPD programmes for registered optometrists as an example, the sector has to raise more than $100,000 a year to operate a designated mobile application for optometrists to obtain information on all CPD courses and check the credits acquired. Will the Government assist the healthcare sector in practising mandatory CPE by funding or otherwise? If so, what are the details? If not, what are the reasons?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 30)

Reply:

In 2017, the Government promulgated the Report of the Strategic Review of Healthcare Manpower Planning and Professional Development. One of the recommendations was to make continuing professional development (CPD) a mandatory requirement for healthcare professionals. As mentioned in the 2021 Policy Address, the Government would introduce legislation to require registered healthcare professionals to comply with the requirements on continuing professional education (CPE) and/or CPD in order to ensure the professional competence of healthcare personnel. In this connection, the Nurses Registration (Amendment) Bill 2023 and the Dentists Registration (Amendment) Bill 2024 were introduced into the Legislative Council (LegCo) by the Government, making CPE a mandatory requirement for nurses and dentists for renewal of their practising certificates. The Government is also making preparations for amending the Supplementary Medical Professions Ordinance, including putting forward a proposal for making CPD a mandatory requirement for the relevant supplementary medical professionals for renewal of their practising certificates.

Under the principle of professional autonomy, the implementation details and measures regarding mandatory CPD will be determined by the relevant Councils and Boards on their

own in accordance with the requirements of the law, having regard to the actual circumstances of the respective sectors. Over the years, various Councils and Boards of healthcare professions have gained relevant experience in taking forward CPD. For professionals mentioned in the question, like the Chinese medicine practitioners, specialists, optometrists, occupational therapists and physiotherapists, they have adopted different approaches in implementing CPD at different times. In addition to policy support, the Government will continue to provide the secretariats of the relevant Councils and Boards of healthcare professions with support in terms of manpower, daily operation and administrative expenses, in order to facilitate the implementation of mandatory CPE in various professions. In 2024-25, the estimates for supporting the secretariats of various Councils and Boards, including the administrative costs involved in taking forward CPD, increased from $112 million in 2022-23 to $131 million in 2024-25.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1801)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The Government launched the Cataract Surgeries Programme, the first pilot public-private partnership programme, in 2008 to shorten the waiting time for cataract surgery in public hospitals under the Hospital Authority (HA) by making good use of the services provided by private ophthalmologists. Would the Government please advise this Committee:

1) of the number and age distribution of patients currently waiting for cataract surgery in HA and their waiting time;

2) of the respective numbers of patients invited and those who participated in the Programme in the past 3 years;

3) of the percentage of the number of patients undertaking cataract surgery through the Programme in the number of patients waiting for cataract surgery in public hospitals in the past 3 years?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 31)

Reply:

1)
With an ageing population in Hong Kong, the number of cataract patients seeking medical treatment from public hospitals under the Hospital Authority (HA) has been increasing continuously over the years, resulting in lengthening of the waiting time for cataract surgery. To ensure that patients with conditions requiring early intervention are treated with priority, patients waiting for cataract surgery are triaged by HA as Priority 1, Priority 2 and Routine categories according to their clinical conditions, and surgery will be arranged for those triaged as priority as early as practicable. The numbers of patients on the waiting list for cataract surgery in the HA, as well as the median and 90th percentile waiting times of patients who have their operation completed in the HA in the preceding 12 months in 2021-22, 2022-23 and 2023-24 (as at 31 December 2023) are set out in the table below.

	2021-22			2022-23			2023-24 (as at 31 December 2023)		
	Priority 1	Priority 2	Routine	Priority 1	Priority 2	Routine	Priority 1	Priority 2	Routine
Number of patients on the waiting list	183	5 259	58 689	201	5 938	63 591	217	6 271	63 002
Median waiting time (months)	1	6	22	1	7	22	1	7	25
90th percentile waiting time (months)	2	13	34	3	14	42	2	14	53

Note:
The waiting time for cataract surgery is the median waiting time and the 90th percentile waiting time of patients who have their operation completed in the preceding 12 months.

The numbers of cataract surgeries completed by the HA in 2021-22, 2022-23 and 2023-24 (as at 31 December 2023) are set out in the table below.

	2021-22			2022-23			2023-24 (as at 31 December 2023)		
	Priority 1	Priority 2	Routine	Priority 1	Priority 2	Routine	Priority 1	Priority 2	Routine
Number of surgeries completed	1 154	5 657	13 039	1 282	6 538	11 811	988	5 372	10 285

The HA does not maintain statistics on the age distribution of patients waiting for cataract surgery.

2)
To make good use of the service capacity of the private healthcare sector and provide more options for patients, the HA has been implementing the Cataract Surgeries Programme (CSP) since 2008, giving patients on the waiting list for cataract surgery in the HA the option of receiving the operation from private doctors. Participating patients will receive a fixed subsidy of HK$8,000, subject to a co-payment of no more than HK$8,000. In 2021-22, 2022-23 and 2023-24 (as at 31 December 2023), a total of 42 910 patients were invited to participate in the CSP, with 8 108 of them undertaking cataract surgery.

3)
The percentages of patients undertaking cataract surgery under the CSP among patients waiting for cataract surgery in public hospitals were as follows:

	2021-22	2022-23	2023-24 (as at 31 December 2023)
Number of patients received treatment under the CSP	825	2 914	4 369
Number of patients on the waiting list	64 131	69 730	69 490
Percentage	1.29%	4.18%	6.29%

Note:
In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1803)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Since the launch of the Colorectal Cancer Screening Programme, how many cases of high-grade dysplasia or carcinoma in-situ have been detected each year? Assuming that all cases of high-grade dysplasia or carcinoma in-situ will progress to colorectal cancer, what is the NNT (Number Needed to Treat)? What is the estimated number of colorectal cancer cases prevented by the programme? What is the incidence rate of colorectal cancer since the beginning of the programme? What is the mortality rate?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 13)

Reply:

Since the launch of the Colorectal Cancer Screening Programme (CRCSP) in 2016, asymptomatic Hong Kong residents aged between 50 and 75 are subsidised to undergo regular screening. As of end December 2023, over 420 000 eligible persons have participated in the CRCSP. Among participants who had submitted samples with analysable results, about 63 900 persons had positive results. Among those who underwent a colonoscopy examination, over 33 000 persons had colorectal adenomas and around 2 900 persons had colorectal cancer.

Among cases of colorectal adenomas, about 2 000 cases (5.9%) were classified as adenomas with high-grade dysplasia. When evaluating the effectiveness of colorectal cancer screening programmes in overseas regions, the proportions of colorectal adenoma cases and colorectal cancer cases among participants are some commonly used indicators. Overall, among participants in the local CRCSP, around 7.8% and 0.7 % were diagnosed with colorectal adenomas and colorectal cancer respectively. Out of the 2 900 cases of colorectal cancer diagnosed under the CRCSP, around 1 900 cases underwent preliminary analysis and approximately 57% of these cases belonged to early-stage (stage II or below, with carcinoma in-situ accounting for approximately 4%) with a more favourable prognosis. Comparing with colorectal cancer cases diagnosed outside the CRCSP, only about 38% belonged to early-stage (with carcinoma in-situ accounting for approximately 4%). The CRCSP can help in early identification of those who have colorectal cancer before they present with symptoms, or those with higher risk of colorectal cancer, enabling them to receive early treatment, thus

significantly improving the prognosis. With colorectal adenomas removed in the course of colonoscopy, these lesions are prevented from turning into cancer.

From 2016, the age-standardised incidence rates and age-standardised mortality rates of colorectal cancer in Hong Kong are as follows:

Year	**Age-standardised incidence rate * （per 100 000 standard population）**
2016	35.7
2017	35.8
2018	34.8
2019	33.1
2020	29.6
2021	34.0

Source：Hong Kong Cancer Registry, Hospital Authority

Year	**Age-standardised mortality rate * （per 100 000 standard population）**
2016	11.9
2017	11.7
2018	12.1
2019	11.0
2020	11.2
2021	10.9
2022	10.8

Source：Department of Health

* Age-standardised rates are age-adjusted to the World Standard Population of Segi (1960).

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1804)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Over the past few years, there has been a constant increase in the application of equipment and technology under the Smart Hospital initiatives in public hospitals. With the rapid development of medical devices, has the Government earmarked any funding to upgrade or replace these smart medical devices and equipment?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 35)

Reply:

"Developing Smart Hospitals" is put forward in the Hospital Authority (HA) Strategic Plan 2022-2027 as one of the major development strategies for public hospital services. The HA has leveraged on the application of digital technology, information technology (IT) infrastructure, artificial intelligence, automation, mobile communications and innovative development in the Internet of Things, etc. to make its healthcare services more efficient and effective. To tie in with the HA's strategic directions and the development needs of Smart Hospital, the HA acquires and replaces a wide variety of medical equipment from time to time. Cluster management makes plans for medical equipment by deliberating and formulating annual medical equipment requirement plan in respective committees, based on factors such as risk (e.g. obsolescence risk, equipment age, and patient/staff safety), impact to patient care, operational needs and requirement of additional equipment items essential for provision of new or improved services.

The HA will upgrade and acquire medical equipment and information system devices with the designated funding, recurrent funding and other relevant funding provided by the Government. In 2024-25, the Government will allocate a designated funding of $1.9 billion to the HA for the upgrading and acquisition of major and essential medical equipment and information systems, including medical equipment related to the development of Smart Hospital; and the HA has made use of the recurrent funding for upgrading and acquiring minor medical and IT equipment. Moreover, the HA has also earmarked funding to meet future expenditure on the upgrading and acquisition of medical and IT equipment.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1807)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Budget Speech that the "primary evaluation" approach will be developed to directly approve applications for registration of drugs and medical devices locally based on clinical data. Would the Government advise this Committee on whether there will be a concrete timeline for taking forward the project, and the target time for completion in the development of the primary evaluation approach?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 38)

Reply:

The "secondary evaluation" approach adopted in the HKSAR is the process to approve applications for registration of drugs containing new chemical or biological entities (NCEs). It relies on the approvals from recognised competent drug regulatory authorities which have conducted primary evaluation. Primary evaluation involves the assessment of primary data and information of all pre-clinical studies (i.e. animal testing), clinical studies, manufacturing and quality control in order to fully evaluate the safety, efficacy and quality of a medicine. In general, applicants for registration of pharmaceutical product containing NCEs are required to provide necessary information including documentary proof for registration issued by at least two drug regulatory authorities of reference places in accordance with the Guidance Notes on Registration of Pharmaceutical Products Containing a New Chemical or Biological Entity as promulgated by the Board, in order to provide supporting evidence that the product has been rigorously evaluated before placing in the market.

As announced in the Chief Executive's 2023 Policy Address, the HKSAR Government will enhance the current evaluation and registration mechanism for drugs, and establish an internationally renowned regulatory authority of drugs and medical devices. The HKSAR Government is determined to leverage Hong Kong's medical strengths and establish the "Hong Kong Centre for Medical Products Regulation" (CMPR), with the long-term objective of establishing an internationally recognised authority that registers drugs and medical devices under the "primary evaluation" approach, i.e. to directly approve applications for registration of drugs and medical devices based on clinical trial data. This will help accelerate the clinical application of new drugs and medical devices, and foster the

development of emerging industries related to the research and development (R&D) and testing of medical products.

To establish an internationally recognised authority that registers drugs and medical devices under the "primary evaluation" approach, the HKSAR Government must establish a comprehensive regulatory regime for drugs and medical devices that is recognised by the Mainland and other places. In this connection, the HKSAR is proactively carrying out the following six steps: (1) to establish a new mechanism for the approval of new drugs (the "1+" mechanism) under the "secondary evaluation" approach; (2) to access to the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH) as an observer under the name of Hong Kong, China; (3) to set up a Preparatory Office for the CMPR under the DH in the first half of 2024; (4) to formally establish the CMPR within 2 to 3 years after the setting up of the Preparatory Office for the CMPR; (5) to implement "primary evaluation" of drugs and medical devices; (6) to become an ICH regulatory member.

Based on international experience, it takes about 8 to 10 years from initial engagement with the ICH to becoming an ICH regulatory member. Since the announcement of the Chief Executive's 2023 Policy Address, the HKSAR Government has made various advancements. On 31 October 2023, we obtained ICH observership under the name of Hong Kong, China. On 1 November 2023, the "1+" mechanism, a new mechanism for approval of new drugs under the "secondary evaluation" approach, was established. It will not only enable holders of registration from one of the recognised drug regulatory authorities for drugs containing NCEs to apply for registration in the HKSAR, on the condition that they could provide local clinical data which comply with the requirements and information recognised by local experts, but also strengthen the local capacity of drug approval and facilitate the development of software, hardware and talents. We also plan to set up the Preparatory Office for the CMPR under the DH in the first half of 2024, which will formulate proposals and steps for the establishment of the CMPR and study potential restructuring and strengthening of the current regulatory and approval regimes for drugs and medical devices.

At the same time, clinical trial is an important process in translating clinical research into marketing authorisation and clinical application. Given the high level of medical expertise in the HKSAR, the high quality of data generated from clinical trials conducted in the HKSAR has been recognised by drug regulatory authorities both in the Mainland and abroad. The HKSAR Government also plans to set up the "Greater Bay Area International Clinical Trial Institute" to provide a one-stop clinical trial support platform for biomedical and research institutions, to co-ordinate clinical trial resources in the public and private healthcare sectors in the HKSAR, and to further enhance the development of clinical trials, which will complement the development of the "primary evaluation" mechanism.

The HKSAR Government has established the Steering Committee on Health and Medical Innovation and Development (Steering Committee), chaired by the Secretary for Health and comprising members from relevant bureaux, departments, institutions and local medical schools. The Steering Committee is tasked with co-ordinating and advancing the work related to health and medical innovation. The Steering Committee held its first meeting on 30 January 2024 and advised the HKSAR Government on the direction and policy initiatives for driving medical innovation, including measures to enhance the regulation on drugs and medical devices, and clinical trial development. The Health Bureau will continue to play the leading role in ensuring that the HKSAR builds up its capacity, recognition and status at

different stages to ensure that the eventual approval mechanism of drugs and medical devices would be widely recognised internationally and by the Mainland.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1808)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The SAR Government has been promoting primary healthcare with a strategy of emphasising disease prevention. While its intentions are good, the Government has to keep striving for improvement. In modern society, more and more people need chiropractic care. Nowadays, front-line doctors, especially orthopedists and physiotherapists, are worn out from work. Therefore it is an urgent task to reduce their work pressure. In this connection, will the Government inform this Committee whether chiropractic services will be included in primary healthcare by the Government, so as to give the public more choices? If so, what are the details? If not, what are the reasons?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 39)

Reply:

Chiropractors are healthcare professionals subject to statutory registration under the Chiropractors Registration Ordinance (Cap. 428). As at 29 February 2024, there were a total of 343 registered chiropractors in Hong Kong.

At present, under the Elderly Health Care Voucher Scheme, eligible elderly persons aged 65 or above are provided with an annual voucher amount of $2,000 to use private primary healthcare services provided by 14 types of local healthcare professionals (including healthcare services provided by chiropractors) that best suit their health needs.

Besides, in accordance with the Primary Healthcare Blueprint, the Government will further develop the district-based family-centric community health system based on the District Health Centre (DHC) model, with an emphasis on horizontal integration and co-ordination of district-based primary healthcare services through service co-ordination, strategic purchasing and medical-social collaboration, and vertical integration and interfacing with secondary and tertiary care services through protocol-driven care pathway for specified chronic diseases and well-trained primary care family doctors. Accordingly, the Government will progressively strengthen the role of DHCs as coordinators of community primary healthcare services, case managers to support primary healthcare doctors, as well as district services hubs that connect

multi-disciplinary healthcare professionals in both public and private sectors as well as different sectors in the community.

Currently, multi-disciplinary healthcare professionals have been extensively involved in primary healthcare for various medical conditions, in particular chronic illnesses and long-term care. In order to facilitate co-ordination of multi-disciplinary teams to provide comprehensive primary healthcare services, the Government will continue to develop sub-directories under the Primary Care Directory for different healthcare professionals and explore their roles in the delivery of primary healthcare services. Sub-directories for other healthcare professionals, including chiropractors will also be developed in a later phase.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1619)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in paragraph 192 of the Budget speech that the Government implements a variety of measures to promote Chinese medicine. In this connection, will the Government inform this Committee:

1. whether there is any plan to strengthen the application of information technology in Chinese medicine, such as integrating the development of artificial intelligence and digital application; if so, the details; if not, the reasons;
2. whether there are specific measures to promote exchange between the Chinese medicine sector in Hong Kong and its counterparts in Mainland;
3. how the effectiveness of the various projects under the Chinese Medicine Development Fund is evaluated?

Asked by: Hon LEE Hoey Simon (LegCo internal reference no.: 10)

Reply:

(1)
The Government strives to promote the application of information technology (IT) at different levels by the Chinese medicine (CM) sector to tie in with the Government's direction for CM development. On the front of CM clinical services, the Government actively promotes the use of electronic CM medical records and encourages the CM sector to join the eHealth electronic health record system. At present, eHealth supports the deposit and sharing of CM information, including CM diagnosis, procedures and prescriptions. To facilitate the sharing of CM information on eHealth, the Government has developed EC Connect, a clinical management system for CM clinics in need, that primarily supports the computerisation of the daily administration and clinical management (including functions of a clinical management system such as patient registration and appointment, clinical documentation, CM prescriptions and dispensary records, billing, etc.) of CM clinics in need, and allows CM clinics to connect with eHealth for sharing of CM clinical data.

Hong Kong's first Chinese Medicine Hospital (CMH) is expected to commence services in phases starting from late 2025. It will be a smart hospital equipped with intelligent workflow design and modern technology applications with a view to providing effective, safe,

convenient, environmentally friendly and efficient healthcare services. This will involve the adoption of various automation systems to optimise the overall workflows (such as managing the delivery and storage of medication and supplies, dispensing Chinese and Western medicines and clinical patient monitoring, etc.) The CMH will adopt an electronic medical record system and connect with eHealth. Patients can also use the mobile application for appointments, payments and viewing relevant medical records. The development of clinical services at the CMH will further drive the application and development of IT and electronic medical records across the CM sector.

Besides, the Government offers multi-pronged support to the CM sector on IT application through the Chinese Medicine Development Fund (CMDF). In addition to according funding priority to CM clinics using EC Connect for acquisition of equipment to improve their consultation systems, the CMDF also supports Chinese herbal medicines (Chm) retailers and wholesalers to acquire logistics management and Chm transaction record systems with a view to promoting the CM sector's use of modern technology for enhancing quality management and traceability of Chm. Meanwhile, projects on areas such as "training on enhancing IT application by Chinese medicine practitioners (CMPs) and CM drug personnel" and "CM innovation and technology application related studies" have been included in the "priority themes" under the Industry Support Programme to encourage and guide the applicants to submit proposals focusing on those areas. The CMDF has previously approved funding for research projects themed on application of big data and artificial intelligence on CM with a view to taking forward the application and development of frontier technology in the CM sector. The CMDF website also provides digitalised online resources for the CM sector to facilitate its use of digital resources for enhancing efficiency and professional competence.

To fully implement the approach of innovative application of CM data and resources proposed in the Development Plan for the Informatisation of Traditional Chinese Medicine during the 14th Five-Year Plan Period issued by the National Administration of Traditional Chinese Medicine, the Government Chinese Medicines Testing Institute of the Department of Health launched the Digital Herbarium for Chinese Medicines (DHCM) in March 2024. High-resolution pictures and related data of 220 commonly used Chinese materia medica (CMM) and their source plants are included at the DHCM. It is the first online herbarium of its kind that provides comprehensive digital information on CM, and also the first in the world using photogrammetry to produce three dimensional (3D) images on traceable CMM specimens. The DHCM supports the technical requirements of the CM, academic, research and testing sectors, as well as plays a role in the dissemination of CM culture.

(2)
The Government encourages the local CM sector to exchange with their Mainland counterparts on various fronts with a view to developing mutual co-operation, enhancing standards and jointly promoting the high-quality development of CM. The Construction Plan for the Chinese Medicine Highlands in the Guangdong-Hong Kong-Macao Greater Bay Area (2020-2025) (the Construction Plan) also provides an important platform for exchanges between the two places. Among others, the Government has, on the basis of the Construction Plan as well as the Mainland and Hong Kong Closer Economic Partnership Arrangement (CEPA), promoted and encouraged Hong Kong registered CMPs to practise in public medical institutions in the Mainland, so that Hong Kong CMPs can further work in the national healthcare system. So far, 9 Hong Kong registered CMPs have been recruited. At present, Hong Kong registered traditional proprietary Chinese medicines (pCm) for external use can

also be registered and sold in the Mainland through a streamlined registration approval procedure. So far, 11 pCm in Hong Kong have been approved for sale in the Mainland through this procedure.

Furthermore, with the staunch support from the country, CM personnel in Hong Kong may participate in, among others, the selection of National Medicine Masters and National Famous Traditional Chinese Medicine Practitioners, and talent nurturing programmes for Qi Huang scholars and Qi Huang young scholars. Some CMPs in Hong Kong have already been selected as National Famous Traditional Chinese Medicine Practitioners and Qi Huang young scholars. The National Administration of Traditional Chinese Medicine and the Health Bureau (HHB) are actively implementing related programmes under Hong Kong's Training Programme of Advanced Clinical Talents in Chinese Medicine. In particular, the Hong Kong Chinese Medicine Talent Short-term Training Programme (Phase 1) was successfully held in Beijing in November 2023. With the funding support of the CMDF, 30 students were recommended to receive about a week's training at renowned CM institutions in the Mainland, and had a fruitful learning and exchange experience with the renowned Mainland experts. Phase 2 of the short-term training programme will also be held in late May 2024. The training will focus on clinical skills and professional knowledge related to CM in-patient services. It is expected that about 40 CMPs and CM drug personnel will receive subsidies from the CMDF to attend the training in Beijing. In addition, the Hospital Authority has also actively arranging the "Greater Bay Area CM Visiting Scholars Programme" for experienced Mainland CM experts to come to Hong Kong as visiting scholars to provide clinical guidance and training. It has also arranged for Mainland CM experts to participate in various seminars for professional exchanges and experience sharing. To date, 13 CM experts from the Guangdong Province have joined the expert pool and trained a cumulative total of nearly 90 local CMPs.

Meanwhile, the CMDF encourages and subsidises various types of high-standard professional exchanges and talent training programmes in CM. The CMDF has funded the implementation of master-apprentice programmes with renowned Mainland CMPs and also large-scale academic forums on CM, facilitating interactive exchanges between the local CM sector and their Mainland counterparts. The Industry Support Programme of the CMDF also encourages the local CM sector to take forward projects with institutions in the Mainland (especially the Guangdong-Hong Kong-Macao Greater Bay Area) on professional training, exchange, promotion and research in CM, so as to further encourage and strengthen collaboration between the two places and deepen co-operation.

(3)
Officially launched in June 2019, the CMDF is the first dedicated fund set up to support the development of CM with the objective of enhancing the overall standard of the CM sector to promote the holistic and high-quality development of CM in Hong Kong.

As at 20 March 2024, nearly 7 800 funding applications were approved under the CMDF, involving a total funding of about $276 million (provisional figure) for the approved projects and benefiting more than 2.2 million individuals/organisations in the CM sector, including registered and listed CMPs, CM drug personnel, CM clinics, manufacturers and wholesalers of pCm, retailers and wholesalers of Chm, CM-related organisations, universities and tertiary education institutions, as well as members of the public. Major achievements of the CMDF are set out below:

(a) Talent nurturing: Close to 3 200 CMPs and CM drug personnel have received subsidies to attend CM professional training programmes for them to continuously upskill professional knowledge and ability. The CMDF has also supported programme providers to design and organise innovative training projects, benefiting over 37 100 practitioners;

(b) Quality enhancement: The CMDF has supported more than 480 CM clinics and nearly 190 Chm retailers/wholesalers to upgrade their facilities and equipment with a view to enhancing service quality, safety and quality control of CM drugs. The CMDF has also supported nearly 160 pCm manufacturers/wholesalers to engage consultancy services and technical support to complete the registration process for some 730 pCm products, thereby levelling up the quality of Hong Kong-registered pCm products and fostering the development of CM drug industry;

(c) Research and applied studies: The CMDF has supported the commencement of 62 CM research and applied studies projects which are instrumental to the academic and clinical research, professional and industry development of CM in Hong Kong; and

(d) Publicity and promotion: The CMDF has supported nearly 675 CM publicity and public education activities of various forms with target audiences covering kindergarten students, primary and secondary school students, and elderly persons.

The HHB, in conjunction with the CMDF's implementation agent, has been reviewing the operation of the CMDF. In consultation with the Advisory Committee on the CMDF, the HHB implements various enhancement proposals, such as refining the design of the existing funding schemes, streamlining the application process and administrative arrangements, expanding the application eligibility and funding scope, raising the funding ceiling and extending the time limit for project completion.

Since 2023-24, the CMDF has been taking forward a number of new capacity building initiatives. They include: (a) subsidising programmes related to the Training Programme of Advanced Clinical Talents in Chinese Medicine co-organised by the National Administration of Traditional Chinese Medicine and the HHB, one of which is the first edition of the Hong Kong Chinese Medicine Talent Short-term Training Programme successfully completed in Beijing in November 2023 aimed to help nurture more high-level backbone talents in CM theories and clinical practice; (b) launching the Guangdong-Hong Kong-Macao Greater Bay Area Proprietary Chinese Medicine Industry Development Support Scheme in February 2024 to subsidise local pCm manufacturers or wholesalers for the application fees for registering of eligible pCm products in the Mainland with the Guangdong Provincial Medical Products Administration through the streamlined registration approval process, thereby facilitating Hong Kong pCm to "go global" through expansion to other markets; and (c) raising the funding ceiling of the Chinese Medicine Promotion Funding Scheme from $750,000 to $2,000,000 with effect from April 2024 to enhance the scale and effectiveness of the public education and promotion projects designed and implemented by the CM sector.

Meanwhile, the CMDF will commission organisations to conduct large-scale training, publicity and research projects on strategic themes conducive to the development of CM as a whole. The first batch of projects include training programmes developed and implemented to tie in with the service commencement of the Chinese Medicine Hospital, and large-scale

territory-wide promotional and publicity campaigns for the wider use of CM in the community. Application is expected to be open in the second quarter of this year.

The details and vetting criteria of the funding schemes as well as the progress and results of the approved projects have been uploaded to the CMDF website (www.cmdevfund.hk).

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1131)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

One of the Matters Requiring Special Attention in 2024-25 is to enhance the Elderly Health Care Voucher Scheme. The Bureau announced earlier that, in an effort to extend the coverage of Elderly Health Care Vouchers, 5 integrated hospitals and 2 dental institutions have been included in the Elderly Health Care Voucher Greater Bay Area Pilot Scheme. Please advise:

(1) the estimated number of beneficiaries of the above Scheme;

(2) whether the Bureau will consider further extending the coverage of Hong Kong's Elderly Health Care Vouchers to include approved hospitals and clinics/health service centres in the Greater Bay Area, and to cover services such as inpatient services and day surgery procedures, so that Hong Kong elderly persons residing on the Mainland can obtain basic medical services without having to come back to Hong Kong. If yes, what are the details? If not, what are the reasons?

(3) whether the Bureau will consider further refining the scope of "two-way sharing" of individual medical records by sharing information such as radiological images and laboratory results, in order to facilitate Hong Kong elderly persons living in the Greater Bay Area to receive medical treatment locally. If yes, what are the details? If not, what are the reasons?

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 17)

Reply:

(1)
The Government announced in the 2023 Policy Address that the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (the Pilot Scheme) would be rolled out in 2024, extending the coverage of the Elderly Health Care Vouchers (EHCVs) to include suitable medical institutions in the Greater Bay Area (GBA). On 19 February, the Government announced a list of 7 GBA medical institutions under the Pilot Scheme, including 5 medical institutions in Guangzhou, Nansha, Zhongshan, Dongguan and Shenzhen that provide integrated medical services (all of which also provide dental services) and 2 dental institutions in Shenzhen.

These pilot medical institutions are expected to launch the relevant arrangement respectively under the Pilot Scheme starting from the third quarter of this year. Taken together with the University of Hong Kong-Shenzhen Hospital (HKU-SZH) and the Huawei Li Zhi Yuan Community Health Service Centre, there will be totally 9 medical institutions in the Mainland GBA cities where eligible Hong Kong elderly persons can use EHCVs to pay for outpatient medical services received at designated medical centres/departments. Nearly 1.7 million eligible Hong Kong elderly persons will benefit from the Pilot Scheme.

(2)
The Pilot Scheme represents 4 breakthroughs for the Elderly Health Care Voucher Scheme (EHVS) in the Mainland: (1) the first time to have service points located beyond Hong Kong and Shenzhen, covering the core area of the GBA; (2) the first time to see participation of Grade III Class A high-quality Mainland medical institutions that do not involve any Hong Kong investments; (3) the first time for private medical institutions to enroll in the EHVS; and (4) the first time for professional dental institutions' enrollment. The Pilot Scheme is a significant breakthrough in the cross-boundary healthcare policy. With the launch of the Pilot Scheme, we plan to let the elderly and GBA medical institutions familiarise themselves with the new medical care model and will also collect and analyse data and feedback from the elderly on the use of EHCVs at various pilot medical institutions, then contemplate the next phase in the development of the Pilot Scheme.

Launched by the Government in 2009, the EHVS aims to provide elderly persons with financial incentives to choose private primary healthcare services that best suit their healthcare needs and provide them with additional healthcare choices on top of the existing public healthcare services. As for the Pilot Scheme, it aims to provide eligible Hong Kong elderly persons with even more choices. The policy objectives must be adhered to when determining the scope of using the EHCVs. To optimise the use of resources to achieve the objective of promoting primary healthcare while safeguarding against abuse, EHCVs cannot be used for inpatient services, pre-paid healthcare services or day surgery procedures. The same is also applicable to the Pilot Scheme.

On the other hand, in addition to the EHVS, drawing on the experience from the Special Support Scheme during the COVID-19 epidemic, the Government launched the Pilot Scheme for Supporting Patients of the Hospital Authority in the Guangdong-Hong Kong-Macao Greater Bay Area (the Patient Support Pilot Scheme) in May last year, so that patients with scheduled follow-up appointments at designated Specialist Out-patient Clinics or General Out-patient Clinics of the Hospital Authority (eligible patients) can receive subsidised consultations at the HKU-SZH. The Government announced in early March that the Patient Support Pilot Scheme will be extended for one year. From 1 April 2024 to 31 March 2025, such eligible patients may still receive subsidised consultation services at the HKU-SZH. Each participating patient will be required to pay a consultation fee of RMB100 for each consultation service received at the designated out-patient clinic of the HKU-SZH while the remaining balance will be subsidised by the Patient Support Pilot Scheme, subject to a cap of RMB2,000 for each patient.

(3)
The development of digital health records is an essential part of the application of technology and data in the healthcare system. To support healthcare collaboration in the GBA, the Government has been facilitating members of the public to carry their electronic health records (eHRs) for cross boundary use through various means to allow more accurate

diagnosis and treatment, in accordance with the overarching principles of ensuing due compliance of laws and regulations in both places and that data security and privacy are fully safeguarded. Given patient's health records belongs to sensitive personal data, in enhancing the eHRs portability, we must ensure that patients' rights, data privacy and security are fully safeguarded and that the access and usage of the data are effectively monitored. We should duly consider the compatibility of the systems, safeguards on privacy, data security, and relevant laws and regulations between both places, with a view to unleashing the potential of cross-boundary data use in a step-by-step manner.

We have been facilitating members of the public to access to the Electronic Health Record Sharing System (eHealth) records when seeking medical treatment across the boundary through various means, so that they can obtain more accurate diagnosis and treatment. Members of the public can now apply to obtain their own eHealth records in paper or electronic form for sharing with non-local healthcare providers. The Government has also introduced special measures to allow citizens participating in the Patient Support Pilot Scheme to authorise the HKU-SZH to obtain and use copies of their eHealth records, including laboratory results and radiology reports, thereby facilitating the provision of healthcare services by healthcare professionals in both places. Subject to the preparation progress of the participating medical institutions under the Pilot Scheme in terms of the supporting IT system and legal compliance documents, we will extend this arrangement to include the pilot medical institutions and will support southbound data sharing, to facilitate the elderly living in the GBA to receive medical treatment locally.

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CONTROLLING OFFICER'S REPLY

(Question Serial No. 1133)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Wong Tai Sin District, as defined as a District Council district, has long suffered from a lack of accident and emergency (A&E) services and 24-hour emergency outpatient services. In cases of emergency, residents may be sent to Kwong Wah Hospital or Queen Elizabeth Hospital in Yau Tsim Mong District, or United Christian Hospital in Kwun Tong District.

(1) Please advise on the annual total numbers of A&E attendances at the above hospitals (with a breakdown by hospital) over the past 3 years, setting out the numbers of attendances by residents of Wong Tai Sin District and the percentages of their attendances at respective hospitals.

(2) Please advise on the annual total numbers of A&E attendances by patients who were sent to the above hospitals by ambulance (with a breakdown by hospital) in the same period, setting out the numbers of attendances by residents of Wong Tai Sin District and the percentages of their attendances at respective hospitals.

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 19)

Reply:

(1) and (2)

The Hospital Authority (HA) does not have the statistics of accident and emergency (A&E) attendances at Kwong Wah Hospital, Queen Elizabeth Hospital and United Christian Hospital by patients who are sent by ambulances. The tables below set out the number of A&E attendances, by hospital cluster, in 2021-22, 2022-23 and 2023-24 (up to 31 December 2023).

2021-22

Patients' district of residence	Corres-ponding 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**	133 398	8 997	2 737	1 821	2 417	1 229	1 026	**151 625**
Central & Western, Southern	**HKWC**	14 389	81 556	1 806	891	1 552	841	758	**101 793**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	5 391	3 843	197 695	18 025	15 736	6 600	3 001	**250 291**
Kwun Tong, Sai Kung	**KEC**	7 766	3 704	21 121	214 544	8 245	5 673	2 360	**263 413**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	4 747	4 427	26 365	3 529	358 602	6 364	5 891	**409 925**
Sha Tin, Tai Po, North	**NTEC**	3 208	2 023	9 249	3 125	9 062	276 795	5 176	**308 638**
Tuen Mun, Yuen Long	**NTWC**	2 373	1 976	5 998	1 618	12 590	7 678	312 450	**344 683**
Others (e.g. Macau and Mainland China, etc.)		1 192	1 294	2 645	633	1 462	828	1 607	**9 661**
Overall		**172 464**	**107 820**	**267 616***	**244 186***	**409 666**	**306 008**	**332 269**	**1 840 029**

* Among which, the numbers of attendances at Kwong Wah Hospital, Queen Elizabeth Hospital and United Christian Hospital are 101 485, 166 131 and 140 273 respectively.

2022-23

Patients' district of residence	Corres-ponding 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**	128 380	8 471	2 962	1 993	2 385	1 284	1 097	**146 572**
Central & Western, Southern	**HKWC**	14 213	75 844	1 896	825	1 681	806	985	**96 250**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	5 007	3 272	188 063	17 322	13 783	6 136	3 270	**236 853**
Kwun Tong, Sai Kung	**KEC**	7 752	3 549	20 782	202 800	7 657	5 566	2 540	**250 646**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	4 420	4 137	26 163	3 441	317 627	6 159	6 288	**368 235**
Sha Tin, Tai Po, North	**NTEC**	3 136	1 905	9 348	3 319	8 708	272 492	5 579	**304 487**
Tuen Mun, Yuen Long	**NTWC**	2 364	1 921	6 036	1 588	11 356	7 856	296 169	**327 290**
Others (e.g. Macau and Mainland China, etc.)		1 287	1 370	2 637	705	2 055	1 002	1 702	**10 758**
Overall		**166 559**	**100 469**	**257 887***	**231 993***	**365 252**	**301 301**	**317 630**	**1 741 091**

* Among which, the numbers of attendances at Kwong Wah Hospital, Queen Elizabeth Hospital and United Christian Hospital are 102 823, 155 064 and 132 023 respectively.

2023-24 (up to 31 December 2023) [Provisional Figures]

Patients' district of residence	Corres-ponding 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**	117 049	7 497	2 658	1 737	1 894	1 255	862	**132 952**
Central & Western, Southern	**HKWC**	12 925	67 075	1 727	749	1 169	776	669	**85 090**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	4 263	2 655	180 843	14 593	11 817	5 500	2 744	**222 415**
Kwun Tong, Sai Kung	**KEC**	6 535	2 915	20 740	191 295	6 290	5 077	2 120	**234 972**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	3 777	3 514	26 498	2 942	298 596	5 795	5 117	**346 239**
Sha Tin, Tai Po, North	**NTEC**	2 561	1 728	8 776	2 895	7 118	248 846	4 935	**276 859**
Tuen Mun, Yuen Long	**NTWC**	2 015	1 531	5 568	1 458	10 498	7 242	282 277	**310 589**
Others (e.g. Macau and Mainland China, etc.)		1 036	1 317	2 656	577	1 818	1 251	1 146	**9 801**
Overall		**150 161**	**88 232**	**249 466***	**216 246***	**339 200**	**275 742**	**299 870**	**1 618 917**

* Among which, the numbers of attendances at Kwong Wah Hospital, Queen Elizabeth Hospital and United Christian Hospital are 99 118, 150 348 and 118 903 respectively.

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

In view of the emergence of the COVID-19 epidemic in Hong Kong since early 2020, the HA has adjusted its services in response to the epidemic. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all its public healthcare services to tie in with the Government's normalcy measures. This should be taken into account when comparing the throughput of services provided by the HA across the 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

(Question Serial No. 1134)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

In Wong Tai Sin District Council district, there are Our Lady of Maryknoll Hospital (OLMH), Hong Kong Buddhist Hospital (HKBH) and Wong Tai Sin Hospital (WTSH). Please set out in the table below the number of admissions into these hospitals in each of the past 3 years by patients' district of residence.

Institution	HKBH	OLMH	WTSH	Total
District of Residence	Number of Admissions	Number of Admissions	Number of Admissions	Number of Admissions
Wong Tai Sin District				
Other Districts				
Total				

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 20)

Reply:

The Hospital Authority (HA) does not maintain breakdown of admissions from various districts by Our Lady of Maryknoll Hospital, Hong Kong Buddhist Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital.

The numbers of inpatient discharges and deaths for general specialties of the Hospital Authority (HA), by hospital cluster for 2021-22, 2022-23 and 2023-24 (up to 31 December 2023), as well as the corresponding figures for these hospitals, are set out in the tables below.

2021-22

Patients' district of residence	Corres-ponding 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**	82 531	11 724	1 465	616	1 132	484	385	**98 337**
Central & Western, Southern	**HKWC**	6 237	69 647	956	294	767	377	243	**78 521**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	1 992	4 427	141 964	7 516	6 660	2 935	1 099	**166 593**
Kwun Tong, Sai Kung	**KEC**	3 641	4 599	20 624	102 562	3 348	2 863	893	**138 530**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	1 996	5 913	18 860	1 312	174 124	3 191	2 093	**207 489**
Sha Tin, Tai Po, North	**NTEC**	1 136	2 642	6 001	1 281	3 997	145 575	1 741	**162 373**
Tuen Mun, Yuen Long	**NTWC**	884	3 275	4 492	626	4 710	3 577	130 146	**147 710**
Others (e.g. Macau and Mainland China, etc.)		335	433	1 216	195	1 552	269	637	**4 637**
Overall		**98 752**	**102 660**	**195 578***	**114 402**	**196 290**	**159 271**	**137 237**	**1 004 190**

* Among which, the number of inpatient discharges and deaths for Our Lady of Maryknoll Hospital, Hong Kong Buddhist Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital are 5 664, 6 567 and 8 617 respectively. Owing to the redevelopment plan of Our Lady of Maryknoll Hospital, inpatient services have been gradually moved to other hospitals in the same cluster. The above figures include patients living in different regions.

2022-23

Patients' district of residence	Corres-ponding 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**	75 670	10 608	1 538	718	2 133	535	467	**91 669**
Central & Western, Southern	**HKWC**	6 217	67 903	944	301	1 252	325	406	**77 348**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	1 761	4 076	139 827	7 778	7 617	2 842	1 261	**165 162**
Kwun Tong, Sai Kung	**KEC**	3 371	4 807	19 445	100 537	5 012	2 838	934	**136 944**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	1 684	5 791	18 269	1 273	163 129	3 135	2 407	**195 688**
Sha Tin, Tai Po, North	**NTEC**	1 062	2 453	5 558	1 277	5 759	145 974	2 084	**164 167**
Tuen Mun, Yuen Long	**NTWC**	836	2 859	4 145	570	5 769	3 693	121 476	**139 348**
Others (e.g. Macau and Mainland China, etc.)		354	484	1 142	189	738	350	609	**3 866**
Overall		**90 955**	**98 981**	**190 868**	**112 643**	**191 409**	**159 692**	**129 644**	**974 192**

* Among which, the number of inpatient discharges and deaths for Our Lady of Maryknoll Hospital, Hong Kong Buddhist Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital are 654, 8 741 and 10 046 respectively. Owing to the redevelopment plan of Our Lady of Maryknoll Hospital, inpatient services have been gradually moved to other hospitals in the same cluster. The above figures include patients living in different regions.

2023-24 (up to 31 December 2023) [Provisional Figures]

Patients' district of residence	Corres-ponding 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**	67 222	9 130	1 383	587	721	540	262	**79 845**
Central & Western, Southern	**HKWC**	5 403	54 844	787	222	380	362	212	**62 210**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	1 427	3 070	126 264	6 225	4 574	2 491	929	**144 980**
Kwun Tong, Sai Kung	**KEC**	2 937	3 593	17 689	88 970	2 399	2 436	772	**118 796**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	1 390	4 660	17 249	994	139 117	2 869	1 803	**168 082**
Sha Tin, Tai Po, North	**NTEC**	836	2 089	4 926	1 046	2 519	125 261	1 483	**138 160**
Tuen Mun, Yuen Long	**NTWC**	669	2 317	3 789	550	3 206	3 286	108 684	**122 501**
Others (e.g. Macau and Mainland China, etc.)		284	550	1 143	141	563	465	456	**3 602**
Overall		**80 168**	**80 253**	**173 230**	**98 735**	**153 479**	**137 710**	**114 601**	**838 176**

* Among which, the number of inpatient discharges and deaths for Hong Kong Buddhist Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital are 8 177 and 8 130 respectively. Owing to the redevelopment plan of Our Lady of Maryknoll Hospital, inpatient services have been gradually moved to other hospitals in the same cluster. The above figures include patients living in different regions.

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

For the HA, inpatients are those who are admitted into hospitals via accident and emergency department or those who have stayed for more than 1 day.

In view of the emergence of the COVID-19 epidemic in Hong Kong since early 2020, the HA has adjusted its services in response to the epidemic. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all its public healthcare services to tie in with the Government's normalcy measures. This should be taken into account when comparing the throughput of services provided by the HA across the 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

(Question Serial No. 3147)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in paragraph 192 of the Budget Speech that the Government provides resources and implements a variety of measures to promote Chinese medicine (CM). These include extending integrated Chinese-Western medicine services and pressing ahead with the construction of the Chinese Medicine Hospital (CMH) and the Government Chinese Medicines Testing Institute. In this connection, please advise this Committee on the following:

Will the Government consider broadening the range of diseases covered by the conjoint Chinese-Western medicine consultation services, and explore how Chinese and Western medicine practitioners can better collaborate in the service model to enhance the clinical results?

Regarding the establishment of the CMH, will the Government introduce more CM clinical training programmes of various Mainland provinces so as to offer more diversified clinical experience to local CM students?

Asked by: Hon LEE Wai-wang, Robert (LegCo internal reference no.: 39)

Reply:

Development of integrated Chinese-Western medicine (ICWM) services

To explore the operation and gather experience of ICWM and CM inpatient services for formulating a roadmap for the future development of CM, the Government commissioned the Hospital Authority (HA) to launch in 2014 the time-limited ICWM Pilot Programme (Pilot Programme) for providing ICWM treatment for inpatients of selected disease areas (namely stroke care, musculoskeletal pain management and cancer palliative care) at 8 designated hospitals (Kwong Wah Hospital, Pamela Youde Nethersole Eastern Hospital, Princess Margaret Hospital, Prince of Wales Hospital, Shatin Hospital, Tuen Mun Hospital, Tung Wah Hospital and United Christian Hospital) by phases. Having regard to the clinical assessment by CM and Western medicine teams, the ICWM services are provided to inpatients suitable for participating in the Pilot Programme.

To tie in with the policy direction of the long-term development of CM, the HA regularised the Pilot Programme in early 2023 and further expanded ICWM services to cover more public hospitals and other disease areas for leveraging the advantages of CM and ICWM. To support cancer patients of different stages, the HA has incorporated ICWM services into the cancer treatment protocol, and launched the new cancer care pilot programme at 2 public hospitals (Princess Margaret Hospital and Tuen Mun Hospital) in the third quarter of 2023 to provide such services for the first time in day chemotherapy centres.

In the first quarter of 2024, the ICWM services have reached its periodical milestone. The HA has further expanded the ICWM services to 26 public hospitals under the 7 clusters, increasing the hospital sites from 8 to 53. Such expansion is in line with the policy direction to promote CM development and enhance ICWM services set forth in the Chief Executive's Policy Address in providing services to patients of under the designated disease areas (including stroke care, musculoskeletal pain management, cancer palliative care and cancer care pilot programme).

Further, the HA has also planned to include CM rehabilitation in the clinical framework for stroke care inpatient services and will continue to explore from multiple perspectives the feasibility of extending ICWM services to cover more disease areas (such as elderly degenerative diseases), starting from those where CM has advantages, for the long-term development of sustainable ICWM services.

Nurturing CM talents

To tie in with the long-term development of the Chinese Medicine Hospital (CMH) and CM in Hong Kong, the Government is committed to promoting the establishment of a CM professional talent pool. Through the Chinese Medicine Development Fund (CMDF), the Government encourages and subsidises various types of high-standard professional exchanges and talent training programmes in CM. The CMDF has funded the implementation of master-apprentice programmes with renowned Mainland Chinese medicine practitioners (CMPs) and also large-scale academic forums on CM, facilitating interactive exchanges among high-standard CM talents in various aspects. At the same time, the CMDF provides funding support for the continuing education of in-service CMPs and CM drug personnel. It will also provide funding support in the future for talent training and exchange programmes that meet the development needs of the CMH and CM in Hong Kong through commissioning, with a view to enhancing the professional competence of CM professionals on all fronts.

With the staunch support from the country, CM personnel in Hong Kong may participate in, among others, the selection of National Medicine Masters and National Famous Traditional Chinese Medicine Practitioners, and talent nurturing programmes for Qi Huang scholars and Qi Huang young scholars. Some CMPs in Hong Kong have already been selected as National Famous Traditional Chinese Medicine Practitioners and Qi Huang young scholars. Furthermore, the National Administration of Traditional Chinese Medicine and the Health Bureau are actively implementing related programmes under Hong Kong's Training Programme of Advanced Clinical Talents in Chinese Medicine. In particular, the Hong Kong Chinese Medicine Talent Short-term Training Programme (Phase 1) was successfully held in Beijing in November 2023. With the funding support of the CMDF, 30 students were recommended to receive about a week's training at renowned CM institutions in the

Mainland, and had a fruitful learning and exchange experience with the renowned Mainland experts. Phase 2 of the short-term training programme will be held in late May 2024. The training will focus on clinical skills and professional knowledge related to CM in-patient services. It is expected that about 40 CMPs and CM drug personnel will receive subsidies from the CMDF to attend the training in Beijing.

To support the Government's efforts in promoting overall development of CM, the HA has all along been providing different types of CM training for CM professionals of various ranks in the 18 Chinese Medicine Clinics cum Training and Research Centres (CMCTRs), including CMP trainees, CMPs, senior CMPs and CM pharmacists, with a view to nurturing more local CM talents. In particular, the HA launched the CMP trainee programme in March 2020 to comprehensively enhance the clinical ability and professional standard of CMP trainees by adopting "evidence-based" medicine as an approach to develop solid clinical capability. Each CMCTR will employ 12 CMP trainees and provide training to them. At present, there are a total of 216 CMP trainees training quotas in the 18 CMCTRs. Among which, 72 quotas will be allocated for application by CMPs graduated from local full-time CM undergraduate programmes who have experience of clinical practice for less than one year.

Apart from the training programmes for the CMP trainees, the HA has also enhanced various types of on-the-job training for CMPs at other levels. These include scholarships at junior and advanced levels, visiting scholar programmes, training on the knowledge and practice of scientific research, commissioned training in Western medicine, CM research, online learning programme, etc. The HA also provides relevant training for CM drug professionals, including professional training programmes on CM drugs, programmes on fundamental knowledge of Western medicine, and online training platforms, with a view to enhancing the professional competence of CM drug professionals.

Joining hands with the CM sector, the Government will continue to promote the enhancement of CM professional competence, step up the professional training in CM, and establish a high-standard CM talent pool to support the long-term and high-quality development of CM.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3186)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

In November 2023, the Government launched a 3-year Chronic Disease Co-Care Pilot Scheme. Will the Government inform this Committee of the following:

1. the respective numbers of members of the public who have registered with the scheme at various District Health Centres (DHCs) or DHC Expresses from the commencement of the scheme to February 2024;
2. the number of participants who have registered with the scheme via the website of the Health Bureau and referred to the relevant DHC or DHC Express among the total participants of the scheme in each district;
3. the number of participants who have been diagnosed with prediabetes, diabetes mellitus or hypertension as at February 2024;
4. the staffing establishment for the scheme;
5. the estimated annual administrative cost of this 3-year pilot scheme?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 113)

Reply:

(1) to (3)

The Government launched the 3-year Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) on 13 November 2023 to provide subsidised diabetes mellitus (DM) and hypertension (HT) screening services in the private healthcare sector to Hong Kong residents aged 45 or above with no known medical history of DM or HT. As at 27 March 2024 [provisional figure], around 30 000 members of the public have participated in the scheme. Over 15 000 of the participants have completed the screenings for DM and HT, and nearly 6 000 of them (i.e. over 30%) have been diagnosed with prediabetes [Note 1], DM or HT. These patients can proceed to the treatment phase and will be subsidised by the Government to continue their treatment with self-selected family doctors, and subject to their health conditions, be offered prescribed medication, follow-up care at nurse clinics and allied health services.

The number of participants [Note 2] with a breakdown by District Health Centre (DHC)/DHC Express (DHCE) is tabulated below:

DHC/DHCE	Cumulative Number (as at 27 March 2024) [provisional figures] [Note 3]
Central and Western	1 000
Eastern	1 500
Southern	1 800
Wan Chai	800
Kowloon City	1 200
Kwun Tong	1 300
Sham Shui Po	2 100
Wong Tai Sin	2 000
Yau Tsim Mong	1 300
Islands	500
Kwai Tsing	2 500
North	1 000
Sai Kung	1 600
Sha Tin	2 500
Tai Po	1 100
Tsuen Wan	1 900
Tuen Mun	2 400
Yuen Long	2 400

Note:

1. A blood glucose level ranging from 6.0 to 6.4% for glycated haemoglobin or a fasting glucose level of 6.1 to 6.9 mmol/L.
2. The figures refer to the number of registered participants of the CDCC Pilot Scheme who have undergone assessment by nurses at DHCs/DHCEs and successful family doctor pairing.
3. Figures are rounded to the nearest hundred and may not add up to the total due to rounding.

Members of the public can enrol in the scheme at DHCs/DHCEs. The DHCs/DHCEs also actively encourage public participation through various channels, such as promotion activities and recruitment booths. Meanwhile, for the public's convenience, appointments can also be made on the website of the CDCC Pilot Scheme, which will facilitate the DHCs/DHCEs to contact the public for the relevant procedures. To further promote the concept of "Family Doctor for All" and encourage members of the public to maintain a long-term doctor-patient relationship with their family doctors, starting from 25 March, they may also choose to enrol in the CDCC Pilot Scheme at a number of participating clinics directly and pair with a family doctor at the clinic for screenings. As members of the public can provide their contact information via various channels to indicate their willingness to join the scheme, the statistical figures on participants who have registered with the scheme through making appointments on the website are not available.

(4)

The CDCC Pilot Scheme is implemented through the joint effort of the Primary Healthcare Office (PHO) and the Strategic Purchasing Office (SPO) as part and parcel of their overall functions, and there is no separate manpower establishment for this scheme. Therefore, information on the manpower establishment involved in the related work is not available.

(5)

Relevant major administrative expenses for supporting the implementation of the scheme are absorbed by the overall provision for the PHO and SPO and cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3274)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Following the recent spate of incidents related to concrete spalling of buildings and medical equipment in public hospitals, the Hospital Authority (HA) established the Review Committee on Medical Equipment and Facility Maintenance (Review Committee) in 2023 and released a review report. Regarding the maintenance of buildings and medical equipment in public hospitals, will the Government inform this Committee of the following:

1. How many medical equipment and facility incidents occurred in public hospitals each year in the past 3 years? Among them, how many casualties were involved?
2. Over the past 3 years, how many water leakage/seepage cases occurred in public hospitals each year? How many of them resulted in concrete spalling due to delayed handling?
3. Over the past 3 years, how much medical equipment had to be disposed of by public hospitals each year due to severe malfunctioning while in use?
4. As recommended in the report of the Review Committee, all Clusters or hospitals should enhance and devise an internal reporting mechanism for medical equipment and facility incidents. How many Clusters or hospitals have enhanced their relevant mechanisms?
5. As recommended in the report of the Review Committee, public hospitals should expand the establishment of biomedical engineering staff. Does the HA have any timetable for the recruitment of such staff? How many additional staff does the HA expect to recruit in the coming 3 years?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 111)

Reply:

(1)

The Hospital Authority (HA) has all along upheld the principles of openness, transparency and accountability in making public announcements on major incidents of public hospitals. The HA will take into account various factors in making an announcement on an incident, such as whether there is any patient, staff or visitor injured, whether there is any impact on services, and the seriousness of the incident. Following up on the recommendations set out in the report of the Review Committee on Medical Equipment and Facility Maintenance

(Review Committee) in 2023, the HA has stepped up external communication in respect of medical equipment and facility incidents.

The Hospital Authority (HA) has all along upheld the principles of openness, transparency and accountability in making public announcements on major incidents of public hospitals. The HA will take into account various factors in making an announcement on an incident, such as whether there is any patient, staff or visitor injured, whether there is any impact on services, and the seriousness of the incident. Following up on the recommendations set out in the report of the Review Committee in 2023, the HA has stepped up external communication in respect of medical equipment and facility incidents.

The table below sets out the number of press releases on "facility and environment-related" and "medical equipment, apparatus and consumable-related" incidents as reported by various public hospitals during the period from 2021 to 2023:

	Facility and environment-related incidents		**Medical equipment, apparatus and consumable-related incidents**	
Year	**Number of press releases**	**Number of injured persons**	**Number of press releases**	**Number of injured persons**
2021	9	0	0	0
2022	1	0	0	0
2023	48	3	5	3

Note
The 6 persons injured in 2023 sustained minor injuries which were confirmed not serious after examination or treatment.

(2)
The number of "Water Leakage/seepage" cases reported in 2023 through the HA's Advance Incident Reporting System was 347, among which there was no incident of concrete spalling as a result of delayed handling. "Water Leakage/seepage" was not a separate item in the reporting system prior to this and hence figures before 2023 are not available.

(3)
From 2021 to 2023, a surgical light falling incident occurred in the United Christian Hospital on 18 February 2023, and as a result the apparatus involved had to be disposed of. Other than that, HA did not record any cases in which medical equipment had to be disposed of due to serious malfunctioning while in use.

(4)
Following up on the recommendations set out in the report of the Review Committee, all Clusters under the HA have enhanced their internal reporting mechanism regarding medical equipment and facility-related incidents. This includes setting up a hospital safety committee in each hospital for the management of matters relating to medical equipment and facility maintenance.

(5)

The HA has implemented the Review Committee's recommendation on expanding the establishment of biomedical engineering staff, with the number of such staff increased from 15 to 24. The recruitment exercise was completed in early 2024. The HA will continue to review the need for further increasing biomedical engineering staff.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3300)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The Hospital Authority (HA) has been providing patients waitlisted for public hospitals with services at the Central Government-Aided Emergency Hospital in the Lok Ma Chau Loop since April 2023. Will the Government inform this Committee:

1. of the services having been provided at the Emergency Hospital since its use by the HA; and the daily quota for each of the services (please list in order of implementation);
2. of the number of HA staff currently stationed at the Emergency Hospital to provide services;
3. of the monthly service capacity of the Emergency Hospital since its use by the HA;
4. of the monthly carrying capacity of the 2 free shuttle bus routes provided by the Emergency Hospital since its use by the HA;
5. of the department currently responsible for the repair and maintenance of the Emergency Hospital;
6. whether the Government has any plan to further expand the scope of services provided by the Emergency Hospital; if so, of the details; if not, the reasons?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 112)

Reply:

(1)

As soon as Hong Kong moved beyond the COVID-19 epidemic and returned to normalcy, the Government planned to utilise facilities built during the epidemic for serving the public. Therefore, the Government commissioned the Hospital Authority (HA) to make use of the Central Government-Aided Emergency Hospital (Emergency Hospital) facilities for provision of public healthcare services for citizens, so as to help shorten the waiting time for individual hospital services. The HA started to provide the following services at the Emergency Hospital by phases since April 2023:

Service	Number of monthly quota (approximate)
Computed Tomography (CT) scan	1500
Magnetic Resonance Imaging (MRI) scan	300
Microbiological examination	2 500
Sleep study	80 (from October 2023 to February 2024) 110 (from March 2024 onwards)
Diagnostic endoscopy	300
Ultrasonography	360

(2)

At present, a total of about 70 HA staff members serve in the Emergency Hospital, including healthcare professionals on exchange in Hong Kong under the two-way exchange arrangement between the HA and the Mainland.

(3)

The Emergency Hospital's monthly service throughput as at February 2024 is as follows:

Month	Monthly service throughput (attendance)					
	CT scan	MRI scan	Microbiological examination	Sleep study	Diagnostic endoscopy	Ultra-sonography
April 2023	110	69	N/A	N/A	N/A	N/A
May 2023	368	173	N/A	N/A	N/A	N/A
June 2023	393	184	N/A	N/A	N/A	N/A
July 2023	447	220	N/A	N/A	N/A	N/A
August 2023	893	295	N/A	N/A	N/A	N/A
September 2023	1 055	277	N/A	N/A	N/A	N/A
October 2023	1 010	251	3 367	19	6	N/A
November 2023	1 082	280	3 220	78	120	N/A
December 2023	1 174	244	2 665	60	129	196
January 2024	1 389	270	4 390	90	227	311
February 2024	1 036	243	4 329	60	226	330

Note:
Microbiological tests, sleep study and endoscopy services commenced in October 2023, while ultrasonography commenced in December 2023.

(4)

The monthly passenger patronage of the 2 free shuttle bus routes provided by the Emergency Hospital as at February 2024 is as follows:

Month	Monthly patronage (passenger trip)
April 2023	806
May 2023	2 282
June 2023	2 436
July 2023	2 820
August 2023	4 892
September 2023	5 472
October 2023	5 250
November 2023	6 264
December 2023	7 282
January 2024	9 140
February 2024	7 632

(5)

The repair and maintenance of the Emergency Hospital are undertaken by the resident staff of the HA's Hospital Planning and Facility Management Division and through the Electrical and Mechanical Services Trading Fund.

(6)

The HA continues to explore ways to utilise the Emergency Hospital facilities for providing more healthcare services to the public. At end-March 2024, the HA rolled out the serum 25-hydroxy vitamin D analysis service. The service helps monitor the conditions of patients with vitamin D deficiency or severe osteoporosis who are receiving vitamin D supplementation therapy, and assists in the diagnosis of patients suspected of vitamin D toxicity. The HA can expand the use of the laboratory facilities in the Emergency Hospital in this regard. Moreover, the HA will progressively increase the service quotas for ultrasonography and sleep study.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2167)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the Government's occupational therapy and physiotherapy services, will the Government please inform this Committee of:
1. the registration quota for new cases, number of attendances and average waiting time for occupational therapy and physiotherapy services in various organisations in each of the past 3 years with a breakdown by age group (0-18, 19-40, 41-60, 60-64, 65 or above);
2. the number of attendances for occupational therapy and physiotherapy services under the Elderly Health Care Voucher Scheme in each of the past 3 years;

Asked by: Hon LEUNG Man-kwong (LegCo internal reference no.: 16)

Reply:

1.

The allied health out-patient clinics for occupational therapy and physiotherapy services under the Hospital Authority (HA) will arrange treatment appointments for patients based on the urgency of their clinical conditions. Under the triage system, patients are classified into the categories of Priority 1 (urgent), Priority 2 (semi-urgent) and routine (stable). The median waiting time for new cases in Priority 1 and 2 categories at the allied health out-patient clinics for occupational therapy and physiotherapy services under the HA is less than 2 weeks and less than 8 weeks respectively.

The tables below set out the number of new case bookings for occupational therapy and physiotherapy allied health services (out-patient) triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and routine (stable) in the HA as well as the median waiting time (50th percentile) in the years 2021-22, 2022-23 and 2023-24 (up to 31 December 2023). The HA does not maintain breakdown of relevant figures by age group of patients.

Year	Occupational therapy (out-patient)					
	Priority 1		Priority 2		Routine	
	Number of new case bookings	Median waiting time (weeks)	Number of new case bookings	Median waiting time (weeks)	Number of new case bookings	Median waiting time (weeks)
2021-22	28 903	<1	45 001	3	37 423	11
2022-23	28 670	<1	44 822	3	37 787	12
2023-24 (up to 31 December 2023) [provisional figures]	20 393	<1	37 031	3	32 671	11

Year	Physiotherapy (out-patient)					
	Priority 1		Priority 2		Routine	
	Number of new case bookings	Median waiting time (weeks)	Number of new case bookings	Median waiting time (weeks)	Number of new case bookings	Median waiting time (weeks)
2021-22	66 596	<1	54 163	4	147 368	19
2022-23	67 018	<1	53 865	4	144 928	17
2023-24 (up to 31 December 2023) [provisional figures]	51 318	<1	44 827	4	121 905	18

Note:
In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures. This should be taken into consideration when comparing the service capacity of the HA in previous years.

2.

The number of Elderly Health Care Voucher (EHCV) claim transactions, the amount of EHCVs claimed and the average amount per claim transaction by occupational therapists and physiotherapists in the local private healthcare sector after provision of services for the elderly in the past 3 years are as follows:

Number of EHCV Claim Transactions

	2021	2022	2023
Occupational Therapists	7 224	4 177	4 232
Physiotherapists	48 107	37 603	45 673

Amount of EHCVs Claimed ($,000)

	2021	2022	2023
Occupational Therapists	7,503	4,518	4,455
Physiotherapists	19,238	17,743	22,726

Average Amount of EHCVs per Claim Transaction ($)

	2021	2022	2023
Occupational Therapists	1,039	1,082	1,053
Physiotherapists	400	472	498

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2171)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health,(3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

A tragedy involving a person with severe mental illness in Diamond Hill last June has aroused public concern about the support for psychiatric patients, including the recovery status of those with severe mental illness. The Health Bureau said that it would pursue recommendations of the Mental Health Review Report in 2024-25. In this connection, will the Government please provide this Committee with some information on mental health services under the Hospital Authority (HA) in the past 5 financial years in table form:

1. the number and age distribution of patients with mental illnesses (including but not limited to depression, anxiety-related disorders, bipolar affective disorder and schizophrenic spectrum disorder) in each hospital cluster;

2. the number of persons hospitalised due to severe mental illness and their average, longest and shortest length of stay in hospitals, as well as the length of post-discharge follow-up services;

3. the number of persons who received services (including outpatient and outreach services) from the HA due to severe mental illness and the average length of their follow-up services; and

4. the respective numbers of doctors, nurses, clinical psychologists and social workers of the HA currently responsible for following up cases of severe mental illness, and their ratios to patients.

After patients with severe mental illness are discharged from hospital or have received services provided by the HA, what measures will the HA take to follow up on their recovery and ensure that they will take medications and attend follow-up consultations as scheduled to reduce the risk of relapse?

Asked by: Hon LEUNG Man-kwong (LegCo internal reference no.: 20)

Reply:

(1) and (3)

The tables below set out the number of psychiatric patients receiving treatment in each hospital cluster under the Hospital Authority (HA) and diagnosed with anxiety-related disorders, bipolar affective disorder, schizophrenic spectrum disorder or depression by disease group and age group from 2019-20 to 2023-24 (projection as of 31 December 2023). The follow-up for each patient varies with factors such as clinical conditions, complexity of medical conditions and treatment needs. The HA does not maintain statistics on the average time taken for following up on such cases.

2019-2020

Age Group[3]	**Hospital Cluster**	**No. of Psychiatric Patients of HA[1,9]**	**Disease Group**			
			Anxiety-related Disorders	**Bipolar Affective Disorder**	**Schizophrenic Spectrum Disorder[8]**	**Depression**
Aged 0-17	HKEC & HKWC[5]	8 000	300	<50	<50	200
	KEC & KWC[6]	11 400	400	<50	100	400
	KEC	6 100	200	<50	100	100
	NTEC	8 900	200	<50	100	100
	NTWC	6 200	300	<50	<50	300
	Overall[7]	**40 300**	**1 300**	**100**	**300**	**1 100**
Aged 18-64	HKEC	15 300	3 500	600	2 700	3 700
	HKWC	12 000	3 300	600	2 500	3 800
	KCC	13 400	3 700	800	4 000	3 700
	KEC	22 900	7 700	1 000	6 000	5 200
	KWC	44 600	13 600	1 800	12 800	11 000
	NTEC	30 300	8 500	1 900	6 700	8 000
	NTWC	28 900	8 400	1 100	7 100	7 600
	Overall[7]	**163 600**	**48 100**	**7 500**	**40 400**	**42 400**
Aged 65 or above	HKEC	7 800	1 800	100	800	1 600
	HKWC	4 800	1 600	100	600	1 400
	KCC	5 900	1 700	100	900	1 400
	KEC	8 400	2 800	100	1 400	1 600
	KWC	20 000	5 400	300	3 400	4 300
	NTEC	11 500	2 600	300	1 300	2 900
	NTWC	9 100	2 300	200	1 600	2 300
	Overall[7]	**66 700**	**18 000**	**1 200**	**9 900**	**15 400**
Total[4]		**270 700**	**67 300**	**8 900**	**50 500**	**58 800**

2020-2021

Age Group[3]	**Hospital Cluster**	**No. of Psychiatric Patients of HA[1,9]**	**Disease Group**			
			Anxiety-related Disorders	**Bipolar Affective Disorder**	**Schizophrenic Spectrum Disorder[8]**	**Depression**
Aged 0-17	HKEC	300	100	<50	<50	100
	HKWC	7 900	300	<50	<50	200

	KCC	300	<50	<50	<50	100
	KEC	6 100	200	<50	<50	200
	KWC	10 900	300	<50	100	400
	NTEC	8 700	200	<50	100	200
	NTWC	6 200	300	<50	<50	300
	Overall[7]	**40 100**	**1 300**	**100**	**300**	**1 300**
Aged 18-64	HKEC	15 400	3 600	600	2 600	3 700
	HKWC	12 200	3 400	600	2 400	3 800
	KCC	13 500	3 700	800	3 900	3 800
	KEC	23 400	8 000	1 000	5 900	5 300
	KWC	44 800	13 700	1 900	12 600	11 200
	NTEC	30 300	8 500	2 000	6 700	8 200
	NTWC	29 000	8 600	1 100	7 000	7 800
	Overall[7]	**164 900**	**49 000**	**7 600**	**39 800**	**43 300**
Aged 65 or above	HKEC	8 200	2 000	100	800	1 700
	HKWC	5 100	1 800	100	600	1 400
	KCC	6 500	1 900	200	1 000	1 500
	KEC	9 100	3 000	100	1 500	1 800
	KWC	20 900	5 800	300	3 600	4 600
	NTEC	12 200	2 900	300	1 500	3 200
	NTWC	9 800	2 600	200	1 700	2 600
	Overall[7]	**70 800**	**19 800**	**1 300**	**10 500**	**16 600**
Total[4]		**275 800**	**70 100**	**9 100**	**50 600**	**61 300**

2021-2022

Age Group[3]	**Hospital Cluster**	**No. of Psychiatric Patients of HA[1,9]**	**Disease Group**			
			Anxiety-related Disorders	**Bipolar Affective Disorder**	**Schizophrenic Spectrum Disorder[8]**	**Depression**
Aged 0-17	HKEC	600	100	<50	<50	100
	HKWC	7 700	300	<50	<50	200
	KCC	400	100	<50	<50	100
	KEC	6 600	200	<50	<50	200
	KWC	12 000	400	<50	100	500
	NTEC	9 400	200	100	100	200
	NTWC	7 000	400	<50	<50	400
	Overall[7]	**43 300**	**1 600**	**200**	**300**	**1 700**
Aged 18-64	HKEC	15 700	3 900	600	2 500	3 800
	HKWC	12 400	3 500	600	2 400	3 900
	KCC	13 900	4 000	800	3 900	4 000
	KEC	24 700	8 500	1 100	6 000	5 700
	KWC	46 000	14 300	1 900	12 700	11 600
	NTEC	31 100	8 800	2 000	6 700	8 400
	NTWC	29 700	8 900	1 100	6 900	8 100
	Overall[7]	**169 600**	**51 200**	**7 800**	**39 700**	**44 800**
Aged 65 or above	HKEC	8 700	2 200	100	900	1 900
	HKWC	5 400	1 900	100	700	1 600
	KCC	6 800	2 000	200	1 100	1 600
	KEC	10 100	3 500	200	1 600	2 000
	KWC	22 200	6 400	400	3 700	5 000
	NTEC	13 200	3 200	300	1 600	3 500

	NTWC	10 600	3 000	200	1 800	2 800
	Overall[7]	**76 100**	**22 100**	**1 400**	**11 200**	**18 200**
Total[4]		**288 900**	**74 800**	**9 400**	**51 200**	**64 700**

2022-2023

Age Group[3]	**Hospital Cluster**	**No. of Psychiatric Patients of HA[1,9]**	**Disease Group**			
			Anxiety-related Disorders	**Bipolar Affective Disorder**	**Schizophrenic Spectrum Disorder[8]**	**Depression**
Aged 0-17	HKEC	1 100	100	<50	<50	100
	HKWC	7 300	300	<50	<50	200
	KCC	900	100	<50	<50	100
	KEC	6 800	300	<50	<50	200
	KWC	12 200	400	<50	100	500
	NTEC	10 100	300	100	100	300
	NTWC	7 200	300	<50	<50	400
	Overall[7]	**45 100**	**1 800**	**200**	**300**	**1 800**
Aged 18-64	HKEC	15 700	4 000	600	2 500	3 800
	HKWC	12 600	3 600	600	2 400	3 900
	KCC	14 000	4 000	800	3 900	4 100
	KEC	25 500	8 700	1 100	5 900	5 900
	KWC	46 500	14 400	1 900	12 600	11 800
	NTEC	31 500	9 000	2 000	6 600	8 500
	NTWC	29 500	8 900	1 100	6 700	8 100
	Overall[7]	**171 300**	**52 000**	**8 000**	**39 200**	**45 400**
Aged 65 or above	HKEC	9 000	2 400	100	900	2 000
	HKWC	5 900	2 100	100	700	1 700
	KCC	7 100	2 200	200	1 100	1 700
	KEC	10 800	3 800	200	1 700	2 200
	KWC	23 300	6 900	400	3 800	5 400
	NTEC	14 100	3 600	400	1 700	3 800
	NTWC	11 300	3 300	200	1 900	3 100
	Overall[7]	**80 500**	**24 100**	**1 600**	**11 700**	**19 600**
Total[4]		**296 900**	**77 800**	**9 700**	**51 100**	**66 800**

2023-2024 (projection as of 31 December 2023)

Age Group[3]	**Hospital Cluster**	**No. of Psychiatric Patients of HA[1,9]**	**Disease Group**			
			Anxiety-related Disorders	**Bipolar Affective Disorder**	**Schizophrenic Spectrum Disorder[8]**	**Depression**
Aged 0-17	HKEC	1 600	100	<50	<50	200
	HKWC	6 900	300	<50	<50	200
	KCC	1 300	100	100	<50	100
	KEC	7 000	300	<50	<50	200
	KWC	12 300	400	<50	100	500
	NTEC	10 100	300	100	100	300
	NTWC	7 600	400	<50	<50	400
	Overall[7]	**46 300**	**1 800**	**200**	**300**	**1 800**
Aged 18-64	HKEC	15 600	4 100	600	2 500	3 800
	HKWC	12 600	3 600	600	2 300	3 800

	KCC	14 200	4 100	800	3 800	4 000
	KEC	26 100	8 800	1 100	5 800	6 000
	KWC	46 700	14 500	2 000	12 400	11 900
	NTEC	31 600	9 000	2 000	6 500	8 400
	NTWC	30 000	9 000	1 200	6 600	8 200
	Overall[7]	**172 800**	**52 400**	**8 200**	**38 500**	**45 500**
Aged 65 or above	HKEC	9 600	2 600	100	900	2 100
	HKWC	6 300	2 300	100	800	1 800
	KCC	7 600	2 400	200	1 100	1 800
	KEC	11 600	4 200	200	1 800	2 300
	KWC	25 100	7 600	400	4 100	5 800
	NTEC	15 300	4 000	400	1 900	4 100
	NTWC	12 300	3 700	200	2 000	3 300
	Overall[7]	**86 600**	**26 600**	**1 700**	**12 400**	**21 100**
Total[4]		**305 700**	**80 900**	**10 100**	**51 100**	**68 400**

Note:

1. Including inpatients, patients at specialist outpatient clinics and day hospitals.
2. Figures are rounded to the nearest hundred.
3. Age groups are delineated according to the age attained as of 30 June of the respective year.
4. Individual figures may not add up to the total due to rounding and the inclusion of unknown age groups.
5. The majority of the child and adolescent (C&A) psychiatric services in HKEC are supported by the C&A psychiatric specialist team of HKWC. Since 2020-21, the HA has been developing the C&A psychiatric services in HKEC by phases to strengthen support for children and adolescents with mental health needs. The relevant figures have been reflected since 2020-21.
6. The majority of the child and adolescent (C&A) psychiatric services in KCC are supported by the C&A psychiatric specialist team of KWC. Since 2020-21, HA has been developing the C&A psychiatric services in KCC by phases to strengthen support for children and adolescents with mental health needs. The relevant figures have been reflected since 2020-21.
7. The figures for each hospital cluster may not add up to the total as patients may be treated in more than one hospital cluster.
8. In the HA, patients with severe mental illness generally refer to psychiatric patients with schizophrenic spectrum disorder, and do not include severely mentally ill patients diagnosed with other disorders.
9. As the above table does not cover all types of disorder, the breakdown by type of disorder may not add up to the total number of psychiatric patients.

(2)

The table below sets out the numbers of discharges and deaths as well as the average, 25th and 90th percentile of length of stay of psychiatric inpatients from 2019-20 to 2023-24 (as of 31 December 2023). The post-discharge follow-up services for each patient vary with factors such as clinical conditions, complexity of medical conditions and treatment needs. The HA does not maintain statistics on the average time taken for following up on post-discharge cases.

Year	No. of Discharges and Deaths of Psychiatric Inpatients	Length of Stay of Inpatients (Day)		
		Average	25th Percentile	90th Percentile
2019-20	16 960	55.7	10	96
2020-21	16 597	57.3	11	97
2021-22	16 816	51.4	11	93
2022-23	16 577	60.1	12	100
2023-24 (as of 31 Dec 2023)	14 379	56.0	11	99

Note:

1. The HA uses the 25th percentile and 90th percentile to reflect the relatively short and long length of stay of inpatients respectively.
2. In the HA, day inpatients refer to those who are admitted to hospitals for non-emergency treatment and discharged within the same day. Inpatients are those who are admitted to hospitals via Accident & Emergency departments or those who have stayed for more than one day. Day patients are excluded from the calculation of average length of stay of inpatients.

(4)

The HA delivers mental health services through 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 manpower to cope with service needs and operational requirements. As healthcare professionals in the HA usually provide support for a variety of psychiatric services, the manpower and expenditure for supporting child and adolescent 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 the HA from 2019-20 to 2023-24 (as of 31 December 2023).

Year	Psychiatric Doctors[1,2]	Psychiatric Nurses[1,3] (including Community Psychiatric Nurses)	Allied Health Professionals	
			Clinical Psychologists[1,5]	Medical Social Workers[4]
2019-20	370	2 814	93	249
2020-21	384	2 911	103	256
2021-22	366	2 953	105	257
2022-23	381	3 015	105	257
2023-24 (as of 31 Dec 2023)	403	3 092	113	257

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but excluding those in the HA Head Office.
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 nurses in psychiatric stream.
4. Information on the number of medical social workers supporting psychiatric services in the HA are provided by the Social Welfare Department.
5. Clinical psychologists and occupational therapists working in psychiatric stream include those working in mental hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), those working in psychiatric departments of other non-mental hospitals, as well as those engaging in psychiatric-related work.

The table below sets out the doctor-to-patient ratios for psychiatric inpatients and day inpatients services of the HA from 2019-20 to 2023-24 (as of 31 December 2023).

Year	No. of Psychiatric Doctors	Ratio per 1 000 Inpatient Discharges and Deaths	Ratio per 1 000 Inpatient and Day Inpatient Discharges and Deaths
2019-20	370	21.3	21.1
2020-21	384	22.5	22.4
2021-22	366	21.1	21.0
2022-23	381	22.3	22.2
2023-24 (as of 31 Dec 2023)	403	21.0	20.9

Note:
1. For the ratios of manpower per 1 000 inpatients and day inpatients discharges and deaths, the manpower position refers to that as of 31 March of the respective year (except for 2023-24, where the manpower position as of 31 December 2023 is drawn); whereas the number of inpatients and day inpatients discharges and deaths refers to the throughput for the whole financial year. The numbers of inpatients and day inpatients discharges and deaths for 2023-24 are projected figures as of 31 December 2023. The above numbers also include patients who are mentally handicapped.
2. In the HA, day inpatients refer to those who are admitted to hospitals for non-emergency treatment and discharged within the same day. Inpatients are those who are admitted into hospitals via A&E Department or those who have stayed for more than one day.

The HA has been actively promoting a number of community mental health programmes to strengthen the community psychiatric services and collaborating with community partners and carers to support psychiatric patients living in the community. Community psychiatric services cover 3 levels of services, including the Intensive Care Team, Case Management Programme and Standard Community Psychiatric Service. Taking into account patients' medical conditions as well as clinical needs and risks, the multi-disciplinary teams provide them with appropriate community support. Through regular outreach or home visits, as well as close collaboration with community partners, case managers help persons in mental recovery set goals and draw up recovery plans to facilitate their re-integration into the community. Generally speaking, case managers will learn about patients' medication status and remind them to attend regular follow-up appointments during home visits.

Remark:
In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when

comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures.

Abbreviations:

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2175)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the manpower shortage in the public dental services, please advise this Committee of:

1. the establishment, vacancies and wastage rates of the Dental Officer grade and other dental care services personnel in the Government for the past 3 years; and

2. the number of graduates of recognised dentistry programmes offered by local institutions for the past 3 years, and the ratio between those graduates practising in the public and the private sectors.

Asked by: Hon LEUNG Man-kwong (LegCo internal reference no.: 24)

Reply:

(1)

The establishment, actual strength, vacancies and wastage rates of the Dental Officer grade and other dental care services personnel in the Department of Health (DH) are set out in the **Annex**.

(2)

The table below shows the number of graduates from the dentistry programmes funded by the University Grants Committee by level of study from the 2020/21 to 2022/23 academic years (AYs):

Level of study	Number of graduates		
	2020/21 AY	2021/22 AY	2022/23 AY
Undergraduate programme	53	75	69
Taught postgraduate programme	1	22	16
Total	**54**	**97**	**85**

The table below shows the total number of dentists registered with the Dental Council of Hong Kong by the General Register and the Specialist Register in the past 3 years:

Year	**Number of dentists whose names are included in the General Register**			**Number of dentists whose names are included in the Specialist Register**[Note]
	Resident in Hong Kong (a)	**Resident outside Hong Kong (b)**	**Total (a) + (b)**	
2021	2 460	246	**2 706**	307
2022	2 506	280	**2 786**	311
2023	2 572	304	**2 876**	310

Note: Given that the dentists on the Specialist Register are also included in the General Register, the number of dentists in the General Register covers the number of dentists in the Specialist Register. At present, the registers do not require dentists to provide information on their practice. The figures therein do not reflect the actual numbers of practicing dentists.

According to the 2018 Health Manpower Survey on Dentists conducted by the DH, 73.8% of the active dentists were working in the private sector, while the remaining 26.2% were working in the Government, the subvented sector, the academic sector and the Hospital Authority respectively. Based on the unofficial statistics from the Faculty of Dentistry of the University of Hong Kong, the estimated ratio of the number of its graduates working in the public sector to those working in the private sector in the past 3 years is as follows:

AY	2020/21	2021/22	2022/23
Employment ratio between private and public sectors	5.6 : 1	9.7 : 1	12.8 : 1

Annex

Establishment, actual strength, vacancies and wastage rates of Dental Officer grade and other dental care services personnel in the DH

Grade	2021-22				2022-23				2023-24 (As at 1 February 2024)			
	Establishment	Actual strength	Vacancies	Wastage rate (%)[Note 1]	Establishment	Actual strength	Vacancies	Wastage rate (%)[Note 1]	Establishment	Actual strength	Vacancies	Wastage rate (%)[Note 1]
Dental Officer	371	321	50	12.1%	370	294	76	12.9%	370	269	101	12.3%
Dental Hygienist	14	9	5	22.2%	14	9	5	11.1%	14	8	6	12.5%
Dental Surgery Assistant	365	354	11	7.9%	366	343	23	7.3%	366	344	22	6.7%
Dental Technician	47	49	-2[Note 2]	8.2%	47	47	0	6.4%	47	45	2	4.4%
Dental Therapist	298	251	47	9.2%	298	240	58	9.2%	298	237	61	5.5%

Note 1 The wastage rate is calculated by dividing the number of wastage by the actual strength on the end date of the financial year or as at 1 February 2024.

Note 2 Including 2 staff on pre-retirement leave.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2180)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the development of local Chinese medicine (CM) sector and the training of talents, will the Government inform this Committee of:

1. the number of students enrolled in courses training CM related talents provided by Government-funded tertiary institutions each year and the training cost for each student;
2. the number of local graduates who have completed undergraduate degree course of training in CM practice provided by local tertiary institutions and the number of local graduates who were qualified for licensing in the past 3 years;
3. the number of graduates who have completed undergraduate degree course of training in CM practice provided by non-local tertiary institutions and were qualified for licensing in the past 3 years;
4. the proportion of local and non-local students who sat and passed the Chinese Medicine Practitioners Licensing Examination in the past 3 years;
5. the number of people who have participated in courses subsidised by the Chinese Medicine Industry Training Funding Scheme and the Chinese Medicine Promotion Funding Scheme under the Chinese Medicine Development Fund in the past 3 years.

Asked by: Hon LEUNG Man-kwong (LegCo internal reference no.: 29)

Reply:

(1)

Currently, the Hong Kong Baptist University (HKBU) offers a full-time Bachelor of Pharmacy in Chinese Medicine (CM) programme funded through the University Grants Committee (UGC). The programme's actual student enrolment in the academic years between 2020/21 and 2022/23 were as follows:

Academic year	Actual student enrolment
2020/21	18
2021/22	15
2022/23	21

The UGC Secretariat only maintains data on the average teaching expenditure per student with respect to the 17 academic programme categories as reported by UGC-funded universities. The Pharmacy in CM programmes belong to the category of Studies Allied to Medicine and Health. In the academic years between 2020/21 and 2022/23, the average teaching expenditure per student of all bachelor's degree programmes in the Studies Allied to Medicine and Health category is as follows:

Academic year	Average teaching expenditure per student
2020/21	$164,000
2021/22	$168,000
2022/23	$172,000

(2), (3) & (4)

At present, there are 3 local universities, namely HKBU, the Chinese University of Hong Kong, and the University of Hong Kong, offering full-time CM undergraduate programmes recognised by the Chinese Medicine Practitioners Board (CMPB) of the Chinese Medicine Council of Hong Kong. In the academic years between 2020/21 and 2022/23, the number of local graduates of UGC-funded bachelor of CM programmes were as follows:

Academic year	Number of local graduates
2020/21	69
2021/22	81
2022/23	70

Those who have successfully completed the above bachelor's degree programmes are eligible to sit for the Chinese Medicine Practitioners Licensing Examination (CMPLE) organised by the CMPB. There are 31 universities in the Mainland offering full-time CM degree courses recognised by the CMPB. Those who have successfully completed the above courses in the Mainland are eligible to sit for the CMPLE. Candidates who have passed the CMPLE are qualified to apply for registration as registered Chinese medicine practitioners (CMPs) for practicing CM in Hong Kong. There have been no other applications for registration of CMPs trained in places other than Hong Kong and the Mainland. In the past 3 years, the numbers of undergraduates of local universities and non-locally trained graduates who passed the CMPLE and got registered, and the proportions of local and non-local candidates who passed the CMPLE, were as follows:

Year	No. of graduates from the 3 local universities who passed the CMPLE and got registered [Proportion in the total no. of candidates]	No. of non-locally trained graduates who passed the CMPLE and got registered [Proportion in the total no. of candidates]
2021	62 [25.4%]	197 [74.6%]
2022	82 [31.3%]	181 [68.7%]
2023	58 [27.4%]	159 [72.6%]

Note: No data is compiled on the passing rates of candidates by place of training.

(5)

Officially launched in June 2019, the Chinese Medicine Development Fund (CMDF) is the first dedicated fund set up to support the development of CM with the objective of enhancing the overall standard of the CM sector to promote the holistic and high-quality development of CM in Hong Kong.

As at 20 March 2024, nearly 7 800 funding applications were approved under the CMDF, involving a total funding of about $276 million (provisional figure) for the approved projects and benefiting more than 2.2 million individuals/organisations in the CM sector, including registered and listed CMPs, CM drug personnel, CM clinics, manufacturers and wholesalers of proprietary Chinese medicines (pCm), retailers and wholesalers of Chinese herbal medicines (Chm), CM-related organisations, universities and tertiary education institutions, as well as members of the public. Major achievements of the CMDF are set out below:

(a) Talent nurturing: Close to 3 200 CMPs and CM drug personnel have received subsidies to attend CM professional training programmes for them to continuously upskill professional knowledge and ability. The CMDF has also supported programme providers to design and organise innovative training projects, benefiting over 37 100 practitioners;

(b) Quality enhancement: The CMDF has supported more than 480 CM clinics and nearly 190 Chm retailers/wholesalers to upgrade their facilities and equipment with a view to enhancing service quality, safety and quality control of CM drugs. The CMDF has also supported nearly 160 pCm manufacturers/wholesalers to engage consultancy services and technical support to complete the registration process for some 730 pCm products, thereby levelling up the quality of Hong Kong-registered pCm products and fostering the development of CM drug industry;

(c) Research and applied studies: The CMDF has supported the commencement of 62 CM research and applied studies projects which are instrumental to the academic and clinical research as well as professional and industry development of CM in Hong Kong; and

(d) Publicity and promotion: The CMDF has supported nearly 675 CM publicity and public education activities of various forms with target audiences covering kindergarten students, primary and secondary school students, and elderly persons.

The Health Bureau (HHB), in conjunction with the CMDF's implementation agent, has been reviewing the operation of the CMDF. In consultation with the Advisory Committee on the CMDF, the HHB implements various enhancement proposals, such as refining the design of the existing funding schemes, streamlining the application process and administrative arrangements, expanding the application eligibility and funding scope, raising the funding ceiling and extending the time limit for project completion.

Since 2023-24, CMDF has been taking forward a number of new capacity building initiatives. They include: (a) subsidising programmes related to the Training Programme of Advanced

Clinical Talents in Chinese Medicine co-organised by the National Administration of Traditional Chinese Medicine and the HHB, including the first edition of the Hong Kong Chinese Medicine Talent Short-term Training Programme which was successfully completed in Beijing in November 2023 with the aim of helping to nurture more high-level backbone talents in CM theories and clinical practice; (b) launching the Guangdong-Hong Kong-Macao Greater Bay Area Proprietary Chinese Medicine Industry Development Support Scheme in February 2024 to subsidise local pCm manufacturers or wholesalers for the application fees for registering of eligible pCm products in the Mainland with the Guangdong Provincial Medical Products Administration through the streamlined registration approval process, thereby facilitating Hong Kong pCm to "go global" through expansion to other markets; and (c) raising the funding ceiling of the Chinese Medicine Promotion Funding Scheme from $750,000 to $2,000,000 with effect from April 2024 to enhance the scale and effectiveness of the public education and promotion projects designed and implemented by the CM sector.

Meanwhile, the CMDF will commission organisations to conduct large-scale training, publicity and research projects on strategic themes conducive to the development of CM as a whole. The first batch of projects include training programmes developed and implemented to tie in with the service commencement of the Chinese Medicine Hospital, and large-scale territory-wide promotional and publicity campaigns for the wider use of CM in the community. Application is expected to be open in the second quarter of this year.

The details and vetting criteria of the funding schemes as well as the progress and results of the approved projects have been uploaded to the CMDF website (www.cmdevfund.hk).

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2186)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health, (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

In June 2023, the Government proposed 10 enhanced measures to support persons in mental recovery who had a history of severe mental disorders and other persons with mental health needs, of which the Hospital Authority (HA) will explore the wider use of newer oral drugs or injections with fewer side effects for psychiatric patients in need to facilitate better medication compliance of patients. Has the HA maintained statistics on the respective numbers of patients using oral drugs and injections among those using the services of the public healthcare system in the past 5 financial years?

Asked by: Hon LEUNG Man-kwong (LegCo internal reference no.: 35)

Reply:

Over the years, the Hospital Authority (HA) has endeavoured to increase the use of new generation psychiatric drugs with proven clinical efficacy. Taking into account the patients' wish, psychiatric doctors will provide patients with the necessary drug treatment for patients as appropriate, having regard to their clinical needs and in accordance with the clinical treatment protocol. Psychiatric drugs have different potency and side effect profiles. Case doctors will discuss with patients on the most appropriate treatment.

Specifically, while traditional psychiatric drugs and new generation psychiatric drugs are of comparable efficacy, they differ in that they work through different neurotransmitters pathways to achieve the desired effects and have different side effect profiles. Doctors will prescribe the appropriate drugs for their patients mainly based on the principle of minimising side effects.

The table sets below the numbers of HA patients prescribed with oral antipsychotic drugs and long-acting injections over the past 5 years (i.e. 2019-20 to 2023-24):

Financial year	Number of patients[1,2]			
	Prescribed with new generation oral antipsychotic drugs	**Prescribed with new generation antipsychotic long-acting injections**	**Prescribed with traditional oral antipsychotic drugs**	**Prescribed with traditional antipsychotic long-acting injections**
2019-20	94 400	3 700	35 200	9 900
2020-21	99 400	4 100	32 500	9 400
2021-22	104 300	4 400	30 300	9 000
2022-23	107 300	4 600	28 300	8 500
2023-24 (Projection as of 31 December 2023)	111 300	5 000	27 200	8 300

Note:

1. Figures are rounded to the nearest hundred.
2. The drugs prescribed may vary from time to time based on the clinical conditions and needs of patients. Some psychiatric patients may be prescribed both oral and injectable psychiatric drugs concurrently.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0225)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

In the past 2 years, what were the numbers of patients 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.: 12)

Reply:

The Hospital Authority (HA) has implemented the General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP) by phases since mid-2014 to subsidise clinically stable patients with hypertension (HT) and/or diabetes mellitus (DM) (with or without hyperlipidaemia) to receive private primary healthcare services. The programme aims to provide an additional choice for the chronically ill who need to visit GOPCs for follow-up consultations to receive private primary healthcare services in the community, so as to enhance patients' access to primary healthcare services and promote the concept of "Family Doctor for All". The programme now covers all 18 districts in Hong Kong. The territory-wide implementation will give patients more choices in selecting their family doctors all over Hong Kong.

Under the GOPC PPP, patients fulfilling pre-defined clinical criteria and programme requirements and who have been attending HA Outpatient Clinic for at least 12 months will be invited for voluntary participation. Each participating patient will receive up to 10 subsidised visits per year, including medical consultations covering both chronic and episodic illnesses, drugs for treating their chronic conditions and episodic illnesses to be received directly from private doctors at their clinics, and investigation services provided by HA as specified through private doctors' referral. Participating GOPC PPP patients only need to pay the HA GOPC a fee of $50 (as per Gazette) for each consultation, and patients have to register for the Electronic Health Record (eHR) platform if they wish to join the GOPC PPP.

Participating patients are free to choose from Participating Service Providers (PSPs) in all 18 districts. The breakdown of PSPs by district is set out in the table below:

District	Number of GOPC PPP PSPs	
	2022-23	2023-24 (as at end-2023)
Eastern	48	49
Southern	19	14
Wan Chai	21	22
Central and Western	45	46
Kowloon City	25	27
Kwun Tong	65	65
Sham Shui Po	37	39
Wong Tai Sin	28	27
Yau Tsim Mong	61	67
Islands	13	14
Kwai Tsing	33	34
North	21	25
Sai Kung	40	37
Sha Tin	44	45
Tai Po	20	21
Tsuen Wan	36	37
Tuen Mun	56	61
Yuen Long	40	40
TOTAL	**652**	**670**

With strengthening primary healthcare as one of the strategic directions in maintaining a sustainable healthcare system, HA has been actively involving in GOPC PPP patients' recruitment, with the number of enrolled patients increasing over the years. On average, patients had 6 visits a year. The numbers of GOPC PPP patients in the past 2 years are set out in the table below:

	2022-23	2023-24 (as at end-2023)
Number of GOPC PPP Patients	49 384	55 656

The expenditures on GOPC PPP from 2022-23 to 2023-24 are set out in the table below:

	2022-23 Actual Expenditure ($ million)	2023-24 Projected Expenditure ($ million)
GOPC PPP	101.8	130.8

Between 2022-23 and 2023-24, around 1 600 patients withdrew from the programme per year, representing an annual patient withdrawal rate of about 3%. HA will provide the necessary support if participating patients choose to withdraw from the programme and return to HA for receiving services. HA does not have readily available information on patients' subsequent choice of treatment arrangement.

Moreover, the Government has rolled out a three-year Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) on 13 November 2023. The CDCC Pilot Scheme subsidises Hong Kong residents aged 45 or above with no known medical history of DM or HT to receive DM and HT screening in the private healthcare sector.

The CDCC Pilot Scheme is a three-year pilot scheme. We will conduct evaluation on its overall effectiveness. To review the effectiveness of the CDCC Pilot Scheme, the Government has commissioned a local university in the first quarter of 2024 to evaluate its degree of achievement on different targets and overall performance, including the quality and effectiveness of services, as well as its cost-effectiveness. In addition, the Government will also review the service model and operational details of the CDCC Pilot Scheme in a timely manner and make enhancements as necessary to ensure its effectiveness. Based on outcome of the review, the Government will examine whether the scope of services of the CDCC Pilot Scheme should be expanded, including studying the integration of HA's GOPC PPP with the CDCC Pilot Scheme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0226)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

What kind of mental health measures have been/are being/will be taken by the Health Bureau and the Labour and Welfare Bureau in the past 2 years to provide appropriate support for people suffering from mental distress? What is the additional expenditure involved? What measures have been/are being/will be taken to disseminate mental health messages based on positive psychology to the public?

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 13)

Reply:

The Government attaches great importance to the mental health of the public, and adopts an integrated approach to promote mental health, providing services that include prevention, early identification, as well as timely intervention, treatment and rehabilitation services for persons in need. Apart from promotion of self-care, primary healthcare and community support, the Government provides specialist and institutionalised services, and also multi-disciplinary and cross-sectoral services to persons with mental health needs through co-ordination and co-operation among the Health Bureau (HHB), the Labour and Welfare Bureau (LWB), the Education Bureau (EDB), the Department of Health, the Social Welfare Department (SWD), the Hospital Authority (HA), non-governmental organisations (NGOs) and other stakeholders in the community.

The Government set up the Advisory Committee on Mental Health (ACMH) in December 2017, with members comprising professionals from the healthcare sector, social service and education sectors, as well as lay persons with concerns over mental health, to advise the Government on mental health policies and assist the Government in formulating policies, strategies and measures to enhance the mental health services on all fronts.

Over the past 2 years, the HHB and the LWB have introduced or planned to introduce a number of mental health-related policy initiatives, which cover enhancing the manpower for mental health services, strengthening the support for specific groups (including students, ethnic minorities and persons in mental recovery), and enhancing mental health support at district level, etc. The key initiatives and related expenditures are as follows:

(a) The HA enhanced manpower and further optimised the ratio of case manager under the Case Management Programme to patients to no higher than 1:40 in the fourth quarter of 2023. The HA has earmarked additional funding of around $127 million in 2024-25 to enhance mental health services, relevant measures include: (i) enhancing the community psychiatric services by further recruiting additional case managers; (ii) strengthening nursing manpower as well as allied health and peer support for psychiatric inpatient and outpatient services; and (iii) enhancing the use of long-acting injectable antipsychotics in the treatment of mental illness;

(b) Through cross-departmental collaboration of the HHB, the EDB and the SWD, the Three-Tier School-based Emergency Mechanism was implemented in December 2023 to provide support to students with higher suicidal risk as early as possible. The initiative has been extended to end-2024. A breakdown is not available as the expenditure and manpower involved in the Three-Tier School-based Emergency Mechanism are absorbed by existing resources of the relevant departments;

(c) The HHB launched the "18111 - Mental Health Support Hotline" in December 2023 to provide one-stop, round-the-clock support for people with mental health needs, rendering immediate mental health support and referral services. The time-limited recurrent expenditure for 2023-24, 2024-25 and 2025-26 is about $9.9 million;

(d) The HHB set up a service centre to provide emotional support and counselling services for ethnic minorities in December 2023, with a multi-professional team comprising social workers, counsellors and support staff conversant in ethnic minority languages, to provide mental health support and counselling services to ethnic minorities and refers cases to other service platforms for additional support and/or treatment if needed. The time-limited recurrent expenditure for 2023-24, 2024-25 and 2025-26 is about $8.1 million;

(e) The HHB will launch a pilot scheme in 3 District Health Centres in 2024 in collaboration with community organisations to provide mental health assessments for those in need, and to provide early follow-up and referral for high-risk cases. The Government is planning the implementation of the said proposed new measure;

(f) The HHB will provide Care Team members with mental health support training (including Mental Health First Aid training) in 2024 to assist in the early referral of persons in need in the local communities for support. The Government is planning the implementation of the said proposed new measure;

(g) In 2023-24, the SWD increased the manpower of clinical psychologists in 24 Integrated Community Centres for Mental Wellness (ICCMWs) to strengthen professional support and training, and provided additional funding to assist ICCMWs in enhancing the application of information technology in service delivery so as to strengthen the support for persons in mental recovery and their carers. The additional annual recurrent expenditure incurred is about $23 million;

(h) The SWD will enhance the services of ICCMWs in 2024, including strengthening early identification of persons with mental health needs and early intervention, and scale up the training of social workers in community mental health service units to raise their

capacity in handling complicated cases. The additional annual recurrent expenditure incurred by these enhancement measures amounts to more than $60 million; and

(i) The SWD will strengthen peer support services in 2024 and set up 4 additional Parents/Relatives Resource Centres for carers of those in mental recovery in 2025 to support people in mental recovery and their carers. The annual recurrent expenditure incurred is about $26 million.

On mental health promotion and public education, the Government has earmarked an annual recurrent funding of $50 million for the implementation of the "Shall We Talk" mental health promotion and public education initiative. Launched in July 2020 with the support of the ACMH, the initiative aims to step up public engagement in promoting mental well-being; to enhance public awareness of mental health with a view to encouraging help-seeking and early intervention; and to reduce stigma towards people with mental health needs. The initiative continues to make use of both offline channels and emerging online platforms to reach out to people from all walks of life, which includes (a) launching a one-stop mental health thematic website (shallwetalk.hk) to provide one-stop information and resources on mental health to the public and broadcasting videos on social media platforms, featuring the sharing of personal experiences and feelings by various stakeholders (including artists and key opinion leaders) to encourage the public to recognise mental health issues; (b) implementing the Mental Health Workplace Charter to promote mental well-being at workplace; (c) broadcasting promotional videos on the television, the radio and other media; and (d) organising tours in different districts and tertiary institutions to promote mental health messages.

At the same time, the LWB collaborates with NGOs in organising public education programmes to enhance the public's awareness of mental health and disability inclusion, such as the annual "Mental Health Month" programme in support of the "World Mental Health Day". The SWD also subsidises NGOs to set up mobile vans for publicity across the territory to promote mental health in the community.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0227)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Please provide a breakdown of the numbers of i. general outpatient attendances, ii. specialist outpatient attendances, iii. accident and emergency attendances, and iv. inpatient admissions for all general specialties of each hospital cluster of the Hospital Authority by patients' districts of residence in the past 2 years.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 14)

Reply:

Statistical figures pertaining to the general out-patient (GOP), specialist out-patient (SOP), accident and emergency (A&E) as well as inpatient services provided by the Hospital Authority (HA), by hospital cluster for 2022-23 and 2023-24 (up to 31 December 2023), are set out in the following tables.

(i)

Number of attendances of GOP service provided by the HA in 2022-23 and 2023-24 (up to 31 December 2023)

2022-23

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	382 771	17 707	6 645	3 884	3 065	1 687	1 460	**417 219**
Central & Western, Southern	HKWC	26 210	272 446	4 090	1 611	1 971	1 123	1 318	**308 769**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	10 584	7 037	682 359	39 145	23 042	7 870	5 232	**775 269**
Kwun Tong, Sai Kung	KEC	21 751	9 741	80 210	669 012	15 121	8 550	4 178	**808 563**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	12 061	9 725	78 779	8 988	841 463	9 345	13 314	**973 675**
Sha Tin, Tai Po, North	NTEC	8 053	4 845	46 859	13 000	20 090	799 437	10 850	**903 134**
Tuen Mun, Yuen Long	NTWC	5 007	3 870	14 834	2 977	18 350	13 080	748 925	**807 043**
Others (e.g. Macau, Mainland China, etc.)		185	194	382	101	154	362	298	**1 676**
Overall		**466 622**	**325 565**	**914 158**	**738 718**	**923 256**	**841 454**	**785 575**	**4 995 348**

2023-24 (up to 31 December 2023) [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	340 851	18 329	6 781	3 982	3 017	1 923	1 618	**376 501**
Central & Western, Southern	HKWC	25 485	234 381	4 266	1 595	2 141	1 260	1 473	**270 601**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	9 463	6 791	593 384	37 721	20 482	7 903	5 304	**681 048**
Kwun Tong, Sai Kung	KEC	19 349	9 174	74 152	585 870	13 431	8 565	4 063	**714 604**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	11 265	9 038	71 865	8 584	726 352	9 575	13 831	**850 510**
Sha Tin, Tai Po, North	NTEC	7 331	4 753	41 058	12 321	17 479	726 596	12 076	**821 614**
Tuen Mun, Yuen Long	NTWC	4 682	3 892	13 331	3 070	16 194	12 270	673 553	**726 992**
Others (e.g. Macau, Mainland China, etc.)		169	177	289	105	160	378	304	**1 582**
Overall		**418 595**	**286 535**	**805 126**	**653 248**	**799 256**	**768 470**	**712 222**	**4 443 452**

(ii)

Number of attendances of SOP service (clinical) provided by the HA in 2022-23 and 2023-24 (up to 31 December 2023)

2022-23

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**	688 419	131 715	21 182	6 986	6 799	8 113	2 519	**865 733**
Central & Western, Southern	**HKWC**	45 924	511 559	13 232	2 794	4 433	4 736	1 819	**584 497**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	23 397	46 676	889 958	54 472	135 558	34 511	9 317	**1 193 889**
Kwun Tong, Sai Kung	**KEC**	48 652	57 169	230 855	820 253	32 174	36 798	6 573	**1 232 474**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	22 948	67 770	200 971	15 534	1 154 521	41 291	23 039	**1 526 074**
Sha Tin, Tai Po, North	**NTEC**	15 305	32 250	81 437	16 110	31 101	1 186 497	18 861	**1 381 561**
Tuen Mun, Yuen Long	**NTWC**	10 853	33 954	48 761	6 063	38 330	40 249	1 075 776	**1 253 986**
Others (e.g. Macau, Mainland China, etc.)		220	793	1 550	128	564	1 774	501	**5 530**
Overall		**855 718**	**881 886**	**1 487 946**	**922 340**	**1 403 480**	**1 353 969**	**1 138 405**	**8 043 744**

2023-24 (up to 31 December 2023) [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	530 252	100 748	16 705	5 534	5 247	6 338	2 002	**666 826**
Central & Western, Southern	HKWC	35 803	388 035	10 264	2 075	3 479	3 625	1 534	**444 815**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	17 859	35 251	692 027	42 910	102 134	26 428	7 359	**923 968**
Kwun Tong, Sai Kung	KEC	38 284	42 881	177 850	639 634	23 986	27 737	5 233	**955 605**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	17 698	52 282	156 908	12 552	903 125	32 082	18 252	**1 192 899**
Sha Tin, Tai Po, North	NTEC	11 600	25 363	63 195	12 784	24 191	923 514	15 099	**1 075 746**
Tuen Mun, Yuen Long	NTWC	8 335	25 927	38 588	5 011	29 990	31 993	837 948	**977 792**
Others (e.g. Macau, Mainland China, etc.)		181	1 273	1 498	84	392	1 587	533	**5 548**
Overall		**660 012**	**671 760**	**1 157 035**	**720 584**	**1 092 544**	**1 053 304**	**887 960**	**6 243 199**

(iii)

Number of attendances of A&E service provided by the HA in 2022-23 and 2023-24 (up to 31 December 2023)

2022-23

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	128 380	8 471	2 962	1 993	2 385	1 284	1 097	**146 572**
Central & Western, Southern	HKWC	14 213	75 844	1 896	825	1 681	806	985	**96 250**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	5 007	3 272	188 063	17 322	13 783	6 136	3 270	**236 853**
Kwun Tong, Sai Kung	KEC	7 752	3 549	20 782	202 800	7 657	5 566	2 540	**250 646**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	4 420	4 137	26 163	3 441	317 627	6 159	6 288	**368 235**
Sha Tin, Tai Po, North	NTEC	3 136	1 905	9 348	3 319	8 708	272 492	5 579	**304 487**
Tuen Mun, Yuen Long	NTWC	2 364	1 921	6 036	1 588	11 356	7 856	296 169	**327 290**
Others (e.g. Macau, Mainland China, etc.)		1 287	1 370	2 637	705	2 055	1 002	1 702	**10 758**
Overall		**166 559**	**100 469**	**257 887**	**231 993**	**365 252**	**301 301**	**317 630**	**1 741 091**

2023-24 (up to 31 December 2023) [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	117 049	7 497	2 658	1 737	1 894	1 255	862	**132 952**
Central & Western, Southern	HKWC	12 925	67 075	1 727	749	1 169	776	669	**85 090**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	4 263	2 655	180 843	14 593	11 817	5 500	2 744	**222 415**
Kwun Tong, Sai Kung	KEC	6 535	2 915	20 740	191 295	6 290	5 077	2 120	**234 972**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	3 777	3 514	26 498	2 942	298 596	5 795	5 117	**346 239**
Sha Tin, Tai Po, North	NTEC	2 561	1 728	8 776	2 895	7 118	248 846	4 935	**276 859**
Tuen Mun, Yuen Long	NTWC	2 015	1 531	5 568	1 458	10 498	7 242	282 277	**310 589**
Others (e.g. Macau, Mainland China, etc.)		1 036	1 317	2 656	577	1 818	1 251	1 146	**9 801**
Overall		**150 161**	**88 232**	**249 466**	**216 246**	**339 200**	**275 742**	**299 870**	**1 618 917**

(iv)

(a) Number of inpatient discharges and deaths for all general specialties provided by the HA in 2022-23 and 2023-24 (up to 31 December 2023)

2022-23

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**	75 670	10 608	1 538	718	2 133	535	467	**91 669**
Central & Western, Southern	**HKWC**	6 217	67 903	944	301	1 252	325	406	**77 348**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	1 761	4 076	139 827	7 778	7 617	2 842	1 261	**165 162**
Kwun Tong, Sai Kung	**KEC**	3 371	4 807	19 445	100 537	5 012	2 838	934	**136 944**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	1 684	5 791	18 269	1 273	163 129	3 135	2 407	**195 688**
Sha Tin, Tai Po, North	**NTEC**	1 062	2 453	5 558	1 277	5 759	145 974	2 084	**164 167**
Tuen Mun, Yuen Long	**NTWC**	836	2 859	4 145	570	5 769	3 693	121 476	**139 348**
Others (e.g. Macau, Mainland China, etc.)		354	484	1 142	189	738	350	609	**3 866**
Overall		**90 955**	**98 981**	**190 868**	**112 643**	**191 409**	**159 692**	**129 644**	**974 192**

2023-24 (up to 31 December 2023) [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	67 222	9 130	1 383	587	721	540	262	**79 845**
Central & Western, Southern	HKWC	5 403	54 844	787	222	380	362	212	**62 210**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 427	3 070	126 264	6 225	4 574	2 491	929	**144 980**
Kwun Tong, Sai Kung	KEC	2 937	3 593	17 689	88 970	2 399	2 436	772	**118 796**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 390	4 660	17 249	994	139 117	2 869	1 803	**168 082**
Sha Tin, Tai Po, North	NTEC	836	2 089	4 926	1 046	2 519	125 261	1 483	**138 160**
Tuen Mun, Yuen Long	NTWC	669	2 317	3 789	550	3 206	3 286	108 684	**122 501**
Others (e.g. Macau, Mainland China, etc.)		284	550	1 143	141	563	465	456	**3 602**
Overall		**80 168**	**80 253**	**173 230**	**98 735**	**153 479**	**137 710**	**114 601**	**838 176**

(b) Number of day inpatient discharges and deaths for all general specialties provided by the HA in 2022-23 and 2023-24 (up to 31 December 2023)

2022-23

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	60 215	14 066	1 956	383	543	722	213	**78 098**
Central & Western, Southern	HKWC	2 958	55 564	1 315	166	166	247	108	**60 524**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 982	6 444	86 462	4 459	3 800	3 501	611	**107 259**
Kwun Tong, Sai Kung	KEC	4 184	8 192	21 841	71 038	2 050	4 210	383	**111 898**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 254	8 081	16 602	877	90 339	3 812	1 307	**122 272**
Sha Tin, Tai Po, North	NTEC	1 385	4 275	5 821	745	2 010	127 788	1 388	**143 412**
Tuen Mun, Yuen Long	NTWC	939	5 169	4 468	349	2 743	3 777	90 057	**107 502**
Others (e.g. Macau, Mainland China, etc.)		1	59	198	5	15	112	7	**397**
Overall		**72 918**	**101 850**	**138 663**	**78 022**	**101 666**	**144 169**	**94 074**	**731 362**

2023-24 (up to 31 December 2023) [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	50 939	11 770	1 370	406	458	551	175	**65 669**
Central & Western, Southern	HKWC	2 594	44 384	1 045	94	187	233	78	**48 615**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	2 004	4 541	69 666	3 770	2 964	2 632	499	**86 076**
Kwun Tong, Sai Kung	KEC	3 693	5 671	17 247	58 738	1 611	3 403	306	**90 669**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 299	6 629	13 606	911	77 979	3 096	1 116	**104 636**
Sha Tin, Tai Po, North	NTEC	1 211	3 687	4 405	747	1 661	104 480	1 063	**117 254**
Tuen Mun, Yuen Long	NTWC	623	4 008	3 947	349	2 316	3 261	72 125	**86 629**
Others (e.g. Macau, Mainland China, etc.)		2	104	267	4	13	72	15	**477**
Overall		**62 365**	**80 794**	**111 553**	**65 019**	**87 189**	**117 728**	**75 377**	**600 025**

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

In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via A&E Department or those who have stayed for more than one day.

In view of the emergence of the COVID-19 epidemic in Hong Kong since early 2020, the HA has adjusted its services in response to the epidemic. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures. This should be taken into account when comparing the throughput of services provided by the HA across the 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

(Question Serial No. 0228)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

1. What is the latest progress in setting up District Health Centres (DHCs) and DHC Expresses in Hong Kong? How many DHCs have been set up in permanent sites and rental premises respectively?
2. In respect of those DHCs which have started operation and for which operation contracts have been awarded, what are the staff establishment and the expenditure involved for each centre in the coming year?
3. Apart from setting up DHCs and DHC Expresses throughout the territory, how many resources have been allocated by the Government to promote primary healthcare 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.: 15)

Reply:

(1)

The Government has set up District Health Centres (DHCs) and smaller interim DHC Expresses (DHCEs) by renting premises across the territory by 2022, thereby attaining the goal of covering all 18 districts.

The Government is concurrently taking forward the establishment of DHCs in all districts. The funding proposals in relation to the construction of the Wan Chai, Eastern and Kwun Tong DHCs were approved by the Legislative Council (LegCo) Finance Committee in January, June and October 2021 respectively, and the DHCs will be completed progressively in the next few years. Besides, the Ex-Mong Kok Market site was handed over to the Urban Renewal Authority and its contractor in the first quarter of 2023 for carrying out retrofitting works for Yau Tsim Mong DHC with target completion in the fourth quarter of 2024. The Government will continue to take forward the projects for the long-term development of DHCs in all 18 districts as early as possible, and will seek LegCo's funding approval in due course. The Government will continue to subsidise non-governmental organisations (NGOs) to operate DHCEs in various districts prior to the official launch of respective DHCs.

Services of DHCEs will be migrated as appropriate to the DHC of respective districts at a later stage.

(2)

The tentative staff establishment (including healthcare professionals and other supporting staff) of DHCs in Kwai Tsing, Sham Shui Po, Tuen Mun, Wong Tai Sin, Southern, Yuen Long and Tsuen Wan in 2024-25 and the estimated expenditure for 2024-25 (including the provisions for service contracts, site maintenance and rental cost) are set out in the table below:

	Kwai Tsing DHC	**Sham Shui Po DHC**	**Tuen Mun DHC**	**Wong Tai Sin DHC**	**Southern DHC**	**Yuen Long DHC**	**Tsuen Wan DHC**
Staff establishment **Note 1**							
Executive Director	1	1	1	1	1	1	1
Medical Consultant Note 2	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Chief Care Coordinator	1	1	1	1	1	1	1
Care Coordinator/ Nurse	21	17.5	26	25	16	29	21
Physiotherapist	3.5	2	3	3	3	3	2
Occupational Therapist	1.5	2	2	2	3	3	2
Dietitian	1	1	1	2	1	2	1
Pharmacist	1	1	1	1	1	1	1
Social Worker, Administrative Staff and Supporting Staff	55	70	62	62	59	50	49
Total	**85.5**	**96**	**97.5**	**97.5**	**85.5**	**90.5**	**78.5**
Estimated Expenditure for 2024-25 ($ million)	**99**	**95**	**104**	**92**	**76**	**107**	**119**

Notes:

1. The staff establishment is proposed by DHC operators through tendering procedures according to the service demand in the community and manpower estimation, and is approved by the Government. The 0.5 staff establishment refers to a part-time position with half of the working hours of a full-time position. The actual number of staff may vary from time to time, depending on factors such as service demand and short-term

manpower turnover, etc. The Government will continue to monitor the situation to ensure that services are not affected.

2. Medical Consultants are part-time or outsourced positions.

(3)

The Government released the Primary Healthcare Blueprint (the Blueprint) on 19 December 2022, setting out the development direction and strategies for coping with the challenges brought about by an ageing population and the increasing prevalence of chronic diseases. The Government is progressively taking forward various recommendations of the Blueprint over the short, medium and long term.

The Government has set up DHCs and interim DHCEs of a smaller scale in all districts across the city, thereby attaining the goal of covering all 18 districts. In accordance with the Blueprint, the Government will progressively strengthen the roles of DHCs as the coordinator of community primary healthcare services and case manager to support primary healthcare doctors, and district service hub connecting public and private healthcare professionals with different sectors in society.

The Government launched the three-year Chronic Diseases Co-Care Pilot Scheme in November 2023, which is the first major initiative after the announcement of the Blueprint at the end of 2022, to establish family doctor regime and position the DHC and DHCE as a hub in fostering expansion of healthcare network at the community level. Additionally, in 2023, the Government extended the Elderly Health Care Voucher Scheme to cover more healthcare professionals and allowed shared use of vouchers between spouses, and launched the Elderly Health Care Voucher Pilot Reward Scheme to tie in with the prevention-oriented direction as put forward in the Blueprint. The Government will continue to advocate the concept of "Family Doctor for All". As at 29 February 2024, there are 3 700 doctors enrolled in the Primary Care Directory. The Government will also gradually reposition the General Out-patient Clinics to focus on taking care of low-income persons and the socially disadvantaged groups, and orderly migrate some primary healthcare services under the Department of Health, including Woman Health Centres and Elderly Health Centres, to the primary healthcare system. The Government has begun exploring the setting up of a community drug formulary and planning of the community pharmacy programme, aiming to facilitate patients receiving government-subsidised healthcare services to purchase drugs at affordable prices in the community. Besides, the Government is actively planning for the establishment of the Primary Healthcare Commission. The Government will continue to work with the healthcare sector and NGOs to implement the Blueprint.

The estimated recurrent government expenditure on health is $109,522 million in 2024-25. There is no further breakdown on the figures by level of services at the moment.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0229)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Please provide information on the new drugs and drugs with extended therapeutic applications to be incorporated into the Hospital Authority Drug Formulary in the coming year, as well as the additional recurrent resources involved and the estimated number of patients to be benefited.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 16)

Reply:

The Government and the Hospital Authority (HA) attach high importance to providing optimal care for all patients based on available medical evidence while ensuring optimal and rational use of public resources. Under this principle, the HA has been reviewing and expanding the HA Drug Formulary (HADF) on an on-going basis by incorporating specific new drugs/drug classes as Special drugs, which are provided at standard fees and charges when prescribed under specific clinical conditions. The HA will also regularly review and expand the therapeutic applications of different Special drugs/drug classes on the HADF as appropriate.

In 2024-25, the HA has planned to reposition one Self-financed drug/drug class as Special drug; reposition one Self-financed drug/drug class as Special drug while extending its therapeutic application; and extend the therapeutic applications of 10 Special drugs/drug classes on the HADF. The table below sets out the estimated additional recurrent funding involved and the estimated number of patients who will benefit from the above plan in relation to the HADF in 2024-25. The HA will continue to review from time to time the coverage of the HADF during the year having regard to patients' needs and scientific evidence and data.

2024-25		
Drug Name/Class and Therapeutic Use	**Additional Recurrent Funding Involved ($ million)**	**Estimated Number of Patients to be Benefited**
Self-financed Drugs Repositioned as Special Drugs		
i) Icatibant for hereditary angioedema	0.61	37
Self-financed Drugs Repositioned as Special Drugs with Extended Therapeutic Application		
i) Sorafenib for hepatocellular carcinoma	7.86	156
Drugs with Extended Therapeutic Application		
i) Febuxostat for hyperuricemia	7.80	1 200
ii) Sodium-glucose cotransporter-2 (SGLT2) inhibitor for kidney failure	11.30	5 832
iii) Sacubitril/valsartan for heart failure	6.31	868
iv) Long-acting bronchodilator combinations (long-acting β adrenoceptor agonists/long-acting muscarinic antagonists) for chronic obstructive pulmonary disease (general out-patient clinic)	19.75	5 916
v) Sevelamer for kidney failure	5.33	526
vi) Fenofibrate for hyperlipidemia (general out-patient clinic)	12.14	6 626
vii) TS-ONE® for gastric cancer	16.46	246
viii) GLP1 agonists/insulin for diabetes mellitus	26.90	3 028
ix) PCSK9 inhibitors for acute myocardial infarction/ acute coronary syndrome	18.23	825
x) Cinacalcet for kidney failure	32.02	2 026

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0230)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Please provide information on the following for the past 2 years:
(1) the numbers of attendances at each General Out-patient Clinic ("GOPC");
(2) the numbers of doctors, their years of service and wastage rate of the GOPCs in each hospital cluster; and
(3) the number of appointments successfully made by patients with episodic diseases through the Hospital Authority (HA)'s GOPC telephone appointment system and the "Book GOPC" function in HA's one-stop mobile app "HA Go".

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 17)

Reply:

(1)

Service users of the General Out-patient Clinics (GOPCs) service under the Hospital Authority (HA) are mainly the elderly, low-income individuals, and patients with chronic diseases. At present, HA operates a total of 74 GOPCs throughout the territory.

The table below sets out the number of general outpatient attendances in the past 2 years:

2022-23	**2023-24 (Revised Estimate)**
4 995 348	6 327 000

Note

1. In view of the Coronavirus Disease 2019 (COVID-19) epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's resumption of normalcy measures.

(2)

The table below sets out the full-time equivalent strength of doctors working in Family Medicine specialty who deliver services in the HA's outpatient clinics, including GOPCs, HA Staff Clinics and Family Medicine Specialist Clinics, from 2022-23 to 2023-24 (as at 31 December 2023):

Specialty	**2022-23 (as at 31 March 2023)**	**2023-24 (as at 31 December 2023)**
Family Medicine	625	651

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 numbers and the years of service of doctors working in the Family Medicine specialty in the past 2 years:

Year of Service	**2022-23 (as at 31 March 2023)**	**2023-24 (as at 31 December 2023)**
<1 Year	29	35
1 - <6 Years	211	222
6 - <11 Years	119	135
11 - <16 Years	78	73
16 - <21 Years	136	112
21 - <26 Years	66	92
26 Years or above	26	27
Overall	665	696

Note
1. Manpower on headcount basis includes permanent, contract and temporary staff in the HA's workforce, hence the figures are different from those in the previous table calculated on full-time equivalent basis.
2. Doctors exclude Interns and Dental Officers.

The table below sets out the attrition (wastage) rates of full-time doctors working in the Family Medicine specialty in the past 2 years:

Specialty	**2022-23**	**2023-24 (Rolling 12 months from January to December 2023)**
Family Medicine	7.7%	7.4%

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

2. 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%
3. Doctors exclude Interns and Dental Officers.

(3)

Members of the public with episodic illness can make appointments for general outpatient services through 2 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". In 2023-24 (provisional figures as at 31 December 2023), almost 80 per cent of the overall consultation quotas reserved for patients with episodic illnesses are allocated to the telephone appointment system, while more than 20 per cent are allocated to the mobile app. Consultation quotas of the clinics have been fully utilised. 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 major service users.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0232)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for 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 Health Bureau and the Hospital Authority, please set out in table form the commissioned institutions, expenditure involved and research topics in the past 2 years.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 19)

Reply:

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

Annex

Name of studies	Name of institutions	Expenditure ($ million)	
		2022-23	2023-24
1. Consultancy Service for the Supply and Installation of the Integrated Telecommunication System for the Chinese Medicine Hospital in Tseung Kwan O	Ove Arup & Partners Hong Kong Limited	0.24	--
2. Consultancy Study on Common Information Portal for Individual Indemnity Hospital Insurance Claims (Note 1)	Deloitte Advisory (Hong Kong) Limited	3.00	--
3. Consultancy Study on Stage Three Development of the Electronic Health Record Sharing System in Hong Kong (Note 1)	PricewaterhouseCoopers Advisory Services Limited	0.87	2.02
4. Consultancy Service for Opinion Survey and Analysis on the Public Consultation on the Next-phase Tobacco Control Strategies	Aristo Market Research & Consulting Company Limited	--	0.81
5. Consultancy Services on Establishment of the Greater Bay Area International Clinical Trial Institute	Hong Kong Science and Technology Parks Corporation	--	1.00
6. Consultancy Study on Feasibility Assessment on the Position of the Insurance Sector in Purchasing of Health Services under Implementation of Chronic Disease Co-Care Scheme (Note 1)	Deloitte Advisory (Hong Kong) Limited	--	2.98
7. Consultancy Study on the Collection of Private Healthcare Service Utilisation Data (Note 2)	Milliman Limited	--	--

Note 1: The study has been completed.
Note 2: The study started in September 2023 but the fees will be paid in 2024-25.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0233)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Please set out, by hospital cluster, (1) the number of specialist outpatient new cases, as well as the median waiting time for Priority 1 cases, Priority 2 cases and Routine new cases; and (2) the average waiting time for Accident & Emergency services, with a breakdown by the degree of urgency of cases for 2021-22 and 2022-23.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 20)

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 (50^{th} percentile) waiting time in each hospital cluster of the Hospital Authority (HA) in 2021-22 and 2022-23.

2021-22

Hospital Cluster	Specialty	Priority 1		Priority 2		Routine Cases	
		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	445	<1	3 249	6	5 684	26
	MED	1 006	1	3 798	5	11 449	36
	GYN	753	<1	579	5	3 939	25
	OPH	4 613	<1	2 488	7	7 501	62
	ORT	1 206	1	1 331	5	8 029	59
	PAE	69	1	770	5	295	9
	PSY	286	<1	912	3	2 989	16
	SUR	1 104	1	3 547	7	10 582	52
HKWC	ENT	1 240	<1	2 132	6	3 621	39
	MED	2 792	<1	1 855	4	13 789	49
	GYN	1 185	<1	765	5	4 137	41
	OPH	3 136	1	1 583	7	5 464	62
	ORT	1 025	1	1 758	4	8 093	19
	PAE	174	1	378	5	1 225	13
	PSY	386	1	827	4	2 099	50
	SUR	2 995	<1	2 900	4	10 761	31
KCC	ENT	2 225	<1	2 161	4	12 489	27
	MED	1 357	1	4 068	5	24 269	73
	GYN	944	<1	2 982	6	8 138	33
	OPH	6 689	<1	6 749	3	13 753	79
	ORT	1 881	<1	1 953	4	11 607	53
	PAE	1 270	<1	1 554	4	2 569	9
	PSY	284	<1	1 096	4	1 542	14
	SUR	2 884	1	5 609	5	28 874	43
KEC	ENT	1 669	<1	2 586	7	6 985	68
	MED	1 931	1	5 516	7	20 429	62
	GYN	1 603	<1	951	4	6 028	41
	OPH	5 448	<1	4 494	7	9 628	55
	ORT	3 041	<1	2 503	3	10 128	69
	PAE	765	<1	512	4	3 039	11
	PSY	302	1	2 452	4	5 212	59
	SUR	1 701	1	5 982	7	18 676	50

Hospital Cluster	Specialty	Priority 1		Priority 2		Routine Cases	
		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	2 086	<1	2 168	5	11 721	94
	MED	2 054	1	6 292	7	16 773	83
	GYN	237	<1	1 667	6	7 975	40
	OPH	6 537	<1	7 742	7	6 533	125
	ORT	1 792	1	3 110	4	13 254	61
	PAE	1 155	<1	1 108	4	2 724	10
	PSY	256	<1	794	5	13 361	24
	SUR	2 189	1	6 827	6	22 710	48
NTEC	ENT	2 876	<1	3 651	5	11 638	55
	MED	2 730	<1	3 506	7	25 143	79
	GYN	2 313	<1	939	5	8 510	56
	OPH	6 555	<1	3 147	4	15 656	63
	ORT	4 440	<1	1 625	5	14 848	46
	PAE	94	<1	385	6	3 521	12
	PSY	1 015	1	2 422	4	6 216	65
	SUR	2 254	<1	3 570	5	27 558	28
NTWC	ENT	3 654	<1	1 897	4	9 013	45
	MED	913	<1	2 464	6	12 434	26
	GYN	1 331	<1	345	6	5 211	70
	OPH	9 839	<1	4 966	4	7 401	50
	ORT	1 915	<1	1 989	6	11 439	60
	PAE	161	<1	939	6	1 728	20
	PSY	399	1	1 492	3	5 606	62
	SUR	2 112	1	5 029	4	20 529	51
Overall HA	ENT	14 195	<1	17 844	5	61 151	47
	MED	12 783	<1	27 499	6	124 286	59
	GYN	8 366	<1	8 228	6	43 938	38
	OPH	42 817	<1	31 169	6	65 936	68
	ORT	15 300	<1	14 269	4	77 398	52
	PAE	3 688	<1	5 646	4	15 101	12
	PSY	2 928	1	9 995	4	37 025	40
	SUR	15 239	1	33 464	5	139 690	48

2022-23

Hospital Cluster	Specialty	Priority 1		Priority 2		Routine Cases	
		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	488	<1	3 502	4	4 910	14
	MED	963	1	3 178	5	10 668	48
	GYN	695	<1	541	6	3 904	25
	OPH	4 482	<1	3 041	5	7 584	52
	ORT	1 311	1	1 293	5	6 688	55
	PAE	76	1	673	4	286	9
	PSY	302	<1	897	3	3 296	19
	SUR	999	1	3 168	7	10 867	46
HKWC	ENT	961	<1	2 085	7	3 605	65
	MED	1 802	<1	1 793	4	11 414	34
	GYN	1 244	<1	907	6	3 859	34
	OPH	2 454	1	1 777	4	6 669	55
	ORT	1 265	1	1 409	4	7 808	20
	PAE	103	<1	361	5	1 122	11
	PSY	363	1	687	4	1 920	41
	SUR	2 441	<1	2 999	4	10 716	26
KCC	ENT	1 985	<1	2 088	4	13 181	37
	MED	1 210	1	3 593	6	21 992	71
	GYN	934	<1	2 944	6	7 482	30
	OPH	6 983	<1	6 604	2	10 388	71
	ORT	1 978	1	1 977	4	11 819	51
	PAE	1 145	<1	1 605	4	2 748	10
	PSY	195	<1	1 318	4	2 347	18
	SUR	2 561	1	5 434	5	27 365	37
KEC	ENT	1 611	<1	2 606	6	6 742	86
	MED	1 804	1	4 788	6	19 030	58
	GYN	1 574	1	834	4	5 798	57
	OPH	5 520	<1	5 238	6	10 786	71
	ORT	2 975	<1	2 571	3	9 969	71
	PAE	731	<1	531	4	2 959	10
	PSY	265	1	2 322	3	5238	52
	SUR	1 814	1	5 204	7	18 083	71

Hospital Cluster	Specialty	Priority 1		Priority 2		Routine Cases	
		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	2 024	<1	2 303	5	10 662	62
	MED	1 752	1	5 585	6	15 897	72
	GYN	222	<1	1 595	6	7 468	46
	OPH	6 194	<1	5 886	5	9 144	167
	ORT	1 860	<1	3 251	4	12 632	54
	PAE	1 334	<1	1 138	4	2 840	9
	PSY	232	<1	909	4	13 129	29
	SUR	1 874	1	5 953	5	21 840	52
NTEC	ENT	2 469	<1	3 040	4	12 300	50
	MED	2 407	<1	3 201	6	21 681	48
	GYN	2 216	<1	981	6	7 629	57
	OPH	6 635	<1	4 053	4	15 941	52
	ORT	4 524	<1	1 360	4	14 346	45
	PAE	107	<1	407	6	3 701	16
	PSY	828	1	2 427	4	6 342	64
	SUR	2 166	1	2 992	5	26 850	32
NTWC	ENT	3 808	<1	1 380	4	8 828	61
	MED	1 013	<1	2 404	6	9 591	38
	GYN	1 169	<1	353	6	4 814	62
	OPH	10 901	<1	3 449	4	8 243	59
	ORT	1 896	1	1 793	6	9 791	31
	PAE	265	<1	1 059	6	1 951	23
	PSY	377	1	1 459	3	6 027	55
	SUR	1 986	1	5 057	5	18 527	49
HA Overall	ENT	13 346	<1	17 004	5	60 228	50
	MED	10 951	1	24 542	6	110 273	54
	GYN	8 054	<1	8 155	6	40 954	39
	OPH	43 169	<1	30 048	4	68 755	55
	ORT	15 809	<1	13 654	4	73 053	48
	PAE	3 761	<1	5 774	4	15 607	12
	PSY	2 562	1	10 019	4	38 299	40
	SUR	13 841	1	30 807	5	134 248	46

Note:
With effect from 1 October 2022, the waiting time for new case bookings of Specialist Out-patient Clinics has included that of integrated clinics.

2.

At present, there are 18 public hospitals under the HA providing Accident and Emergency (A&E) services for the critically ill or seriously injured people and victims of disasters. To ensure that citizens with urgent needs can receive timely services, A&E departments implement a patient triage system under which patients are classified into five categories, namely Critical, Emergency, Urgent, Semi-urgent and Non-urgent based on their clinical conditions, and will receive treatment as prioritised by their urgency category. The HA's service target specifies that Critical patients (i.e. 100 percent) will receive immediate treatment while those categorised as Emergency and Urgent will also be given priority for receiving treatment upon arrival at A&E departments. The target is that most of the Emergency (95 percent) and Urgent (90 percent) patients will be treated within 15 or 30 minutes respectively. A&E departments are not General Out-patient Clinics. If there are a large number of Semi-urgent or Non-urgent patients in the A&E departments, this may affect treatment of the Emergency and Urgent patients.

The tables below set out the attendances and average waiting time for A&E services under various triage categories in each hospital cluster under the HA in 2021-22 and 2022-23.

No. of A&E Attendances

2021-22

Cluster	No. of A&E attendances				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	2 660	5 054	59 016	95 155	3 340
HKWC	1 350	3 712	40 106	58 000	2 220
KCC	6 129	7 536	138 010	97 127	5 546
KEC	4 416	6 831	107 666	111 546	6 001
KWC	5 820	8 985	159 991	217 114	5 718
NTEC	3 905	8 953	91 954	195 718	4 177
NTWC	2 879	11 182	108 189	185 167	14 146
HA Overall	**27 159**	**52 253**	**704 932**	**959 827**	**41 148**

2022-23

Cluster	No. of A&E attendances				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	2 416	5 119	56 972	92 326	3 193
HKWC	1 256	3 471	38 967	52 844	1 629
KCC	5 966	7 216	132 537	95 754	5 505
KEC	4 592	6 937	105 257	103 206	6 447
KWC	5 089	8 789	147 811	190 003	4 982
NTEC	4 597	9 383	91 884	189 505	4 430
NTWC	2 909	9 937	100 570	179 887	14 655

Cluster	No. of A&E attendances				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HA Overall	**26 825**	**50 852**	**673 998**	**903 525**	**40 841**

Note:
The attendances for A&E services under various triage categories in each hospital cluster under the HA exclude (i) first-time visits without triage categories, and (ii) follow-up visits to the A&E departments.

Average A&E Waiting Time

2021-22

Hospital 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	8	30	169	209
HKWC	0	9	27	100	166
KCC	0	8	35	159	167
KEC	0	10	30	175	219
KWC	0	6	27	104	116
NTEC	0	9	28	120	139
NTWC	0	6	23	145	170
Overall HA	**0**	**8**	**29**	**135**	**168**

2022-23

Hospital 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	25	127	170
HKWC	0	9	28	109	155
KCC	0	7	23	98	128
KEC	0	10	29	169	224
KWC	0	6	29	128	131
NTEC	0	10	29	105	127
NTWC	0	7	22	131	159
Overall HA	**0**	**8**	**26**	**124**	**158**

Note:
In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services in response to the epidemic. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures. This should be taken into account when comparing the throughput of services provided by the HA across the years.

Abbreviations

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

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2975)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in paragraph 114 of the 2024-25 Budget Speech that the Government will set up the Greater Bay Area International Clinical Trial Institute in the Hetao Shenzhen-Hong Kong Science and Technology Innovation Co-operation Zone this year. It will provide one-stop support to attract more local, Mainland and overseas pharmaceutical and medical device enterprises to conduct clinical trials in Hong Kong. As stated in the Policy Address 2023, the Greater Bay Area International Clinical Trial Institute will provide a one-stop clinical trial support platform for medical research institutions. The Institute will co-ordinate clinical trial resources in the public and private healthcare sectors in Hong Kong, including researchers, supporting services, data banks, sample banks, laboratories, etc. In this connection, will the Government advise this Committee on:

1. the expenditure involved for the Greater Bay Area International Clinical Trial Institute;
2. the staffing establishment of the Institute;
3. the work pattern of the Institute;
4. while the Institute can effectively solve the problem of cross-boundary transfer of biological samples, will there be any entry threshold for local and overseas pharmaceutical and medical device enterprises to conduct clinical trials in Hong Kong? If so, what are the details of the entry threshold?
5. is there any time limit for local and overseas pharmaceutical and medical device enterprises to use the facility, such as completing clinical trials within a few years? For enterprises failing to complete the trials on schedule, are they required to apply again?

Asked by: Hon LEUNG Tsz-wing, Dennis (LegCo internal reference no.: 19)

Reply:

The Greater Bay Area International Clinical Trial Institute (GBAICTI) will provide one-stop clinical trial support service and perform key functions including: (a) co-ordinating clinical trial resources in the public and private healthcare sectors in Hong Kong; (b) establishing clinical trial collaboration network and training programmes; (c) working continuously with stakeholders to review and improve various clinical trial processes; and (d) advising on the long-term planning for clinical trial infrastructure and resources required to support clinical

trial development. A total time-limited provision of $140 million will be provided for 5 years from 2024-25 to 2028-29 to support the establishment and operation of the GBAICTI.

The Hong Kong Special Administrative Region (HKSAR) Government has established the Steering Committee on Health and Medical Innovation and Development (SCHMID) to advise the Government on the direction and policy initiatives for driving medical innovation. The SCHMID held its first meeting on 30 January 2024, at which members discussed issues such as the enhancement of regulation on drugs and medical devices, the strategies for clinical trial development and the establishment of the GBAICTI. The SCHMID agreed that, as an organisation established and wholly owned by the HKSAR Government, the GBAICTI should be run by a professional team to ensure that the capacity and efficiency of clinical trials in Hong Kong can be effectively enhanced, and to drive Hong Kong into a leading clinical trial hub in Asia. On the advice of the SCHMID, the Government has commissioned a consultant to provide professional advice on the scope of service, mode of operation (including arrangements for recruiting a professional operation team) and development plans of the GBAICTI. We will finalise the details on the manpower arrangement and mode of operation within this year.

After its establishment, the GBAICTI will make recommendations to the Government on how to meet the demand for facilities from pharmaceutical and medical device enterprises, the long-term planning for clinical trial infrastructure and resources required to promote clinical trial development as well as the operational arrangements. Apart from co-ordinating clinical trial resources in the public and private healthcare sectors in Hong Kong, the GBAICTI will also promote co-operation with the clinical trial network in the Mainland (especially the Greater Bay Area (GBA)). The HKSAR Government is working with the Shenzhen Municipal Government on the establishment of a clinical trial co-operation platform in the Shenzhen Park and the Hong Kong Park of the Hetao Shenzhen-Hong Kong Science and Technology Innovation Co-operation Zone, with a view to promoting the co-ordinated development of clinical trials, co-operation with the clinical trial network in the Mainland (especially the GBA) through the GBAICTI, and co-ordination of clinical trial work in the two places with the aim of meeting national and international standards. The HKSAR Government will capitalise on the high quality and internationalised standard of local healthcare and clinical trials as well as experience of international co-operation, together with the number of cases in the GBA and leverage the strengths of the two places in clinical trials. The initiative will attract more local and overseas pharmaceutical and medical device enterprises to conduct research and development and clinical trials in the HKSAR and other network organisations in the GBA. The Health Bureau is actively communicating with the relevant Shenzhen authorities to explore ways to introduce measures to facilitate cross-boundary flow of clinical trial data and samples in the Hetao area by capitalising on its advantages of “one zone, two parks” through policy innovation. The discussion is currently underway.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2990)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the construction of the Chinese Medicine Hospital in Tseung Kwan O, would the Government inform this Committee of:

1. the estimated expenditure and the staffing establishment of each project item;
2. the current progress of each project item;
3. the target completion date of each project item;
4. the estimated number of beds to be provided and the service capacity upon completion of work?

Asked by: Hon LEUNG Tsz-wing, Dennis (LegCo internal reference no.: 34)

Reply:

The Finance Committee of the Legislative Council approved in June 2021 a non-recurrent commitment of $80.445 million for the preparation for service commencement of the Chinese Medicine Hospital of Hong Kong (CMH) as well as a capital commitment of $383.9 million for information technology (IT) support for the CMH under Capital Works Reserve Fund Head 710 Computerisation vote.

The CMH is constructed by the Government and operated under a public-private-partnership model. In 2021, Hong Kong Baptist University (HKBU) was selected through tendering procedures as the Contractor for operation of the CMH. In the same year, HKBU incorporated the HKBU Chinese Medicine Hospital Company Limited as the Operator. HKBU and the Operator have since been working together on the commissioning tasks as stipulated in the service deed. The Hospital Chief Executive and other core management team members (the Core Management Team) were in post in January 2024. The Core Management Team is in the process of formulating hospital structure and systems and will submit the detailed manpower plan in the latter half of 2024 having regard to the hospital service commencement plan.

The detailed architectural design of the CMH including the Chinese medicine (CM) culture theme has been substantially completed. Planning of CM culture display design and installation is in progress.

The procurement of the hospital's furniture and equipment is progressing at full steam as planned. HKBU and the Operator also take an active part in the preparation of user requirements for the procurement items. Inspection and acceptance testing of furniture and equipment is expected to commence in early 2025.

The contract for the Core Hospital IT System was awarded in mid-2022. With the system analysis and design substantially completed, the system development stage has already begun. The contract for the IT network, Infrastructure and Data Centre of CMH was awarded in the fourth quarter of 2023. Tenders for the enterprise resource planning system and picture archiving and communication system and radiology information system are being evaluated. More IT system tenders will be issued progressively.

As for consultation and communication with stakeholders, the Health Bureau (HHB) has organised 9 open forums to engage the CM sector regarding the development of the CMH. The next open forum will be held in June 2024, with planned focus on talent development for the CMH.

In addition, the Operator signed a strategic collaboration agreement with the Guangdong Provincial Hospital of Traditional Chinese Medicine in January 2024, with a view to supporting the preparatory work for the commissioning and the continuing development of the CMH.

The construction works of the CMH commenced in June 2021, with the premises expected to be handed over in batches to the HHB starting in mid-2025. The CMH is expected to commence services in phases from the end of 2025 and, depending on the progress and demand and supply, becomes fully operational within 5 years after service commencement. When fully operational, the CMH will provide 400 beds, comprising 250 beds in inpatient wards, 90 beds in day wards, 40 beds in paediatric wards and 20 beds in the Clinical Trial and Research Centre. It is expected that the CMH will have an estimated outpatient consultation attendance of 310 000 per annum when the outpatient service is fully operational.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2638)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Last year, the Secretary for Health, Professor LO Chung-mau, mentioned that the HKSAR Government was discussing with the governments of other Greater Bay Area cities on the provision of direct cross-boundary ambulance service so as to enable point-to-point hospital transfer of inpatients in need. Please advise on the following:

1. To date, what is the progress of the provision of direct cross-boundary ambulance service and its implementation timetable?
2. Before direct cross-boundary ambulance service is launched, how do the existing measures address the transfer of patients from the Mainland?
3. What were the numbers of ambulance calls and ambulance journeys in the past 3 years? Please set out the figures in table form.
4. What was the annual expenditure and manpower involved in the work in Question 3 above?

Asked by: Hon LI Sai-wing, Stanley (LegCo internal reference no.: 19)

Reply:

1.

The Health Bureau is discussing with Shenzhen Municipal Government and Macao Special Administrative Region (SAR) Government on the details of rolling out the Pilot Scheme for Direct Cross-boundary Ambulance Transfer in the Greater Bay Area (Pilot Scheme) to enable direct point-to-point transfer of patients between hospitals of two places without the need to change ambulances.

Regarding the transfer arrangement between Hong Kong and Shenzhen, at the initial stage, the HKSAR Government proposes to designate The Hong Kong University - Shenzhen Hospital (HKU-SZH) as the pilot hospital on the Mainland side, as well as the transit point for other hospitals in the Guangdong Province, for the cross-boundary ambulance arrangement between Mainland and Hong Kong. HKU-SZH will directly liaise with the public hospitals in Hong Kong designated by the Hospital Authority (HA). The HKSAR

Government would implement the direct ambulance transfer arrangement from Shenzhen to Hong Kong as the first step, and based on operational experience and actual needs, extend the scheme to include reciprocal arrangement from Hong Kong to Shenzhen.

As regards the transfer arrangement between Hong Kong and Macao, Conde S. Januario Hospital (CHCSJ) would be the designated pilot hospital in Macao. Similarly, CHCSJ will directly liaise with the public hospitals in Hong Kong designated by HA. The two places will first implement the arrangement for vehicles from Macao going to Hong Kong, and will explore the reciprocal arrangement for ambulances from Hong Kong to Macao in the future, based on operational experience and actual needs.

The cross-boundary ambulances will be provided and operated by HKU-SZH and the Macao Fire Services Bureau.

The HKSAR Government is planning to launch the Pilot Scheme in mid-2024 for a period of one year. The relevant government departments will review the effectiveness of the arrangement and operational experience in due course to consider whether and how to expand the scheme, for example, by including more pilot hospitals and/or extending the scheme to a two-way arrangement.

2. to 4.

Under the current arrangements, Hong Kong residents who are injured or suffering from illness in the Mainland and require emergency medical and ambulance arrangements upon returning to Hong Kong may contact the Assistance to Hong Kong Residents Unit of the Immigration Department to make request. They may also request assistance from the officers of boundary control points upon arrival or call the hotline at 999 to seek help during emergency. The concerned departments will strive to provide assistance. Under normal circumstances, upon receipt of a call for emergency ambulance service, the Fire Services Department will dispatch ambulance(s) in accordance with the established arrangements (including the handover of patients between ambulances of two places at control points under the “vehicle-to-vehicle” arrangement) to transport patient(s) from the Hong Kong ports of land control points to a nearby Accident and Emergency Department under the HA to receive the services required. The departments concerned do not keep other requested information.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1694)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

As mentioned in Matters Requiring Special Attention, the Health Bureau will further promote the development of Chinese medicine (CM) in Hong Kong, including formulation of a comprehensive blueprint in collaboration with the CM sector, enhancing funding support to the CM sector through the Chinese Medicine Development Fund, strengthening government-subsidised Integrated Chinese-Western Medicine services, and taking forward training programmes for nurturing CM talents. It will continue to develop the Chinese Medicine Hospital (CMH) located at Tseung Kwan O and to prepare its service commencement in 2025 in collaboration with the Hong Kong Baptist University (HKBU), the contractor for the operation of the CMH selected through tendering, and HKBU Chinese Medicine Hospital Company Limited, the operator which is a company limited by guarantee incorporated by the contractor for the operation, management and maintenance of the CMH. In this connection, please advise this Committee on the following:

a) the detailed measures and programmes implemented for enhancing funding support to the CM sector through the Chinese Medicine Development Fund and strengthening government-subsidised Integrated Chinese-Western Medicine services;
b) the specific measures and work progress for nurturing CM talents and the current situation of training CM nurses;
c) the establishment of the CMH and the percentage of CM practitioners and nurses recruited in the establishment.

Asked by: Hon LUK Hon-man, Benson (LegCo internal reference no.: 27)

Reply:

a)

Holistic support rendered by the Chinese Medicine Development Fund (CMDF) to the Chinese medicine (CM) sector

Officially launched in June 2019, the CMDF is the first dedicated fund set up to support the development of CM with the objective of enhancing the overall standard of the CM sector to promote the holistic and high-quality development of CM in Hong Kong.

As at 20 March 2024, nearly 7 800 funding applications were approved under the CMDF, involving a total funding of about $276 million (provisional figure) for the approved projects and benefiting more than 2.2 million individuals/organisations in the CM sector, including registered and listed Chinese medicine practitioners (CMPs), CM drug personnel, CM clinics, manufacturers and wholesalers of proprietary Chinese medicines (pCm), retailers and wholesalers of Chinese herbal medicines (Chm), CM-related organisations, universities and tertiary education institutions, as well as members of the public. Major achievements of the CMDF are set out below:

(a) Talent nurturing: Close to 3 200 CMPs and CM drug personnel have received subsidies to attend CM professional training programmes for them to continuously upskill professional knowledge and ability. The CMDF has also supported programme providers to design and organise innovative training projects, benefiting over 37 100 practitioners;

(b) Quality enhancement: The CMDF has supported more than 480 CM clinics and nearly 190 Chm retailers/wholesalers to upgrade their facilities and equipment with a view to enhancing service quality, safety and quality control of CM drugs. The CMDF has also supported nearly 160 pCm manufacturers/wholesalers to engage consultancy services and technical support to complete the registration process for some 730 pCm products, thereby levelling up the quality of Hong Kong-registered pCm products and fostering the development of CM drug industry;

(c) Research and applied studies: The CMDF has supported the commencement of 62 CM research and applied studies projects which are instrumental to the academic and clinical research, professional and industry development of CM in Hong Kong; and

(d) Publicity and promotion: The CMDF has supported nearly 675 CM publicity and public education activities of various forms with target audiences covering kindergarten students, primary and secondary school students, and elderly persons.

The Health Bureau (HHB), in conjunction with the CMDF's implementation agent, has been reviewing the operation of the CMDF. In consultation with the Advisory Committee on the CMDF, the HHB implements various enhancement proposals, such as refining the design of the existing funding schemes, streamlining the application process and administrative arrangements, expanding the application eligibility and funding scope, raising the funding ceiling and extending the time limit for project completion.

Since 2023-24, the CMDF has been taking forward a number of new capacity building initiatives. They include: (a) subsidising programmes related to the Training Programme of Advanced Clinical Talents in Chinese Medicine co-organised by the National Administration of Traditional Chinese Medicine and the HHB, one of which is the first edition of the Hong Kong Chinese Medicine Talent Short-term Training Programme successfully completed in Beijing in November 2023 aimed to help nurture more high-level backbone talents in CM theories and clinical practice; (b) launching the Guangdong-Hong Kong-Macao Greater Bay Area Proprietary Chinese Medicine Industry Development Support Scheme in February 2024 to subsidise local pCm manufacturers or wholesalers for the application fees for registering of eligible pCm products in the Mainland with the Guangdong Provincial Medical Products Administration through the streamlined registration approval process, thereby facilitating

Hong Kong pCm to "go global" through expansion to other markets; and (c) raising the funding ceiling of the Chinese Medicine Promotion Funding Scheme from $750,000 to $2,000,000 with effect from April 2024 to enhance the scale and effectiveness of the public education and promotion projects designed and implemented by the CM sector.

Meanwhile, the CMDF will commission organisations to conduct large-scale training, publicity and research projects on strategic themes conducive to the development of CM =as a whole. The first batch of projects include training programmes developed and implemented to tie in with the service commencement of the Chinese Medicine Hospital, and large-scale territory-wide promotional and publicity campaigns for the wider use of CM in the community. Application is expected to be open in the second quarter of this year.

The details and vetting criteria of the funding schemes as well as the progress and results of the approved projects have been uploaded to the CMDF website (www.cmdevfund.hk).

Development of integrated Chinese-Western medicine (ICWM) services

To explore the operation and gather experience of ICWM and CM inpatient services for formulating a roadmap for the future development of CM, the Government commissioned the Hospital Authority (HA) to launch in 2014 the time-limited ICWM Pilot Programme (Pilot Programme) for providing ICWM treatment for inpatients of selected disease areas (namely stroke care, musculoskeletal pain management and cancer palliative care) at 8 designated hospitals (Kwong Wah Hospital, Pamela Youde Nethersole Eastern Hospital, Princess Margaret Hospital, Prince of Wales Hospital, Shatin Hospital, Tuen Mun Hospital, Tung Wah Hospital and United Christian Hospital) by phases. Having regard to the clinical assessment by CM and Western medicine teams, the ICWM services are provided to inpatients suitable for participating in the Pilot Programme.

To tie in with the policy direction of the long-term development of CM, the HA regularised the Pilot Programme in early 2023 and further expanded ICWM services to cover more public hospitals and other disease areas for leveraging the advantages of CM and ICWM. To support cancer patients of different stages, the HA has incorporated ICWM services into the cancer treatment protocol, and launched the new cancer care pilot programme at 2 public hospitals (Princess Margaret Hospital and Tuen Mun Hospital) in the third quarter of 2023 to provide such services for the first time in day chemotherapy centres.

In the first quarter of 2024, the ICWM services have reached its periodical milestone. The HA has further expanded the ICWM services to 26 public hospitals under the 7 clusters, increasing the hospital sites from 8 to 53. Such expansion is in line with the policy direction to promote CM development and enhance ICWM services set forth in the Chief Executive's Policy Address in providing services to patients of under the designated disease areas (including stroke care, musculoskeletal pain management, cancer palliative care and cancer care pilot programme).

Further, the HA has also planned to include CM rehabilitation in the clinical framework for stroke care inpatient services and will continue to explore from multiple perspectives the feasibility of extending ICWM services to cover more disease areas (such as elderly degenerative diseases), starting from those where CM has advantages, for the long-term development of sustainable ICWM services.

b)
Nurturing CM talents

To tie in with the long-term development of CM in Hong Kong, the Government is committed to promoting the establishment of a professional CM talent pool. Through the CMDF, the Government encourages and subsidises various types of high-standard professional exchanges and talent training programmes in CM. The Government has funded the implementation of master-apprentice programmes with renowned Mainland CMPs and also large-scale academic forums on CM, facilitating interactive exchanges among high-standard CM talents in Hong Kong in various aspects. At the same time, the CMDF provides funding support for the continuing education of in-service CMPs and CM drug personnel. It will also provide funding support in the future for talent training and exchange programmes that meet the development needs of CM in Hong Kong through commissioning, with a view to enhancing the professional competence in CM on all fronts.

With the staunch support from the country, CM personnel in Hong Kong may participate in, among others, the selection of National Medicine Masters and National Famous Traditional Chinese Medicine Practitioners, and talent nurturing programmes for Qi Huang scholars and Qi Huang young scholars. Some CMPs in Hong Kong have already been selected as National Famous Traditional Chinese Medicine Practitioners and Qi Huang young scholars. Furthermore, the National Administration of Traditional Chinese Medicine and the HHB are actively implementing related programmes under Hong Kong's Training Programme of Advanced Clinical Talents in Chinese Medicine. In particular, the Hong Kong Chinese Medicine Talent Short-term Training Programme (Phase 1) was successfully held in Beijing in November 2023. With the funding support of the CMDF, 30 students were recommended to receive about a week's training at renowned CM institutions in the Mainland, and had a fruitful learning and exchange experience with the renowned Mainland experts. Phase 2 of the short-term training programme will be held in late May 2024, The training will focus on clinical skills and professional knowledge related to CM in-patient services. It is expected that about 40 CMPs and CM drug personnel will receive subsidies from the CMDF to attend the training in Beijing.

To support the Government's efforts in promoting overall development of CM, the HA has all along been providing different types of CM training for CM professionals of various ranks in the 18 CMCTRs, including CMP trainees, CMPs, senior CMPs and CM pharmacists, with a view to nurturing more local CM talents. To promote the development of ICWM services, the HA launched the Greater Bay Area Chinese Medicine Visiting Scholars Programme in November 2022 in collaboration with the Grade 3A CMHs in the Mainland, which have deployed their clinically experienced CM experts to Hong Kong as visiting scholars for the purposes of clinical guidance, exchanges and training, so as to enhance the standard of inpatient treatment by CMPs in Hong Kong. Since the implementation of the programme, 13 CM experts from the Guangdong Province have joined the expert pool and trained a cumulative total of nearly 90 local CMPs.

Current situation of training on CM nursing

At present, CM nursing-related training programmes of different levels have been provided by various institutions and professional bodies. As Hong Kong's first CMH will commence services by phases starting from end-2025, nurses are expected to play a more important role in CM and ICWM clinical services for promoting inter-disciplinary collaboration in

healthcare services. Their specific duties, core knowledge and skills required, as well as the model of collaboration with CMPs in clinical services have to be further explored. In this connection, the Government has encouraged the CM sector to conduct CM nursing-related research projects through the CMDF. A project entitled "Study on Chinese Medicine Nursing Training in Chinese Medicine Hospitals in Hong Kong(香港中醫醫院中醫護理培訓研究)" has been funded by the CMDF to research on the positioning of local CM nursing services, and design a framework on CM nursing training programmes for the industry's reference by studying the needs for CMH services in Hong Kong, the views of the industry as well as the medical regulations, etc.

The Government will subsidise institutions in providing CM nursing training programmes through commissioning under the CMDF. Application is expected to be open in the second quarter of this year. The training requirements and contents will be designed with reference to the results of the above study and the actual needs of the CMH and CM development.

c)
The CMH is constructed by the Government and operated under a public-private-partnership model. In 2021, Hong Kong Baptist University (HKBU) was selected through tendering procedures as the Contractor for operation of the CMH. In the same year, HKBU incorporated the HKBU Chinese Medicine Hospital Company Limited as the Operator. HKBU and the Operator have since been working together on the commissioning tasks as stipulated in the service deed. The Hospital Chief Executive and other core management team members (the Core Management Team) were in post in January 2024. The Core Management Team is in the process of formulating hospital structure and systems and will submit the detailed manpower plan in the latter half of 2024 having regard to the hospital service commencement plan, as well as launch recruitment exercises for healthcare personnel and those of various grades in a timely manner. The CMH is expected to commence services by phases starting from end-2025.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1289)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

1. Please set out in the table below the numbers of psychiatric patients in 2021, 2022 and 2023.

	Aged 0-17	Aged 18-64	Aged 65 or above	Total
Schizophrenia Spectrum Disorder				
Depression				
Autism Spectrum Disorder				
Attention-deficit Hyperactivity Disorder				

2. In view of an increase in suicide cases, has the Government conducted any studies on the relation between psychiatric patients and suicide so as to identify people with suicidal risks at an early stage and take actions for suicide prevention early?

Asked by: Hon MA Fung-kwok (LegCo internal reference no.: 28)

Reply:

(1)
The table below sets out the number of psychiatric patients by type of disorder and age group in the Hospital Authority (HA) from 2021-22 to 2023-24 (projection as of 31 December 2023).

2021-22

	Age Group[2]			**Total[4]**
	0 - 17	**18 - 64**	**65 or above**	
Number of Psychiatric Patients[1,3] in HA	43 300	169 600	76 100	288 900

Type of Disorder	Schizophrenia Spectrum Disorder	300	39 700	11 200	51 200
	Depression	1 700	44 800	18 200	64 700
	Autism Spectrum Disorder	15 600	4 800	<50	20 400
	Attention-deficit Hyperactivity Disorder	17 700	3 300	<50	21 000

2022-23

		Age Group[2]			**Total[4]**
		0 - 17	**18 - 64**	**65 or above**	
Number of Psychiatric Patients[1,3] in HA		45 100	171 300	80 500	296 900
Type of Disorder	Schizophrenia Spectrum Disorder	300	39 200	11 700	51 100
	Depression	1 800	45 400	19 600	66 800
	Autism Spectrum Disorder	16 700	5 300	<50	22 000
	Attention-deficit Hyperactivity Disorder	18 100	3 800	<50	21 900

2023-24 (Projection as of 31 December 2023)

		Age Group[2]			**Total[4]**
		0 - 17	**18 - 64**	**65 or above**	
Number of Psychiatric Patients[1,3] in HA (Projection as of 31 December 2023)		46 300	172 800	86 600	305 700
Type of Disorder	Schizophrenia Spectrum Disorder	300	38 500	12 400	51 100
	Depression	1 800	45 500	21 100	68 400
	Autism Spectrum Disorder	17 300	6 000	<50	23 300
	Attention-deficit Hyperactivity Disorder	17 900	4 600	<50	22 500

Note:

1. Including inpatients, patients at specialist outpatient clinics and day hospitals.
2. Refer to age of the patient as of 30 June of the respective year.
3. Figures are rounded to the nearest hundred.
4. Individual figures may not add up to the total due to rounding and inclusion of unknown age group.
5. As the above table does not cover all types of disorder, the breakdown by type of disorder may not add up to the total number of psychiatric patients.

Remark:
In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures.

(2)
Relevant international and local studies have pointed out that suicide is a complicated problem, involving the interaction of multiple risk and protective factors. The Government adopts an integrated approach to promote mental health, providing services that include prevention, early identification, as well as timely intervention, treatment and rehabilitation services for persons in need, as well as providing multi-disciplinary and cross-sectoral services to persons with mental health needs through co-ordination and co-operation among the Health Bureau (HHB), the Labour and Welfare Bureau (LWB), the Education Bureau (EDB), the Department of Health, the Social Welfare Department (SWD), the HA, non-governmental organisations (NGOs) and other stakeholders in the community.

Over the past year, the Government has introduced or planned to introduce a number of mental health-related policy initiatives, which cover enhancing the manpower for mental health services, strengthening the support for specific groups (including students, ethnic minorities and persons in mental recovery), and enhancing mental health support at district level, etc. The key initiatives are as follows:

(a) The HA enhanced manpower and further optimised the ratio of case manager under the Case Management Programme to patients to no higher than 1:40 in the fourth quarter of 2023. The HA has earmarked additional funding of around $127 million in 2024-25 to enhance mental health services, relevant measures include: (i) enhancing the community psychiatric services by further recruiting additional case managers; (ii) strengthening nursing manpower as well as allied health and peer support for psychiatric inpatient and outpatient services; and (iii) enhancing the use of long-acting injectable antipsychotics in the treatment of mental illness;

(b) Through cross-departmental collaboration of the HHB, the EDB and the SWD, the Three-Tier School-based Emergency Mechanism was implemented in December 2023 to provide support to students with higher suicidal risk as early as possible. The initiative has been extended to end-2024;

(c) The HHB launched the "18111 - Mental Health Support Hotline" in December 2023 to provide one-stop, round-the-clock support for people with mental health needs, rendering immediate mental health support and referral services;

(d) The HHB set up a service centre to provide emotional support and counselling services for ethnic minorities in December 2023, with a multi-professional team comprising social workers, counsellors and support staff conversant in ethnic minority languages, to provide mental health support and counselling services to ethnic minorities and refers cases to other service platforms for additional support and/or treatment if needed;

(e) The HHB will launch a pilot scheme in 3 District Health Centres in 2024 in collaboration with community organisations to provide mental health assessments for those in need, and to provide early follow-up and referral for high-risk cases;

(f) The HHB will provide Care Team members with mental health support training (including Mental Health First Aid training) in 2024 to assist in the early referral of persons in need in the local communities for support;

(g) In 2023-24, the SWD increased the manpower of clinical psychologists in 24 Integrated Community Centres for Mental Wellness (ICCMWs) to strengthen professional support and training, and provided additional funding to assist ICCMWs in enhancing the application of information technology in service delivery so as to strengthen the support for persons in mental recovery and their carers;

(h) The SWD will enhance the services of ICCMWs in 2024, including strengthening early identification of persons with mental health needs and early intervention, and scale up the training of social workers in community mental health service units to raise their capacity in handling complicated cases; and

(i) The SWD will strengthen peer support services in 2024 and set up 4 additional Parents/Relatives Resource Centres for carers of those in mental recovery in 2025 to support people in mental recovery and their carers.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2690)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Chinese medicine is our national treasure that is available at an affordable price. More effort should therefore be put into strengthening its role in public healthcare services so as to serve members of the public and alleviate their financial burden. Regarding the development of Chinese medicine, will the Government inform this Committee of the following:

1. How much resources were allocated by the Government to foster the development of Chinese medicine in Hong Kong in each of the past 5 years? What were the specific results?

2. Does the Government have any plan to incorporate Chinese medical practices into the primary healthcare system in Hong Kong? If yes, what are the details? If not, what are the reasons?

3. What were the Government's plans for publicity, education and promotion of Chinese medicine? How effective were they?

Asked by: Hon NG Chau-pei, Stanley (LegCo internal reference no.: 34)

Reply:

(1)

The Government has been committed to promoting the high-quality development of Chinese medicine (CM) in Hong Kong on all fronts and will continue to take forward various policy initiatives in 2024-25, including pressing ahead with the construction of the Chinese Medicine Hospital (CMH) and the Government Chinese Medicines Testing Institute (GCMTI); strengthening the co-ordination of CM professional and policy development and collaborating with the CM sector to formulate a comprehensive CM Development Blueprint to map out the vision and strategies for future development by the Chinese Medicine Unit of the Health Bureau under the leadership of the Commissioner for Chinese Medicine Development who would assume office in 2024; strengthening integrated Chinese-Western medicine services; promoting scientific research and standard-setting for Chinese medicines (CMs) testing; promoting more talent nurturing programmes for boosting the establishment of CM talent

pool in Hong Kong; refining the funding arrangement of the Chinese Medicine Development Fund, taking forward new capacity-building initiatives for the industry and commissioning organisations to conduct large-scale training, publicity and research projects on strategic priority themes conducive to CM development as a whole; and continuing to strengthen Hong Kong's role under the Construction Plan for the Chinese Medicine Highlands in the Guangdong-Hong Kong-Macao Greater Bay Area (2020-2025) for proactive integration into the national CM development and give full play to our role as the country's gateway to the international markets and contribute to the internationalisation of CM. The latest progress of various policy initiatives are set out in detail as follows:

(a) Pressing ahead with the development of the first CMH in Hong Kong - The CMH is constructed by the Government and operated under a public-private-partnership model. Hong Kong Baptist University (HKBU) was selected through tendering procedures as the Contractor for the operation of the CMH. HKBU and the Operator (a company limited by guarantee incorporated by HKBU according to the service deed) are working together on the commissioning tasks (including the procurement of hospital furniture and equipment and the development of information technology (IT) system for the hospital) as stipulated in the service deed. The construction works of the CMH commenced in June 2021, with the premises expected to be handed over in batches to the HHB starting in mid-2025. The CMH is expected to commence services in phases from the end of 2025.

The Finance Committee of the Legislative Council approved in June 2021 a non-recurrent commitment of $80.445 million for the preparation for service commencement of the CMH as well as a capital commitment of $383.9 million for IT support for the CMH under Capital Works Reserve Fund Head 710 Computerisation vote.

(b) Increasing the quota for Government-subsidised CM outpatient services - Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) have been established in 18 districts across the territory to promote the development of CM by providing services, training and conducting 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. Since March 2020, the 18 CMCTRs have been providing Government-subsidised CM outpatient services at the district level. The annual quota has increased from about 600 000 to 800 000 since October 2023, representing an increase of over 30%. The Government will continue to review the service capacities of the 18 CMCTRs and the public demand for Government-subsidised CM outpatient services, with a view to enhancing the service arrangements as appropriate;

(c) Strengthening ICWM services - To explore the operation and gather experience of ICWM and CM inpatient services, the Government commissioned the HA to launch in 2014 the time-limited ICWM Pilot Programme (Pilot Programme). The HA regularised the Pilot Programme in early 2023 and further expanded the ICWM services to 26 public hospitals under the 7 clusters in the first quarter of 2024, increasing the hospital sites from 8 to 53. Such expansion is in line with the policy direction to promote CM development and enhance ICWM services set forth in the Chief Executive's Policy Address in providing services to patients of under the designated disease areas (including stroke care, musculoskeletal pain management, cancer palliative care and cancer care pilot programme). Further, the HA has also planned to

include CM rehabilitation in the clinical framework for stroke care inpatient services and will continue to explore from multiple perspectives the feasibility of extending ICWM services to cover more disease areas (such as elderly degenerative diseases), starting from those where CM has advantages, for the long-term development of sustainable ICWM services.

The Government has earmarked $427 million in 2024-25 for the HA to take forward initiatives for promoting CM development, which include operating the CMCTRs to provide Government-subsidised CM outpatient services and Chinese medicine practitioner (CMP) trainee programmes, providing ICWM services, providing "evidence-based" CM training, operating the Toxicology Reference Laboratory, conducting quality assurance and central procurement of CM drugs, and enhancing and maintaining the CM Information System;

(d) **Promoting scientific research for CM testing -** The GCMTI was established in 2017 with its temporary facilities located at the Hong Kong Science Park in Shatin. The missions of the GCMTI are to develop a set of internationally-recognised reference standards for Chinese medicines and related products by employing state-of-the-art technology and through scientific research, and to help empower the industry through transfer of testing technology to strengthen quality control of products, establish the brand image of Hong Kong in Chinese medicines and developing Hong Kong into an international hub on Chinese medicines testing and quality control. One of the major research activities of the GCMTI is carrying on the research work on the Hong Kong Chinese Materia Medica Standards (HKCMMS) project. So far, the GCMTI has published the reference standards for a total of 330 Chinese Materia Medica (CMM). The reference standards for additional 14 CMM have also been completed and will be published in due course. With the support of the GCMTI Advisory Committee, the GCMTI has embarked on 14 research and thematic projects in the past 5 years. The GCMTI will continue with the HKCMMS project and 8 other ongoing research and thematic projects in the coming year. The financial provision for the GCMTI in 2024-25 is about $60.6 millon.

(e) **Supporting the CM sector via the CMDF -** Officially launched in June 2019, the CMDF is the first dedicated fund set up to support the development of CM with the objective of enhancing the overall standard of the CM sector to promote the holistic and high-quality development of CM in Hong Kong. As at 20 March 2024, nearly 7 800 funding applications were approved under the CMDF, involving a total funding of about $276 million (provisional figure) for the approved projects and benefiting more than 2.2 million individuals/organisations in the CM sector, including registered and listed CMPs, CM drug personnel, CM clinics, manufacturers and wholesalers of proprietary Chinese medicines (pCm), retailers and wholesalers of Chinese herbal medicines, CM-related organisations, universities and tertiary education institutions, as well as members of the public.

(f) **Stepping up the role of the CM sector in responding to public health incidents** - During the COVID-19 epidemic, Fight the Virus Together – Chinese Medicine Telemedicine Scheme and Together We Unite – Chinese Medicine COVID-19 Rehabilitation Scheme were launched under the CMDF's special approval and full subsidy to enlist nearly 720 CMPs in private practice to provide CM telemedicine and rehabilitation services to almost 42 000 patients who were diagnosed with COVID-19

or suffered from post-COVID-19 conditions. In addition, the CMU of the HHB has written to CM organisations and institutions, appealing for additional or extended clinic operation hours during service surge and long holidays, as well as close monitoring of the CM inventory to ensure a stable supply.

(g) Collaboration and exchanges in CM with the Mainland - Further to the successful experience of two key measures benefitting Hong Kong (namely recruiting of Hong Kong CMPs by public healthcare institutions in the Greater Bay Area (GBA) and streamlining of the approval procedures for Hong Kong traditional pCm for external use to be registered in the Mainland) and HA projects such as the GBA CM Visiting Scholars Programme and the Chinese Medicine Training Scholarship Programme, the Government is actively working with the CM sector to deepen Hong Kong's collaboration in CM with the Mainland and the GBA. The Government also keeps exchanging and maintaining liaison with relevant ministries and delegations of various provinces and cities on issues relating to CM development, including co-organising high-quality CM talent training programmes with the National Administration of Traditional Chinese Medicine to reserve talents for Hong Kong. The first edition of a short-term training programme was completed in November 2023 and the second edition will be launched in May 2024.

(h) Formulating the CM Development Blueprint - The Government will work with the CM sector to formulate a CM Development Blueprint to map out the vision and strategies for future development, with a view to optimising the top-tier design for the development of policies. The CMU has commenced a series of stakeholder engagement exercises efforts, including organising exchange sessions on the development of CM to involve a vast number of stakeholders in exchanges and discussions since September 2023.

(i) Strengthening the functions of the CMU of the HHB - The Government has implemented the work on enhacing the functions of the CMU of the HHB from 2023-24 onwards. An open recruitment exercise has been conducted to fill in the post of C for CMD and more non-directorate supporting staff with professional background in CM has been recruited to provide professional support in different areas.

(2)

As an integral part of Hong Kong's healthcare system, CM plays an important role in the area of primary healthcare. The existing CMCTRs in 18 districts have provided services to around 1.5 million attendances each year on average, and the annual quota for Government-subsidised CM outpatient services has increased from about 600 000 to 800 000 since October 2023, representing an increase of over 30%. Upon commencing service in phases starting from end-2025, Hong Kong's first CMH will also provide a series of Government-subsidised CM outpatient services.

In fact, the resources in the CM sector are mostly concentrated in the private sector. More than 90 per cent of CMPs practice in the private market, providing around 10 million attendances for CM outpatient services every year, which has established a strong service network at the community level. Through the EHVS, the Government provides eligible elderly person with an annual voucher amount of $2,000 to subsidise their use of private primary healthcare services provided by 14 categories of healthcare professions (including

CMPs). In the past three years, the amount claimed by the eligible elderly person for using CM services under EHVS has increased year-on-year. In 2023, the amount claimed was nearly $1,141 million, accounted for the second highest among the 14 categories of healthcare professions. The Government has launched a three-year Elderly Health Care Voucher Pilot Reward Scheme in November 2023. If an elderly person has accumulated voucher spending of $1,000 or above on designated primary healthcare services such as disease prevention and health management services within the same year (January to December), a $500 reward will be automatically allotted to his/her healthcare voucher account, which can be used on the same designated primary healthcare purposes, hence harnessing the benefits of the CM in disease prevention and management.

As for District Health Centres (DHC), the operators will procure services from non-government entities in the community and establish the DHC network (including CMPs). Members with stroke, knee osteoarthritis and low back pain may opt for CM services. Network CMPs will provide acupuncture and acupressure treatment to these patients having regard to their needs. In addition, CMPs also provide disease prevention, health maintenance and health education, including group activities on dietary therapy. The DHCs will also collaborate with the CMCTRs to provide or promote Tianjiu service in the centres.

The Government will continue to develop various primary healthcare services (including CM services) in accordance with the Primary Healthcare Blueprint to utilise resources of both public and private CM sectors. Meanwhile, the involvement of the CM in the primary healthcare reference frameworks will be further explored with a view to unleashing the potential advantage of the CM in health management and facilitating cross-disciplinary collaboration in primary healthcare services. In the long term, with a view to better leveraging on the strengths and advantages of the CM, the Government will continue to strengthen the role of the CM in primary healthcare services, enhance cross-disciplinary collaboration, and look into opportunities for further synergies with the CM in primary healthcare services with a focus on chronic disease prevention and health management through development of relevant training, publicity and promotion, health assessment, preventive care and introduction of new programmes with the involvement of the CM.

In parallel, the HHB is collaborating with the CM sector to formulate the CM Development Blueprint, in which a comprehensive review on the long-term strategies and planning for the development of the CM services will be conducted, covering issues such as the role of the CM in primary, secondary and tertiary healthcare, as well as the use of the CM in disease prevention, treatment and rehabilitation throughout the life cycle.

(3)

The Industry Support Programme (B Scheme) under the CMDF supports projects on professional training, promotion, applied research and thematic studies, etc. that can enhance the overall standard and industry development of the CM sector. The Chinese Medicine Promotion Funding Scheme is one of the projects that seeks to promote public education and cultural promotion on CM to enhance public knowledge of CM. As at 20 March 2024, the CMDF supported nearly 675 CM publicity and public education activities of various forms with target audiences covering kindergarten students, primary and secondary school students, and elderly persons.

Since 2023-24, the CMDF has been taking forward a number of industry capability building initiatives, including raising the funding ceiling of the Chinese Medicine Promotion Funding Scheme from $750,000 to $2,000,000 with effect from April 2024 to enhance the scale and effectiveness of the public education and promotion projects designed and implemented by the CM sector.

Meanwhile, the CMDF will commission organisations to conduct large-scale training, publicity and research projects on strategic themes conducive to the development of CM as whole. The first batch of projects include training programmes developed and implemented to tie in with the service commencement of the CMH, and large-scale territory-wide promotional and publicity campaigns for the wider use of CM in the community. Application is expected to be open in the second quarter of this year.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0684)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health, (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding healthcare-related services for children, will the Bureau inform this Committee of the following:

- under the existing healthcare system, the number of public hospitals providing paediatric specialist services, its percentage in the total number of public hospitals in Hong Kong, and its distribution by hospital cluster;
- the information on paediatric specialist services, including the service provided, number of places, waiting time of patients, as well as the expenditure and staffing involved in the past 3 years;
- the number of attendances of minors (aged below 18) for general out-patient healthcare services and their percentage in the total number of attendances in the past 3 years with a breakdown by the following categories: newborns (aged 0 to less than 6 months); infants (aged 6 months to less than 1); toddlers (aged 1 to 2); young children (aged 3 to 5); school-aged children (aged 6 to 12); and adolescents (aged 13 to 18); and
- the current number of minors (aged below 18) who have registered as eHealth users and its percentage in the total number of registrations with a breakdown by the following categories: newborns (aged 0 to less than 6 months); infants (aged 6 months to less than 1); toddlers (aged 1 to 2); young children (aged 3 to 5); school-aged children (aged 6 to 12); and adolescents (aged 13 to 18).

Asked by: Hon NGAN Man-yu (LegCo internal reference no.: 1)

Reply:

At present, the Hospital Authority (HA) caters for the medical needs of neonates, children and adolescents through comprehensive out-patient, inpatient service, acute and rehabilitation service provided at its Paediatrics Departments at its 17 hospitals under the 7 hospital clusters across the territory. The service distribution by hospital cluster is tabulated below:

Cluster	Hospital
Hong Kong East	Pamela Youde Nethersole Eastern Hospital
Hong Kong West	Queen Mary Hospital
	The Duchess of Kent Children's Hospital at Sandy Bay
Kowloon Central	Queen Elizabeth Hospital
	Kwong Wah Hospital
	Hong Kong Children's Hospital
Kowloon East	United Christian Hospital
	Tseung Kwan O Hospital
Kowloon West	Princess Margaret Hospital
	North Lantau Hospital
	Caritas Medical Centre
	Yan Chai Hospital
New Territories East	Prince of Wales Hospital
	Alice Ho Miu Ling Nethersole Hospital
	North District Hospital
New Territories West	Tuen Mun Hospital
	Pok Oi Hospital

The detailed information on the HA's Paediatrics Services for the past 3 years is set out in Tables 1 to 5 below.

Table 1: Number of inpatient and day inpatient discharges and deaths at the Paediatrics Services of the HA[#] in 2021-22, 2022-23 and 2023-24 (as at 31 December 2023)

Year	Number of inpatient and day inpatient discharges and deaths at the Paediatrics Services[#]
2021-22	82 298
2022-23	88 718
2023-24 (as at 31 December 2023) [provisional figures]	100 663

The figures above include those for Paediatrics and Neonatology, where adolescents are included under Paediatrics.

Note: For the HA, day inpatients refer to those who are admitted to hospital for non-emergency treatment and discharged within the same day. Inpatients are those who are admitted to hospital via the Accident & Emergency departments or hospitalised for more than one day. The calculation of the number of patient discharges and deaths includes the figures for both inpatients and day inpatients.

Table 2: Number of paediatrics specialist out-patient (SOP) attendances in HA in 2021-22, 2022-23 and 2023-24 (as at 31 December 2023)

Year	Number of paediatrics SOP attendance
2021-22	230 739
2022-23	248 044
2023-24 (as at 31 December 2023) [provisional figures]	200 400

Table 3: Number of paediatrics SOP new cases in HA and the median (50th percentile) waiting time in 2021-22, 2022-23 and 2023-24 (as at 31 December 2023)

Year	Priority 1 (Urgent) case		Priority 2 (Semi-urgent) case		Routine (Stable) case	
	Number of new case	Median waiting time (week)	Number of new case	Median waiting time (week)	Number of new case	Median waiting time (week)
2021-22	3 688	<1	5 646	4	15 101	12
2022-23	3 761	<1	5 774	4	15 607	12
2023-24 (as at 31 December 2023) [provisional figures]	2 709	<1	4 856	6	14 977	16

Note: With effect from 1 October 2022, the waiting time for new case booking at SOP Clinics include that of integrated clinics.

Table 4: Cost of paediatrics# specialist services (including inpatient and SOP services) in HA in 2021-22 and 2022-23

Year	Cost of paediatrics# specialist service ($ million)
2021-22	5,005
2022-23	5,270

The figures above include those for Paediatrics and Neonatology, where adolescents are included under Paediatrics.

Note:

1. Service costs include direct staff expenses (for example, on doctors, nurses and allied health professionals) for service provision to patients; expenditure incurred for clinical support services (for example, anaesthetic room, operating theatre, pharmacy, diagnostic radiology and pathology tests); and other operating costs (for example, expenses on meals for patients, public utilities, and repair and maintenance of medical equipment).
2. Since the financial year of 2023-24 has just been concluded, cost information corresponding to the financial year is not yet available.

Table 5: Number of paediatricians and paediatric nurses in HA in 2021-22, 2022-23 and 2023-24 (as at 31 December 2023) calculated on a full-time equivalent basis

Staff Group	2021-22 (as at 31 March 2022)	2022-23 (as at 31 March 2023)	2023-24 (as at 31 December 2023)
Paediatricians	442	444	448
Nurse	1 581	1 552	1 580

Note:
1. The manpower figures above are calculated on a full-time equivalent basis including permanent, contract and temporary staff in the HA.
2. The number of paediatricians exclude Interns and Dental Officers.
3. The number of nurses include Senior Nursing Officers, Department Operations Managers, Nurse Consultants, Associate Nurse Consultants, Ward Managers, Nursing Officers, Advanced Practice Nurses, Registered Nurses, Enrolled Nurses and Nursing Trainees.

The table below sets out the number of attendances of general out-patient (GOP) service in the HA regarding persons aged below 18 and the percentage to the total number of attendances by age group in 2021-22, 2022-23 and 2023-24 (as at 31 December 2023).

Age Group	2021-22		2022-23		2023-24 (as at 31 December 2023) [provisional figures]	
	Number of GOP attendances	Percentage to the total no. of GOP attendances	Number of GOP attendances	Percentage to the total no. of GOP attendances	Number of GOP attendances	Percentage to the total no. of GOP attendances
Aged 0 to less than 6 months	1 080	<1%	550	<1%	1 300	<1%
Aged 6 months to less than 1	1 590	<1%	1 080	<1%	1 890	<1%
Aged 1 to 2	10 000	<1%	6 590	<1%	12 220	<1%
Aged 3 to 5	22 110	<1%	19 450	<1%	32 100	<1%
Aged 6 to 12	39 670	<1%	31 400	<1%	52 190	1%
Aged 13 to 17	33 150	<1%	23 150	<1%	32 250	<1%
Total	107 590	2%	82 230	2%	131 950	3%

Note:
1. The age groups of patients are determined by their age as at 30 June of the respective years.
2. The GOP attendance figures are rounded to the nearest ten.
3. Individual figures may not add up to the total due to rounding.

In view of the emergence of the Coronavirus Disease 2019 (COVID-19) epidemic in Hong Kong in early 2020, the HA has adjusted its services to cope with the epidemic. This should be taken into consideration when comparing the throughput of services provided by the HA across the years. With the impact (if any) of the COVID-19 epidemic on costs reflected in the 2021-22 to 2022-23 costing information, the costing information across the years may not be directly comparable. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's resumption of normalcy measures.

The number of minors (aged below 18) who are registered healthcare recipients of the Electronic Health Record Sharing System (eHealth) and the corresponding proportion of the total population of the age groups concerned as at end-February 2024 are tabulated below:

	Number of minors who are registered healthcare recipients under eHealth(Note)	Percentage of the total population of the age group (%)
Neonate and infant (aged 0 to less than 1)	3 154	9.4%
Toddler (aged 1 to 2)	13 282	19.1%
Young child (aged 3 to 5)	55 664	40.1%
School-aged child (aged 6 to 12)	191 664	47.1%
Adolescent (aged 13 to 18)	150 634	43.3%

(Note): 200 000 eHealth applications were received via school enrollment among the participating schools of the Seasonal Influenza Vaccination Subsidy Scheme 2023/24 of the Department of Health (DH). Figures in the table above have incorporated the number of verified applications while the remaining applications are being verified.

To boost eHealth registration among healthcare recipients aged below 18, the Government has launched a dedicated eHealth registration drive for students starting from the 2023/24 academic year. Students participating in the vaccination programmes through their schools may sign up for eHealth in one go. The Government also deployed eHealth mobile registration teams to various Student Health Service Centres to help students and parents register for eHealth and download the mobile application, when DH commenced the annual health assessment services for students in November last year. As for infants, the Maternal and Child Health Centres of the DH have put in place express registration for eHealth as part of the regular enrolment procedures to assist parents in signing up for their new-borns. The Government also plans to provide temporary eHealth accounts for new-borns in the public hospitals, so as to enable them to build up their personal lifelong electronic health records from an early age and to acquire coherent healthcare services as they grow up.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0685)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) was officially launched on 13 November 2023. Starting from that day, Hong Kong residents aged 45 or above with no known medical history of diabetes mellitus (DM) or hypertension (HT) can enrol in the scheme at any District Health Centre (DHC) or DHC Express and pair up with a family doctor for DM and HT screening and long-term follow-up. Will the Bureau inform this Committee:

- of the respective number of patients and doctors participating in the scheme, the completion rate of screening, the percentage of those diagnosed with prediabetes, DM or HT upon completion of screening, and the follow-up actions taken; and
- whether it has plans to review the CDCC Pilot Scheme, and of the details of the review, e.g. whether the scope of the scheme will be extended to cover different age groups and diseases?

Asked by: Hon NGAN Man-yu (LegCo internal reference no.: 2)

Reply:

The Government has launched the 3-year Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) since 13 November 2023 to provide subsidised diabetes mellitus (DM) and hypertension (HT) screening services in the private healthcare sector to Hong Kong residents aged 45 or above with no known medical history of DM or HT. As at 27 March 2024 [provisional figure], around 30 000 members of the public and over 500 family doctors have participated in the scheme. Over 15 000 of the participants have completed the screenings for DM and HT, and nearly 6 000 of them (i.e. over 30%) have been diagnosed with prediabetes [Note 1], DM or HT. These patients can proceed to the treatment phase and will be subsidised by the Government to continue their treatment with self-selected family doctors, and subject to their health conditions, be offered prescribed medication, follow-up care at nurse clinics and allied health services.

The CDCC Pilot Scheme is a three-year pilot scheme, we will conduct evaluation on its overall effectiveness. To review the effectiveness of the scheme, the Government has commissioned a local university in the first quarter of 2024 to conduct a study to assess the

extent to which the objectives of the scheme are met and the overall performance, including the service quality and effectiveness, as well as the cost-effectiveness of the scheme. In addition, the Government will review the service model and operational details of the CDCC Pilot Scheme in a timely manner and make enhancements as necessary to ensure its effectiveness. The Government will, having regard to the outcomes of the review, consider whether to expand the service scope of the CDCC Pilot Scheme.

Note:

1. A blood glucose level ranging from 6.0 to 6.4% for glycated haemoglobin or a fasting glucose level of 6.1 to 6.9 mmol/L.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0687)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Following the re-organisation of the fee structure of public hospitals and clinics in April 2003, the Hospital Authority (HA) continues to uphold the Government's fundamental philosophy that no one will be denied adequate medical care due to lack of means. Therefore, the HA has put in place a medical fee waiver mechanism to provide assistance for patients in need. In this connection, will the Bureau please:

1. provide information on the operation of the medical fee waiver mechanism in the past 3 years, including the number of beneficiaries, gender, age distribution, district, the related expenditure and manpower allocation, and the related expenditure and manpower allocation for the next financial year; and
2. advise this Committee whether the Bureau has plans to review the medical fee waiver mechanism, including exploring the extension of the scope of "waiver eligibility status" to children aged under 12 in families benefiting from the Working Family Allowance Scheme and the School Textbook Assistance Scheme?

Asked by: Hon NGAN Man-yu (LegCo internal reference no.: 4)

Reply:

At present, with the public healthcare services in Hong Kong heavily subsidised by the Government, the fees are affordable to the general public. The Hospital Authority (HA) has put in place a medical fee waiver mechanism to provide assistance to needy patients in a targeted manner, so that no one will be denied access to adequate medical care due to lack of means. Medical fees will be waived for HA service users who are recipients of Comprehensive Social Security Assistance, Level 0 voucher holders of the Residential Care Service Voucher Scheme for the Elderly, and Old Age Living Allowance recipients aged 75 or above (including recipients under the Guangdong Scheme and the Fujian Scheme) once the hospital or clinic staff have confirmed their "waiver eligibility status" through online eligibility checking upon the claim of such status with identity proof provided by these users during registration for consultation each time.

If medical fees becomes unaffordable because of family financial difficulties in the case of children, including those aged under 12 from families benefiting from the Working Family

Allowance Scheme and the School Textbook Assistance Scheme, their family members or guardians may submit an application for medical fee waiver to Medical Social Workers (MSWs) of HA or the Social Welfare Department (SWD) or Social Workers (SWs) of the Integrated Family Service Centres (IFSCs), the Family and Child Protective Services Units (FCPSUs) or other SWD designated service units for assessment. In addition to making such assessment based on the prevailing financial eligibility criteria set out for the waiver mechanism, the MSWs and SWs can also exercise discretion on a case-by-case basis to grant waivers to patients facing special difficulties while not meeting the financial criteria.

The HA will continue to communicate with different stakeholders and draw on the experience of other public service funding schemes, giving careful consideration to various factors, so as to better provide assistance to patients facing financial difficulties. The HA will also take into account the above considerations in its regular fees and charges reviews.

The following table sets out the numbers of eligible persons, who have received medical fee waivers and the total amount of medical fee waived in the past 3 financial years -

Year	**Number of eligible persons having received medical fee waiver**						**Total amount of waived fees**
	Total	**Gender**		**Age of persons having received medical fee waiver[1]**			
		Male	**Female**	**Below 18**	**18 to 64**	**65 or above**	
2021-22	543 500	239 700	303 800	33 800	139 500	375 500	$920 million
2022-23[2]	1 294 600	567 200	727 400	68 300	574 300	660 200	$951 million
2023-24 (as at 31 December 2023)	525 500	234 300	291 200	30 200	105 700	393 400	$745 million

Since the MSWs of the HA or the SWD, and SWs of the IFSCs, FCPSUs or other SWD designated service units provide a wide range of healthcare, social and family services respectively, the HA does not have the breakdown of the manpower allocation for handling medical fee waiver applications.

The following table sets out the numbers of MSWs of the HA and the SWD providing medical social services, and SWs of the IFSCs, FCPSUs or other SWD designated service units providing family services in the past 3 financial years -

Year	Number of MSWs providing medical social services		Number of SWs providing family services[4]		Number of SW of other SWD designated service units[4]
	HA[3]	SWD[4]	IFSCs	FCPSUs	Regional Guardianship Offices[5]
2021-22	307	491	822	220	Not applicable
2022-23	314	491	822	220	Not applicable
2023-24 (as at 31 December 2023)	330	491	822	220	25

Note:

1. Since some patients were transferred from one age group to another during the same financial year, the total number of people from all age groups does not represent the total number of people who have received medical fee waivers.
2. The increase in the number of people who have received medical fee waivers in 2022-23 was mainly due to the medical fee waivers granted in relation to the anti-epidemic measure associated with COVID-19.
3. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in the HA, but excluding those in the HA Head Office.
4. The manpower figures of the MSWs and SWs from relevant SWD service units were provided by the SWD.
5. With effect from 1 April 2023, the SWs of the Regional Guardianship Offices of the SWD are also authorised to handle applications for medical fee waivers from service users.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0689)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ( )

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

According to the speech of Professor Lo Chung-mau, Secretary for Health, at the Legislative Council, "The HKSAR Government has invested substantial resources in child health care to provide services that are comprehensive and all-encompassing, covering various stages from the time when babies are inside their mother's womb to their first cry at birth in hospital, to the time they learn to walk and talk, and to the day they put on their school uniform and enjoy school life. It has been the Government's strategy to promote 'early prevention, early detection and early treatment'." Will the Bureau please inform this Committee of the Government's work on "early prevention, early detection and early treatment" in respect of child health care in the recent financial year, and the related expenditure and manpower deployment?

Asked by: Hon NGAN Man-yu (LegCo internal reference no.: 6)

Reply:

The Secretary for Health delivered the opening remarks for the motion on "Promoting the development of children's healthcare services" moved by the Dr Hon NGAN Man-yu on 24 January 2024, elaborating on the Government's strategy to promote "early prevention, early detection and early treatment" for children to grow up healthily. The transcript is available at https://www.info.gov.hk/gia/general/202401/24/P2024012400493.htm (Chinese only).

The expenditure position for the "early prevention, early detection and early treatment" strategy mentioned in the remarks by the Secretary for Health is summarised below.

"Early Prevention" and "Early Detection"

The Obstetrics and Gynaecology (O&G) Departments of the Hospital Authority (HA) and the Maternal and Child Health Centres (MCHCs) under the Department of Health (DH) have together been providing pregnant women and newborn babies with a range of antenatal shared-care, childbirth and postnatal care services, including routine antenatal check-ups, blood tests and other investigations, etc., with a view to ensuring the smooth birth of babies and laying a solid foundation for their future health.

The numbers of doctors and nursing staff in the HA's O&G Departments in 2023-24 (as at 31 December 2023) calculated on full-time equivalent basis are as follows:

Staff Group	Number of staff members[1]
Doctors[2]	241
Nursing[3]	1 121

Notes:
1. The above-mentioned manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in the HA.
2. The manpower figure of doctors excludes interns and dental officers.
3. The manpower figure of nursing group includes senior nursing officers, department operations managers, nurse consultants, associate nurse consultants, ward managers, nursing officers, advanced practice nurses, registered nurses, enrolled nurses, nursing trainees, etc.

The HA's O&G Departments provide comprehensive gynaecological and obstetric services for women. As doctors, nursing staff and other supporting healthcare workers in O&G Departments are usually required to support both gynaecological and obstetric services, the manpower and expenditure for providing antenatal shared-care, childbirth, postnatal care services, etc. for pregnant women cannot be separately quantified.

The Maternal and Child Health Centres (MCHCs) of DH conduct regular health assessments for infants since their birth, and monitor their growth as well as, physical and psychological development. The Family Health Service (FHS) of DH provides services through a network comprising 31 MCHCs and three Woman Health Centres (WHCs). The revised estimate for FHS (excluding WHCs) in 2023-24 was $762.5 million while the approved staff establishment was 864. As MCHCs provide a wide range of services, a breakdown of the expenditure and manpower involved is not available.

As children enter primary and secondary schools, the Student Health Service (SHS) of DH provides eligible primary and secondary students with free annual health assessment services. The services include physical examination, health assessment related to growth, nutrition, vision, hearing, scoliosis, psychological health, behaviour, etc., as well as individual health counselling, health education and mop-up vaccinations. The revised estimate for SHS in 2023-24 was $257.2 million while the approved staff establishment was 437. As Student Health Service Centres provide a wide range of services, a breakdown of the expenditure and manpower involved is not available.

In addition, the Hong Kong Childhood Immunisation Programme (HKCIP) of DH provides free vaccination services to eligible children for the prevention of 11 types of infectious diseases, including tuberculosis, hepatitis B, measles, pneumococcal disease, human papillomavirus (HPV), etc. Data revealed that the vaccination rate still reached more than 95% even during the previous COVID-19 pandemic. MCHCs provide vaccination services under HKCIP for newborn babies and young children up to the age of five, whereas the School

Immunisation Teams (SITs) under DH visit primary schools to provide vaccination services for school children.

The numbers of vaccine doses administered by MCHCs and SITs of DH in 2023 under HKCIP are tabulated below:

	Number of vaccine doses administered*
MCHCs	315 000
SITs	210 000

* Figures are rounded to the nearest thousand.

As the expenditure and manpower for HKCIP are distributed among various cost components, a breakdown is not available.

Furthermore, the Government has set up District Health Centres (DHCs) and interim DHC Expresses of a smaller scale in all districts across the city by the end of 2022, thereby attaining the interim goal of covering all 18 districts to establish personalised health plans for members of the public (including children) according to their age, gender and lifestyle, etc. As at December 2023, there were 3 200 DHC members aged 18 or below. DHCs provide information on the necessary vaccination during childhood, as well as the prevention of infectious diseases, cancer and chronic diseases, with a view to achieving the goal of "prevention is better than cure". DHCs also offer special services targeted at children, such as group activities on emotion management, weight management and healthy eating. In collaboration with local schools, DHCs provide outreach services in schools on health education and health risk assessment, as well as education and promotional activities on low-salt-and-sugar diet.

DHCs will adjust their service focus according to the demographic distribution and health risk factor survey of the districts, and provide personalised primary healthcare services to people of different age groups (including children), social strata and health conditions according to their individual needs and risk factors. The revised estimate for DHCs and DHC Expresses in 2023-24 was $650 million (including provisions for service contracts, site maintenance and rental cost). A specific breakdown of the expenditure and manpower involved in DHCs for children healthcare services is not available.

<u>"Early Treatment"</u>

The HA provides comprehensive outpatient, inpatient, acute disease and rehabilitation services for newborn babies, children and teenagers with healthcare needs through the Departments of Paediatrics (including Neonatology and Adolescent Medicine) of 17 hospitals in the seven hospital clusters in Hong Kong. The distribution of the related services among the hospital clusters is tabulated below:

Cluster	Hospital
Hong Kong East	Pamela Youde Nethersole Eastern Hospital
Hong Kong West	Queen Mary Hospital
	The Duchess of Kent Children's Hospital at Sandy Bay
Kowloon Central	Queen Elizabeth Hospital
	Kwong Wah Hospital
	Hong Kong Children's Hospital
Kowloon East	United Christian Hospital
	Tseung Kwan O Hospital
Kowloon West	Princess Margaret Hospital
	North Lantau Hospital
	Caritas Medical Centre
	Yan Chai Hospital
New Territories East	Prince of Wales Hospital
	Alice Ho Miu Ling Nethersole Hospital
	North District Hospital
New Territories West	Tuen Mun Hospital
	Pok Oi Hospital

The numbers of doctors and nursing staff in the HA's Departments of Paediatrics in 2023-24 (as at 31 December 2023) calculated on full-time equivalent basis are as follows:

Staff Group	Number of staff members[1]
Doctors[2]	448
Nursing[3]	1 580

The cost of the HA's paediatric specialist services (including inpatient and specialist outpatient services) in 2022-23 is as follows:

Year[4]	Cost of paediatric specialist services[5] ($ million)
2022-23	5,270

Notes:

1. The above-mentioned manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in the HA.
2. The manpower figure of doctors excludes interns and dental officers.
3. The manpower figure of nursing group includes senior nursing officers, department operations managers, nurse consultants, associate nurse consultants, ward managers, nursing officers, advanced practice nurses, registered nurses, enrolled nurses and nursing trainees, etc.
4. Since the 2023-24 financial year has just ended and related costing report is not yet completed, the corresponding cost information is not available.
5. The service costs include the direct staff costs (such as the expenditure related to doctors, nursing and allied health staff) for providing services to patients; expenditure incurred for various clinical support services (such as anaesthetic and operating theatres, pharmacies, diagnostic radiology and pathology tests); and other operating costs (such as meals for patients, utility expenses, and repair and maintenance of medical equipment).

The HA has a medical fee waiver mechanism (the Mechanism) which provides assistance to needy patients (including children) in a targeted manner to ensure that they will not be denied access to adequate medical care due to the financial condition of their households. Currently, beneficiaries of the Mechanism include not only the children receiving Comprehensive Social Security Assistance, but also other children who are unable to afford medical expenses due to family financial difficulties. Their family members or guardians can apply for medical fee waiver from public hospitals and clinics or the Social Welfare Department. Social Workers (SWs) will assess applications under the Mechanism, with due consideration given to the financial, social and medical conditions of the families of the sick children. For patients who do not meet the financial criteria but face special difficulties, SWs may also exercise discretion to grant medical fee waivers on a case-by-case basis. In 2023, more than 30 000 children under the age of 12 benefitted from the Mechanism (including children who were infected by COVID-19), with a total amount of waiver close to $14 million.

Moreover, the HA's General Out-patient Clinics (GOPCs) mainly seek to accord priority to the low-income and underprivileged groups, including the provision of consultation services for patients with episodic diseases with relatively mild symptoms. Among more than 4.44 million general out-patient attendances in 2023-24, about 130 000 attendances involved persons aged below 18 (as of 31 December 2023; provisional figures). A breakdown of the HA's expenditure for children healthcare services is not available. The revised estimate for the HA's expenditure on GOPC services in 2023-24 was $4,295 million. The cost of GOPC services includes the direct expenses for staff providing services to patients (such as doctors and nursing staff); expenditure involved in various clinical support services (such as pharmacy, radiology and pathology), and other operating expenditure (such as public utility service expenses and maintenance cost for medial devices).

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0699)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

To shift the emphasis of the current healthcare system and people's mindset from treatment-oriented to prevention-focused, the Government has set up District Health Centres (DHCs) in various districts and smaller transitional DHC Expresses, with a view to providing prevention-focused primary healthcare services in all 18 districts. Set up with government funding and operated by non-governmental organisations, DHCs and DHC Expresses form an integral part of the healthcare system. In this connection, will the Government provide this Committee with the following information:

- a snapshot of the operation of DHCs, including the commencement date, membership size, service attendance, expenditure incurred and manpower deployment;
- It is learnt that at present the data of DHCs is not shared with the Government. Users who seek full or partial waiver of the relevant medical service fees are required to make fresh applications and provide relevant proof under the existing medical fee waiver mechanism of the Hospital Authority. Whether the Health Bureau has considered promoting the sharing of data, with the consent of users, between DHCs and various government or public institutions (e.g. the Social Welfare Department and Hospital Authority), so as to reduce the procedures and time for users to submit data; and
- the timetable for upgrading DHC Expresses to DHCs, as well as the expenditure and manpower involved.

Asked by: Hon NGAN Man-yu (LegCo internal reference no.: 16)

Reply:

(1)

The cumulative numbers of members and attendances of District Health Centres (DHCs) and DHC Expresses (DHCEs) are set out in the table below:

DHC/DHCE Service commencement date	**Cumulative number of members (as at 31 December 2023)** Note 1 **[Provisional figures]**	**Cumulative number of attendances (as at 31 December 2023)** Notes 1,2,3,4,5 **[Provisional figures]**
Kwai Tsing DHC 24 September 2019	36 800	377 600
Sham Shui Po DHC 30 June 2021	19 900	117 700
Tuen Mun DHC 31 May 2022	21 500	163 600
Wong Tai Sin DHC 30 June 2022	18 600	75 400
Southern DHC 17 October 2022	13 800	71 100
Yuen Long DHC 24 October 2022	18 400	97 500
Tsuen Wan DHC 30 December 2022	12 700	69 500
Sai Kung DHCE 1 September 2021	6 400	53 400
Kowloon City DHCE 1 October 2021	7 100	28 900
Yau Tsim Mong DHCE 1 October 2021	6 100	26 500
Wan Chai DHCE 4 October 2021	4 300	29 500
North DHCE 18 October 2021	5 900	31 800
Islands DHCE 18 October 2021	4 100	22 800
Kwun Tong DHCE 21 October 2021	5 800	28 800
Tai Po DHCE 22 October 2021	4 900	30 000
Sha Tin DHCE 30 October 2021	7 900	36 800
Central and Western DHCE 30 October 2021	4 900	29 500
Eastern DHCE 30 October 2021	6 400	30 700
Total	**205 600**	**1 320 900**

Notes:

1. Figures are rounded to the nearest hundred.
2. The figures only include service figures captured from the DHC/DHCE information system, and do not include those relating to medical laboratory tests.

3. Starting from April 2021, a revised classification of disease prevention services has been adopted. Statistics on related services are not directly comparable to earlier figures.
4. As different services are provided by the 11 DHCEs, the attendance figures are not directly comparable.
5. The service figures above have included services provided by DHCs/DHCEs for participants of the Chronic Disease Co-care Pilot Scheme which was launched on 13 November 2023.

The staff establishment (including healthcare professionals and other supporting staff) and revised estimate (including the provisions for service contracts, site maintenance and rental cost) of DHCs in Kwai Tsing, Sham Shui Po, Tuen Mun, Wong Tai Sin, Southern, Yuen Long and Tsuen Wan in 2023-24 are set out in the table below:

	Kwai Tsing DHC	**Sham Shui Po DHC**	**Tuen Mun DHC**	**Wong Tai Sin DHC**	**Southern DHC**	**Yuen Long DHC**	**Tsuen Wan DHC**
Staff establishment [Note 6]							
Executive Director	1	1	1	1	1	1	1
Medical Consultant [Note 7]	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Chief Care Coordinator	1	1	1	1	1	1	1
Care Coordinator/ Nurse	21	17.5	26	25	16	29	21
Physiotherapist	3.5	2	3	3	3	3	2
Occupational Therapist	1.5	2	2	2	3	3	2
Dietitian	1	1	1	2	1	2	1
Pharmacist	1	1	1	1	1	1	1
Social Worker, Administrative Staff and Supporting Staff	55	70	62	62	59	50	49
Total	**85.5**	**96**	**97.5**	**97.5**	**85.5**	**90.5**	**78.5**
2023-24 Revised Estimate ($ million)	**63**	**65**	**82**	**78**	**73**	**69**	**65**

Notes:
6. The staff establishment is proposed by DHC operators through tendering procedures according to the service demand in the community and manpower estimation, and is approved by the Government. The 0.5 staff establishment refers to a part-time

position with half of the working hours of a full-time position. The actual number of staff may vary from time to time, depending on factors such as service demand and short-term manpower turnover, etc. The Government will continue to monitor the situation to ensure that services are not affected.

7. Medical Consultants are part-time or outsourced positions.

The staff establishment (including healthcare professionals and other supporting staff) and revised estimate (including the provisions for service contracts, site maintenance and rental cost) of all DHCEs in 2023-24 are set out in the table below:

	Central and Western	Eastern	Islands	Kowloon City	Kwun Tong	North	Sai Kung	Sha Tin	Tai Po	Wan Chai	Yau Tsim Mong
Staff establishment [Notes 8, 9]											
Project Coordinator	1	1	1	1	1	1	1	1	1	1	1
Medical Consultant [Note 10]	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Care Coordinator	4	3	3	1	5	1	2	5	5	4	1
Nurse				4		3	3				4
Physiotherapist	1	1	1	1	1	1	1	1	1	1	1
Occupational Therapist					1		1		0.5	1	
Pharmacist	0.5	0.5					1	1		1	
Dietitian				1	1	0.5	1		1		1
Social Worker, Administrative Staff and Supporting Staff	14	13	10	10	14.5	14	11	16.5	13.5	6.5	10
Total	**21**	**19**	**15.5**	**18.5**	**24**	**21**	**21.5**	**25**	**22.5**	**15**	**18.5**
2023-24 Revised Estimate ($ million)	**15**	**14**	**13**	**14**	**14**	**14**	**14**	**14**	**14**	**15**	**14**

Notes:

8. The staff establishment is proposed by DHCEs according to the service demand in the community and manpower estimation, and is reviewed and approved by the Government before entering into contracts with operators. The 0.5 staff establishment refers to a part-time position with half of the working hours of a full-time position. The actual number of staff may vary from time to time, depending on factors such as service demand and short-term manpower turnover, etc. The Government will continue to monitor the situation to ensure that services are not affected.
9. The staff establishment of each DHCE is dependent on the service demand and service delivery model of the district concerned, and so the figures are not directly comparable.
10. Medical Consultants are part-time or outsourced positions.

(2)

At present, all citizens and healthcare professionals joining the DHCs (including those participating in the Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme)) must give consent to enrol in the Electronic Health Record Sharing System (eHealth). With health and service data made shareable, DHCs and other authorised public and private healthcare providers are thus able to view and share participating citizens' electronic health records for healthcare purposes.

The 2023 Policy Address announced the Government's initiative to roll out a five-year plan of "eHealth+", to transform eHealth into a comprehensive healthcare information infrastructure that integrates multiple functions of data sharing, service support and care journey management. One of the strategic directions of eHealth+ development is One Care Journey which calls for an effective IT infrastructure that acts as the vehicle of a coordinated healthcare journey for an individual to traverse across different levels and tiers of the healthcare system, participate in different health programmes, including the services provided by DHC. DHC would access individual's health records through eHealth+ under authorisation to assist citizens to obtain relevant district services and continue to act as citizens' case manager to provide continuous chronic disease management and preventive care services at the community. At the same time, we will strengthen the interfacing, coordination and data sharing across the information systems of various government departments and public organisations. We will build a one-stop operating platform called "Strategic Health Service Operation Platform" to support and standardise the workflow and documentation, both clinically and administratively, of all subsidised health programmes and related provision of private and public health services. The platform will cover multiple layers of functions, including enrolment, attendance registration, subsidy reimbursement and participants' co-payment management, etc.

As one of the recommendations under the Primary Healthcare Blueprint (the Blueprint), the Government will utilise the eHealth as the backbone to underpin the gate-keeping and referral mechanism for enhancing care co-ordination and health surveillance. With such backbone, we aim to optimise the use of the health information and data of Department of Health, Hospital Authority and DHCs under one platform for formulating protocols for disease surveillance, screening, prevention and treatment, and explore the use of big data analytics to contribute to population health surveillance and individual health management. Furthermore, to facilitate continuity of care for patients and allow ease of monitoring and operation of primary healthcare schemes such as the CDCC Pilot Scheme, we will make it a requirement for primary healthcare providers participating in Government-subsidised health programmes to use the eHealth and upload specified health data of patients to the system, with a view to underpinning the gate-keeping and referral mechanism proposed in the Blueprint and enhancing care co-ordination and health surveillance.

(3)

The Government has set up DHCs and smaller interim DHCEs by renting premises across the territory by 2022, thereby attaining the goal of covering all 18 districts.

The Government is concurrently taking forward the establishment of DHCs in all districts. The funding proposals in relation to the construction of the Wan Chai, Eastern and Kwun

Tong DHCs were approved by the Legislative Council (LegCo) Finance Committee in January, June and October 2021 respectively, and the DHCs will be completed progressively in the next few years. Besides, the Ex-Mong Kok Market site was handed over to the Urban Renewal Authority and its contractor in the first quarter of 2023 for carrying out retrofitting works for Yau Tsim Mong DHC with target completion in the fourth quarter of 2024. The Government will continue to take forward the projects for the long-term development of DHCs in all 18 districts as early as possible, and will seek LegCo's funding approval in due course. The Government will continue to subsidise non-governmental organisations to operate DHCEs in various districts prior to the official launch of respective DHCs. Services of DHCE will be migrated as appropriate to the DHC of respective districts at a later stage.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0712)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health, (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

In June 2023, a tragedy involving a person with severe mental disorders took place in a shopping mall in Diamond Hill, arousing public concern. The Advisory Committee on Mental Health held an urgent meeting and expressed its views to the Government. The Government then launched 10 enhanced measures in a bid to offer support to persons in mental recovery with a history of severe mental disorders and other persons with mental health needs, including increasing the doctor-to-patient ratio and exploring prescription drugs etc. In this connection, will the Government inform this Committee of the following:

- The Hospital Authority (HA) stated that it would enhance manpower with the aim of further optimising the ratio of case managers to patients with severe mental disorders to no higher than 1:40 under the Case Management Programme by the fourth quarter of 2023. What is the current ratio of case managers to patients with severe mental disorders under the HA? What were the numbers of HA case managers responsible for handling cases involving patients with severe mental disorders and the numbers of patients with severe mental disorders followed up by the Psychiatric Departments under the HA in the past 5 financial years?

- The Government mentioned that the HA would explore the wider use of newer oral drugs or injections with fewer side effects for psychiatric patients in need to help them improve medication compliance. Please set out in table form the respective numbers of prescription of oral drugs, first- and second-generation long acting antipsychotic injections to patients with severe mental disorders as well as the relevant expenditures; and the numbers of patients switching from oral drugs to first- and second-generation long acting antipsychotic injections under the HA in the past 5 financial years.

- Further to the above, will additional resources be allocated in 2024-25 for the prescription of first- and second-generation long acting antipsychotic injections to more patients? If yes, what are the details; if not, what are the reasons?

- Has the Government tracked the changes in (1) drug compliance; 2) relapse; and (3) relapse interval of patients with severe mental disorders after they have switched from

oral drugs to first- and second-generation long acting antipsychotic injections? If yes, please set out the figures in detail; if not, what are the reasons?

- The Government mentioned that individual District Health Centres (DHC) would explore the introduction of a pilot scheme to provide mental health assessment for members of the public in need, and collaborate with community organisations to follow up on and make early referral for high-risk cases. Please set out in table form the numbers of members of the public who have received mental health assessment at the DHCs; and the numbers of high-risk cases referred by each DHC as well as the mental disorders involved.

- The Health Bureau stated that it would set up a mental health support hotline within 2023, with a view to consolidating different mental health services to facilitate the provision of immediate support and referral services for members of the public in need. Please set out in table form the number of members of the public who have received assistance from the above hotline and the number of cases for which immediate support and referral services have been rendered by the hotline.

Asked by: Hon NGAN Man-yu (LegCo internal reference no.: 29)

Reply:

Case Management Programme

Since 2010-11, the Hospital Authority (HA) has launched the Case Management Programme (the Programme) by phases to provide intensive, continuous and personalised community support services for psychiatric patients. The Programme has been extended to all districts in Hong Kong since 2014-15. The case managers under the Programme will assess the needs, risks and clinical conditions of the patients and take appropriate follow-up actions, and maintain close liaison with community partners in providing support to psychiatric patients in the community.

Currently, the ratio of case managers to patients with severe mental illness is about 1:38. The HA will regularly review the workload of each case manager as well as the progress and needs of the patients they support. The table below sets out the number of case managers and cases handled under the Programme from 2019-20 to 2023-24 (as of 31 December 2023).

Financial Year	**Number of Case Managers**	**Number of Cases Handled**
2019-20 (as of 31 March 2020)	398	16 253
2020-21 (as of 31 March 2021)	414	17 455
2021-22 (as of 31 March 2022)	424	17 324
2022-23 (as of 31 March 2023)	430	18 108
2023-24 (projection as of 31 December 2023)	478	18 175

Anti-psychotic Drugs

The table below sets out the number of patients prescribed with new anti-psychotic drugs in the HA and the drug consumption expenditure involved in the past 5 years (i.e. 2019-20 to 2023-24).

	2019-20	**2020-21**	**2021-22**	**2022-23**	**2023-24 (projection as of 31 December 2023)**
Number of patients prescribed with new anti-psychotic drugs[1,2]	95 500	100 500	105 300	109 200	113 200
Drug consumption expenditure involved ($ million)	280	313	344	365	392

Financial year	**Number of patients[1,2]**			
	Prescribed with new generation oral antipsychotic drugs	**Prescribed with new generation antipsychotic long-acting injections**	**Prescribed with traditional oral antipsychotic drugs**	**Prescribed with traditional antipsychotic long-acting injections**
2019-20	94 400	3 700	35 200	9 900
2020-21	99 400	4 100	32 500	9 400
2021-22	104 300	4 400	30 300	9 000
2022-23	107 300	4 600	28 300	8 500
2023-24 (Projection as of 31 December 2023)	111 300	5 000	27 200	8 300

Note:

1. Figures are rounded to the nearest hundred.
2. The drugs prescribed may vary from time to time based on the clinical conditions and needs of patients. Some psychiatric patients may be prescribed both oral and injectable psychiatric drugs concurrently.

Remark:

In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures. As the costing information for 2019-20 to 2022-23 has reflected the impact of the epidemic outbreak on costs (if any), the costing information for different years may not be directly comparable.

The HA has earmarked an additional funding of about $127 million in 2024-25 for the enhancement of mental health services. Relevant measures include enhancing the use of long-acting injectable antipsychotics in the treatment of mental illness.

Anti-psychotic drugs have different potency and side effect profile. Taking into account the patients' wish, psychiatric doctors will provide patients with the appropriate drug treatment, having regard to their clinical needs and in accordance with the clinical treatment protocol. As psychiatric patients may be prescribed both oral and injectable psychiatric drugs concurrently or may not be prescribed any drugs at all, and the use of drug may change from time to time, the HA does not maintain statistics on the number of psychiatric patients who have switched from oral drugs to injectable anti-psychotic treatments.

The HA has an established mechanism to examine and review drug options for patients on a regular basis, which includes paying close attention to the therapeutic efficacy of the drugs, clinical risks, the latest development of clinical and scientific evidence on the drugs, as well as the views of patient groups. The drug compliance and relapse situation of patients after medication treatment is part of the overall review process, thus a breakdown is not available.

Pilot Scheme in District Health Centres

The Chief Executive's 2023 Policy Address announced that a pilot scheme will be launched in 3 District Health Centres in 2024 in collaboration with community organisations to provide mental health assessment for those in need, and to provide early follow-up and referral for high-risk cases. The Health Bureau is actively liaising with non-governmental organisations and expects to implement the pilot scheme in the first half of 2024.

18111 - Mental Health Support Hotline

The service statistics of the "18111 - Mental Health Support Hotline" since its launch on 27 December 2023 to 29 February 2024 are set out below:

Types of service	**Number of cases**
Answering calls and providing immediate support	About 21 000
Case referral	About 200

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1367)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The Government provides resources and implements a variety of measures to promote Chinese medicine (CM). These include increasing the quota of government-subsidised CM out-patient services, extending integrated Chinese-Western medicine services, promoting scientific research on CM and setting relevant standards. In this connection, will the Government inform this Committee of the details, estimated expenditures and effectiveness evaluation regarding the relevant measures to be implemented in 2024-25; the number of additional quotas of subsidised CM out-patient services; and the target number of quotas in the future?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 35)

Reply:

The Government has been committed to promoting the high-quality development of Chinese medicine (CM) in Hong Kong on all fronts and will continue to take forward various policy initiatives in 2024-25, including pressing ahead with the construction of the Chinese Medicine Hospital (CMH) and the Government Chinese Medicines Testing Institute (GCMTI); strengthening the co-ordination of CM professional and policy development and collaborating with the CM sector to formulate a comprehensive CM Development Blueprint to map out the vision and strategies for future development by the Chinese Medicine Unit of the Health Bureau under the leadership of the Commissioner for Chinese Medicine Development who would assume office in 2024; strengthening integrated Chinese-Western medicine services; promoting scientific research and standard-setting for Chinese medicines (CMs) testing; promoting more talent nurturing programmes for boosting the establishment of CM talent pool in Hong Kong; refining the funding arrangement of the Chinese Medicine Development Fund, taking forward new capacity-building initiatives for the industry and commissioning organisations to conduct large-scale training, publicity and research projects on strategic priority themes conducive to CM development as a whole; and continuing to strengthen Hong Kong's role under the Construction Plan for the Chinese Medicine Highlands in the Guangdong-Hong Kong-Macao Greater Bay Area (2020-2025) for proactive integration into the national CM development and give full play to our role as the country's gateway to the

international markets and contribute to the internationalisation of CM. The latest progress of various policy initiatives are set out in detail as follows:

(a) Pressing ahead with the development of the first CMH in Hong Kong - The CMH is constructed by the Government and operated under a public-private-partnership model. Hong Kong Baptist University (HKBU) was selected through tendering procedures as the Contractor for the operation of the CMH. HKBU and the Operator (a company limited by guarantee incorporated by HKBU according to the service deed) are working together on the commissioning tasks (including the procurement of hospital furniture and equipment and the development of information technology (IT) system for the hospital) as stipulated in the service deed. The construction works of the CMH commenced in June 2021, with the premises expected to be handed over in batches to the HHB starting in mid-2025. The CMH is expected to commence services in phases from the end of 2025.

The Finance Committee of the Legislative Council approved in June 2021 a non-recurrent commitment of $80.445 million for the preparation for service commencement of the CMH as well as a capital commitment of $383.9 million for IT support for the CMH under Capital Works Reserve Fund Head 710 Computerisation vote.

(b) Increasing the quota for Government-subsidised CM outpatient services - Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) have been established in 18 districts across the territory to promote the development of CM by providing services, training and conducting 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. Since March 2020, the 18 CMCTRs have been providing Government-subsidised CM outpatient services at the district level. The annual quota has increased from about 600 000 to 800 000 since October 2023, representing an increase of over 30%. The Government will continue to review the service capacities of the 18 CMCTRs and the public demand for Government-subsidised CM outpatient services, with a view to enhancing the service arrangements as appropriate;

(c) Strengthening ICWM services - To explore the operation and gather experience of ICWM and CM inpatient services, the Government commissioned the HA to launch in 2014 the time-limited ICWM Pilot Programme (Pilot Programme). The HA regularised the Pilot Programme in early 2023 and further expanded the ICWM services to 26 public hospitals under the 7 clusters in the first quarter of 2024, increasing the hospital sites from 8 to 53. Such expansion is in line with the policy direction to promote CM development and enhance ICWM services set forth in the Chief Executive's Policy Address in providing services to patients of under the designated disease areas (including stroke care, musculoskeletal pain management, cancer palliative care and cancer care pilot programme). Further, the HA has also planned to include CM rehabilitation in the clinical framework for stroke care inpatient services and will continue to explore from multiple perspectives the feasibility of extending ICWM services to cover more disease areas (such as elderly degenerative diseases), starting from those where CM has advantages, for the long-term development of sustainable ICWM services.

The Government has earmarked $427 million in 2024-25 for the HA to take forward initiatives for promoting CM development, which include operating the CMCTRs to provide Government-subsidised CM outpatient services and Chinese medicine practitioner (CMP) trainee programmes, providing ICWM services, providing "evidence-based" CM training, operating the Toxicology Reference Laboratory, conducting quality assurance and central procurement of CM drugs, and enhancing and maintaining the CM Information System;

(d) Promoting scientific research for CM testing - The GCMTI was established in 2017 with its temporary facilities located at the Hong Kong Science Park in Shatin. The missions of the GCMTI are to develop a set of internationally-recognised reference standards for Chinese medicines and related products by employing state-of-the-art technology and through scientific research, and to help empower the industry through transfer of testing technology to strengthen quality control of products, establish the brand image of Hong Kong in Chinese medicines and developing Hong Kong into an international hub on Chinese medicines testing and quality control. One of the major research activities of the GCMTI is carrying on the research work on the Hong Kong Chinese Materia Medica Standards (HKCMMS) project. So far, the GCMTI has published the reference standards for a total of 330 Chinese Materia Medica (CMM). The reference standards for additional 14 CMM have also been completed and will be published in due course. With the support of the GCMTI Advisory Committee, the GCMTI has embarked on 14 research and thematic projects in the past 5 years. The GCMTI will continue with the HKCMMS project and 8 other ongoing research and thematic projects in the coming year. The financial provision for the GCMTI in 2024-25 is about $60.6 millon.

(e) Supporting the CM sector via the CMDF - Officially launched in June 2019, the CMDF is the first dedicated fund set up to support the development of CM with the objective of enhancing the overall standard of the CM sector to promote the holistic and high-quality development of CM in Hong Kong. As at 20 March 2024, nearly 7 800 funding applications were approved under the CMDF, involving a total funding of about $276 million (provisional figure) for the approved projects and benefiting more than 2.2 million individuals/organisations in the CM sector, including registered and listed CMPs, CM drug personnel, CM clinics, manufacturers and wholesalers of proprietary Chinese medicines (pCm), retailers and wholesalers of Chinese herbal medicines, CM-related organisations, universities and tertiary education institutions, as well as members of the public.

(f) Stepping up the role of the CM sector in responding to public health incidents - During the COVID-19 epidemic, Fight the Virus Together – Chinese Medicine Telemedicine Scheme and Together We Unite – Chinese Medicine COVID-19 Rehabilitation Scheme were launched under the CMDF's special approval and full subsidy to enlist nearly 720 CMPs in private practice to provide CM telemedicine and rehabilitation services to almost 42 000 patients who were diagnosed with COVID-19 or suffered from post-COVID-19 conditions. In addition, the CMU of the HHB has written to CM organisations and institutions, appealing for additional or extended clinic operation hours during service surge and long holidays, as well as close monitoring of the CM inventory to ensure a stable supply.

(g) **Collaboration and exchanges in CM with the Mainland** - Further to the successful experience of two key measures benefitting Hong Kong (namely recruiting of Hong Kong CMPs by public healthcare institutions in the Greater Bay Area (GBA) and streamlining of the approval procedures for Hong Kong traditional pCm for external use to be registered in the Mainland) and HA projects such as the GBA CM Visiting Scholars Programme and the Chinese Medicine Training Scholarship Programme, the Government is actively working with the CM sector to deepen Hong Kong's collaboration in CM with the Mainland and the GBA. The Government also keeps exchanging and maintaining liaison with relevant ministries and delegations of various provinces and cities on issues relating to CM development, including co-organising high-quality CM talent training programmes with the National Administration of Traditional Chinese Medicine to reserve talents for Hong Kong. The first edition of a short-term training programme was completed in November 2023 and the second edition will be launched in May 2024.

(h) **Formulating the CM Development Blueprint** - The Government will work with the CM sector to formulate a CM Development Blueprint to map out the vision and strategies for future development, with a view to optimising the top-tier design for the development of policies. The CMU has commenced a series of stakeholder engagement exercises efforts, including organising exchange sessions on the development of CM to involve a vast number of stakeholders in exchanges and discussions since September 2023.

(i) **Strengthening the functions of the CMU of the HHB** - The Government has implemented the work on enhacing the functions of the CMU of the HHB from 2023-24 onwards. An open recruitment exercise has been conducted to fill in the post of C for CMD and more non-directorate supporting staff with professional background in CM has been recruited to provide professional support in different areas.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1368)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The Government will further tighten the tobacco control policies. In this year's Budget, the Government proposes to increase the duty on cigarettes by 80 cents per stick with immediate effect. Duties on other tobacco products will be increased by the same proportion. In this connection, please inform this Committee of the following:

1. Has the Government evaluated the possible increase in the size of illicit tobacco trade with more stringent tobacco control policies? What are the measures to step up enforcement? What are the manpower and expenditure involved?

2. In order to bring down the smoking prevalence rate, what are the Government's plans to step up publicity and education or to provide greater incentives for the public to quit smoking? If there are plans, what are the details, manpower and expenditure involved?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 36)

Reply:

(1)
The Customs and Excise Department (C&ED) will continue to step up risk assessment and intelligence analysis and adopt a holistic enforcement strategy in combating illicit cigarette activities, namely intercepting smuggling in the upper stream, smashing storehouses in the middle, and tackling selling activities in the lower end. C&ED is monitoring closely the control points as well as illicit cigarette activities on the market and online platforms, and has strengthened intelligence exchange in collaboration with local, the Mainland and overseas law enforcement agencies. Also, C&ED will deploy existing resources flexibly having regard to the situation and conduct targeted operations against illicit cigarettes in a timely manner.

In 2024-25, C&ED has an establishment of 61 officers dedicated to combating illicit cigarettes, involving approximately $30.23 million of salary expenditure. Furthermore, front-line Customs officers deployed at various control points are also involved in the

interception of illicit cigarette activities. Since they are tasked with other clearance duties at the same time, it is difficult to itemise the expenditure involved.

(2)
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 healthcare professionals 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), and community-based cessation programmes operated by NGOs. There are a total of 15 full-time and 55 part-time centres operated by HA providing smoking cessation services to the general public since 2002, and 5 smoking cessation clinics targeting civil servants operated by DH. Moreover, DH also collaborates with NGOs in providing a range of community-based smoking cessation services including counselling service and consultations by doctors (with free postal services of smoking cessation medication) or Chinese medicine practitioners, targeted services to smokers among people of diverse race, new immigrants, as well as in the workplace. For young smokers, DH also 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 smoking due to peer pressure. In addition, DH launches mass media campaigns to disseminate the message that smoking poses severe health hazards. During the annual Quit in June campaign, one-week trial packs of smoking cessation drugs (nicotine replacement therapy) are offered at community pharmacies, smoking cessation clinics and District Health Centres (DHCs)/District Health Centre Expresses (DHCEs) for free to encourage smokers to make a quit attempt. Moreover, to encourage and assist healthcare professionals in providing smoking cessation support and treatment for smokers, DH provides them with online and physical training, a practical handbook for smoking cessation treatments and relevant resources.

At present, all DHCs and DHCEs across 18 districts in Hong Kong provide smoking cessation and counselling services for smokers. They also work together with smoking cessation service providers in the community to provide smokers with information or referral service.

In between 2021 to 2023, the hotline operated by DH and a local university handled 12 405, 9 216 and 11 051 enquiries respectively. During these 3 years, a total of 25 965, 20 406 and

27 715 smokers received smoking cessation services from the Quitline, cessation clinics under the HA and community-based programmes operated by NGOs respectively.

Smokers who received smoking cessation treatment were followed up for 52 weeks for assessment of their quit status. The 52-week quit rates, which is the percentage of service users who reported to have stayed quit in the past 7 days, of smoking cessation services at quitlines, cessation clinics under HA, and community-based programmes operated by NGOs range from 20% to 60%, which are comparable to those in overseas countries. The variation in the quit rates for different smoking cessation programmes is due to the variations in their target groups and treatment methods such as counselling, pharmacotherapy and acupuncture. Smokers are encouraged to choose the cessation service that best caters for their personal needs to successfully quit smoking.

The expenditures, financial provision and approved establishment for undertaking the work on tobacco control by the Tobacco and Alcohol Control Office under DH from 2021-22 to 2023-24 are at **Annex**. The expenditures for individual publicity and promotion campaigns cannot be itemised.

Annex

Expenditures/Provision of the Department of Health's Tobacco and Alcohol Control Office

	2021-22 ($ million)	2022-23 ($ million)	2023-24 (Revised Estimate) ($ million)
Enforcement			
Programme 1: Statutory Functions	101.3	100.4	160.2
Health Education and Smoking Cessation			
Programme 3: Health Promotion	138.9	149.0	168.0
(a) General health education and promotion of smoking cessation			
TACO	*62.8*	*73.0*	*87.3*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*26.2*	*26.8*	*26.4*
Sub-total	***89.0***	***99.8***	***113.7***
(b) Expenditures/provision for smoking cessation and related services by NGOs*			
Subvention to Tung Wah Group of Hospitals	*30.8*	*29.4*	*14.0*
Subvention to Pok Oi Hospital	*7.5*	*7.6*	*17.9*
Subvention to Po Leung Kuk	*0.7*	-	-
Subvention to Lok Sin Tong	*3.2*	*3.3*	*3.6*
Subvention to United Christian Nethersole Community Health Service	*4.9*	*5.8*	*8.9*
Subvention to Life Education Activity Programme	*2.8*	*2.8*	*2.9*
Subvention to Christian Family Service Centre	-	-	*7.0*
Subvention to The University of Hong Kong	-	*0.3*	-
Sub-total	***49.9***	***49.2***	***54.3***
Total	**240.2**	**249.4**	**328.2**

*From the 2023-24 financial year onwards, the number of NGOs subvented by the Department of Health for providing community-based smoking cessation services with the use of western medication has increased from 2 to 4. The number of target service users is 5 000 persons per annum, representing an increase of 39% from the 2022-23 financial year. This results in a decrease in the cost of smoking cessation treatment per smoker.

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office

Rank	2021-22 to 2023-24 Number of staff
Head, TACO	
Consultant	1
Enforcement	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	125
Senior Executive Officer/ Executive Officer	13
Sub-total	***147***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
Sub-total	***24***
Total	**183**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3042)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Breast cancer is the most common cancer among females in Hong Kong. It is also the third leading cause of cancer deaths among females in Hong Kong, after lung and colorectal cancer. Regarding its prevention work, will the Government inform this Committee:

1. of the respective numbers and distribution of 2D and 3D mammography screening machines in the Department of Health (DH) and the Hospital Authority (HA), as well as the number of screening services that can be provided each year;
2. of the current number of radiographic technicians responsible for mammography screening;
3. whether resources will be allocated to the DH and the HA for introducing more 3D mammography screening machines to enhance service capacity and accuracy of the screening; if so, of the work plan and the estimated expenditure; if not, the reasons for that;
4. whether resources will be allocated in 2024-25 for strengthening the training of radiographic technicians to increase the manpower concerned so as to further enhance the service capacity of mammography screening; if so, of the work plan and the estimated expenditure; if not, the reasons for that; and
5. given that Phase 1 of Breast Cancer Screening Pilot Programme was scheduled to end in September 2023, of the number of women served each year and the annual expenditure involved, as well as the number of women diagnosed with breast cancer under the programme during the two-year implementation period?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 38)

Reply:

1. to 3.

At present, there are a total of 17 mammography (MMG) screening machines in all clusters of the Hospital Authority (HA) and their distribution is tabulated below:

Cluster	2D MMG Machine	3D MMG Machine
HKEC	-	2

Cluster	2D MMG Machine	3D MMG Machine
HKWC	-	2
KCC	-	4
KEC	1*	1
KWC	1*	2
NTEC	1*	1
NTWC	-	2
Overall HA	**3**	**14**

* Planned for replacing with a 3D MMG machine

The patient attendances for MMG screening in the HA in the past 2 years are as follows:

Year	2022-23	2023-24 (Up to 31 December 2023) [Provisional figure]
Overall HA	24 614	18 326

As at 31 December 2023, there are 986 radiographers (RG) in all HA clusters. As they have to provide various diagnostic radiological services at the same time, the manpower involved in MMG screening cannot be separately quantified. The aforementioned manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in the HA.

In considering the provision of additional MMG screening machines, the HA has to take into account a number of factors, including service demand, service arrangements within the clusters, as well as the need for manpower planning for the recruitment and training of additional radiologists and RG to cope with the operation.

The Department of Health (DH) has outsourced the 2D MMG screening service since 2021. There are currently no radiographers responsible for MMG screening in the DH.

4.

The Government will continue to keep in view the manpower situation of RG and allocate resources to support local training programmes. Nonetheless, given the lead time required for training and the possibility of graduates joining the private market, the Government has to consider other feasible approach to meet the service demand in the public sector. In view of the growing demand for public healthcare services in the community, the Chief Executive announced in the 2023 Policy Address the initiative to explore amending the Supplementary Medical Professions Ordinance (Cap. 359) to provide new pathways for admitting qualified non-locally trained supplementary medical professionals, including RG, to serve in the HA and the DH. The Health Bureau will prepare the amendment bill for consultation with stakeholders within this year, with a view to introducing the bill into the Legislative Council as early as practicable.

5.

Currently, Woman Health Service under the DH is still adopting a risk-based approach to provide breast cancer screening service to eligible women based on the recommendations of

the Cancer Expert Working Group on Cancer Prevention and Screening (CEWG). As at 31 December 2023, 27 807 women aged between 44 and 69 received breast cancer risk assessment in Woman Health Centres (WHCs), 4 Maternal and Child Health Centres and 18 Elderly Health Centres (EHCs), of which 7 820 women (around 28%) were referred for MMG screening. Relevant figures by quarter are tabulated below:

Period	**Number of women received breast cancer risk assessment**	**Number of women referred for MMG screening**
Sep - Dec 2021	3 487	1 250
Q1 in 2022	2 448	796
Q2 in 2022	2 943	779
Q3 in 2022	3 572	944
Q4 in 2022	3 441	844
Q1 in 2023	3 396	862
Q2 in 2023	3 073	825
Q3 in 2023	2 741	726
Q4 in 2023	2 706	794
Total	**27 807**	**7 820**

With the consent of the women participating in the Breast Cancer Screening Pilot Programme (BCSPP), the DH has been collecting input from the specialists following up the referred cases and the Hong Kong Cancer Registry on the number of breast cancer detected and the relevant data. The data collection is still on-going and information could not be provided at this moment.

The expenditure for the BCSPP is absorbed under the overall provision for WHCs and EHCs and cannot be separately identified.

The Cancer Coordinating Committee (CCC), chaired by the Secretary for Health, comprising members who are cancer experts, academics, doctors in public and private sectors as well as public health professionals, has conducted preliminary review on BCSPP Phase 1. The Government is now studying the suggestion of the CCC to decide on the implementation details for the next phase of pilot programme. Relevant details will be announced in due course.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0028)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the operation of the Drug Formulary (DF) of the Hospital Authority (HA), please inform this Committee of the following:

1. the names of self-financed items (SFIs) covered by the Samaritan Fund (SF) and the Community Care Fund (CCF) Medical Assistance Programmes, the number of subsidy applications approved and the amount of subsidy granted in the past 3 years, broken down by drug class;
2. for SFIs covered by SF and CCF Medical Assistance Programmes, the dates on which they were first discussed by the Drug Advisory Committee and included in the DF, and the effective dates on which they were included in the safety net in the past 3 years, broken down by drug class;
3. the annual estimates and balances of the SF and the CCF Medical Assistance Programmes in the past 3 years;
4. the numbers of SFIs repositioned as Special drugs or General drugs, the expenditures involved, and the dates of including each SFI in the DF and repositioning each SFI as a Special or/and General drug in the past 3 years, broken down by drug class;
5. the numbers of drugs and expenditures for each drug category in the HA's DF, i.e. General drugs, Special drugs, SFIs with safety net coverage and SFIs without safety net coverage in the past 3 years;
6. the cost of SFIs borne by patients in the past 3 years, broken down by drug class;
7. the shortest, average, median and longest time taken from registration of drugs with the Department of Health to their inclusion in the DF since the implementation of DF in 2005;
8. the non-DF drugs used by HA, the numbers of prescription cases and the expenditures involved in the past 3 years;
9. whether applications for inclusion of the above items in the DF were made after prescriptions, and if so,
    i. the number of applications before inclusion in the DF and the number of successful applications;
    ii. the number of applications of each item and the number of unsuccessful applications.

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 1)

Reply:

1.
The relevant data on drug subsidies granted under the Samaritan Fund (SF) and the Community Care Fund (CCF) Medical Assistance Programmes in the past 3 years, i.e. 2021-22, 2022-23 and 2023-24 (as at 31 December 2023), are set out at Annex 1.

2.
As at 31 December 2023, 89 and 42 self-financed items (SFIs) were covered by the SF and the CCF Medical Assistance Programmes respectively. The SFIs covered by the SF and the CCF Medical Assistance Programmes, the respective dates on which they were first discussed by the Hospital Authority (HA) Drug Advisory Committee (HADAC) and listed on the HA Drug Formulary (HADF), and the effective dates on which they were covered by the safety net in the past 3 years, i.e. 2021-22, 2022-23 and 2023-24, are set out at Annex 2.

3.
The HA projects the annual increase in the subsidy amount based on the subsidies granted in previous years, taking into account the new drugs/medical devices, etc. to be covered, to work out the estimated expenditure for the SF for the coming year. The actual expenditure each year is affected by various factors, such as the actual number of applicants and the amount of subsidies involved. The annual balance of the SF will be used for supporting its future operation. The expenditures and balances of the SF in 2021-22 and 2022-23 were as follows:

Year	**Expenditure of the SF** (as at 31 March of the financial year) **($ million)**	**Balance of the SF** (as at 31 March of the financial year) **($ million)**
2021-22	812	9,585
2022-23	843	9,222

Note: The actual expenditure for 2023-24, which is subject to various factors (such as the actual number of applicants for subsidies on newly-introduced drugs/items and the amount of subsidies involved, and the adjustments made to reflect the unspent subsidies brought back at year-end closing due to changes in patients' clinical conditions) will only be ascertained after completion of the audit by the independent auditor.

As for the CCF Medical Assistance Programmes, the HA prepares the budget for the coming year with the projection of the annual increase in the subsidy amount based on the data in previous years, which will be the maximum total funding for granting subsidy that year. The indicative budgets for approved subsidy for the CCF Medical Assistance Programmes in the past 3 years were as follows:

Year	**Indicative Budget for Approved Subsidy for the CCF Medical Assistance Programmes^ ($ million)**
2021-22	1,732
2022-23	1,685
2023-24	1,788

^ Including the First Phase Programme of the CCF 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".

4.
The SFIs repositioned as Special or General drugs, the respective dates of listing on the HADF and repositioning as Special or General drugs in the past 3 years, i.e. 2021-22, 2022-23 and 2023-24, are set out at Annex 3. The numbers of SFIs involved were as follows:

	2021-22	**2022-23**	**2023-24**
Number of SFIs repositioned as Special or General drugs	2	7	3

The HA does not maintain statistics on the expenditure involved in the repositioning of SFIs as Special or General drugs on the HADF.

5.
In line with the Government's public healthcare policy to ensure that no one is denied adequate medical treatment due to lack of means, the HA provides medical services and drugs or medical items to patients at highly subsidised rates based on their clinical needs and in accordance with the HA's treatment guidelines. The numbers of General drugs, Special drugs, SFIs, SFIs covered by the safety net provided through the SF and CCF Medical Assistance Programmes, listed on the HADF in the past 3 years, i.e. 2021-22, 2022-23 and 2023-24, are set out in the table below:

Drug Category	**Number of Drugs**		
	January 2022	**January 2023**	**January 2024**
General drug	899	897	904
Special drug	413	418	415
SFI	72	65	71
SFI covered by the SF	59	72	89
SFI covered by the CCF Medical Assistance Programmes	41	41	42
Total	**1 484**	**1 493**	**1 521**

Note: A drug may fall into more than 1 category (General drug, Special drug, SFI, SFI with safety net) on the HADF due to different therapeutic indications or dose presentations. The figures are gross summation of drugs in all categories on the HADF.

The drug consumption expenditures on General and Special drugs on the HADF (i.e. the expenditures on General and Special drugs prescribed to patients at standard fees and charges) in the past 3 years, i.e. 2021-22, 2022-23 and 2023-24, are set out in the table below:

	2021-22	**2022-23**	**2023-24**
Drug consumption expenditure on General and Special drugs on the HADF ($ million)[#]	7,026	9,213	9,312[^]

[#] Including drug consumption expenditures on drugs for treating the Coronavirus Disease 2019 (COVID-19).

^ Projection based on the expenditure figure as at 31 December 2023.

6.
As drugs may have various clinical indications and due to different therapeutic indications or dose presentations may fall into different categories (General drug, Special drug, SFI, SFI with safety net) on the HADF, the HA is unable to provide breakdown on the expenditure for each SFI. Expenditures incurred by public patients for purchasing SFIs (including those under the SF and the CCF Medical Assistance Programmes) in the past 3 years, i.e. 2021-22 to 2022-23 and 2023-24, are provided below:

	2021-22	**2022-23**	**2023-24***
Expenditure incurred by public hospital patients for purchasing SFIs (including those under the SF and the CCF Medical Assistance Programmes) ($ million)	3,048	3,156	2,624

* Figure as at 31 December 2023

7.
The HA has an established mechanism to, with the support of 21 expert panels, regularly evaluate new drugs and review the existing drugs on the HADF. The process follows an evidence-based approach, having regard to the principles of safety, efficacy and cost-effectiveness of drugs; and taking into account various factors, including international recommendations and practices, advance in technology, disease state, patient compliance, quality of life, actual experience in the use of drugs and views of professionals and patient groups.

According to the existing mechanism, clinicians will submit new drug applications, which are based on clinical service needs, to the HADAC for consideration of listing on the HADF. The HADAC meets regularly to consider the applications. Evaluation of new drugs is an on-going process which has to be driven by evolving medical evidence, the latest clinical developments and market dynamics. The HA does not maintain statistics on the time taken from registration of new drugs with the Pharmacy and Poisons Board of Hong Kong to their listing on the HADF.

8.
Drugs listed on the HADF are for corporate-wide use benefitting the local population generally while drugs outside the HADF are to cater for the clinical needs of individual patients under exceptional circumstances. The use of drugs outside the HADF is an integral part of providing optimal medical services for patients to balance the needs of the general public and individuals, to ensure that patients are provided with optimal clinical care. Clinicians will prescribe appropriate treatments based on their clinical expertise and professional judgment, taking into consideration the clinical conditions of individual patients.

The numbers of drug items outside the HADF used in the HA in 2021-22, 2022-23 and 2023-24 (as at 31 December 2023) and the corresponding consumption expenditures involved are set out in the table below:

	2021-22	2022-23	2023-24*
Number of drugs outside the HADF used #	216	227	241
Drug consumption expenditure on drugs outside the HADF ($ million)#	306	1967	88

Including the number of drugs for treating COVID-19 and the relevant consumption expenditures

*Figures as at 31 December 2023

9.

The HADAC only considers the applications for listing on the HADF of drugs that are registered in Hong Kong. The numbers of registered drugs approved and no approved for listing on the HADF, and the numbers of times that those drugs were submitted to the HADAC for evaluation of listing on the HADF in the past 3 years, i.e. from 2021-22 to 2023-24, are set out in the table below:

	Total number	Number of times submitted for evaluation		
		1	2	3
Number of drugs approved by the HADAC for listing on the HADF	62	46	12	4
Number of drugs not approved by the HADAC for listing on the HADF	36	21	10	5

Annex 1

Information on drug subsidies granted under the Samaritan Fund (SF) and the Community Care Fund (CCF) Medical Assistance Programmes in the past 3 years

	2021-22		2022-2023		2023-24 (as at 31 December 2023)	
Drug Item	**Number of subsidy cases**	**Amount of subsidies granted ($ million)**	**Number of subsidy cases**	**Amount of subsidies granted ($ million)**	**Number of subsidy cases**	**Amount of subsidies granted ($ million)**
SF						
Abatacept	66	6.63	75	7.75	57	5.89
Abemaciclib	-	-	-	-	1	0.08
Abemaciclib and Fulvestrant	-	-	-	-	19	4.98
Abiraterone	-	-	13	1.88	20	2.78
Acalabrutinib	-	-	11	2.92	12	3.84
Adalimumab	230	19.31	265	19.16	184	12.48
Afatinib	77	9.31	96	11.78	69	8.81
Aflibercept	-	-	178	8.17	638	29.17
Alectinib	153	58.36	144	56.37	87	32.84
Apalutamide	-	-	-	-	-	-
Atezolizumab	-	-	-	-	2	0.75
Axitinib	-	-	11	0.82	19	1.24
Alemtuzumab	-	-	-	-	-	-
Azacitidine	113	5.30	73	3.61	57	2.90
Baricitinib	72	4.50	65	3.99	44	2.81
Belimumab	25	2.42	35	3.45	37	3.61
Bendamustine	-	-	5	0.56	5	0.57
Benralizmumab	25	2.87	33	3.47	39	4.17
Bortezomib	183	42.56	135	9.72	66	4.98
Brentuximab Vedotin	-	-	1	0.20	12	3.48
Brigatinib	-	-	5	1.83	9	4.41
Canakinumab	4	1.66	3	1.30	6	3.30
Carfilzomib	44	14.15	52	18.67	32	13.66
Ceritinib	-	-	1	0.33	2	0.20
Certolizumab Pegol	57	4.12	61	4.37	42	3.01
Cetuximab	236	69.37	209	63.20	125	41.05
Cladribine	-	-	-	-	-	-
Crizotinib	30	7.00	25	5.01	14	3.11

	2021-22		2022-2023		2023-24 (as at 31 December 2023)	
Drug Item	**Number of subsidy cases**	**Amount of subsidies granted ($ million)**	**Number of subsidy cases**	**Amount of subsidies granted ($ million)**	**Number of subsidy cases**	**Amount of subsidies granted ($ million)**
Dabrafenib and Trametinib	-	-	-	-	-	-
Daratumumab and Bortezom	-	-	-	-	-	-
Dasatinib	139	29.97	125	27.16	115	24.69
Dupilumab	3	0.34	28	2.63	47	4.56
Durvalumab	-	-	-	-	5	1.69
Eculizumab	11	42.62	10	39.60	8	29.25
Eltrombopag	160	15.53	150	13.82	135	13.73
Enzalutamide	-	-	51	8.30	132	19.38
Etanercept	184	17.09	188	17.27	108	10.19
Everolimus	-	-	-	-	8	1.02
Gefitinib	171	15.49	145	13.32	95	9.08
Gilteritinib	-	-	-	-	-	-
Golimumab	215	19.62	234	21.74	159	14.97
Growth Hormone	-	-	-	-	-	-
Guselkumab	13	1.35	29	3.04	14	1.44
Ibrutinib	42	18.28	42	12.48	15	5.31
Icatibant	-	-	-	-	-	-
Imatinib	284	46.97	146	5.65	-	-
Infliximab	34	2.78	35	2.53	22	1.81
Inotuzumab Ozogamicin	-	-	-	-	-	-
Interferon	1	0.27	-	-	-	-
Ixekizumab	3	0.29	7	0.55	12	0.90
Lenalidomide	32	3.15	37	4.45	78	13.56
Lenvatinib	-	-	-	-	6	1.19
Letermovir	-	-	25	4.59	29	5.68
Mepolizumab	41	4.82	54	6.02	55	6.46
Midostaurin	20	10.23	21	11.15	14	6.98
Natalizumab	2	0.49	2	0.49	1	0.25
Nilotinib	136	33.70	130	34.26	94	24.58
Nintedanib (Ofev)	65	10.69	69	11.51	60	10.47
Nivolumab	-	-	-	-	10	2.58
Obinutuzumab	79	9.63	61	9.53	71	9.38
Omalizumab	10	0.92	18	1.61	17	1.47

	2021-22		2022-2023		2023-24 (as at 31 December 2023)	
Drug Item	**Number of subsidy cases**	**Amount of subsidies granted ($ million)**	**Number of subsidy cases**	**Amount of subsidies granted ($ million)**	**Number of subsidy cases**	**Amount of subsidies granted ($ million)**
Osimertinib	-	-	185	39.38	176	36.46
Palbociclib	-	-	-	-	72	8.03
Panitumumab	87	19.44	141	29.02	133	27.30
Pazopanib	-	-	72	9.64	54	8.37
Pembrolizumab	-	-	-	-	8	4.91
Pertuzumab and Trastuzumab	193	41.34	406	97.09	296	71.15
Plerixafor	41	1.90	39	1.66	37	2.71
Pomalidomide	50	16.31	39	15.08	30	11.31
Ponatinib	21	5.95	27	7.72	27	7.95
Ranibizumab	-	-	8	0.42	39	2.37
Ribociclib	-	-	-	-	126	21.76
Ribociclib and Fulvestrant	-	-	-	-	34	6.57
Risankizumab	4	0.39	20	2.10	24	2.33
Rituximab	243	12.35	219	9.50	177	7.86
Ruxolitinib	71	37.66	92	49.27	76	41.83
Sarilumab	41	3.07	35	2.75	41	3.40
Secukinumab	142	13.09	177	16.44	130	11.48
Siltuximab	-	-	-	-	-	-
Siponimod	-	-	1	0.18	1	0.17
Sorafenib	90	5.62	60	2.90	58	2.26
Sunitinib	10	1.24	40	4.95	37	4.61
Temozolomide	20	0.37	18	0.32	7	0.16
Tocilizumab	159	10.61	190	13.15	134	9.26
Tofacitinib	120	6.66	102	6.47	63	4.16
Tolvaptan (Jinarc)	11	1.11	19	2.13	17	2.01
Trastuzumab	251	29.42	191	18.30	35	7.50
Trastuzumab Emtansine (T-DM1)	58	12.91	61	13.86	97	26.86
Upadacitinib	9	0.56	46	2.80	47	2.97
Ustekinumab	10	0.85	8	0.88	8	0.83
Venetoclax and Azacitidine	-	-	-	-	5	1.93
Vedolizumab	5	0.34	8	0.41	-	-
First Phase Programme of the CCF Medical Assistance Programmes						

	2021-22		2022-2023		2023-24 (as at 31 December 2023)	
Drug Item	**Number of subsidy cases**	**Amount of subsidies granted ($ million)**	**Number of subsidy cases**	**Amount of subsidies granted ($ million)**	**Number of subsidy cases**	**Amount of subsidies granted ($ million)**
Abemaciclib	48	8.15	117	18.07	72	9.72
Abiraterone	99	14.06	68	9.22	31	4.43
Acalabrutinib	-	-	2	0.73	2	0.33
Alectinib	10	3.15	2	0.70	-	-
Atezolizumab	125	26.64	105	24.77	86	19.56
Atezolizumab and Bevacizumab	-	-	36	12.44	106	29.85
Avelumab	-	-	-	-	-	-
Axitinib	34	2.13	21	1.27	-	-
Bendamustine	10	1.21	3	0.15	-	-
Bevacizumab	439	98.64	437	60.64	350	48.99
Brentuximab Vedotin	12	4.72	9	4.13	1	0.45
Brigatinib	5	1.77	2	0.72	1	0.44
Ceritinib	3	0.15	3	0.15	-	-
Dabrafenib and Trametinib	4	1.69	10	4.11	-	-
Daratumumab and Bortezomib	-	-	-	-	41	17.01
Durvalumab	59	17.99	64	18.51	44	14.38
Enzalutamide	146	19.57	124	16.45	-	-
Everolimus	29	3.86	18	2.36	3	0.35
Gemtuzumab Ozogamicin	8	1.29	17	2.49	14	2.23
Inotuzumab Ozogamicin	6	2.46	4	1.49	2	0.40
Ibrutinib	-	-	-	-	-	-
Isatuximab and Pomalidomide	-	-	-	-	1	0.69
Ixazomib and Lenalidomide	112	36.34	110	35.15	95	34.18
Lapatinib	20	1.26	14	0.94	9	0.65
Lenvatinib	225	19.02	219	29.29	97	15.23
Lorlatinib	-	-	34	14.14	50	22.11
Neratinib	-	-	8	1.06	16	1.79
Niraparib	-	-	-	-	16	5.87
Nivolumab	146	39.58	175	53.54	107	25.33
Nivolumab and Ipilimumab	16	10.20	56	29.18	60	28.08

	2021-22		2022-2023		2023-24 (as at 31 December 2023)	
Drug Item	**Number of subsidy cases**	**Amount of subsidies granted ($ million)**	**Number of subsidy cases**	**Amount of subsidies granted ($ million)**	**Number of subsidy cases**	**Amount of subsidies granted ($ million)**
Obinutuzumab	8	0.67	4	0.30	-	-
Olaparib	22	7.87	52	14.00	45	10.64
Osimertinib	524	112.68	462	95.58	330	69.90
Palbociclib	240	39.57	200	26.15	22	2.00
Pazopanib	108	15.27	24	2.51	-	-
Pegylated Liposomal Doxorubicin	52	2.93	58	3.93	50	3.76
Pembrolizumab	318	156.63	356	184.66	314	161.53
Pertuzumab	140	45.70	-	-	-	-
Polatuzumab Vedotin and Rituximab and Bendamustine	-	-	16	3.83	38	6.99
Ribociclib	99	14.86	119	14.68	20	3.43
Sunitinib	38	3.57	11	1.04	9	1.14
Trastuzumab	15	1.21	8	0.91	1	0.25
Trastuzumab emtansine	96	28.22	67	20.95	9	2.10
Vemurafenib	-	-	-	-	-	-
"Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)" under the CCF						
Burosumab	-	-	-	-	1	2.85
Dinutuximab Beta	2	5.33	4	5.76	2	2.19
Eculizumab	2	6.27	1	5.18	-	-
Nusinersen	14	26.45	18	37.60	10	19.12
Onasemnogene abeparvovec	-	-	-	-	-	-
Ravulizumab	-	-	-	-	4	14.86
Risdiplam	-	-	18	29.10	9	12.75
Tafamidis Meglumine	1	0.37	-	-	-	-
Tafamidis	3	2.63	3	2.53	4	3.55
Tisagenlecleucel	21	40.32	20	51.82	28	61.38

Annex 2

Self-financed items (SFIs) covered by the Samaritan Fund and the Community Care Fund (CCF) Medical Assistance Programmes, the respective dates on which they were first discussed by the Hospital Authority Drug Advisory Committee (HADAC) and listed on the Hospital Authority Drug Formulary (HADF), and the effective dates on which they were covered by the safety net in the past 3 years

SFI covered by the safety net	Date on which the SFI was first discussed by the HADAC	Date on which the SFI was listed on the HADF	Effective date on which the SFI was covered by the safety net
Abemaciclib and Fulvestrant	14 October 2022	14 January 2023	26 May 2023
Onasemnogene abeparvovec*	14 April 2023	30 December 2023	30 December 2023
Acalabrutinib	09 July 2021	09 October 2021	28 May 2022
Aflibercept	10 January 2014	12 April 2014	17 December 2022
Apalutamide	08 October 2021	08 January 2022	16 December 2023
Atezolizumab and Bevacizumab	17 April 2020	11 July 2020	17 December 2022
Avelumab	11 October 2019	07 April 2023	16 December 2023
Burosumab*	08 October 2021	26 May 2023	26 May 2023
Cladribine	11 October 2019	10 April 2021	04 December 2021
Daratumumab and Bortezomib	11 October 2019	22 August 2022	26 May 2023
Dupilumab	11 October 2019	10 April 2020	04 December 2021
Gilteritinib	14 October 2022	07 April 2023	16 December 2023
Gemtuzumab Ozogamicin	08 January 2021	10 July 2021	04 December 2021
Icatibant	09 July 2021	09 October 2021	17 December 2022
Isatuximab and Pomalidomide	14 October 2022	08 July 2023	16 December 2023
Ixekizumab	17 April 2020	10 October 2020	04 December 2021
Letermovir	10 January 2020	10 October 2020	28 May 2022
Lorlatinib	14 January 2022	09 July 2022	17 December 2022
Niraparib	11 October 2019	09 April 2022	26 May 2023
Neratinib	09 October 2020	09 January 2021	17 December 2022

SFI covered by the safety net	Date on which the SFI was first discussed by the HADAC	Date on which the SFI was listed on the HADF	Effective date on which the SFI was covered by the safety net
Nivolumab and Ipilimumab	10 January 2020	10 October 2020	04 December 2021
Olaparib	12 July 2019	09 January 2021	22 May 2021
Polatuzumab Vedotin and Rituximab and Bendamustine	08 January 2021	08 January 2022	17 December 2022
Pomalidomide	12 January 2019	13 April 2019	22 May 2021
Ponatinib	10 January 2020	23 May 2020	22 May 2021
Ranibizumab	11 January 2008	11 October 2008	17 December 2022
Risdiplam*	08 April 2022	17 December 2022	17 December 2022
Risankizumab	09 October 2020	09 January 2021	22 May 2021
Ribociclib and Fulvestrant	11 October 2019	09 October 2021	26 May 2023
Ravulizumab*	14 October 2022	08 July 2023	11 November 2023
Siltuximab	08 April 2022	08 July 2023	16 December 2023
Siponimod	09 April 2021	10 July 2021	28 May 2022
Tafamidis*	09 April 2021	04 December 2021	04 December 2021
Tisagenlecleucel*	10 July 2020	10 April 2021	10 April 2021
Upadacitinib	09 April 2021	10 July 2021	04 December 2021
Venetoclax and Azacitidine	08 April 2022	09 July 2022	16 December 2023

* SFIs covered by the "Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)" under the CCF

Annex 3

Self-financed items (SFIs) repositioned as Special or General drugs, and respective dates of listing on the Hospital Authority Drug Formulary (HADF) and repositioning as Special or General drugs in the past 3 years from 2021-22 to 2023-24

SFI repositioned as Special or General drug	Date of listing on the HADF	Date of repositioning as Special or General drug
Alirocumab	April 2018	April 2021
Evolocumab	July 2017	April 2021
Rivaroxaban	April 2013	April 2022
Ticagrelor	April 2020	April 2022
Dulaglutide	April 2019	April 2022
Exenatide	January 2016	April 2022
Liraglutide	October 2016	April 2022
Lixisenatide	January 2016	April 2022
Semaglutide	January 2021	April 2022
Tofacitinib	April 2022	April 2023
Riociguat	April 2022	April 2023
Topotecan	October 2010	April 2023

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2015)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the training of healthcare professionals and talent admission, please advise this Committee on the following:

1) Since the provision of subsidies to relevant institutions in respect of the clinical practicum training fees for their specified healthcare-related programmes in April last year, how many institutions have been waived from the clinical practicum training fees payable to the Hospital Authority (HA)? What is the subsidy amount?
2) As for attracting healthcare talents, how many professionals have been admitted to Hong Kong under the Guangdong-Hong Kong-Macao Greater Bay Area (GBA) Healthcare Talents Visiting Programmes and the Global Healthcare Talent Scheme launched by the HA?

Asked by: Hon TAN Yueheng (LegCo internal reference no.: 7)

Reply:

1)

Since the 2023-24 financial year, as an initiative for strengthening the training of healthcare manpower, the Hospital Authority (HA) has waived the clinical practicum training fees payable by relevant institutions for their specified healthcare-related programmes, including specified subsidised undergraduate or taught postgraduate healthcare-related programmes that are subsidised by University Grants Committee and or offered by self-financing institutions. The institutions and programmes waived from the clinical practicum training fees by the HA in 2023-24 are set out in **Annex**. The related expenditure is subsumed under the HA's overall expenditure and breakdowns are not available.

Meanwhile, the Government also encourages institutions to actively arrange clinical practicum in non-HA organisations (including non-government organisations) for students, so as to meet the ever-increasing demand for clinical practicum and provide students with a more diversified clinical practicum experience. The Government earmarked about $55 million and $60 million in 2023-24 and 2024-25 respectively to subsidise relevant institutions to arrange clinical practicum in non-HA organisations for students.

2)

In 2024-25, the HA will continue to implement various promotion and publicity measures to recruit suitable non-locally trained doctors and actively invite healthcare professionals for exchanges in Hong Kong through different global platforms in a multi-pronged approach. Following the recruitment experience in 2023 and the positive feedback received, the HA also has plans this year to organise overseas recruitment drives and launch online publicity events, and to continue to visit different healthcare bodies and organisations outside Hong Kong, in a bid to attract healthcare talents to Hong Kong and promote healthcare collaboration and exchanges between Hong Kong and different parts of the world. As at mid-February 2024, there were 128 non-locally trained doctors working under the HA. It is expected that the number will increase to over 200 in the first quarter of 2025.

In addition, the HA recruits suitable healthcare talents to join its healthcare team and serve the public through the Global Healthcare Talent Scheme and the Greater Bay Area (GBA) Healthcare Talents Visiting Programmes.

The HA launched the Global Healthcare Talent Scheme in 2023 to invite healthcare talents from around the world for professional exchanges in the HA, further enhancing the medical standard in Hong Kong. Under the Scheme, doctors who are specially qualified or close to completing specialist training are eligible for 1 to 2 years' exchanges in Hong Kong. As at early March this year, the Scheme attracted applications from over 20 non-locally trained doctors. Amongst them, 5 visiting doctors have arrived in Hong Kong for exchanges and the rest are expected to visit Hong Kong gradually in 2024-25.

With support from the Health Commission of Guangdong Province (GDHC) and the Health Bureau of the HKSAR Government, the HA launched the GBA Healthcare Talents Visiting Programmes in the fourth quarter of 2022. The first phase of the Programmes, with Guangdong Province as the pilot, covers various clinical healthcare professions such as doctors, nurses, Chinese medicine (CM) practitioners and radiographers. Details are set out below:

GBA Visiting Doctors Programme

This programme aims to establish a mechanism for doctors working in the public healthcare system in Guangdong Province and Hong Kong to undergo exchanges in public hospitals of the other place under appropriate registration approval. There are 10 doctors nominated by the GDHC under the first batch. After obtaining approval from the Medical Council of Hong Kong for limited registration, the doctors came to Hong Kong in April 2023 to commence a year of clinical work and experience exchanges in the HA.

Since its implementation, the programme has been operating smoothly in general and achieved the anticipated outcomes. Based on the successful experience from the first batch of programmes for visiting doctors, the HA has begun to launch the second batch of programmes for them with the GDHC. 2 ophthalmologists nominated by the GDHC came to Hong Kong in March this year for exchange. The HA is also exploring the extension of the programme to cover more specialties and to gradually enhance exchanges of talent across regions in terms of depth and breadth.

GBA Chinese Medicine Visiting Scholars Programme
This programme aims to enhance the professional competency of CM practitioners in Hong Kong and foster the development of Integrated Chinese-Western Medicine (ICWM). Visiting scholars provide clinical training at selected HA hospitals under limited registration granted by the Chinese Medicine Council of Hong Kong.

The programme also offers hospital-based CM training in the "master-apprentice" model, the first of its kind in Hong Kong to provide clinical mentorship and professional exchanges for local CM practitioners. Apart from providing inpatients with ICWM treatment, the Programme also explores new models for the development of ICWM services.

The first phase of the programme commenced in November 2022 to provide ICWM clinical training-related work for COVID-19 cases in selected public hospitals. Subsequently, the programme focused on ICWM to support the development of relevant services. So far, 9 CM experts had come to Hong Kong in phases and offered training to about 90 local CM practitioners.

GBA Specialty Nursing Knowledge-Exchange Programme
This programme includes, among other things, online learning followed by a 45-week on-site clinical practicum at selected service areas of HA hospitals. Within the 2 years starting from 2023, the HA will recruit a total of 300 experienced nurses in 3 cohorts from Guangdong Province.

The first cohort of 70 nurses completed clinical practicum in Geriatric Nursing in February 2024. The second cohort of about 100 nurses also came to Hong Kong gradually in the first quarter of 2024 for clinical exchanges, and more specialties including Geriatric Nursing, Peri-operative Nursing, Critical Care, Cardiac Critical Care, Ophthalmology and Endoscopy are covered.

GBA Visiting Radiographer (Diagnostic) Programme
This programme aims to foster mutual understanding between diagnostic radiographers of Hong Kong and the Mainland and lay a solid foundation for future exchanges in the diagnostic radiography profession between the two places.

After being nominated by the GDHC, 5 diagnostic radiographers from Tier III Class A hospitals came to Hong Kong in early August 2023 for a two-week technical exchange with the radiographers of the HA and were assigned to the Radiology Departments of Tuen Mun Hospital and North District Hospital, as well as the Central Government-Aided Emergency Hospital.

Apart from the GBA healthcare talents visiting programmes, the HA is also planning and actively exploring with other regions/cities of the Mainland, such as Beijing and Shanghai, to establish two-way talent exchanges. At present, 1 endoscopic doctor from Shanghai has obtained limited registration from the Medical Council of Hong Kong and has already commenced a 6-month clinical exchange in Hong Kong from March this year. The HA is now actively exploring exchange arrangements with the Health Commissions and relevant authorities of Beijing and Shanghai, with a view to gradually implementing two-way exchanges of suitable doctors within this year.

Institutions and Healthcare Programmes
Waived from the Clinical Practicum Training Fees by the Hospital Authority

Institution	Programme
Saint Francis University (formerly known as Caritas Institute of Higher Education)	Bachelor of Science (Honours) in Physiotherapy
	Bachelor of Nursing (Honours)
	Bachelor of Nursing (Honours) (Applied Degree Places)
Hong Kong Metropolitan University	Bachelor of Science with Honours in Physiotherapy
	Bachelor of Nursing with Honours in General Health Care
	Bachelor of Nursing with Honours in Mental Health Care
Tung Wah College	Bachelor of Science (Honours) in Physiotherapy
	Bachelor of Science (Honours) in Occupational Therapy
	Bachelor of Science (Honours) in Medical Laboratory Science
	Bachelor of Science (Honours) in Radiation Therapy
	Bachelor of Health Science (Honours) in Nursing
The Chinese University of Hong Kong	Master of Social Science in Clinical Psychology
	Bachelor of Nursing
The University of Hong Kong	Master of Social Sciences in the field of Clinical Psychology
	Bachelor of Science in Speech and Hearing Sciences
	Master of Science in Audiology
	Bachelor of Nursing
The Hong Kong Polytechnic University	Bachelor of Science (Honours) in Physiotherapy
	Bachelor of Science (Honours) in Occupational Therapy
	Bachelor of Science (Honours) in Medical Laboratory Science
	Bachelor of Science (Honours) in Radiography
	Bachelor of Science (Honours) Scheme in Biomedical Engineering
	Bachelor of Science (Honours) in Optometry
	Bachelor of Science (Honours) in Nursing
	Bachelor of Science (Honours) in Nursing (Non-JUPAS Applicants)
	Bachelor of Science (Honours) in Mental Health Nursing (Full-time)
	Master in Physiotherapy
	Master in Occupational Therapy

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2044)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (4) Subvention: Prince Philip Dental Hospital

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is stated in the matters requiring special attention that subsidy schemes for training dental hygienists and dental therapists will be launched. In this connection, will the Government inform this Committee of the following:

1. the number of graduates from the Higher Diploma in Dental Hygiene co-organised by the School of Professional and Continuing Education of the University of Hong Kong and the Prince Philip Dental Hospital in each of the past 3 years, and among them, the number of those who are registered as dental hygienists and dental therapists.
2. the number of ancillary dental workers expected to be recruited from overseas.

Asked by: Hon TANG Ka-piu (LegCo internal reference no.: 2)

Reply:

The Prince Philip Dental Hospital ("PPDH") is a purpose-built teaching hospital to provide the Faculty of Dentistry, the University of Hong Kong with facilities for the training of dentists, and assist in the training of other ancillary dental workers, including dental hygienists, dental therapists, dental surgery assistants and dental technicians. At present, there are 2 types of ancillary dental workers who provide dental care services to patients in Hong Kong, namely dental hygienists and dental therapists.

(a) Dental hygienists are currently required to enrol under the Ancillary Dental Workers (Dental Hygienists) Regulations (Cap. 156B). They can work in the public or private sector, and may perform preventive dental care (e.g. oral examination, education, teeth cleaning and polishing, fluoride application and scaling) in accordance with the directions of a dentist who is available in the premises at all times when such work is being carried out;

(b) Dental therapists are currently not required for statutory enrolment or registration. They work only under the Department of Health (DH) to provide the School Dental Care Service, and may perform preventive dental care and basic curative dental care (e.g. filling and extraction) in accordance with the directions of a dentist who is available in the premises at all times when such work is being carried out.

According to information of the Dental Council of Hong Kong (DCHK) and DH, the total number of enrolled dental hygienists and that of dental therapists serving in the Government are 613 and 237 respectively as at February 2024.

At present, the PPDH co-organises a two-year Higher Diploma in Dental Hygiene programme with the School of Professional and Continuing Education of the University of Hong Kong (HKU SPACE), and a one-year Advanced Diploma in Dental Therapy programme with the DH and the HKU SPACE. The respective numbers of graduates of the above programmes in each of the past 3 academic years are set out below:

Academic Year	Number of Graduates	
	Higher Diploma in Dental Hygiene programme	Advanced Diploma in Dental Therapy programme
2020/21	27	9
2021/22	28	12
2022/23	26	10

Graduates of the Higher Diploma in Dental Hygiene programme or holders of non-local qualifications of an equivalent standard in the opinion of the DCHK (e.g. overseas ancillary dental workers) may apply to the DCHK for enrolment as dental hygienist. Persons who have graduated from the Advanced Diploma in Dental Therapy programme (or holders of equivalent local or overseas qualifications) meet the professional requirement for the application of dental therapist. The respective numbers of newly enrolled dental hygienists and dental therapists newly joined the Government in Hong Kong in each of the past 3 years are set out below:

Year	Number of newly enrolled dental hygienists (Note)	Number of dental therapists newly joined the Government
2021	34	8
2022	27	11
2023	54	10

Note: As a result of class suspension due to the COVID-19 epidemic, the enrolment of graduates of the Higher Diploma in Dental Hygiene programme in the 2020/21 and 2021/22 academic years was respectively postponed by 1 year.

To enhance local training so as to tie in with the development needs of oral health and dental care, in addition to increasing training places for the above programmes of Higher Diploma in Dental Hygiene and Advanced Diploma in Dental Therapy, the Government is currently liaising with the Vocational Training Council for organising a new course for dental hygienists. The provision of training places of dental hygienists and dental therapists will be increased to nearly double from 95 in the 2023/24 academic year to 185 in the 2024/25 academic year.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2078)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Chinese medicine is our national treasure, and also economical. The Government should therefore step up efforts in integrating Chinese medicine into public health care services to reduce the financial burden. Regarding the development of Chinese medicine in Hong Kong, will the Government inform this Committee of the following:

1. the expenditure on promoting the development of Chinese medicine in each of the past 5 years and the specific results;
2. whether the Government has any plans to introduce Chinese medicine into the primary healthcare system; if yes, the specific plans and if not, the reasons; and
3. the Government's plans regarding the publicity, education and promotion of Chinese medicine and their effectiveness.

Asked by: Hon TANG Ka-piu (LegCo internal reference no.: 36)

Reply:

(1)

The Government has been committed to promoting the high-quality development of Chinese medicine (CM) in Hong Kong on all fronts and will continue to take forward various policy initiatives in 2024-25, including pressing ahead with the construction of the Chinese Medicine Hospital (CMH) and the Government Chinese Medicines Testing Institute (GCMTI); strengthening the co-ordination of CM professional and policy development and collaborating with the CM sector to formulate a comprehensive CM Development Blueprint to map out the vision and strategies for future development by the Chinese Medicine Unit of the Health Bureau under the leadership of the Commissioner for Chinese Medicine Development who would assume office in 2024; strengthening integrated Chinese-Western medicine services; promoting scientific research and standard-setting for Chinese medicines (CMs) testing; promoting more talent nurturing programmes for boosting the establishment of CM talent pool in Hong Kong; refining the funding arrangement of the Chinese Medicine Development Fund, taking forward new capacity-building initiatives for the industry and commissioning organisations to conduct large-scale training, publicity and research projects on strategic priority themes conducive to CM development as a whole; and continuing to strengthen Hong

Kong's role under the Construction Plan for the Chinese Medicine Highlands in the Guangdong-Hong Kong-Macao Greater Bay Area (2020-2025) for proactive integration into the national CM development and give full play to our role as the country's gateway to the international markets and contribute to the internationalisation of CM. The latest progress of various policy initiatives are set out in detail as follows:

(a) Pressing ahead with the development of the first CMH in Hong Kong - The CMH is constructed by the Government and operated under a public-private-partnership model. Hong Kong Baptist University (HKBU) was selected through tendering procedures as the Contractor for the operation of the CMH. HKBU and the Operator (a company limited by guarantee incorporated by HKBU according to the service deed) are working together on the commissioning tasks (including the procurement of hospital furniture and equipment and the development of information technology (IT) system for the hospital) as stipulated in the service deed. The construction works of the CMH commenced in June 2021, with the premises expected to be handed over in batches to the HHB starting in mid-2025. The CMH is expected to commence services in phases from the end of 2025.

The Finance Committee of the Legislative Council approved in June 2021 a non-recurrent commitment of $80.445 million for the preparation for service commencement of the CMH as well as a capital commitment of $383.9 million for IT support for the CMH under Capital Works Reserve Fund Head 710 Computerisation vote.

(b) Increasing the quota for Government-subsidised CM outpatient services - Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) have been established in 18 districts across the territory to promote the development of CM by providing services, training and conducting 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. Since March 2020, the 18 CMCTRs have been providing Government-subsidised CM outpatient services at the district level. The annual quota has increased from about 600 000 to 800 000 since October 2023, representing an increase of over 30%. The Government will continue to review the service capacities of the 18 CMCTRs and the public demand for Government-subsidised CM outpatient services, with a view to enhancing the service arrangements as appropriate;

(c) Strengthening ICWM services - To explore the operation and gather experience of ICWM and CM inpatient services, the Government commissioned the HA to launch in 2014 the time-limited ICWM Pilot Programme (Pilot Programme). The HA regularised the Pilot Programme in early 2023 and further expanded the ICWM services to 26 public hospitals under the 7 clusters in the first quarter of 2024, increasing the hospital sites from 8 to 53. Such expansion is in line with the policy direction to promote CM development and enhance ICWM services set forth in the Chief Executive's Policy Address in providing services to patients of under the designated disease areas (including stroke care, musculoskeletal pain management, cancer palliative care and cancer care pilot programme). Further, the HA has also planned to include CM rehabilitation in the clinical framework for stroke care inpatient services and will continue to explore from multiple perspectives the feasibility of extending ICWM services to cover more disease areas (such as elderly degenerative diseases),

starting from those where CM has advantages, for the long-term development of sustainable ICWM services.

The Government has earmarked $427 million in 2024-25 for the HA to take forward initiatives for promoting CM development, which include operating the CMCTRs to provide Government-subsidised CM outpatient services and Chinese medicine practitioner (CMP) trainee programmes, providing ICWM services, providing "evidence-based" CM training, operating the Toxicology Reference Laboratory, conducting quality assurance and central procurement of CM drugs, and enhancing and maintaining the CM Information System;

(d) Promoting scientific research for CM testing - The GCMTI was established in 2017 with its temporary facilities located at the Hong Kong Science Park in Shatin. The missions of the GCMTI are to develop a set of internationally-recognised reference standards for Chinese medicines and related products by employing state-of-the-art technology and through scientific research, and to help empower the industry through transfer of testing technology to strengthen quality control of products, establish the brand image of Hong Kong in Chinese medicines and developing Hong Kong into an international hub on Chinese medicines testing and quality control. One of the major research activities of the GCMTI is carrying on the research work on the Hong Kong Chinese Materia Medica Standards (HKCMMS) project. So far, the GCMTI has published the reference standards for a total of 330 Chinese Materia Medica (CMM). The reference standards for additional 14 CMM have also been completed and will be published in due course. With the support of the GCMTI Advisory Committee, the GCMTI has embarked on 14 research and thematic projects in the past 5 years. The GCMTI will continue with the HKCMMS project and 8 other ongoing research and thematic projects in the coming year. The financial provision for the GCMTI in 2024-25 is about $60.6 millon.

(e) Supporting the CM sector via the CMDF - Officially launched in June 2019, the CMDF is the first dedicated fund set up to support the development of CM with the objective of enhancing the overall standard of the CM sector to promote the holistic and high-quality development of CM in Hong Kong. As at 20 March 2024, nearly 7 800 funding applications were approved under the CMDF, involving a total funding of about $276 million (provisional figure) for the approved projects and benefiting more than 2.2 million individuals/organisations in the CM sector, including registered and listed CMPs, CM drug personnel, CM clinics, manufacturers and wholesalers of proprietary Chinese medicines (pCm), retailers and wholesalers of Chinese herbal medicines, CM-related organisations, universities and tertiary education institutions, as well as members of the public.

(f) Stepping up the role of the CM sector in responding to public health incidents - During the COVID-19 epidemic, Fight the Virus Together – Chinese Medicine Telemedicine Scheme and Together We Unite – Chinese Medicine COVID-19 Rehabilitation Scheme were launched under the CMDF's special approval and full subsidy to enlist nearly 720 CMPs in private practice to provide CM telemedicine and rehabilitation services to almost 42 000 patients who were diagnosed with COVID-19 or suffered from post-COVID-19 conditions. In addition, the CMU of the HHB has written to CM organisations and institutions, appealing for additional or extended clinic

operation hours during service surge and long holidays, as well as close monitoring of the CM inventory to ensure a stable supply.

(g) **Collaboration and exchanges in CM with the Mainland** - Further to the successful experience of two key measures benefitting Hong Kong (namely recruiting of Hong Kong CMPs by public healthcare institutions in the Greater Bay Area (GBA) and streamlining of the approval procedures for Hong Kong traditional pCm for external use to be registered in the Mainland) and HA projects such as the GBA CM Visiting Scholars Programme and the Chinese Medicine Training Scholarship Programme, the Government is actively working with the CM sector to deepen Hong Kong's collaboration in CM with the Mainland and the GBA. The Government also keeps exchanging and maintaining liaison with relevant ministries and delegations of various provinces and cities on issues relating to CM development, including co-organising high-quality CM talent training programmes with the National Administration of Traditional Chinese Medicine to reserve talents for Hong Kong. The first edition of a short-term training programme was completed in November 2023 and the second edition will be launched in May 2024.

(h) **Formulating the CM Development Blueprint** - The Government will work with the CM sector to formulate a CM Development Blueprint to map out the vision and strategies for future development, with a view to optimising the top-tier design for the development of policies. The CMU has commenced a series of stakeholder engagement exercises efforts, including organising exchange sessions on the development of CM to involve a vast number of stakeholders in exchanges and discussions since September 2023.

(i) **Strengthening the functions of the CMU of the HHB** - The Government has implemented the work on enhacing the functions of the CMU of the HHB from 2023-24 onwards. An open recruitment exercise has been conducted to fill in the post of C for CMD and more non-directorate supporting staff with professional background in CM has been recruited to provide professional support in different areas.

(2)

As an integral part of Hong Kong's healthcare system, CM plays an important role in the area of primary healthcare. The existing CMCTRs in 18 districts have provided services to around 1.5 million attendances each year on average, and the annual quota for Government-subsidised CM outpatient services has increased from about 600 000 to 800 000 since October 2023, representing an increase of over 30%. Upon commencing service in phases starting from end-2025, Hong Kong's first CMH will also provide a series of Government-subsidised CM outpatient services.

In fact, the resources in the CM sector are mostly concentrated in the private sector. More than 90 per cent of CMPs practice in the private market, providing around 10 million attendances for CM outpatient services every year, which has established a strong service network at the community level. Through the EHVS, the Government provides eligible elderly person with an annual voucher amount of $2,000 to subsidise their use of private primary healthcare services provided by 14 categories of healthcare professions (including CMPs). In the past three years, the amount claimed by the eligible elderly person for using CM services under EHVS has increased year-on-year. In 2023, the amount claimed was

nearly $1,141 million, accounted for the second highest among the 14 categories of healthcare professions. The Government has launched a three-year Elderly Health Care Voucher Pilot Reward Scheme in November 2023. If an elderly person has accumulated voucher spending of $1,000 or above on designated primary healthcare services such as disease prevention and health management services within the same year (January to December), a $500 reward will be automatically allotted to his/her healthcare voucher account, which can be used on the same designated primary healthcare purposes, hence harnessing the benefits of the CM in disease prevention and management.

As for District Health Centres (DHC), the operators will procure services from non-government entities in the community and establish the DHC network (including CMPs). Members with stroke, knee osteoarthritis and low back pain may opt for CM services. Network CMPs will provide acupuncture and acupressure treatment to these patients having regard to their needs. In addition, CMPs also provide disease prevention, health maintenance and health education, including group activities on dietary therapy. The DHCs will also collaborate with the CMCTRs to provide or promote Tianjiu service in the centres.

The Government will continue to develop various primary healthcare services (including CM services) in accordance with the Primary Healthcare Blueprint to utilise resources of both public and private CM sectors. Meanwhile, the involvement of the CM in the primary healthcare reference frameworks will be further explored with a view to unleashing the potential advantage of the CM in health management and facilitating cross-disciplinary collaboration in primary healthcare services. In the long term, with a view to better leveraging on the strengths and advantages of the CM, the Government will continue to strengthen the role of the CM in primary healthcare services, enhance cross-disciplinary collaboration, and look into opportunities for further synergies with the CM in primary healthcare services with a focus on chronic disease prevention and health management through development of relevant training, publicity and promotion, health assessment, preventive care and introduction of new programmes with the involvement of the CM.

In parallel, the HHB is collaborating with the CM sector to formulate the CM Development Blueprint, in which a comprehensive review on the long-term strategies and planning for the development of the CM services will be conducted, covering issues such as the role of the CM in primary, secondary and tertiary healthcare, as well as the use of the CM in disease prevention, treatment and rehabilitation throughout the life cycle.

(3)

The Industry Support Programme (B Scheme) under the CMDF supports projects on professional training, promotion, applied research and thematic studies, etc. that can enhance the overall standard and industry development of the CM sector. The Chinese Medicine Promotion Funding Scheme is one of the projects that seeks to promote public education and cultural promotion on CM to enhance public knowledge of CM. As at 20 March 2024, the CMDF supported nearly 675 CM publicity and public education activities of various forms with target audiences covering kindergarten students, primary and secondary school students, and elderly persons.

Since 2023-24, the CMDF has been taking forward a number of industry capability building initiatives, including raising the funding ceiling of the Chinese Medicine Promotion Funding Scheme from $750,000 to $2,000,000 with effect from April 2024 to enhance the scale and

effectiveness of the public education and promotion projects designed and implemented by the CM sector.

Meanwhile, the CMDF will commission organisations to conduct large-scale training, publicity and research projects on strategic themes conducive to the development of CM as whole. The first batch of projects include training programmes developed and implemented to tie in with the service commencement of the CMH, and large-scale territory-wide promotional and publicity campaigns for the wider use of CM in the community. Application is expected to be open in the second quarter of this year.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1192)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The Hospital Authority manages and develops the public medical service system, and provides adequate, efficient and effective public hospital services of the highest standard recognised internationally within the resources available. In this connection, will the Government inform this Committee of the following in the past 3 financial years in table form:

(a) the number and the total number of each type of medical staff (including specialists, non-specialists, interns and dentists) in each hospital cluster;

(b) the number and the total number of each type of medical staff (including specialists, non-specialists, interns and dentists) in each public hospital;

(c) the number and the total number of each type of nursing staff (including nurses and trainees) in each hospital cluster;

(d) the number and the total number of each type of nursing staff (including nurses and trainees) in each public hospital;

(e) the number of allied health staff in each hospital cluster;

(f) the number of allied health staff in each public hospital.

Asked by: Hon TIEN Puk-sun, Michael (LegCo internal reference no.: 3)

Reply:

Services of the Hospital Authority (HA) are organised and provided on a cluster basis, and manpower is deployed and rotated flexibly among various hospitals within each hospital cluster. Hence, information by cluster provides a better picture of the manpower situation than that by hospital.

(a) & (b)

The numbers of doctors on a full-time equivalent basis by cluster and by rank group from 2021-22 to 2023-24 (as at 31 December 2023) are set out in the table below:

Cluster	**Rank Group**	**2021-22 (as at 31 March 2022)**	**2022-23 (as at 31 March 2023)**	**2023-24 (as at 31 December 2023)**
HKEC	Consultant	118	125	127
	Senior Medical Officer/Associate Consultant	193	194	186
	Medical Officer/Resident	343	333	372
	Total	**653**	**651**	**685**
HKWC	Consultant	137	148	149
	Senior Medical Officer/Associate Consultant	195	190	179
	Medical Officer/Resident	330	327	355
	Total	**662**	**666**	**682**
KCC	Consultant	249	276	285
	Senior Medical Officer/Associate Consultant	445	452	449
	Medical Officer/Resident	656	655	725
	Total	**1 351**	**1 383**	**1 460**
KEC	Consultant	126	141	144
	Senior Medical Officer/Associate Consultant	249	262	258
	Medical Officer/Resident	392	392	421
	Total	**767**	**796**	**823**
KWC	Consultant	175	191	205
	Senior Medical Officer/Associate Consultant	357	354	352
	Medical Officer/Resident	567	565	594
	Total	**1 099**	**1 110**	**1 151**
NTEC	Consultant	166	184	194
	Senior Medical Officer/Associate Consultant	313	305	301
	Medical Officer/Resident	560	556	599
	Total	**1 039**	**1 045**	**1 094**
NTWC	Consultant	151	154	165
	Senior Medical Officer/Associate Consultant	248	252	249
	Medical Officer/Resident	475	475	519
	Total	**874**	**881**	**933**
Cluster Total		**6 445**	**6 532**	**6 828**

Notes:

1. The manpower figures above are calculated on a full-time equivalent basis including permanent, contract and temporary staff in the HA. They may not add up to the total due to rounding.
2. Doctors exclude Interns and Dental Officers.

The numbers of Dental Officers on a full-time equivalent basis by cluster from 2021-22 to 2023-24 (as at 31 December 2023) are set out in the table below:

Cluster	2021-22 (as at 31 March 2022)	2022-23 (as at 31 March 2023)	2023-24 (as at 31 December 2023)
HKEC	0	0	0
HKWC	0	0	0
KCC	2	2	2
KEC	9	11	10
KWC	1	1	1
NTEC	0	0	0
NTWC	0	0	0
Cluster Total	**12**	**14**	**13**

Note:
The manpower figures above are calculated on a full-time equivalent basis including permanent, contract and temporary staff in the HA. They may not add up to the total due to rounding.

The numbers of Interns on a full-time equivalent basis from 2021-22 to 2023-24 (as at 31 December 2023) are set out in the table below:

Rank Group	2021-22 (as at 31 March 2022)	2022-23 (as at 31 March 2023)	2023-24 (as at 31 December 2023)
Intern	445	499	529

Note:
The manpower figures above are calculated on a full-time equivalent basis including permanent, contract and temporary staff in the HA. They may not add up to the total due to rounding.

Interns employed by the HA are medical trainees. During the training period, they have to undergo a total of 2 six-month rotations in medicine and surgery, each consisting of 2 three-month postings.

(c) & (d)

The numbers of nursing staff on a full-time equivalent basis by cluster from 2021-22 to 2023-24 (as at 31 December 2023) are set out in the table below:

Cluster	2021-22 (as at 31 March 2022)	2022-23 (as at 31 March 2023)	2023-24 (as at 31 December 2023)
HKEC	3 045	3 018	3 038
HKWC	2 974	2 899	2 916
KCC	6 228	6 184	6 136
KEC	3 505	3 562	3 627
KWC	5 044	5 038	5 033
NTEC	4 863	4 865	4 863
NTWC	4 029	3 992	4 081
Cluster Total	**29 688**	**29 558**	**29 695**

Notes:

1. The manpower figures above are calculated on a full-time equivalent basis including permanent, contract and temporary staff in the HA. They may not add up to the total due to rounding.
2. The "nursing" group includes Senior Nursing Officers, Department Operations Managers, Nurse Consultants, Associate Nurse Consultants, Ward Managers, Nursing Officers, Advanced Practice Nurses, Registered Nurses, Enrolled Nurses, Nursing Trainees, etc.
3. All Nursing Trainees (including part-time Undergraduate Nursing Students and part-time Pupil Nurses) are employed on a temporary part-time basis with flexible working hours. According to the 2023-24 Revised Estimate, there are around 2 100 Nursing Trainees on a full-time equivalent basis in total in the HA.

(e) & (f)

The numbers of allied health staff on a full-time equivalent basis by cluster from 2021-22 to 2023-24 (as at 31 December 2023) are set out in the table below:

Cluster	**2021-22 (as at 31 March 2022)**	**2022-23 (as at 31 March 2023)**	**2023-24 (as at 31 December 2023)**
HKEC	902	928	970
HKWC	1 009	1 032	1 064
KCC	1 898	1 937	2 001
KEC	990	1 007	1 045
KWC	1 446	1 482	1 540
NTEC	1 454	1 479	1 552
NTWC	1 163	1 192	1 245
Cluster Total	**8 863**	**9 056**	**9 418**

Notes:

1. The manpower figures above are calculated on a full-time equivalent basis including permanent, contract and temporary staff in the HA. They may not add up to the total due to rounding.
2. The "allied health" group includes Radiographers, Medical Technologists/Medical Laboratory Technicians, Occupational Therapists, Physiotherapists, Pharmacists, Medical Social Workers, etc.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1194)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

One of the objectives of the Hospital Authority is to use hospital beds and clinics, staff, equipment and other resources efficiently to provide medical services of the highest standard within the resources available. Last year, the media uncovered the cutting of corners in the materials of cable trunking in Kwong Wah Hospital. Recently, Tuen Mun Hospital (TMH) has found water leakages from a segment of fire service sprinkler metal pipes installed above the false ceiling of an operating theatre on the 9th floor and another unopened operating theatre on the 6th floor of TMH Operating Theatre Extension Block, and the presence of small holes in the metal pipes was revealed upon inspection. In this connection, will the Government inform this Committee whether it will consider allotting demerit points to the main contractor, the material supplier and the electrical and mechanical sub-contractor in future tendering exercises if they are proved to be at fault to ensure the proper use of public money; if so, of the details; if not, the reasons for that?

Asked by: Hon TIEN Puk-sun, Michael (LegCo internal reference no.: 5)

Reply:

The Hospital Authority (HA), when selecting contractors or consultants for their works projects, makes reference to the Government's procurement mechanism for public works projects, upholds the principles of openness, fairness and impartiality and conforms to the Agreement on Government Procurement of the World Trade Organization as well as the procurement regulations promulgated by the Government. For works contracts, the HA in general invites contractors who are on the List of Approved Contractors for Public Works or the List of Approved Suppliers of Materials and Specialist Contractors for Public Works to submit tenders.

The HA also has a mechanism in place to monitor and regularly evaluate the work performance of contractors or consultants and their approved suppliers of materials and specialist contractors for public works throughout the contract and works periods. The evaluation reports cover various aspects, including works progress, safety performance, whether there are works delays or claims, the quality of materials and workmanship, etc. Should the contractors perform unsatisfactorily, the HA will consider, having regard to actual

circumstances, taking follow-up actions, including suspending them from tendering for other works projects.

Moreover, when conducting tendering exercises, the HA will take into account, among other factors, the service performance of the tenderers in the past to ensure the proper use of public money. Therefore, the ratings given to the contractors of previous HA projects in their evaluation reports will affect their performance rating, and directly affect their chance of securing tenders in future.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1199)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

One of the aims of the Health Bureau is to formulate and oversee the implementation of policies to protect and promote public health, to provide comprehensive and lifelong holistic healthcare to each citizen, and to ensure that no one is prevented, through lack of means, from obtaining adequate medical treatment. According to the latest data in 2021, liver cancer is the fifth most common cancer in Hong Kong, and the mortality rate is the third highest. In this connection, will the Government inform this Committee:

(a) whether it will consider increasing manpower and resources and, by drawing reference from the universal hepatitis B screening model adopted internationally, starting to study and implement a pilot scheme to conduct at least one screening test for hepatitis B for Hong Kong citizens born before 1986, so as to substantially increase the rate of diagnosis of hepatitis B; if so, of the relevant work plan and estimated expenditure; if not, the reasons for that;

(b) whether it will consider allocating additional resources to enhance the liver cancer surveillance services for patients diagnosed with hepatitis B, including the introduction of the detection technology for the biomarkers of abnormal coagulation (PIVKA-II) in public healthcare institutions; if so, of the relevant work plan and estimated expenditure; if not, the reasons for that;

(c) whether it will consider allocating additional resources and adopting a public-private partnership approach to provide timely duodenoscopy (commonly known as gastroscopy) for liver cancer patients in need, and making appropriate treatment recommendations based on the actual health conditions of the patients; if so, of the relevant work plan and estimated expenditure; if not, what are the reasons?

Asked by: Hon TIEN Puk-sun, Michael (LegCo internal reference no.: 10)

Reply:

(a)

The Government set up the Steering Committee on Prevention and Control of Viral Hepatitis (SCVH) in 2018 to advise on overall policy, targeted strategies and resource allocation for the prevention and control of viral hepatitis. Having examined the local situation and international experience, the SCVH recommended focused risk-based testing for six priority populations at higher risk of HBV infection to start scaling up hepatitis B virus (HBV) screening in Hong Kong. The six priority populations include people who inject drugs, people with Human Immunodeficiency Virus (HIV), men who have sex with men (MSM), sex workers, people in prisons, family members and sexual partners of people with HBV infection. According to the SCVH's recommendation, concomitant hepatitis C virus (HCV) testing should be offered where appropriate.

Baseline and targeted regular HBV and HCV testing and management for people with HIV attending the designated HIV clinics of the Department of Health (DH) and the Hospital Authority (HA) have been in place for years. Babies attending Maternal and Child Health Centres of the DH who are born to mothers infected with HBV have been offered post-vaccination serologic testing since January 2022. With effect from April 2022, all MSM and sex workers attending Social Hygiene Clinics of the DH are offered HBV and HCV screening as part of the comprehensive screening for sexually transmitted infections. With effect from July 2023, the DH has launched risk-based viral hepatitis screenings at its Elderly Health Service, Woman Health Service, Families Clinics and methadone clinics. Members of the public may also consult their family doctors for testing.

The SCVH will keep in view local and international developments and advise the Government on feasible, sustainable and effective strategies related to the prevention and control of chronic hepatitis. Regarding primary care, the Primary Healthcare Office of the Health Bureau will also make reference to the screening strategy to be put forward by the SCVH, and continuously review the relevant services provided by the District Health Centres, so as to provide evidence-based, effective and efficient primary healthcare services, including screening of specific diseases, to the community under the principle of district-based medical-social collaboration in the community.

(b)

Most of the HA's patients with chronic hepatitis B are managed at specialist out-patient clinics of either Internal Medicine or Family Medicine. Clinical assessments and blood tests such as liver function tests are performed regularly at follow up visits. Patients with increased risk of liver cancer development will be advised to receive periodic cancer surveillance with alpha-fetoprotein test and ultrasonography of the liver and consider receiving antiviral treatment to reduce the risk of hepatocellular carcinoma (HCC) by doctors. Appropriate disease management will be arranged following international recommendations, having regard to the clinical conditions of individual patients.

The HA provides laboratory testing services to support clinical diagnosis and monitoring of various diseases, including liver cancer, by various clinical specialties. When introducing new laboratory testing services, the HA will consider relevant factors such as clinical benefits,

the safety and efficacy of the new technology, the availability of manpower and expertise, the capacity and technical adaptability of the laboratory. The HA will continue to work closely with stakeholders and explore new diagnostic and treatment options, including introduction of technology for detecting the biomarkers of abnormal coagulation (PIVKA-II), in a timely manner so as to provide patients with optimal treatment.

(c)

The HA currently provides gastroscopy and treatment as necessary and appropriate to liver cancer patients with clinical needs. The relevant expenses are absorbed by the HA's recurrent subvention. When exploring new PPP programmes, the HA will align with the Government's healthcare policies including directions of primary healthcare development, apply the principle of strategic procurement of healthcare services, and consider a number of factors including evolving service needs, potential complexity of PPP programmes, capacity and readiness of the private sector, as well as the impact on public healthcare manpower and private healthcare charges etc. The HA will continue to communicate with the public and patient groups, work closely with stakeholders, review the effectiveness of existing programmes in a timely manner, and explore the demand for and feasibility of introducing other PPP programmes in order to meet the healthcare service needs of the general public.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1201)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

One of the aims of the Hospital Authority (HA) is to provide adequate, efficient and effective public hospital services of the highest standard recognised internationally within the resources available. At present, the Accident and Emergency (A&E) departments of the 18 public hospitals under the HA provide medical consultation and treatment for patients who need urgent medical attention. Patients are classified into 5 categories by triage nurses according to their medical conditions. In this connection, please advise this Committee of the following information by the 5 categories (critical, emergency, urgent, semi-urgent, non-urgent) in table form:

(a) the number of attendances at the A&E departments of each public hospital in the past 3 years;

(b) the number of patients granted fee waivers and the total amount of waived fees for A&E services in each public hospital in the past 3 years;

(c) the average waiting time for A&E services in each public hospital in the past 3 years; and

(d) the unit cost per attendance in each of the past 3 financial years.

Asked by: Hon TIEN Puk-sun, Michael (LegCo internal reference no.: 12)

Reply:

At present, there are 18 public hospitals under the Hospital Authority (HA) providing Accident and Emergency (A&E) services for the critically ill or seriously injured people and victims of disasters. To ensure that citizens with urgent needs can receive timely services, A&E departments implement a patient triage system under which patients are classified into five categories, namely Critical, Emergency, Urgent, Semi-urgent and Non-urgent based on their clinical conditions, and will receive treatment as prioritised by their urgency category. The HA's service target specifies that Critical patients (i.e. 100 per cent) will receive

immediate treatment while those categorised as Emergency and Urgent will also be given priority for receiving treatment upon arrival at A&E departments. The target is that most of the Emergency (95 percent) and Urgent (90 percent) patients will be treated within 15 or 30 minutes respectively. A&E departments are not General Out-patient Clinics. If there are a large number of Semi-urgent or Non-urgent patients in the A&E departments, this may affect treatment of the Emergency and Urgent patients.

(a)

The tables below set out the number of attendances under various triage categories at each A&E department under the HA in 2021-22, 2022-23 and 2023-24 (up to 31 December 2023).

2021-22

Cluster	Hospital	No. of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	1 617	3 632	40 123	53 428	1 416
	RH	1 001	1 318	16 815	36 725	1 798
	SJH	42	104	2 078	5 002	126
HKWC	QMH	1 350	3 712	40 106	58 000	2 220
KCC	KWH	2 232	3 407	48 597	39 689	1 706
	QEH	3 897	4 129	89 413	57 438	3 840
KEC	TKOH	1 196	2 331	46 148	49 557	1 155
	UCH	3 220	4 500	61 518	61 989	4 846
KWC	CMC	1 407	2 974	42 977	55 749	2 313
	NLTH	408	809	15 124	59 322	1 754
	PMH	2 038	2 877	61 548	40 475	612
	YCH	1 967	2 325	40 342	61 568	1 039
NTEC	AHNH	556	1 502	19 007	63 006	2 083
	NDH	1 207	1 841	32 939	38 502	1 275
	PWH	2 142	5 610	40 008	94 210	819
NTWC	POH	627	3 066	26 784	45 763	3 537
	TMH	1 757	6 071	58 677	69 560	1 949
	TSWH	495	2 045	22 728	69 844	8 660
HA Overall		**27 159**	**52 253**	**704 932**	**959 827**	**41 148**

2022-23

Cluster	Hospital	No. of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	1 351	3 723	37 843	54 366	1 529
	RH	1 020	1 281	17 134	33 062	1 559
	SJH	45	115	1 995	4 898	105
HKWC	QMH	1 256	3 471	38 967	52 844	1 629
KCC	KWH	2 082	3 321	50 294	39 638	2 136

Cluster	Hospital	No. of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
	QEH	3 884	3 895	82 243	56 116	3 369
KEC	TKOH	1 313	2 419	41 982	50 032	1 489
	UCH	3 279	4 518	63 275	53 174	4 958
KWC	CMC	1 084	2 991	38 873	49 110	1 975
	NLTH	383	913	15 620	51 272	1 568
	PMH	2 064	2 686	58 304	35 691	585
	YCH	1 558	2 199	35 014	53 930	854
NTEC	AHNH	630	1 511	18 840	58 004	1 897
	NDH	1 494	2 090	32 710	40 639	1 342
	PWH	2 473	5 782	40 334	90 862	1 191
NTWC	POH	630	3 015	25 375	45 709	5 031
	TMH	1 790	5 343	56 472	71 626	2 244
	TSWH	489	1 579	18 723	62 552	7 380
HA Overall		**26 825**	**50 852**	**673 998**	**903 525**	**40 841**

2023-24 (up to 31 December 2023) [provisional figures]

Cluster	Hospital	No. of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	914	3 346	32 763	48 969	1 166
	RH	1 038	904	16 000	29 609	2 568
	SJH	25	62	1 565	5 476	158
HKWC	QMH	983	2 757	33 953	46 081	2 577
KCC	KWH	1 646	2 642	47 763	40 723	1 814
	QEH	3 375	3 145	76 722	58 078	4 223
KEC	TKOH	905	2 091	38 340	51 099	2 477
	UCH	2 277	3 740	55 194	49 673	5 287
KWC	CMC	731	2 430	35 291	47 144	2 596
	NLTH	288	959	15 305	49 038	812
	PMH	1 410	2 404	52 742	31 652	496
	YCH	1 126	1 717	31 234	53 410	587
NTEC	AHNH	458	1 465	17 686	54 408	2 387
	NDH	1 065	1 772	30 319	38 496	1 453
	PWH	1 538	5 012	38 150	78 618	1 790
NTWC	POH	1 066	1 562	21 323	44 608	4 030
	TMH	1 185	4 495	52 918	68 038	1 647
	TSWH	499	1 414	17 437	61 791	9 866
HA Overall		**20 529**	**41 917**	**614 705**	**856 911**	**45 934**

Note:
The above figures do not include a small number of cases with undetermined triage category, such as patients who have left after registration without receiving any treatment.

(b)

The table below sets out the number of patients who were granted medical fee waivers and the amounts involved[#] at each A&E department in 2021-22, 2022-23 and 2023-24 (up to 31 December 2023).

Cluster	Hospital	2021-22		2022-23		2023-24 (up to 31 December 2023)	
		No. of patients	Amount ($m)	No. of patients	Amount ($m)	No. of patients	Amount ($m)
HKEC	PYNEH	13 017	4.4	13 376	4.3	12 492	4.1
	RTSKH	4 903	1.9	4 926	1.7	4 742	1.7
	SJH	688	0.3	692	0.3	731	0.3
HKWC	QMH	11 680	4.3	11 474	4.1	10 647	3.7
KCC	KWH	13 984	5.6	13 449	5.5	13 704	5.5
	QEH	24 770	9.4	24 432	9.1	23 213	8.8
KEC	TKOH	9 732	3.3	10 109	3.4	10 019	3.2
	UCH	25 359	8.6	25 278	8.3	23 623	7.4
KWC	CMC	18 455	7.9	17 411	7.0	16 388	6.4
	NLTH	5 013	2.1	5 979	1.8	4 489	1.7
	PMH	17 304	5.8	17 200	5.4	15 973	5.1
	YCH	14 822	5.1	14 265	4.4	13 585	4.3
NTEC	AHNH	9 243	3.3	9 181	3.2	8 815	2.9
	NDH	9 727	3.5	10 525	3.7	10 273	3.5
	PWH	17 632	5.7	18 186	5.7	17 205	5.3
NTWC	POH	9 875	5.1	10 068	4.8	9 040	4.2
	TMH	18 499	7.1	19 595	7.1	17 844	6.7
	TSWH	9 709	3.6	9 288	3.3	9 182	3.3
Total no. of patients/amount[*]		212 113	87.0	212 349	83.1	204 422	78.1

[#] The HA does not maintain relevant figures by triage category.

[*] Since a patient may seek consultations at A&E departments of different public hospitals and receive medical fee waivers during the same financial year, the sum of the numbers of patients in each public hospital is not equal to the total number of patients who were granted medical fee waivers.

(c)

The tables below set out the average waiting time for A&E services under various triage categories at each A&E department in 2021-22, 2022-23 and 2023-24 (up to 31 December 2023).

2021-22

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	7	31	205	229
	RH	0	11	30	139	208
	SJH	0	8	15	27	35
HKWC	QMH	0	9	27	100	166
KCC	KWH	0	8	52	203	199
	QEH	0	8	25	130	154
KEC	TKOH	0	8	27	148	149
	UCH	0	10	33	198	239
KWC	CMC	0	4	30	137	128
	NLTH	0	8	18	54	75
	PMH	0	8	24	128	144
	YCH	0	7	30	107	145
NTEC	AHNH	0	9	27	84	94
	NDH	0	9	29	191	240
	PWH	0	10	28	117	126
NTWC	POH	0	7	20	156	191
	TMH	0	7	27	151	154
	TSWH	0	5	14	132	165
HA Overall		**0**	**8**	**29**	**135**	**168**

2022-23

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	26	136	157
	RH	0	8	26	129	193
	SJH	0	9	16	27	36
HKWC	QMH	0	9	28	109	155
KCC	KWH	0	8	35	116	133
	QEH	0	7	16	86	125
KEC	TKOH	0	7	25	133	170
	UCH	0	11	32	206	241
KWC	CMC	0	4	27	119	113
	NLTH	0	8	24	85	103
	PMH	0	9	27	157	178
	YCH	0	3	37	161	194
NTEC	AHNH	0	8	27	83	90
	NDH	0	9	29	146	183
	PWH	0	11	29	101	130

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)
NTWC	POH	0	6	19	118	156
	TMH	0	7	26	135	136
	TSWH	0	6	15	136	168
HA Overall		**0**	**8**	**26**	**124**	**158**

2023-24 (up to 31 December 2023) [Provisional figures]

Cluster	Hospital	Average waiting time (in minutes) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	0	5	28	188	200
	RH	0	8	26	156	224
	SJH	0	10	16	27	40
HKWC	QMH	0	10	39	179	212
KCC	KWH	0	9	53	263	267
	QEH	0	7	14	118	165
KEC	TKOH	0	7	26	156	196
	UCH	0	11	30	231	260
KWC	CMC	0	5	26	145	135
	NLTH	0	9	23	136	146
	PMH	0	8	37	248	221
	YCH	0	3	26	173	227
NTEC	AHNH	0	9	30	125	121
	NDH	0	9	29	221	311
	PWH	0	10	35	206	239
NTWC	POH	0	7	19	164	202
	TMH	0	7	25	243	290
	TSWH	0	5	15	182	214
HA Overall		**0**	**8**	**29**	**181**	**209**

Note:

In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures. This should be taken into consideration when comparing the service capacity of the HA in previous years.

(d)

The table below sets out the average cost per attendance of A&E services provided by the HA in 2021-22, 2022-23 and 2023-24.

Year	Average cost per attendance ($)
2021-22	2,270
2022-23	2,430
2023-24 (revised estimate)	2,020

A&E service costs include direct staff costs (such as those on doctors and nurses) for providing services for patients, expenditure incurred for various clinical support services (such as pharmacy, diagnostic radiology and pathology tests) and other operating costs (such as utility expenses as well as repair and maintenance costs 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.

In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures. This should be taken into consideration when comparing the service capacity of the HA in previous years. As the costing information for 2021-22 to 2022-23 has reflected the impact of the COVID-19 epidemic outbreak on unit costs (if any), the costing information for different years may not be directly comparable.

Abbreviations

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

Hospital
PYNEH – Pamela Youde Nethersole Eastern Hospital
RH – Ruttonjee Hospital
RTSKH – Ruttonjee and Tang Shiu Kin Hospitals
SJH – St. John Hospital
QMH – Queen Mary Hospital
KWH – Kwong Wah Hospital
QEH – Queen Elizabeth Hospital
TKOH – Tseung Kwan O Hospital
UCH – United Christian Hospital

CMC – Caritas Medical Centre
NLTH – North Lantau Hospital
PMH – Princess Margaret Hospital
YCH – Yan Chai Hospital
AHNH – Alice Ho Miu Ling Nethersole Hospital
NDH – North District Hospital
PWH – Prince of Wales Hospital
POH – Pok Oi Hospital
TMH – Tuen Mun Hospital
TSWH – Tin Shui Wai Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1510)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The Health Bureau has stated that it will develop and roll out eHealth+ to build a comprehensive healthcare information infrastructure over the next 5 years. In this connection, please advise this Committee on the following:

1. the estimated total expenditure on the development of eHealth+ in the next 5 years;
2. the detailed breakdown of the estimated expenditure on the development and roll-out of eHealth+;
3. the estimated number of participating healthcare facilities and the detailed workflow for data sharing;
4. the work that has been undertaken by the Government to encourage more private healthcare facilities to participate in eHealth+.

Asked by: Hon WONG Kwok, Kingsley (LegCo internal reference no.: 1)

Reply:

The Electronic Health Record Sharing System (eHealth), which came into operation in 2016, is a territory-wide electronic health record sharing platform developed by the Government since 2009. Participants can authorise healthcare providers (HCPs) in both public and private sectors to view and upload their electronic health records (eHRs) through eHealth. eHealth has undergone two stages of development. As of the end of February 2024, it recorded about 6 million registered users, accounting for nearly 80% of the population in Hong Kong. Regarding HCPs, all public hospitals and clinics, 13 private hospitals and over 3 000 other private healthcare organisations in Hong Kong have registered with eHealth, covering over 5 400 service locations.

Building on the current strengths of eHealth, the 2023 Policy Address announced the Government's initiative to roll out a five-year plan of "eHealth+" to develop eHealth into a comprehensive healthcare information infrastructure that integrates multiple functions of data sharing, service support and care journey management. We will take forward the "eHealth+" development under four strategic directions, namely "One Health Record", "One Care Journey", "One Digital Front Door to Empowering Tool" and "One Health Data

Repository". "eHealth+" aims to better serve citizens in obtaining optimal healthcare services and support Government's overall healthcare agenda, including primary healthcare and cross-boundary healthcare.

(1) & (2)

The estimated capital funding required to support the implementation of "eHealth+" over the coming five years is about $1,395.8 million. A breakdown of the estimated expenditure by key cost item is set out in the table below:

Items	**Expenditure ($'000)**
(a) Hardware	44,495
(b) Software	80,194
(c) Communication network	19,291
(d) Development team	
(i) Programme Office, project management and external engagement	92,188
(ii) Product, clinical services design and architect	115,236
(iii) Product development and implementation	115,235
(iv) Security and quality assurance	138,283
(e) Implementation services	
(i) Technical consultancy and services	63,232
(ii) Software development services	252,930
(iii) Cybersecurity and quality assurance	126,465
(iv) Rollout, engagement and implementation	189,697
(f) Training	1,784
(g) Others	29,895
Sub-Total	1,268,925
(h) Contingency	126,893
Total	1,395,818

(3) & (4)

As at the end of February 2024, there are over 3.85 billion eHRs shared on eHealth. The monthly average eHRs viewed by HCPs has continued to rise, reaching around 220 000 views per month in the past three months. In 2023, over 60% of the viewers were private hospitals and private HCPs, indicating that the private sector is active in using eHealth. However, the vast majority of data shared (more than 99%) currently came from public HCPs. Despite the high level of eHealth participation and usage by private HCPs, as well as system readiness of these HCPs especially private hospitals and imaging centres, health data contribution by private HCPs has remained extremely low. One key objective of "eHealth+" development is to significantly increase the uploading of eHRs by the private sector with a view to providing continuity of care for patients.

The Government will adopt a multi-pronged approach to encourage the uploading of eHRs by the private sector. The Government has rolled out the eHealth Adoption Sponsorship Pilot Scheme by partnering with solution vendors of clinical management systems and medical groups for system enhancements to facilitate seamless data upload from the clinical management systems of private doctors to eHealth. The Pilot Scheme has been progressing well. As of the end of February 2024, around 400 private doctors have connected with eHealth and uploaded more than 160 000 eHRs. The Government will continue to boost data connectivity between eHealth and the electronic medical management systems in the community through the provision of technical and financial support.

The Government will progressively require all private HCPs participating in all government funded or subsidised health programmes to upload eHRs of relevant service users onto eHealth, so as to assist members of the public to build and maintain a complete health profile. In the future, we will launch an "eHealth+" certification scheme to facilitate the public to identify the capability of HCPs in uploading medical records and the extent of information involved, in order to support their choice of suitable healthcare service providers.

The Government will also consider amending the Electronic Health Record Sharing System Ordinance (Cap. 625) so as to empower the Secretary for Health to require HCPs to deposit specified essential health data in the personalised eHealth accounts of the public, thereby manifesting their right to access and manage their personal health records.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1511)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the development of primary healthcare, will the Government please inform this Committee of the following:

1. the details of primary healthcare programmes and the estimated expenditure involved in the past 3 years, and their respective percentages in the healthcare expenditure in that year; and

2. the estimated cumulative expenditure on subsidising primary healthcare in 2024-25?

Asked by: Hon WONG Kwok, Kingsley (LegCo internal reference no.: 2)

Reply:

(1)

Hong Kong's Domestic Health Accounts (HKDHA) was 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 captures 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.

With reference to the international guidelines, the primary healthcare in Hong Kong includes the following functions:
(a) General outpatient curative care
(b) Dental outpatient curative care
(c) Medical goods
(d) Preventive care
(e) Governance, health system and financing administration
(f) Others

The public expenditure on primary healthcare and its percentage in the total public Current Health Expenditure in the past 3 years is as follows:

	Public Expenditure on Primary Healthcare* (HK$ million)		
	2019-20	**2020-21**	**2021-22**
General outpatient curative care	5,626	5,662	6,088
Dental outpatient curative care	1,834	1,839	2,020
Medical goods	783	1,903	1,128
Preventive care	6,679	10,700	18,781
Governance, health system and financing administration	1,064	1,221	1,385
Others	83	76	139
Total	**16,069**	**21,401**	**29,541**
As Percentage of Total Public Current Health Expenditure (%)	**15.5**	**18.4**	**22.6**

Source: HKDHA

Note: * The figures for 2019-20, 2020-21 and 2021-22 are noticeably higher than the normal trend due to additional expenditure incurred arising from the COVID-19 epidemic.

It should be noted that the figures on public expenditure on primary healthcare cover not only expenditure under the health policy area group (which is directly related to health incurred by the Health Bureau (including the Bureau's allocation to the Hospital Authority) and the Department of Health), but also expenditure of those health-related functions performed by other government departments such as food safety and public health programme under the Food and Environmental Hygiene Department.

(2)

The estimated recurrent government expenditure on health is $109.522 billion in 2024-25. There is no further breakdown on the figures by level of services at the moment.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1512)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

What were the numbers of hospital beds, patients and patient days as well as the expenditure involved in the arrangements of the Hospital Authority for transferring public hospital patients to private hospitals for treatment in the past 3 years?

Asked by: Hon WONG Kwok, Kingsley (LegCo internal reference no.: 3)

Reply:

To manage the service demand surge during the influenza season, the Hospital Authority (HA) has collaborated with two private hospitals (i.e. St. Teresa's Hospital and Hong Kong Adventist Hospital – Tsuen Wan) since July 2017 and January 2018 possessively to utilise its low-charge beds (LCB) provided in accordance with the lease, so that suitable in-patients of public hospitals may choose to be transferred to the private hospitals for continual care. Thereafter, in order to cope with the service demand at the time during the Coronavirus Disease 2019 (COVID-19) epidemic, the HA launched the new Public-Private Partnership In-Patient Transfer Programme (PPP-InT) as a contingency measure. Demand for in-patient hospital beds were diverted to the above two hospitals and patients were transferred to other eleven private hospitals for follow-up treatment and care. With the subsiding of the epidemic situation in Hong Kong and resumption to normalcy, the PPP-InT ended in March 2023.

The number of HA patients transferred to the private hospitals for care, hospital bed days and expenditures under the above arrangements in the past 3 years are tabulated below:

Financial Year	No. of patients transferred	No. of bed days	Expenditure ($ million)
2021-22	759	6 962	17.3
2022-23	4 644	56 947	190.9
2023-24 (Up to December 2023)	1 136	9 693	27.6

Apart from the above arrangements, the CUHK Medical Centre (CUHKMC) has been providing day procedure and specialist out-patient services for the HA according to the service deed, and relevant public medical services to offset the interest originally expected to be payable due to deferred repayment upon the approval of the Legislative Council on extension of the loan arrangement. For the latter, the services provided by the CUHKMC in 2023 represented 4 278 hospital bed days.

On the other hand, in view of the latest healthcare service trends, the Government amended the service deed with the CUHKMC and the Gleneagles Hong Kong Hospital (GHKH) in end of 2023, enhancing the packaged charging requirements and introducing a service remedy mechanism. In view of the status of meeting the requirements stipulated in the previous service deeds, CUHKMC and GHKH are required to provide various in-patient, day hospital, specialist and investigation services for patients referred from the HA according to the relevant mechanism with effect from the first quarter of 2024.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1514)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the 3-year Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme), will the Government inform this Committee of the following:
1. whether there has been an increase in the number of participants receiving chronic disease screening under the CDCC Pilot Scheme since its implementation; please compile the statistics by age and gender;
2. the estimated manpower and salary expenditure involved in the CDCC Pilot Scheme in 2024-25?

Asked by: Hon WONG Kwok, Kingsley (LegCo internal reference no.: 5)

Reply:

(1)

The Government launched the 3-year Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) on 13 November 2023 to provide subsidised diabetes mellitus (DM) and hypertension (HT) screening services in the private healthcare sector to Hong Kong residents aged 45 or above with no known medical history of DM or HT. As at 27 March 2024 [provisional figure], around 30 000 members of the public have participated in the scheme and over 15 000 of the participants have completed the screenings for DM and HT, and nearly 6 000 of them (i.e. over 30%) have been diagnosed with prediabetes [Note 1], DM or HT. These patients can proceed to the treatment phase and will be subsidised by the Government to continue their treatment with self-selected family doctors, and subject to their health conditions, be offered prescribed medication, follow-up care at nurse clinics and allied health services. According to initial analysis of participants (as at end of February 2024), about 60% are female, approximately 40% are male, and around 70% are aged between 45 and 64.

Note:
1. A blood glucose level ranging from 6.0 to 6.4% for glycated haemoglobin or a fasting glucose level of 6.1 to 6.9 mmol/L.

(2)

The CDCC Pilot Scheme is implemented through the joint effort of the Primary Healthcare Office and the Strategic Purchasing Office as part of their overall functions, and there is no separate manpower establishment for this scheme. Therefore, information on the manpower establishment and the salary expenditure involved in the related work is not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1517)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the setting up of cross-boundary ambulance service with other cities in the Guangdong-Hong Kong-Macao Greater Bay Area (GBA), will the Government inform this Committee of:

1. the cities in which trial runs are planned to be carried out; and
2. the estimated expenditures on the operation of cross-boundary ambulances in Hong Kong and other GBA cities.

Asked by: Hon WONG Kwok, Kingsley (LegCo internal reference no.: 8)

Reply:

1. & 2.

The Health Bureau is discussing with the Shenzhen Municipal Government and Macao Special Administrative Region (SAR) Government on the details of rolling out the Pilot Scheme for Direct Cross-boundary Ambulance Transfer in the Greater Bay Area (Pilot Scheme) to enable direct point-to-point transfer of patients between hospitals of two places without the need to change ambulances.

Regarding the transfer arrangement between Hong Kong and Shenzhen, at the initial stage, the HKSAR Government proposes to designate The Hong Kong University - Shenzhen Hospital (HKU-SZH) as the pilot hospital on the Mainland side, as well as the transit point for other hospitals in the Guangdong Province, for the cross-boundary ambulance arrangement between Mainland and Hong Kong. HKU-SZH will directly liaise with the public hospitals in Hong Kong designated by the Hospital Authority (HA). The HKSAR Government would implement the direct ambulance transfer arrangement from Shenzhen to Hong Kong as the first step, and based on operational experience and actual needs, extend the scheme to include reciprocal arrangement from Hong Kong to Shenzhen.

As regards the transfer arrangement between Hong Kong and Macao, Conde S. Januario Hospital (CHCSJ) would be the designated pilot hospital in Macao. Similarly, CHCSJ will directly liaise with the public hospitals in Hong Kong designated by HA. The two places

will first implement the arrangement for vehicles from Macao going to Hong Kong, and will explore the reciprocal arrangement for ambulances from Hong Kong to Macao in the future, based on operational experience and actual needs.

The cross-boundary ambulances will be provided and operated by HKU-SZH and the Macao Fire Services Bureau.

The HKSAR Government is planning to launch the Pilot Scheme in mid-2024 for a period of one year. The relevant government departments will review the effectiveness of the arrangement and operational experience in due course to consider whether and how to expand the scheme, for example, by including more pilot hospitals and/or extending the scheme to a two-way arrangement.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1519)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

In order to attract, motivate and retain more healthcare staff, will the Government inform this Committee of:

1. the current number of doctors in the Hospital Authority (HA) with more than 10 years of working experience and its percentage in the total number of doctors in the HA;
2. the attrition rate of full-time doctors by department and rank in the past 3 years;
3. the measures to be implemented by the Government in 2024-25 to attract, motivate and retain staff and their respective estimated expenditure and effectiveness evaluation?

Asked by: Hon WONG Kwok, Kingsley (LegCo internal reference no.: 11)

Reply:

1.

In 2023-24 (as at 31 December 2023), a total of 2 942 doctors have been serving in the Hospital Authority (HA) for 10 years or more, accounting for about 40% of the total number of doctors in the HA.

Note:

(1) The manpower figure is calculated on headcount basis including permanent, contract and temporary staff in the HA.
(2) Doctors exclude Interns and Dental Officers.

2.

Attrition rates of full-time doctors by major specialty and by rank from 2021-22 to 2023-24 (rolling 12 months from January to December 2023) are tabulated as follows:

Major Specialty	2021-22				2022-23				2023-24 (Rolling 12 Months from January to December 2023)			
	CON	SMO/AC	MO/R	Overall	CON	SMO/AC	MO/R	Overall	CON	SMO/AC	MO/R	Overall
Accident & Emergency	12.7%	10.4%	5.6%	8.0%	5.5%	11.7%	8.9%	9.5%	5.3%	5.6%	6.3%	5.9%
Anaesthesia	8.9%	19.2%	6.7%	11.8%	9.2%	11.3%	4.2%	7.5%	6.1%	16.1%	5.1%	9.0%
Cardiothoracic Surgery	0.0%	0.0%	5.6%	2.1%	29.4%	0.0%	5.8%	10.4%	19.8%	13.1%	11.2%	14.5%
Family Medicine	3.8%	6.6%	9.7%	8.6%	3.4%	6.7%	8.4%	7.7%	0.0%	7.3%	8.1%	7.4%
Intensive Care Unit	18.5%	15.0%	6.4%	11.1%	7.9%	7.9%	3.9%	5.9%	11.8%	1.9%	0.0%	2.6%
Medicine	5.3%	7.3%	4.3%	5.4%	6.4%	9.1%	4.1%	6.0%	8.1%	6.2%	4.2%	5.5%
Neurosurgery	4.6%	4.3%	3.4%	3.9%	12.9%	0.0%	3.7%	4.9%	0.0%	8.2%	3.7%	3.9%
Obstetrics & Gynaecology	6.8%	14.7%	4.5%	7.9%	10.6%	16.8%	4.7%	9.4%	4.2%	6.4%	1.8%	3.6%
Ophthalmology	3.9%	29.7%	3.2%	11.2%	6.9%	21.7%	1.0%	7.6%	20.7%	15.7%	3.1%	9.6%
Orthopaedics & Traumatology	11.3%	10.6%	1.4%	5.5%	1.5%	6.8%	1.8%	3.1%	5.7%	7.7%	1.4%	3.8%
Paediatrics	14.1%	2.9%	4.2%	5.4%	12.7%	3.6%	4.6%	5.6%	10.1%	6.5%	5.6%	6.6%
Pathology	16.4%	12.9%	5.8%	11.0%	10.9%	13.8%	1.8%	7.5%	10.5%	1.7%	2.6%	5.0%
Psychiatry	13.8%	11.9%	7.3%	9.7%	0.0%	7.3%	7.3%	6.4%	2.0%	11.0%	4.4%	6.5%
Radiology	16.7%	37.5%	1.8%	13.6%	15.5%	15.8%	0.6%	7.2%	11.0%	11.8%	1.1%	5.8%
Surgery	16.7%	11.0%	3.4%	7.9%	8.2%	10.1%	3.9%	6.5%	11.2%	8.3%	2.5%	5.8%
Others	11.4%	20.1%	5.5%	10.8%	6.1%	20.3%	6.1%	9.9%	7.5%	8.9%	5.0%	6.5%
Overall	**11.0%**	**11.7%**	**5.1%**	**8.1%**	**8.2%**	**9.8%**	**4.8%**	**6.9%**	**8.2%**	**8.0%**	**4.3%**	**6.1%**

The table below sets out the attrition (wastage) number of full-time doctors by major specialty and by rank in 2021-22 to 2023-24 (rolling 12 months from January to December 2023).

Major specialty	2021-22				2022-23				2023-24 (January to December 2023)			
	CON	SMO/ AC	MO/R	Total	CON	SMO /AC	MO/R	Total	CON	SMO/ AC	MO/R	Total
Accident & Emergency	6	20	16	42	3	21	25	49	3	10	18	31
Anaesthesia	6	32	14	52	7	17	9	33	5	24	11	40
Cardiothoracic Surgery	0	0	1	1	4	0	1	5	3	2	2	7
Family Medicine	1	11	40	52	1	11	34	46	0	12	33	45
Intensive Care Unit	4	8	5	17	2	4	3	9	3	1	0	4

Major specialty	2021-22				2022-23				2023-24 (January to December 2023)			
	CON	SMO/ AC	MO/R	Total	CON	SMO /AC	MO/R	Total	CON	SMO/ AC	MO/R	Total
Internal Medicine	11	35	33	79	15	42	31	88	20	29	32	81
Neurosurgery	1	1	2	4	3	0	2	5	0	2	2	4
Obstetrics & Gynaecology	3	9	5	17	5	10	5	20	2	4	2	8
Ophthalmology	1	15	3	19	2	10	1	13	6	8	3	17
Orthopaedics & Traumatology	7	11	3	21	1	7	4	12	4	8	3	15
Paediatrics	10	4	9	23	9	5	10	24	7	9	12	28
Pathology	13	8	6	27	9	8	2	19	9	1	3	13
Psychiatry	6	15	14	35	0	10	13	23	1	15	8	24
Radiology	14	26	3	43	14	8	1	23	10	7	2	19
Surgery	17	19	11	47	9	17	12	38	13	14	8	35
Others	7	16	8	31	4	16	9	29	5	7	8	20
Tatal	**107**	**230**	**173**	**510**	**88**	**186**	**162**	**436**	**91**	**153**	**147**	**391**

The table below sets out the number of doctors on full-time equivalent basis by major specialty and by rank in 2021-22 to 2023-24 (rolling 12 months from January to December 2023).

Rank	2021-22 (as at 31 December 2022)	2022-23 (as at 31 March 2023)	2023-24 (as at 31 December 2023))
Consultant	1 123	1 222	1 274
Senior Medical Officer/ Associate Consultant	2 015	2 011	1 975
Medical Officer/ Resident	3 346	3 308	3 593
Total	6 484	6 541	6 842

Notes:

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

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

(3) Doctors exclude Interns and Dental Officers.

(4) The attrition rates above do not exclude the staff under the arrangement of Extending Employment Beyond Retirement (EER). From 2024 onwards, the HA will first exclude the number of staff under the EER arrangement when compiling the relevant statistics.

(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.

3.

Over the years, the 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, the HA implements ongoing measures including increasing the number of Resident Trainee posts to recruit local medical graduates, recruitment of non-locally trained doctors to supplement local recruitment, improving promotion prospects to retain staff, hiring part-time healthcare staff (e.g. via recruitment of locum staff), offering flexible work arrangements, offering further employment to suitable staff beyond retirement, enhancing the Home Loan Interest Subsidy Scheme and provision of better training opportunities for various grades by establishing the HA Academy. The above measures have begun to yield results as an increase in the number of the HA's healthcare staff was recorded in the past year and the attrition rate also subsided from the peak in the past 2 years.

In December 2019, the HA established a Task Group (TG) on Sustainability to review, among other things, strategies for retaining staff. In line with the key directions recommended by the TG, the HA has been gradually rolling out further staff retention measures and will continue to do so in 2024-25. These measures include:

(a) creating opportunities for Associate Consultants (AC) to be promoted to Consultant rank, with around 400 AC posts upgraded/to be upgraded to Consultant posts during 2020-21 to 2024-25, so as to retain experienced medical personnel to address the service, manpower and training needs in the HA;
(b) providing Specialty Nurse Allowance to eligible registered nurses, with over 4 300 nurses receiving the allowance as at 31 December 2023, so as to retain manpower and encourage professional development of nurses through recognising their specialty qualifications; and
(c) continuing efforts in EER to attract more retired staff who are willing to serve after retirement. As at December 2023, there were 144 doctors, 427 nurses, 86 allied health professionals and 2 964 supporting/other grades staff working in the HA after retirement. Among all doctors/nurses/allied health professionals retiring during 2023-24 to 2027-28, at least 349 doctors, 909 nurses and 201 allied health professionals had indicated interest/agreed to take up full-time or part-time employment after retirement.

The additional financial provision for the above 3 measures is around $260 million in 2024-25.

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

Abbreviations
CON – Consultants
SMO/AC – Senior Medical Officers/Associate Consultants
MO/R – Medical Officers/Residents

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2196)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

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

1. the number of job applications submitted by non-locally trained doctors under limited registration and special registration to the Hospital Authority (HA), the number of applications for limited registration and special registration submitted by the HA to the Medical Council of Hong Kong (MCHK), the number of applications for limited registration and special registration approved by the MCHK, the number of appointment letters issued by the HA, the number of non-locally trained doctors accepting the HA's appointment offers, and the number of non-locally trained doctors resigning from the HA in each of the past 3 years;

2. the countries/places where doctors with limited registration and special registration have obtained their medical qualifications, with a breakdown by the institution they serve;

3. the years of service in the HA of doctors with limited registration and special registration employed by the HA, their specialties and posts in each of the past 3 years in table form;

4. the number of enquiries about special registration received by public healthcare institutions since the introduction of the Lists of Recognised Medical Qualifications, the number of applications for special registration received and approved by the MCHK and, among them, the number of doctors with limited registration bridging to the special registration regime;

5. (i) the number of applicants who have acquired specialist qualifications among the current approved applications for special registration, (ii) the countries/places where they have obtained their medical qualifications, and (iii) the institutions they serve, the specialties involved and the positions held in table form;

6. the number of non-locally trained doctors receiving specialist training offered by the constituent specialty colleges of the Hong Kong Academy of Medicine (HKAM), with a breakdown by specialty college; and

7. the number of publicity events promoting the special registration pathway to non-locally trained doctors and recruitment exercises conducted by the HA in places outside Hong Kong and the expenditure involved last year?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 1)

Reply:

The Government has adopted a multi-pronged strategy to tackle the severe shortage of doctors in the public healthcare system. On the admission of qualified non-locally trained doctors, the Government created a new pathway (i.e. special registration (SR)) under the existing Medical Registration Ordinance (Cap. 161) in 2021 to allow more qualified non-locally trained doctors to practise in our public healthcare sector so as to increase the supply of doctors in Hong Kong.

1.

Information on recruiting non-locally trained doctors to practise in Hong Kong under limited registration (LR) and SR (available only since 2022-23) by the Hospital Authority (HA) to address the manpower shortage from 2021-22 to 2023-24 (up to 31 December 2023) is set out in the following table:

	2021-22	**2022-23**		**2023-24**[Note(1)] **(up to 31 December 2023)**	
	LR	**LR**	**SR**	**LR**	**SR**
Number of job applications from non-locally trained doctors received by the HA	202	145	99		847[Note(2)]
Number of applications for respective registration from the HA to the Medical Council of Hong Kong (MCHK)[Note(3)]	15	16	10	51	36
Number of applications approved by the MCHK	15	16	7[Note(4)]	42	32[Note(5)]
Number of non-locally trained doctors who accepted job offers from the HA[Note(6)]	19	19	19	89	44
Number of non-locally trained doctors who resigned from the HA	4	2	0	8	1

Notes:

(1) The HA implemented various enhancement measures in 2023-24 on the criteria and procedures for recruiting non-locally trained doctors. Applicants are not required to select registration pathways when submitting their applications.

(2) The figure reflects the total number of job applications received by the HA in 2023-24 (up to 31 December 2023) from non-locally trained doctors, including those submitted via various channels and those received by the HA in overseas recruitment exercises.
(3) The figure reflects the total number of applications for LR/SR submitted by the HA to the MCHK in the relevant financial year, including those submitted to the MCHK and pending approval.
(4) In 2022-23, 4 non-locally trained doctors switched their applications from LR to SR and were granted approval by the MCHK.
(5) In 2023-24, 2 non-locally trained doctors switched their applications from LR to SR and were granted approval by the MCHK.
(6) The above number includes non-locally trained doctors who have accepted job offers from the HA with applications for registration being processed.

2., 4. & 5.

The table below sets out the figures of LR and SR in relation to the number of applications, employing institutions, countries/places where doctors under LR or SR obtained medical qualifications and the number of applicants who have acquired specialist qualifications as at 31 December 2023, according to the information provided by the MCHK:

	SR			**LR**
	Holding recognised medical qualifications	**Bridging from LR**	**Total**	
Number of applications Note(7)				
- Number of applicants	44	9	53	206
- Number of approved applicants	42Note(8)	9	51	206
- Number of applicants with registration effected	33Note(9)	9	**42**	**184**
Employing Institutions				
- The University of Hong Kong (HKU)	3	3	6	33
- The Chinese University of Hong Kong (CUHK)	0	6	6	41
- HA	30	0	30	89
- Department of Health (DH)	0	0	0	14
- Clinics exempted from the provisions of section 7 of the Medical Clinics Ordinance	Not applicable			7
Total	33	9	**42**Note(10)	**184**
Countries/places where the medical qualifications were obtained				
- China	1	1	2	61
- United Kingdom	26	4	30	55
- United States	1	2	3	4
- Australia / New Zealand	4	0	4	8
- Canada	0	1	1	6

	SR			LR
	Holding recognised medical qualifications	**Bridging from LR**	**Total**	
- Others	1	1	2	50
Total	**33**	**9**	**42**	**184**
Specialist qualifications acquired Note(11)				
- Anaesthesia	2	0	2	1
- Surgery	1	0	1	1
- Gastroenterology & Hepatology	1	2	3	0
- Paediatrics	0	0	0	3
- Pathology	0	0	0	1
- Ophthalmology	0	1	1	2
- Intensive Care	0	0	0	1
- Obstetrics & Gynaecology	0	0	0	1
- Nephrology	0	0	0	1
- Rheumatology	0	0	0	1
- Public Health Medicine	0	0	0	1
- Medical Oncology	0	1	1	0
- Geriatric	0	1	1	0
- Otorhinolaryngology	0	1	1	0
- Radiology	1	2	3	0
- Emergency Medicine	0	1	1	0
Total	**5**	**9**	**14**	**13**

Notes:

(7) The numbers of applications and approved applications include the numbers from 2021-22 to 2023-24 (as at 31 December 2023), excluding renewal applications.

(8) The remaining 2 applications were approved in January 2024.

(9) The SR of the remaining 9 applicants have been effected after 31 December 2023.

(10) The 42 doctors with SR were employed by 3 institutions, namely the HA, CUHK and HKU, holding a range of positions including Associate Consultant, Resident, Professor, Associate Professor, Clinical Associate Professor, Assistant Professor and Research Professor.

(11) Referring to the number of specialists whose names are included in the Specialist Register of the MCHK as at 31 December 2023 and their relevant specialties.

Since the introduction of the list of medical qualifications, the Li Ka Shing Faculty of Medicine at HKU has received 5 enquiries on SR, while the Faculty of Medicine of CUHK has received 9 enquiries. As the enquiries on SR have been handled by the HA along with general enquiries, relevant statistics are thus not readily available. The DH does not have information on the number of enquiries on SR received by public healthcare institutions.

3.

The years of service of the non-locally trained doctors employed by the HA under LR, with breakdown by specialty and rank, from 2021-22 to 2023-24 (as at 31 December 2023) are set out in the following table:

Specialty	Consultant			Associate Consultant			Resident			Total
	<1 Year	1 - <6 Years	6 - <11 Years	<1 Year	1 - <6 Years	6 - <11 Years	<1 Year	1 - <6 Years	6 - <11 Years	
2021-22										
Anaesthesia	0	0	0	0	3	0	3	1	0	7
Cardiothoracic Surgery	0	0	0	2	1	0	0	0	0	3
Emergency Medicine	0	0	0	0	0	0	0	3	1	4
Family Medicine	0	0	0	0	0	0	2	4	1	7
Internal Medicine	0	0	0	0	0	0	0	3	1	4
Neurosurgery	0	0	0	2	0	0	0	1	0	3
Obstetrics & Gynaecology	0	0	0	1	1	0	0	0	0	2
Ophthalmology	0	0	0	0	1	0	0	0	0	1
Paediatrics	0	0	0	0	0	0	3	2	0	5
Radiology	0	0	0	1	5	0	0	0	0	6
Surgery	0	0	0	0	0	0	0	3	0	3
Total	**0**	**0**	**0**	**6**	**11**	**0**	**8**	**17**	**3**	**45**
2022-23										
Anaesthesia	0	0	0	0	3	0	0	2	0	5
Anatomical Pathology	0	0	0	0	0	0	1	0	0	1
Cardiothoracic Surgery	0	0	0	1	3	0	0	0	0	4
Ear, Nose & Throat	0	0	0	1	0	0	0	0	0	1
Emergency Medicine	0	0	0	0	0	0	0	2	1	3
Family Medicine	0	0	0	0	0	0	1	6	1	8
Internal Medicine	0	0	0	0	0	0	5	1	1	7
Neurosurgery	0	0	0	0	2	0	0	1	0	3
Obstetrics & Gynaecology	0	0	0	0	1	0	0	0	0	1
Ophthalmology	0	0	0	1	1	0	1	0	0	3
Paediatrics	0	0	0	0	0	0	2	4	0	6
Psychiatry	0	0	0	0	0	0	1	0	0	1
Radiology	0	0	0	2	3	0	0	0	0	5
Surgery	0	0	0	0	1	0	0	1	0	2
Total	**0**	**0**	**0**	**5**	**14**	**0**	**11**	**17**	**3**	**50**
2023-24 (as at 31 December 2023)										
Anaesthesia	0	0	0	1	1	0	2	1	0	5
Anatomical Pathology	0	0	0	0	0	0	0	1	0	1
Cardiothoracic Surgery	0	0	0	0	3	0	1	0	0	4
Ear, Nose & Throat	0	0	0	1	0	0	1	0	0	2
Emergency Medicine	0	0	0	0	0	0	4	2	1	7
Family Medicine	0	0	0	0	0	0	3	6	1	10
Internal Medicine	0	0	0	7	0	0	5	3	1	16
Neurosurgery	0	0	0	0	1	0	2	1	0	4
Obstetrics & Gynaecology	0	0	0	0	1	0	1	0	0	2
Ophthalmology	0	0	0	0	2	0	2	0	0	4
Orthopaedics & Traumatology	0	0	0	0	0	0	2	0	0	2
Paediatrics	0	0	0	0	0	0	3	5	0	8
Psychiatry	0	0	0	0	0	0	3	0	0	3
Radiology	0	0	0	2	5	0	5	0	0	12
Surgery	0	0	0	0	1	0	1	1	0	3
Total	**0**	**0**	**0**	**11**	**14**	**0**	**35**	**20**	**3**	**83**

The years of service of the non-locally trained doctors employed by the HA under SR, with breakdown by specialty and rank, from 2022-23 to 2023-24 (as at 31 December 2023) are set out in the following table:

Specialty	Consultant			Associate Consultant			Resident			Total
	<1 Year	1 - <6 Years	6 - <11 Years	<1 Year	1 - <6 Years	6 - <11 Years	<1 Year	1 - <6 Years	6 - <11 Years	
2022-23										
Anaesthesia	0	0	0	0	1	0	0	0	0	1
Internal Medicine	0	0	0	0	0	0	0	1	0	1
Radiology	0	0	0	0	1	0	0	0	0	1
Surgery	0	0	0	0	0	0	1	1	0	2
Total	**0**	**0**	**0**	**0**	**2**	**0**	**1**	**2**	**0**	**5**
2023-24 (as at 31 December 2023)										
Anaesthesia	0	0	0	0	3	0	5	0	0	8
Family Medicine	0	0	0	0	0	0	1	0	0	1
Internal Medicine	0	0	0	0	0	0	5	1	0	6
Neurosurgery	0	0	0	0	0	0	1	0	0	1
Obstetrics & Gynaecology	0	0	0	0	0	0	2	0	0	2
Paediatrics	0	0	0	0	0	0	1	0	0	1
Radiology	0	1 Note(12)	0	0	0	0	0	0	0	1
Surgery	0	0	0	0	1	0	5	0	0	6
Total	**0**	**1**	**0**	**0**	**4**	**0**	**20**	**1**	**0**	**26**

Notes:

(12) 1 non-locally trained doctor was promoted from the rank of Associate Consultant to Consultant by the HA in 2023-24.

6.

The number of non-locally trained doctors receiving specialist training offered by the HKAM's constituent specialty colleges is 291. A breakdown is set out below:

Colleges	Number of non-local trainees
Anaesthesiologists	32
Community Medicine	13
Dental Surgeons	10
Emergency Medicine	32
Family Physicians	25
Obstetricians & Gynaecologists	12
Ophthalmologists	6
Orthopaedic Surgeons	18
Otorhinolaryngologists	2
Paediatricians	13
Pathologists	6
Physicians	62
Psychiatrists	4
Radiologists	21
Surgeons	35
Total	291

7.

The Government has been actively publicising outside Hong Kong the registration pathways of non-locally trained doctors intending to practise in Hong Kong by holding recruitment drives and promoting healthcare talent exchange programmes to widely recruit qualified non-locally trained doctors to join the HA for work and exchanges. Publicity and recruitment drives in this regard include:

No.	Time	Format
1.	April 2023	HA representatives participated in a recruitment exercise organised by the Government of the Hong Kong Special Administrative Region (HKSARG) in London, United Kingdom.
2.	June 2023	HA representatives participated in a recruitment exercise organised by the HKSARG in Sydney, Australia.
3.	July 2023	The HA participated in a web conference organised by the Hong Kong Medical Society of Australia.
4.	September 2023	The HA delegation held meetings with the Beijing Municipal Health Commission and visited several hospitals, taking the opportunity to exchange views with renowned healthcare institutes. While in Beijing, the delegation also participated in the activities of the China International Fair for Trade in Services, including its Thematic Exhibition on Health Services.
5.	September 2023	The HA delegation visited Malaysia and had exchanges with representatives of local medical schools and universities.
6.	October 2023	The HA delegation visited Portugal and had exchanges with representatives of local hospitals.
7.	December 2023	The HA delegation held a web conference with representatives of hospitals in Germany.

The manpower and expenditure involved in the publicity and recruitment drives for non-locally trained doctors are absorbed by the Government's and/or HA's existing provisions.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2197)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the Greater Bay Area (GBA) Healthcare Talents Visiting Programmes, the GBA Chinese Medicine Visiting Scholars Programme, the GBA Specialty Nursing Knowledge-exchange Programme and the GBA Visiting Radiographer (Diagnostic) Programme, will the Government inform this Committee of:

1. since the launch of the above programmes, (i) the number of Western medicine practitioners, Chinese medicine practitioners, nurses and radiographers who have come to work in Hong Kong and (ii) the qualifications and specialties of the healthcare professionals;
2. whether there are measures in place to help Mainland and local healthcare professionals work in harmony; if yes, the details; if not, the reasons; and
3. whether the above programmes have achieved the expected outcomes; if yes, whether the quota and duration of visit for healthcare professionals from the GBA will be increased; if not, the reasons?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 2)

Reply:

1-3.

The Hospital Authority (HA) has all along been actively promoting the exchange of healthcare talents. Amongst the initiatives, with support from the Health Commission of Guangdong Province (GDHC) and the Health Bureau of the HKSAR Government, the HA rolled out the Greater Bay Area (GBA) Healthcare Talents Visiting Programmes in the fourth quarter of 2022. The first phase of the Programmes covers various clinical healthcare professions on a pilot basis. Details are set out below.

GBA Visiting Doctors Programme

This programme aims to establish a mechanism for doctors working in the public healthcare system in Guangdong Province and Hong Kong to undergo exchanges in public hospitals of the other place. There are 10 doctors nominated by the GDHC under the first batch. They are at the rank of Associate Chief Physician or Attending Physician serving in Tier III Class

A hospitals in the Mainland with over 7 years of clinical experience. Their specialties include Respiratory Medicine, Infectious Disease, Nephrology, Cardiology, Anaesthesiology, and Radiology.

After obtaining Limited Registration with approval from the Medical Council of Hong Kong, the 10 visiting doctors came to Hong Kong in April 2023 to commence a year of clinical practice and experience exchange in the HA. To enable visiting doctors to adapt to the work of public hospitals as soon as possible, they were provided with support by local doctors upon joining the HA for integrating into the cluster healthcare teams to deliver clinical services to patients.

Since its implementation, the programme has been operating smoothly in general and achieved the anticipated outcomes of exchange.

GBA Chinese Medicine Visiting Scholars Programme

This programme aims to enhance the professional competency of Chinese medicine (CM) practitioners in Hong Kong and foster the development of Integrated Chinese-Western Medicine (ICWM). Visiting scholars provide clinical training at selected HA hospitals under limited registration granted by the Chinese Medicine Council of Hong Kong. The programme also offers hospital-based CM training in the "master-apprentice" model, the first of its kind in Hong Kong, to provide clinical mentorship and professional exchange for local CM practitioners. Apart from providing inpatients with ICWM treatment, the programme also explores new models for the development of ICWM services.

The first phase of the programme commenced in November 2022. Two visiting scholars from the Guangdong Provincial Hospital of Traditional Chinese Medicine came to Hong Kong for exchange and ICWM clinical training for COVID-19 cases in selected public hospitals. Subsequently, the programme focused on ICWM development. So far, 9 CM experts from Guangdong Province had come to Hong Kong in phases and offered training about 90 local CM practitioners.

Visiting scholars must be at the rank of Associate Chief Physician or above and nominated by the GDHC with solid clinical experience in renowned hospitals or institutions. Their specialties include Respiratory Medicine, Neurology, Oncology, Orthopedics & Traumatology, and Acupuncture. Depending on the future development of the programme, more specialties may be included.

The healthcare personnel of the relevant HA hospitals and the CM practitioners of the 18 CM clinics are all very supportive to the programme and are pleased to see the outcomes achieved. The HA will continue to maintain close liaison and collaboration with CM hospitals in the GBA to dovetail with the development of ICWM for training of talents and extension to various types of diseases.

GBA Specialty Nursing Knowledge-Exchange Programme

The HA recruits a total of 300 experienced nurses in 3 cohorts from the Guangdong Province to join the exchange programme within 2 years starting from 2023, providing them with, among other things, online learning followed by 45-week on-site clinical practicum at selected service areas of HA hospitals. All exchange visitors must hold a Bachelor Degree in Nursing and possess at least 3 years of post-registration nursing experience in related

specialty area. Priority are given to those currently working in Tier III Class A hospitals in the Mainland.

In addition to the online briefings by specialty tutors on nursing care in the relevant specialty areas organised by the HA for exchange nurses before their departure, the practicum hospitals will also provide induction training for exchange nurses after their arrival to help them understand the organisation structure and daily operation of the hospitals. Cluster coordinators and clinical tutors will also be arranged to provide exchange nurses with support in adaption to life in Hong Kong and clinical practicum.

The first cohort of 70 nurses completed clinical practicum in Geriatric Nursing in February 2024. The programme has achieved desirable outcomes of collaboration and received wide recognition.

Besides, the HA also sent a delegation to visit 4 Tier III Class A hospitals in the Guangdong Province in January 2024 for a 3-day study tour to help its nursing leaders to get a deeper understanding of the mode of operation of Mainland hospitals.

GBA Visiting Radiographer (Diagnostic) Programme

This programme aims to foster mutual understanding between diagnostic radiographers of Hong Kong and the Mainland and lay a solid foundation for future exchange in the radiography profession between the two places.

There were 5 diagnostic radiographers nominated by the GDHC at the rank of Radiographer In-charge, Deputy Chief Radiographer or Radiographer from Tier III Class A hospitals with 2 to 30 years of clinical experience. They came to Hong Kong in early August 2023 for a 2-week technical exchange with the radiographers of the HA and were assigned to the Radiology Departments of Tuen Mun Hospital and North District Hospital, as well as the Central Government-Aided Emergency Hospital.

In view of the successful experience and positive response of the visiting programme, in mid-January 2024, the HA sent 14 radiographers and 5 medical physicists to several Tier III Class A hospitals in Guangdong Province for an exchange visit of 1 to 2 weeks under the "Guangdong-Hong Kong Radiographer and Physicist Talent Exchange Programme". Both the radiographer and physicist teams from the HA and the participating healthcare teams from Guangdong expressed positive feedback on the technical exchange for mutual benefits.

Work Ahead

The first phase of the GBA Healthcare Talents Visiting Programmes was well received by participating healthcare professionals of both places. Having worked in concerted efforts, the healthcare professionals interacted with their counterparts to achieve the anticipated outcomes. Based on the successful implementation of talent exchange and co-operation with the Guangdong Province under the first phase, the HA has already rolled out the second batch of exchange programmes with the GDHC and over 100 healthcare professionals from different cities of the Guangdong Province came to Hong Kong for exchange in batches in the first quarter of 2024. Among them, 2 ophthalmologists nominated by the GDHC came to Hong Kong in March this year for exchange. The HA is also exploring the extension of the programme to cover more specialties and to gradually enhance talent exchange across regions in terms of depth and breadth. As to nursing professionals, about 100 nurses from the Guangdong Province came to Hong Kong in batches in the first quarter of 2024 for clinical

exchange, and their specialties include Geriatric Care, Peri-operative Nursing, Critical Care, Cardiac Critical Care, Ophthalmology and Endoscopy, etc.

Meanwhile, the HA is also planning and actively exploring with other regions/cities of the Mainland, such as Beijing and Shanghai, to establish two-way talent exchange, including short-term observation exchange, medium-to-long term clinical practice exchange and sending outstanding healthcare professionals from Hong Kong to the Mainland for learning and exchange in the latter's public healthcare system. At present, 1 endoscopic doctor from Shanghai has obtained limited registration with approval from the Medical Council of Hong Kong and has already commenced a 6-month clinical exchange in Hong Kong from March this year. The HA is now actively exploring the exchange arrangements with the Health Commissions and relevant authorities of Beijing and Shanghai, with a view to gradually implementing two-way exchange of suitable doctors within this year.

As for allied health professionals, in view of the successful experience and positive response of "Guangdong-Hong Kong Radiographer and Physicist Talent Exchange Programme", the HA is actively preparing for the implementation of the next phase with the GDHC, including inviting the second batch of diagnostic radiographers and radiation therapists from the Guangdong Province for exchange in Hong Kong. The HA is also exploring the feasibility of in-depth exchange for the second batch of radiographers and medical physicists of the HA at Tier III Class A hospitals in the Guangdong Province so that they can have a fuller understanding of the scope of work and service model in the Mainland.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2198)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the staffing arrangements of healthcare staff in the Hospital Authority (HA), will the Government please set out:

1. by hospital clusters, the establishment, existing strength, intake numbers, attrition numbers and retirement numbers of specialists and specialty nurses of each specialty, and allied health professionals of all major grades in each of the past 3 years;
2. by years of service and posts, the attrition numbers of specialists and specialty nurses of each specialty in each of the past 3 years;
3. the average, shortest and longest years of service required for Resident Specialists to get promoted to Associate Consultants, and for Associate Consultants to get promoted to Consultants at present;
4. the numbers of additional Advanced Practice Nurses posts created, and the average, shortest and longest years of service required for promotion to the Advanced Practice Nurse rank in each of the past 3 years; and
5. whether any new measures will be introduced to attract and retain talents, and the estimated expenditure involved? If yes, the details; if not, the reasons.

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 3)

Reply:

1.

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach involving doctors, nurses, allied health professionals and care-related support staff. HA assesses its manpower situation from time to time and flexibly deploys its staff to meet service and operational needs.

The tables below set out the manpower strength, intake number and full-time attrition (wastage) number of doctors by major specialty in each hospital cluster of HA from 2021-22 to 2023-24 (April – December 2023):

2021-22

Cluster	Major Specialty	Manpower Strength (As at 31.3.2022) (Include FT and PT)	Intake No. (Include FT and PT)	Full-time Attrition (Wastage) No.	
				Retirement	Non-retirement
HKEC	Accident & Emergency	59	4	0	6
	Anaesthesia	37	2	0	2
	Family Medicine	57	5	0	3
	Intensive Care Unit	16	4	1	1
	Medicine	180	16	1	5
	Neurosurgery	13	2	0	1
	Obstetrics & Gynaecology	22	3	0	1
	Ophthalmology	20	4	1	3
	Orthopaedics & Traumatology	33	1	0	3
	Paediatrics	30	1	2	1
	Pathology	19	1	0	2
	Psychiatry	42	3	1	1
	Radiology	44	6	0	8
	Surgery	48	5	0	7
	Others	31	3	0	3
	Total	**653**	**60**	**6**	**47**
HKWC	Accident & Emergency	30	3	1	2
	Anaesthesia	64	4	1	9
	Cardiothoracic Surgery	13	2	0	0
	Family Medicine	43	5	0	3
	Intensive Care Unit	13	1	0	1
	Medicine	159	15	2	7
	Neurosurgery	12	2	0	1
	Obstetrics & Gynaecology	27	1	0	3
	Ophthalmology	13	2	0	2
	Orthopaedics & Traumatology	37	3	0	2
	Paediatrics	39	2	0	1
	Pathology	34	3	0	3
	Psychiatry	27	4	2	1
	Radiology	34	4	1	7
	Surgery	85	9	1	2
	Others	32	4	1	2
	Total	**662**	**64**	**9**	**46**
KCC	Accident & Emergency	84	7	2	4
	Anaesthesia	107	4	0	9
	Cardiothoracic Surgery	20	0	0	1
	Family Medicine	113	13	1	11
	Intensive Care Unit	21	3	0	4
	Medicine	295	19	3	9
	Neurosurgery	36	6	1	1

Cluster	Major Specialty	Manpower Strength (As at 31.3.2022) (Include FT and PT)	Intake No. (Include FT and PT)	Full-time Attrition (Wastage) No.	
				Retirement	Non-retirement
	Obstetrics & Gynaecology	54	2	0	3
	Ophthalmology	36	2	0	2
	Orthopaedics & Traumatology	66	2	0	3
	Paediatrics	169	19	2	10
	Pathology	58	8	1	8
	Psychiatry	41	2	1	1
	Radiology	80	8	2	10
	Surgery	122	14	1	10
	Others	50	6	1	4
	Total	**1 351**	**115**	**15**	**90**
KEC	Accident & Emergency	75	5	1	2
	Anaesthesia	50	1	0	9
	Family Medicine	94	8	2	9
	Intensive Care Unit	13	1	1	0
	Medicine	193	28	2	20
	Obstetrics & Gynaecology	30	5	1	2
	Ophthalmology	22	1	0	3
	Orthopaedics & Traumatology	53	4	0	3
	Paediatrics	44	1	0	3
	Pathology	27	3	1	3
	Psychiatry	43	0	0	2
	Radiology	33	4	0	4
	Surgery	62	6	1	5
	Others	29	2	0	1
	Total	**767**	**69**	**9**	**66**
KWC	Accident & Emergency	121	7	3	8
	Anaesthesia	66	6	0	8
	Family Medicine	117	5	0	11
	Intensive Care Unit	31	2	0	1
	Medicine	257	28	1	9
	Neurosurgery	17	3	0	0
	Obstetrics & Gynaecology	26	2	0	3
	Ophthalmology	24	4	0	4
	Orthopaedics & Traumatology	71	3	3	3
	Paediatrics	56	5	1	0
	Pathology	50	5	2	2
	Psychiatry	70	5	2	6
	Radiology	46	6	0	0
	Surgery	100	7	1	5
	Others	46	1	2	4
	Total	**1 099**	**89**	**15**	**64**

Cluster	Major Specialty	Manpower Strength (As at 31.3.2022) (Include FT and PT)	Intake No. (Include FT and PT)	Full-time Attrition (Wastage) No.	
				Retirement	Non-retirement
NTEC	Accident & Emergency	83	10	2	6
	Anaesthesia	65	9	1	9
	Cardiothoracic Surgery	14	1	0	0
	Family Medicine	106	7	1	4
	Intensive Care Unit	33	1	1	4
	Medicine	235	17	0	8
	Neurosurgery	12	1	0	0
	Obstetrics & Gynaecology	34	1	0	2
	Ophthalmology	28	2	0	3
	Orthopaedics & Traumatology	70	5	0	3
	Paediatrics	63	5	0	0
	Pathology	42	3	1	0
	Psychiatry	69	4	0	9
	Radiology	47	4	0	7
	Surgery	85	12	2	11
	Others	54	3	0	6
	Total	**1 039**	**85**	**8**	**72**
NTWC	Accident & Emergency	90	6	0	5
	Anaesthesia	54	3	0	4
	Cardiothoracic Surgery	2	0	0	0
	Family Medicine	90	4	0	7
	Intensive Care Unit	23	3	0	3
	Medicine	184	20	3	9
	Neurosurgery	14	1	0	0
	Obstetrics & Gynaecology	33	2	0	2
	Ophthalmology	27	1	0	1
	Orthopaedics & Traumatology	55	2	0	1
	Paediatrics	42	5	0	3
	Pathology	23	2	0	4
	Psychiatry	76	8	2	7
	Radiology	46	7	0	4
	Surgery	80	8	0	1
	Others	35	1	0	6
	Total	**874**	**73**	**5**	**57**

2022-23

Cluster	Major Specialty	Manpower Strength (As at 31.3.2023) (Include FT and PT)	Intake No. (Include FT and PT)	Full-time Attrition (Wastage) No.	
				Retirement	Non-retirement
HKEC	Accident & Emergency	56	9	1	10
	Anaesthesia	39	3	0	2
	Family Medicine	56	4	1	4
	Intensive Care Unit	17	5	0	0
	Medicine	163	15	4	19
	Neurosurgery	14	1	0	1
	Obstetrics & Gynaecology	21	1	0	1
	Ophthalmology	24	5	0	1
	Orthopaedics & Traumatology	38	4	0	0
	Paediatrics	29	2	0	3
	Pathology	23	2	0	0
	Psychiatry	43	5	0	3
	Radiology	45	3	0	2
	Surgery	54	10	0	2
	Others	31	5	0	4
	Total	**651**	**74**	**6**	**52**
HKWC	Accident & Emergency	26	2	1	4
	Anaesthesia	67	5	0	5
	Cardiothoracic Surgery	13	2	1	0
	Family Medicine	45	4	0	2
	Intensive Care Unit	14	2	0	3
	Medicine	165	16	1	8
	Neurosurgery	13	2	0	0
	Obstetrics & Gynaecology	26	3	1	3
	Ophthalmology	15	1	0	1
	Orthopaedics & Traumatology	39	2	0	1
	Paediatrics	36	4	2	1
	Pathology	35	6	0	3
	Psychiatry	25	2	0	4
	Radiology	30	3	2	4
	Surgery	84	5	0	3
	Others	32	4	0	4
	Total	**666**	**63**	**8**	**46**
KCC	Accident & Emergency	85	5	2	5
	Anaesthesia	111	6	3	4
	Cardiothoracic Surgery	20	2	0	2
	Family Medicine	113	6	1	6
	Intensive Care Unit	23	2	0	0
	Medicine	293	21	3	12
	Neurosurgery	36	3	1	1
	Obstetrics & Gynaecology	55	4	0	2

Cluster	Major Specialty	Manpower Strength (As at 31.3.2023) (Include FT and PT)	Intake No. (Include FT and PT)	Full-time Attrition (Wastage) No.	
				Retirement	Non-retirement
	Ophthalmology	37	4	1	3
	Orthopaedics & Traumatology	66	2	0	2
	Paediatrics	178	17	1	6
	Pathology	60	6	0	3
	Psychiatry	42	2	1	4
	Radiology	86	9	1	2
	Surgery	123	17	2	10
	Others	56	5	0	3
	Total	**1 383**	**111**	**16**	**65**
KEC	Accident & Emergency	72	3	2	5
	Anaesthesia	53	1	0	2
	Family Medicine	96	14	2	8
	Intensive Care Unit	14	0	0	0
	Medicine	196	20	1	11
	Obstetrics & Gynaecology	33	3	0	1
	Ophthalmology	22	2	0	1
	Orthopaedics & Traumatology	58	4	0	1
	Paediatrics	44	0	0	1
	Pathology	31	2	1	1
	Psychiatry	44	0	0	3
	Radiology	36	5	0	2
	Surgery	64	6	0	4
	Others	33	4	0	5
	Total	**796**	**64**	**6**	**45**
KWC	Accident & Emergency	124	12	3	6
	Anaesthesia	67	4	1	9
	Family Medicine	118	8	1	7
	Intensive Care Unit	32	3	0	1
	Medicine	245	27	4	6
	Neurosurgery	15	1	0	0
	Obstetrics & Gynaecology	23	2	0	7
	Ophthalmology	25	7	0	3
	Orthopaedics & Traumatology	75	5	0	1
	Paediatrics	59	3	1	1
	Pathology	51	7	0	6
	Psychiatry	75	10	1	1
	Radiology	46	4	2	1
	Surgery	105	9	0	5
	Others	49	6	1	5
	Total	**1 110**	**108**	**14**	**59**
NTEC	Accident & Emergency	82	3	1	4

Cluster	Major Specialty	Manpower Strength (As at 31.3.2023) (Include FT and PT)	Intake No. (Include FT and PT)	Full-time Attrition (Wastage) No.	
				Retirement	Non-retirement
	Anaesthesia	64	9	0	4
	Cardiothoracic Surgery	13	2	0	2
	Family Medicine	106	9	1	8
	Intensive Care Unit	30	2	0	3
	Medicine	238	18	3	10
	Neurosurgery	13	2	0	1
	Obstetrics & Gynaecology	34	2	0	1
	Ophthalmology	27	1	0	2
	Orthopaedics & Traumatology	70	4	0	2
	Paediatrics	58	1	0	3
	Pathology	45	7	3	0
	Psychiatry	71	6	0	3
	Radiology	47	3	0	3
	Surgery	89	14	0	5
	Others	58	4	0	1
	Total	**1 045**	**87**	**8**	**52**
NTWC	Accident & Emergency	95	4	0	5
	Anaesthesia	58	2	0	3
	Cardiothoracic Surgery	2	0	0	0
	Family Medicine	90	6	1	4
	Intensive Care Unit	24	2	0	2
	Medicine	185	17	0	6
	Neurosurgery	13	2	1	0
	Obstetrics & Gynaecology	33	4	0	4
	Ophthalmology	27	2	1	0
	Orthopaedics & Traumatology	53	2	0	5
	Paediatrics	41	5	2	3
	Pathology	26	3	0	2
	Psychiatry	81	11	2	1
	Radiology	41	2	1	3
	Surgery	75	7	2	5
	Others	38	3	0	4
	Total	**881**	**72**	**10**	**47**

2023-24

Cluster	Major Specialty	Manpower Strength (As at 31.12.2023) (Include FT and PT)	Intake No. (April – December 2023) (Include FT and PT)	Full-time Attrition (Wastage) No. (April – December 2023)	
				Retirement	Non-retirement
HKEC	Accident & Emergency	65	8	1	0

Cluster	Major Specialty	Manpower Strength (As at 31.12.2023) (Include FT and PT)	Intake No. (April – December 2023) (Include FT and PT)	Full-time Attrition (Wastage) No. (April – December 2023)	
				Retirement	Non-retirement
	Anaesthesia	38	2	0	3
	Family Medicine	57	4	0	4
	Intensive Care Unit	21	6	0	0
	Medicine	173	25	2	7
	Neurosurgery	14	1	0	1
	Obstetrics & Gynaecology	22	2	0	1
	Ophthalmology	22	4	1	2
	Orthopaedics & Traumatology	39	1	0	1
	Paediatrics	31	3	0	0
	Pathology	24	2	1	0
	Psychiatry	44	8	2	2
	Radiology	49	5	0	1
	Surgery	53	6	0	2
	Others	33	3	0	0
	Total	**685**	**80**	**7**	**24**
HKWC	Accident & Emergency	33	8	0	0
	Anaesthesia	62	4	1	8
	Cardiothoracic Surgery	13	4	0	5
	Family Medicine	45	1	0	1
	Intensive Care Unit	16	2	0	0
	Medicine	169	12	1	6
	Neurosurgery	13	1	0	0
	Obstetrics & Gynaecology	30	5	0	1
	Ophthalmology	14	0	0	2
	Orthopaedics & Traumatology	35	1	1	1
	Paediatrics	38	5	0	2
	Pathology	35	0	0	1
	Psychiatry	27	3	0	1
	Radiology	34	4	1	0
	Surgery	86	7	0	5
	Others	32	3	0	2
	Total	**682**	**60**	**4**	**35**
KCC	Accident & Emergency	92	8	2	3
	Anaesthesia	116	9	0	5
	Cardiothoracic Surgery	20	1	0	0
	Family Medicine	121	12	1	6
	Intensive Care Unit	22	1	0	1
	Medicine	306	31	2	7
	Neurosurgery	37	6	0	1
	Obstetrics & Gynaecology	55	3	0	2
	Ophthalmology	37	3	0	4

Cluster	Major Specialty	Manpower Strength (As at 31.12.2023) (Include FT and PT)	Intake No. (April – December 2023) (Include FT and PT)	Full-time Attrition (Wastage) No. (April – December 2023)	
				Retirement	Non-retirement
	Orthopaedics & Traumatology	71	4	0	3
	Paediatrics	180	10	3	7
	Pathology	61	7	0	1
	Psychiatry	47	8	0	1
	Radiology	96	11	2	1
	Surgery	137	20	1	3
	Others	60	9	1	4
	Total	**1 460**	**143**	**12**	**49**
KEC	Accident & Emergency	75	6	0	3
	Anaesthesia	53	2	0	5
	Family Medicine	102	10	1	5
	Intensive Care Unit	15	0	0	0
	Medicine	203	20	2	5
	Obstetrics & Gynaecology	34	2	0	1
	Ophthalmology	25	2	0	1
	Orthopaedics & Traumatology	56	1	0	1
	Paediatrics	43	1	0	2
	Pathology	33	2	0	0
	Psychiatry	46	4	0	4
	Radiology	35	3	3	2
	Surgery	71	9	1	0
	Others	32	2	0	3
	Total	**823**	**64**	**7**	**32**
KWC	Accident & Emergency	122	13	2	9
	Anaesthesia	73	4	0	3
	Family Medicine	122	9	0	8
	Intensive Care Unit	33	3	1	0
	Medicine	254	20	5	3
	Neurosurgery	18	4	0	0
	Obstetrics & Gynaecology	29	5	0	0
	Ophthalmology	27	2	0	0
	Orthopaedics & Traumatology	78	4	3	0
	Paediatrics	57	1	0	1
	Pathology	55	3	1	0
	Psychiatry	80	5	0	2
	Radiology	48	3	1	0
	Surgery	104	9	0	3
	Others	50	4	1	0
	Total	**1 151**	**89**	**14**	**29**
NTEC	Accident & Emergency	90	7	0	1
	Anaesthesia	66	7	0	4

Cluster	Major Specialty	Manpower Strength (As at 31.12.2023) (Include FT and PT)	Intake No. (April – December 2023) (Include FT and PT)	Full-time Attrition (Wastage) No. (April – December 2023)	
				Retirement	Non-retirement
	Cardiothoracic Surgery	14	1	0	0
	Family Medicine	109	7	0	4
	Intensive Care Unit	29	4	0	2
	Medicine	246	18	1	6
	Neurosurgery	14	1	0	0
	Obstetrics & Gynaecology	36	3	0	1
	Ophthalmology	29	3	0	0
	Orthopaedics & Traumatology	72	5	1	2
	Paediatrics	60	3	0	0
	Pathology	44	2	0	3
	Psychiatry	71	5	0	2
	Radiology	54	6	0	1
	Surgery	102	17	1	2
	Others	59	3	0	2
	Total	**1 094**	**92**	**3**	**30**
NTWC	Accident & Emergency	96	6	1	2
	Anaesthesia	65	4	0	1
	Cardiothoracic Surgery	3	1	0	0
	Family Medicine	95	9	0	3
	Intensive Care Unit	25	1	0	0
	Medicine	192	26	3	9
	Neurosurgery	14	2	0	0
	Obstetrics & Gynaecology	35	2	0	0
	Ophthalmology	29	3	1	0
	Orthopaedics & Traumatology	56	3	0	0
	Paediatrics	40	5	1	3
	Pathology	27	4	1	2
	Psychiatry	87	9	0	1
	Radiology	47	6	0	0
	Surgery	78	14	2	4
	Others	44	4	1	0
	Total	**933**	**99**	**10**	**25**

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.
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 includes the number of Interns appointed as Residents.

4. Attrition (Wastage) includes all types of cessation of service from HA (including retirement) for permanent and contract staff on headcount basis.
5. Doctors exclude Interns and Dental Officers.
6. Intake numbers above have not excluded those staff under the Extending Employment Beyond Retirement (EER) arrangement. From 2024, the HA first exclude those staff under the EER arrangement when compiling the relevant statistics.

The tables below set out the manpower strength, intake number and full-time attrition (wastage) number of nurses by major specialty in each hospital cluster of HA from 2021-22 to 2023-24 (April – December 2023):

2021-22

Cluster	Major Specialty	Manpower Strength (As at 31.3.2022) (Include FT and PT)	Intake No. (Include FT and PT)	Full-time Attrition (Wastage) No.	
				Retirement	Non-retirement
HKEC	Accident & Emergency	151	19	2	18
	Intensive Care Unit	142	17	2	24
	Medicine	1 019	123	18	67
	Obstetrics & Gynaecology	118	6	2	12
	Orthopaedics & Traumatology	141	5	2	5
	Paediatrics	118	10	1	8
	Psychiatry	282	24	7	9
	Surgery	242	26	4	22
	Others	833	58	10	66
	Total	**3 045**	**288**	**48**	**231**
HKWC	Accident & Emergency	56	4	0	7
	Intensive Care Unit	81	1	1	10
	Medicine	785	30	15	40
	Obstetrics & Gynaecology	140	2	5	9
	Orthopaedics & Traumatology	86	3	3	6
	Paediatrics	156	0	2	16
	Psychiatry	134	9	4	12
	Surgery	497	10	4	28
	Others	1 038	180	25	100
	Total	**2 974**	**239**	**59**	**228**
KCC	Accident & Emergency	197	26	2	8
	Intensive Care Unit	169	4	4	5
	Medicine	1 514	125	35	102
	Obstetrics & Gynaecology	291	7	8	23
	Orthopaedics & Traumatology	191	11	0	8
	Paediatrics	530	44	8	63
	Psychiatry	270	24	8	14
	Surgery	502	32	6	50

Cluster	Major Specialty	Manpower Strength (As at 31.3.2022) (Include FT and PT)	Intake No. (Include FT and PT)	Full-time Attrition (Wastage) No.	
				Retirement	Non-retirement
	Others	2 564	221	26	179
	Total	**6 228**	**494**	**97**	**452**
KEC	Accident & Emergency	176	9	1	9
	Intensive Care Unit	180	2	1	9
	Medicine	1 214	113	12	51
	Obstetrics & Gynaecology	128	3	3	13
	Orthopaedics & Traumatology	219	26	1	20
	Paediatrics	162	16	1	7
	Psychiatry	204	13	8	2
	Surgery	236	30	2	16
	Others	985	66	14	60
	Total	**3 505**	**278**	**43**	**187**
KWC	Accident & Emergency	278	7	4	17
	Intensive Care Unit	196	3	4	6
	Medicine	1 211	71	19	90
	Obstetrics & Gynaecology	117	4	2	11
	Orthopaedics & Traumatology	234	18	1	16
	Paediatrics	186	10	5	16
	Psychiatry	796	74	25	37
	Surgery	357	21	1	19
	Others	1 670	265	18	120
	Total	**5 044**	**473**	**79**	**332**
NTEC	Accident & Emergency	236	19	2	11
	Intensive Care Unit	221	18	0	21
	Medicine	1 578	156	16	108
	Obstetrics & Gynaecology	224	17	9	24
	Orthopaedics & Traumatology	261	22	2	22
	Paediatrics	245	27	6	31
	Psychiatry	402	41	10	20
	Surgery	467	42	5	20
	Others	1 230	82	25	95
	Total	**4 863**	**424**	**75**	**352**
NTWC	Accident & Emergency	238	6	0	20
	Intensive Care Unit	155	13	1	15
	Medicine	971	94	6	97
	Obstetrics & Gynaecology	145	17	4	19
	Orthopaedics & Traumatology	159	10	0	10
	Paediatrics	183	8	2	19
	Psychiatry	754	62	17	41
	Surgery	217	19	1	14
	Others	1 207	134	12	108

Cluster	Major Specialty	Manpower Strength (As at 31.3.2022) (Include FT and PT)	Intake No. (Include FT and PT)	Full-time Attrition (Wastage) No.	
				Retirement	Non-retirement
	Total	**4 029**	**363**	**43**	**343**

2022-23

Cluster	Major Specialty	Manpower Strength (As at 31.3.2023) (Include FT and PT)	Intake No. (Include FT and PT)	Full-time Attrition (Wastage) No.	
				Retirement	Non-retirement
HKEC	Accident & Emergency	141	16	1	24
	Intensive Care Unit	139	13	1	19
	Medicine	1 008	101	11	89
	Obstetrics & Gynaecology	119	4	2	5
	Orthopaedics & Traumatology	133	4	1	7
	Paediatrics	115	10	2	10
	Psychiatry	283	25	6	13
	Surgery	241	25	4	21
	Others	840	70	14	64
	Total	**3 018**	**268**	**42**	**252**
HKWC	Accident & Emergency	58	7	2	6
	Intensive Care Unit	87	2	1	11
	Medicine	783	73	23	70
	Obstetrics & Gynaecology	142	6	4	16
	Orthopaedics & Traumatology	71	3	3	8
	Paediatrics	150	2	1	19
	Psychiatry	136	10	3	8
	Surgery	456	24	9	53
	Others	1 017	125	22	75
	Total	**2 899**	**252**	**68**	**266**
KCC	Accident & Emergency	199	10	0	20
	Intensive Care Unit	158	3	2	15
	Medicine	1 449	96	26	144
	Obstetrics & Gynaecology	284	7	13	21
	Orthopaedics & Traumatology	187	9	0	10
	Paediatrics	538	72	10	59
	Psychiatry	281	32	15	8
	Surgery	491	35	11	42
	Others	2 596	282	39	212
	Total	**6 184**	**546**	**116**	**531**
KEC	Accident & Emergency	172	12	1	15
	Intensive Care Unit	183	6	4	26

Cluster	Major Specialty	Manpower Strength (As at 31.3.2023) (Include FT and PT)	Intake No. (Include FT and PT)	Full-time Attrition (Wastage) No.	
				Retirement	Non-retirement
	Medicine	1 260	101	10	68
	Obstetrics & Gynaecology	121	10	0	20
	Orthopaedics & Traumatology	214	21	0	13
	Paediatrics	158	8	0	14
	Psychiatry	210	18	3	9
	Surgery	238	23	0	20
	Others	1 008	72	9	65
	Total	**3 562**	**271**	**27**	**250**
KWC	Accident & Emergency	293	16	9	31
	Intensive Care Unit	188	3	6	17
	Medicine	1 273	75	14	106
	Obstetrics & Gynaecology	119	5	7	12
	Orthopaedics & Traumatology	246	4	2	9
	Paediatrics	192	8	2	15
	Psychiatry	744	93	28	43
	Surgery	387	18	10	26
	Others	1 595	220	20	149
	Total	**5 038**	**442**	**98**	**408**
NTEC	Accident & Emergency	229	15	1	22
	Intensive Care Unit	220	17	1	20
	Medicine	1 611	155	18	135
	Obstetrics & Gynaecology	210	18	5	23
	Orthopaedics & Traumatology	263	23	5	25
	Paediatrics	230	23	4	32
	Psychiatry	396	34	10	18
	Surgery	489	32	3	39
	Others	1 217	70	34	90
	Total	**4 865**	**387**	**81**	**404**
NTWC	Accident & Emergency	230	23	2	30
	Intensive Care Unit	158	19	1	17
	Medicine	912	95	4	101
	Obstetrics & Gynaecology	138	11	6	18
	Orthopaedics & Traumatology	155	6	2	12
	Paediatrics	169	4	2	19
	Psychiatry	737	45	24	34
	Surgery	193	13	2	22
	Others	1 301	123	7	89
	Total	**3 992**	**339**	**50**	**342**

2023-24

Cluster	Major Specialty	Manpower Strength (As at 31.12.2023) (Include FT and PT)	Intake No. (April – December 2023) (Include FT and PT)	Full-time Attrition (Wastage) No. (April – December 2023)	
				Retirement	Non-retirement
HKEC	Accident & Emergency	151	17	0	10
	Intensive Care Unit	142	15	0	10
	Medicine	1 024	105	12	50
	Obstetrics & Gynaecology	113	5	4	10
	Orthopaedics & Traumatology	135	13	1	11
	Paediatrics	109	5	0	6
	Psychiatry	294	21	2	5
	Surgery	245	26	1	18
	Others	826	46	15	49
	Total	**3 038**	**253**	**35**	**169**
HKWC	Accident & Emergency	54	5	0	9
	Intensive Care Unit	82	3	2	8
	Medicine	797	70	15	45
	Obstetrics & Gynaecology	133	6	5	16
	Orthopaedics & Traumatology	76	5	0	4
	Paediatrics	158	20	5	8
	Psychiatry	142	8	2	4
	Surgery	469	66	7	30
	Others	1 005	92	10	43
	Total	**2 916**	**275**	**46**	**167**
KCC	Accident & Emergency	200	15	2	19
	Intensive Care Unit	151	3	3	8
	Medicine	1 517	119	13	97
	Obstetrics & Gynaecology	279	10	2	15
	Orthopaedics & Traumatology	185	9	3	5
	Paediatrics	526	33	8	46
	Psychiatry	289	22	6	12
	Surgery	483	36	6	33
	Others	2 506	257	33	128
	Total	**6 136**	**504**	**76**	**363**
KEC	Accident & Emergency	172	8	3	3
	Intensive Care Unit	193	8	2	8
	Medicine	1 258	107	13	43
	Obstetrics & Gynaecology	115	5	4	4
	Orthopaedics & Traumatology	217	21	1	8
	Paediatrics	167	15	0	4
	Psychiatry	220	13	3	4
	Surgery	245	24	0	8
	Others	1 040	63	9	37
	Total	**3 627**	**264**	**35**	**119**
KWC	Accident & Emergency	301	30	6	21

Cluster	Major Specialty	Manpower Strength (As at 31.12.2023) (Include FT and PT)	Intake No. (April – December 2023) (Include FT and PT)	Full-time Attrition (Wastage) No. (April – December 2023)	
				Retirement	Non-retirement
	Intensive Care Unit	191	10	1	7
	Medicine	1 309	137	8	62
	Obstetrics & Gynaecology	129	7	2	4
	Orthopaedics & Traumatology	239	15	3	11
	Paediatrics	202	19	3	9
	Psychiatry	754	78	18	21
	Surgery	452	60	6	25
	Others	1 456	108	26	92
	Total	**5 033**	**464**	**73**	**252**
NTEC	Accident & Emergency	236	21	2	16
	Intensive Care Unit	219	18	2	16
	Medicine	1 573	136	11	70
	Obstetrics & Gynaecology	210	15	3	11
	Orthopaedics & Traumatology	262	28	3	9
	Paediatrics	243	35	2	19
	Psychiatry	403	32	6	8
	Surgery	477	29	4	24
	Others	1 240	67	15	47
	Total	**4 863**	**381**	**48**	**220**
NTWC	Accident & Emergency	218	26	2	21
	Intensive Care Unit	159	21	0	19
	Medicine	934	82	9	46
	Obstetrics & Gynaecology	142	3	1	4
	Orthopaedics & Traumatology	152	6	1	7
	Paediatrics	175	20	1	12
	Psychiatry	750	56	15	21
	Surgery	198	14	1	7
	Others	1 353	92	7	44
	Total	**4 081**	**320**	**37**	**181**

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.
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. Attrition (Wastage) includes all types of cessation of service from HA (including retirement) for permanent and contract staff on headcount basis.
4. Nurses include SNOs, DOMs, NCs, ANCs, WMs, Nos, APNs, RNs, ENs and nursing trainees, etc.

5. Intake numbers above have not excluded those staff under the EER arrangement. From 2024, the HA first exclude those staff under the EER arrangement when compiling the relevant statistics.

The tables below set out the manpower strength, intake number and full-time attrition (wastage) number of allied health professionals by major grade in each hospital cluster of HA from 2021-22 to 2023-24 (April – December 2023):

2021-22

Cluster	Major Grade	Manpower Strength (As at 31.3.2022) (Include FT and PT)	Intake No. (Include FT and PT)	Full-time Attrition (Wastage) No.	
				Retirement	Non-retirement
HKEC	Medical Laboratory Technologist	143	20	4	7
	Radiographer (Diagostic Radiographer & Radiation Therapist)	125	9	4	12
	Social Workers	49	3	0	4
	Occupational Therapist	98	9	0	10
	Physiotherapist	128	16	1	16
	Pharmacist	87	4	1	3
	Dispenser	158	13	8	9
	Others	115	14	3	8
	Total	**902**	**88**	**21**	**69**
HKWC	Medical Laboratory Technologist	263	25	7	14
	Radiographer (Diagostic Radiographer & Radiation Therapist)	133	4	4	9
	Social Workers	55	7	1	3
	Occupational Therapist	94	18	1	11
	Physiotherapist	116	5	2	12
	Pharmacist	76	5	5	2
	Dispenser	139	11	5	7
	Others	134	21	6	9
	Total	**1 009**	**96**	**31**	**67**
KCC	Medical Laboratory Technologist	466	38	7	21
	Radiographer (Diagostic Radiographer & Radiation Therapist)	252	14	6	17
	Social Workers	89	10	0	6
	Occupational Therapist	165	24	2	17
	Physiotherapist	259	31	4	39
	Pharmacist	151	10	0	8
	Dispenser	299	20	6	12
	Others	218	30	11	13

Cluster	Major Grade	Manpower Strength (As at 31.3.2022) (Include FT and PT)	Intake No. (Include FT and PT)	Full-time Attrition (Wastage) No.	
				Retirement	Non-retirement
	Total	**1 898**	**177**	**36**	**133**
KEC	Medical Laboratory Technologist	179	21	5	8
	Radiographer (Diagostic Radiographer & Radiation Therapist)	112	9	2	7
	Social Workers	58	13	3	6
	Occupational Therapist	113	14	2	9
	Physiotherapist	160	23	1	26
	Pharmacist	79	5	0	1
	Dispenser	158	14	2	5
	Others	131	13	1	5
	Total	**990**	**112**	**16**	**67**
KWC	Medical Laboratory Technologist	249	23	3	9
	Radiographer (Diagostic Radiographer & Radiation Therapist)	192	14	3	10
	Social Workers	67	12	0	6
	Occupational Therapist	205	22	1	15
	Physiotherapist	171	7	1	19
	Pharmacist	132	9	0	5
	Dispenser	265	18	6	9
	Others	165	16	3	12
	Total	**1 446**	**121**	**17**	**85**
NTEC	Medical Laboratory Technologist	294	25	7	11
	Radiographer (Diagostic Radiographer & Radiation Therapist)	208	17	1	18
	Social Workers	39	5	0	5
	Occupational Therapist	166	27	2	23
	Physiotherapist	215	32	1	29
	Pharmacist	117	11	1	6
	Dispenser	251	22	4	8
	Others	164	19	5	7
	Total	**1 454**	**158**	**21**	**107**
NTWC	Medical Laboratory Technologist	199	23	0	10
	Radiographer (Diagostic Radiographer & Radiation Therapist)	166	10	1	13
	Social Workers	42	6	1	4
	Occupational Therapist	141	9	0	14
	Physiotherapist	153	11	1	17

Cluster	Major Grade	Manpower Strength (As at 31.3.2022) (Include FT and PT)	Intake No. (Include FT and PT)	Full-time Attrition (Wastage) No.	
				Retirement	Non-retirement
	Pharmacist	98	9	1	2
	Dispenser	205	9	5	3
	Others	159	14	2	5
	Total	**1 163**	**91**	**11**	**68**

2022-23

Cluster	Major Grade	Manpower Strength (As at 31.3.2023) (Include FT and PT)	Intake No. (Include FT and PT)	Full-time Attrition (Wastage) No.	
				Retirement	Non-retirement
HKEC	Medical Laboratory Technologist	143	15	3	14
	Radiographer (Diagostic Radiographer & Radiation Therapist)	126	9	1	8
	Social Workers	50	4	0	2
	Occupational Therapist	98	15	3	11
	Physiotherapist	144	21	0	6
	Pharmacist	89	8	0	4
	Dispenser	165	14	3	5
	Others	114	5	2	3
	Total	**928**	**91**	**12**	**53**
HKWC	Medical Laboratory Technologist	262	28	8	22
	Radiographer (Diagostic Radiographer & Radiation Therapist)	130	9	3	7
	Social Workers	55	10	2	6
	Occupational Therapist	93	8	1	8
	Physiotherapist	119	18	2	17
	Pharmacist	82	10	0	2
	Dispenser	145	10	0	5
	Others	146	25	3	11
	Total	**1 032**	**118**	**19**	**78**
KCC	Medical Laboratory Technologist	467	35	16	24
	Radiographer (Diagostic Radiographer & Radiation Therapist)	248	25	6	27
	Social Workers	93	7	0	5
	Occupational Therapist	176	26	0	19
	Physiotherapist	259	40	5	31

Cluster	Major Grade	Manpower Strength (As at 31.3.2023) (Include FT and PT)	Intake No. (Include FT and PT)	Full-time Attrition (Wastage) No.	
				Retirement	Non-retirement
	Pharmacist	158	18	3	4
	Dispenser	308	16	3	13
	Others	230	30	3	19
	Total	**1 937**	**197**	**36**	**142**
KEC	Medical Laboratory Technologist	177	16	1	7
	Radiographer (Diagostic Radiographer & Radiation Therapist)	112	4	2	4
	Social Workers	57	6	2	4
	Occupational Therapist	115	13	0	13
	Physiotherapist	165	23	3	14
	Pharmacist	85	8	1	1
	Dispenser	160	7	3	4
	Others	135	16	3	9
	Total	**1 007**	**93**	**15**	**56**
KWC	Medical Laboratory Technologist	253	26	6	13
	Radiographer (Diagostic Radiographer & Radiation Therapist)	196	15	4	13
	Social Workers	72	11	2	3
	Occupational Therapist	200	21	0	25
	Physiotherapist	181	37	3	26
	Pharmacist	140	14	2	2
	Dispenser	269	21	2	8
	Others	171	21	4	11
	Total	**1 482**	**166**	**23**	**101**
NTEC	Medical Laboratory Technologist	300	20	5	9
	Radiographer (Diagostic Radiographer & Radiation Therapist)	210	17	2	13
	Social Workers	42	10	0	4
	Occupational Therapist	171	25	1	17
	Physiotherapist	211	22	1	28
	Pharmacist	119	10	1	4
	Dispenser	256	12	3	4
	Others	170	18	2	10
	Total	**1 479**	**134**	**15**	**89**
NTWC	Medical Laboratory Technologist	203	24	7	16
	Radiographer (Diagostic Radiographer & Radiation Therapist)	173	16	2	4

Cluster	Major Grade	Manpower Strength (As at 31.3.2023) (Include FT and PT)	Intake No. (Include FT and PT)	Full-time Attrition (Wastage) No.	
				Retirement	Non-retirement
	Social Workers	42	5	1	4
	Occupational Therapist	142	26	0	21
	Physiotherapist	162	25	0	16
	Pharmacist	101	9	2	4
	Dispenser	209	15	8	6
	Others	161	16	3	12
	Total	**1 192**	**136**	**23**	**83**

2023-24

Cluster	Major Grade	Manpower Strength (As at 31.12.2023) (Include FT and PT)	Intake No. (April – December 2023) (Include FT and PT)	Full-time Attrition (Wastage) No. (April – December 2023)	
				Retirement	Non-retirement
HKEC	Medical Laboratory Technologist	150	13	2	1
	Radiographer (Diagostic Radiographer & Radiation Therapist)	131	12	2	4
	Social Workers	54	9	0	2
	Occupational Therapist	106	15	1	11
	Physiotherapist	156	27	2	8
	Pharmacist	91	6	0	4
	Dispenser	169	17	3	4
	Others	115	7	1	9
	Total	**970**	**106**	**11**	**43**
HKWC	Medical Laboratory Technologist	272	28	8	8
	Radiographer (Diagostic Radiographer & Radiation Therapist)	135	8	2	2
	Social Workers	61	8	1	3
	Occupational Therapist	98	9	3	2
	Physiotherapist	122	15	2	13
	Pharmacist	92	4	0	1
	Dispenser	140	5	3	2
	Others	144	11	1	10
	Total	**1 064**	**88**	**20**	**41**
KCC	Medical Laboratory Technologist	487	39	13	21
	Radiographer (Diagostic Radiographer & Radiation Therapist)	252	16	1	10

Cluster	Major Grade	Manpower Strength (As at 31.12.2023) (Include FT and PT)	Intake No. (April – December 2023) (Include FT and PT)	Full-time Attrition (Wastage) No. (April – December 2023)	
				Retirement	Non-retirement
	Social Workers	97	6	1	5
	Occupational Therapist	175	18	1	14
	Physiotherapist	282	45	4	20
	Pharmacist	163	14	0	3
	Dispenser	313	29	2	10
	Others	233	16	6	6
	Total	**2 001**	**183**	**28**	**89**
KEC	Medical Laboratory Technologist	186	19	5	7
	Radiographer (Diagostic Radiographer & Radiation Therapist)	113	3	1	0
	Social Workers	64	7	0	0
	Occupational Therapist	117	15	0	9
	Physiotherapist	171	22	0	16
	Pharmacist	89	5	0	0
	Dispenser	164	13	2	1
	Others	141	16	0	8
	Total	**1 045**	**100**	**8**	**41**
KWC	Medical Laboratory Technologist	260	18	0	10
	Radiographer (Diagostic Radiographer & Radiation Therapist)	198	13	2	6
	Social Workers	67	12	0	11
	Occupational Therapist	217	28	1	12
	Physiotherapist	200	28	2	12
	Pharmacist	146	11	1	7
	Dispenser	277	14	1	6
	Others	176	9	3	4
	Total	**1 540**	**133**	**10**	**68**
NTEC	Medical Laboratory Technologist	309	22	4	9
	Radiographer (Diagostic Radiographer & Radiation Therapist)	215	13	3	8
	Social Workers	44	7	2	5
	Occupational Therapist	184	21	0	10
	Physiotherapist	241	42	1	18
	Pharmacist	125	10	0	2
	Dispenser	264	20	4	8
	Others	171	14	2	7
	Total	**1 552**	**149**	**16**	**67**
NTWC	Medical Laboratory Technologist	214	23	1	11

Cluster	Major Grade	Manpower Strength (As at 31.12.2023) (Include FT and PT)	Intake No. (April – December 2023) (Include FT and PT)	Full-time Attrition (Wastage) No. (April – December 2023)	
				Retirement	Non-retirement
	Radiographer (Diagostic Radiographer & Radiation Therapist)	183	16	2	5
	Social Workers	48	7	0	3
	Occupational Therapist	149	21	1	14
	Physiotherapist	171	34	1	21
	Pharmacist	107	6	1	0
	Dispenser	212	13	0	4
	Others	162	8	2	5
	Total	**1 245**	**128**	**8**	**63**

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. 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. Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.
4. 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.
5. Pharmacists include Resident Pharmacists.
6. Intake numbers above have not excluded those staff under the EER arrangement. From 2024, the HA first exclude those staff under the EER arrangement when compiling the relevant statistics.

2.

The tables below set out the attrition (wastage) number of full-time doctors by major specialty, years of service and rank group from 2021-22 to 2023-24 (rolling 12 months from January 2023 to December 2023):

2021-22

Major Specialty	Years of Service	CON	SMO/AC	MO/R	Total
Accident & Emergency	< 1 year	0	0	2	**2**
	1 - < 6 years	1	0	9	**10**

Major Specialty	Years of Service	CON	SMO/AC	MO/R	Total
	6 - < 11 years	0	0	3	**3**
	11 - < 16 years	0	1	0	**1**
	16 - < 21 years	0	10	0	**10**
	21 - < 26 years	0	6	0	**6**
	26 - < 31 years	5	3	2	**10**
	31 years or above	0	0	0	**0**
	Total	**6**	**20**	**16**	**42**
Anaesthesia	< 1 year	0	0	2	**2**
	1 - < 6 years	0	1	6	**7**
	6 - < 11 years	1	4	3	**8**
	11 - < 16 years	0	18	2	**20**
	16 - < 21 years	1	5	0	**6**
	21 - < 26 years	2	3	1	**6**
	26 - < 31 years	2	1	0	**3**
	31 years or above	0	0	0	**0**
	Total	**6**	**32**	**14**	**52**
Cardiothoracic Surgery	< 1 year	0	0	0	**0**
	1 - < 6 years	0	0	0	**0**
	6 - < 11 years	0	0	1	**1**
	11 - < 16 years	0	0	0	**0**
	16 - < 21 years	0	0	0	**0**
	21 - < 26 years	0	0	0	**0**
	26 - < 31 years	0	0	0	**0**
	31 years or above	0	0	0	**0**
	Total	**0**	**0**	**1**	**1**
Family Medicine	< 1 year	0	0	0	**0**
	1 - < 6 years	0	0	19	**19**
	6 - < 11 years	0	0	10	**10**
	11 - < 16 years	0	2	5	**7**
	16 - < 21 years	0	8	6	**14**
	21 - < 26 years	0	1	0	**1**
	26 - < 31 years	1	0	0	**1**
	31 years or above	0	0	0	**0**
	Total	**1**	**11**	**40**	**52**
Intensive Care Unit	< 1 year	0	0	0	**0**
	1 - < 6 years	1	0	3	**4**

Major Specialty	Years of Service	CON	SMO/AC	MO/R	Total
	6 - < 11 years	0	1	1	**2**
	11 - < 16 years	0	2	1	**3**
	16 - < 21 years	0	2	0	**2**
	21 - < 26 years	0	2	0	**2**
	26 - < 31 years	3	1	0	**4**
	31 years or above	0	0	0	**0**
	Total	**4**	**8**	**5**	**17**
Medicine	< 1 year	0	0	1	**1**
	1 - < 6 years	2	0	17	**19**
	6 - < 11 years	0	2	13	**15**
	11 - < 16 years	0	14	0	**14**
	16 - < 21 years	1	9	0	**10**
	21 - < 26 years	1	2	0	**3**
	26 - < 31 years	7	8	2	**17**
	31 years or above	0	0	0	**0**
	Total	**11**	**35**	**33**	**79**
Neurosurgery	< 1 year	0	0	0	**0**
	1 - < 6 years	0	0	1	**1**
	6 - < 11 years	0	0	0	**0**
	11 - < 16 years	0	0	1	**1**
	16 - < 21 years	0	1	0	**1**
	21 - < 26 years	0	0	0	**0**
	26 - < 31 years	1	0	0	**1**
	31 years or above	0	0	0	**0**
	Total	**1**	**1**	**2**	**4**
Obstetrics & Gynaecology	< 1 year	0	0	0	**0**
	1 - < 6 years	1	0	2	**3**
	6 - < 11 years	0	0	3	**3**
	11 - < 16 years	0	8	0	**8**
	16 - < 21 years	1	1	0	**2**
	21 - < 26 years	0	0	0	**0**
	26 - < 31 years	1	0	0	**1**
	31 years or above	0	0	0	**0**
	Total	**3**	**9**	**5**	**17**
Ophthalmology	< 1 year	0	0	0	**0**
	1 - < 6 years	0	0	1	**1**

Major Specialty	Years of Service	CON	SMO/AC	MO/R	Total
	6 - < 11 years	0	5	2	**7**
	11 - < 16 years	0	8	0	**8**
	16 - < 21 years	0	1	0	**1**
	21 - < 26 years	0	1	0	**1**
	26 - < 31 years	1	0	0	**1**
	31 years or above	0	0	0	**0**
	Total	**1**	**15**	**3**	**19**
Orthopaedics & Traumatology	< 1 year	0	0	0	**0**
	1 - < 6 years	1	0	3	**4**
	6 - < 11 years	0	0	0	**0**
	11 - < 16 years	0	8	0	**8**
	16 - < 21 years	0	2	0	**2**
	21 - < 26 years	1	1	0	**2**
	26 - < 31 years	5	0	0	**5**
	31 years or above	0	0	0	**0**
	Total	**7**	**11**	**3**	**21**
Paediatrics	< 1 year	0	0	1	**1**
	1 - < 6 years	5	0	7	**12**
	6 - < 11 years	0	0	1	**1**
	11 - < 16 years	0	1	0	**1**
	16 - < 21 years	0	2	0	**2**
	21 - < 26 years	0	0	0	**0**
	26 - < 31 years	5	1	0	**6**
	31 years or above	0	0	0	**0**
	Total	**10**	**4**	**9**	**23**
Pathology	< 1 year	1	0	0	**1**
	1 - < 6 years	5	2	6	**13**
	6 - < 11 years	0	2	0	**2**
	11 - < 16 years	0	3	0	**3**
	16 - < 21 years	1	0	0	**1**
	21 - < 26 years	2	1	0	**3**
	26 - < 31 years	4	0	0	**4**
	31 years or above	0	0	0	**0**
	Total	**13**	**8**	**6**	**27**
Psychiatry	< 1 year	0	0	0	**0**
	1 - < 6 years	0	0	8	**8**

Major Specialty	Years of Service	CON	SMO/AC	MO/R	Total
	6 - < 11 years	0	2	3	**5**
	11 - < 16 years	0	7	1	**8**
	16 - < 21 years	1	2	0	**3**
	21 - < 26 years	0	2	0	**2**
	26 - < 31 years	5	2	2	**9**
	31 years or above	0	0	0	**0**
	Total	**6**	**15**	**14**	**35**
Radiology	< 1 year	0	0	0	**0**
	1 - < 6 years	0	1	2	**3**
	6 - < 11 years	0	11	0	**11**
	11 - < 16 years	5	9	0	**14**
	16 - < 21 years	3	3	0	**6**
	21 - < 26 years	0	0	0	**0**
	26 - < 31 years	6	2	1	**9**
	31 years or above	0	0	0	**0**
	Total	**14**	**26**	**3**	**43**
Surgery	< 1 year	0	0	0	**0**
	1 - < 6 years	2	0	6	**8**
	6 - < 11 years	0	0	1	**1**
	11 - < 16 years	0	14	4	**18**
	16 - < 21 years	3	4	0	**7**
	21 - < 26 years	1	1	0	**2**
	26 - < 31 years	10	0	0	**10**
	31 years or above	1	0	0	**1**
	Total	**17**	**19**	**11**	**47**
Others	< 1 year	0	0	0	**0**
	1 - < 6 years	0	0	2	**2**
	6 - < 11 years	0	1	3	**4**
	11 - < 16 years	2	6	3	**11**
	16 - < 21 years	0	4	0	**4**
	21 - < 26 years	1	3	0	**4**
	26 - < 31 years	4	2	0	**6**
	31 years or above	0	0	0	**0**
	Total	**7**	**16**	**8**	**31**

2022-23

Major Specialty	Years of Service	CON	SMO/AC	MO/R	Total
Accident & Emergency	< 1 year	0	1	2	**3**
	1 - < 6 years	0	0	12	**12**
	6 - < 11 years	0	0	2	**2**
	11 - < 16 years	0	2	4	**6**
	16 - < 21 years	0	4	0	**4**
	21 - < 26 years	0	6	0	**6**
	26 - < 31 years	3	7	4	**14**
	31 years or above	0	1	1	**2**
	Total	**3**	**21**	**25**	**49**
Anaesthesia	< 1 year	0	0	1	**1**
	1 - < 6 years	1	1	7	**9**
	6 - < 11 years	0	2	1	**3**
	11 - < 16 years	0	8	0	**8**
	16 - < 21 years	1	2	0	**3**
	21 - < 26 years	1	4	0	**5**
	26 - < 31 years	3	0	0	**3**
	31 years or above	1	0	0	**1**
	Total	**7**	**17**	**9**	**33**
Cardiothoracic Surgery	< 1 year	0	0	0	**0**
	1 - < 6 years	0	0	0	**0**
	6 - < 11 years	0	0	1	**1**
	11 - < 16 years	0	0	0	**0**
	16 - < 21 years	1	0	0	**1**
	21 - < 26 years	2	0	0	**2**
	26 - < 31 years	1	0	0	**1**
	31 years or above	0	0	0	**0**
	Total	**4**	**0**	**1**	**5**
Family Medicine	< 1 year	0	0	2	**2**
	1 - < 6 years	0	0	13	**13**
	6 - < 11 years	0	1	11	**12**
	11 - < 16 years	0	1	2	**3**
	16 - < 21 years	0	9	1	**10**
	21 - < 26 years	1	0	0	**1**
	26 - < 31 years	0	0	5	**5**
	31 years or above	0	0	0	**0**
	Total	**1**	**11**	**34**	**46**

Major Specialty	Years of Service	CON	SMO/AC	MO/R	Total
Intensive Care Unit	< 1 year	0	0	1	**1**
	1 - < 6 years	0	0	0	**0**
	6 - < 11 years	0	0	2	**2**
	11 - < 16 years	0	0	0	**0**
	16 - < 21 years	1	3	0	**4**
	21 - < 26 years	0	1	0	**1**
	26 - < 31 years	1	0	0	**1**
	31 years or above	0	0	0	**0**
	Total	**2**	**4**	**3**	**9**
Medicine	< 1 year	0	0	1	**1**
	1 - < 6 years	2	0	12	**14**
	6 - < 11 years	0	0	7	**7**
	11 - < 16 years	0	12	5	**17**
	16 - < 21 years	2	17	3	**22**
	21 - < 26 years	0	6	0	**6**
	26 - < 31 years	9	7	2	**18**
	31 years or above	2	0	1	**3**
	Total	**15**	**42**	**31**	**88**
Neurosurgery	< 1 year	0	0	0	**0**
	1 - < 6 years	0	0	1	**1**
	6 - < 11 years	0	0	0	**0**
	11 - < 16 years	0	0	0	**0**
	16 - < 21 years	0	0	0	**0**
	21 - < 26 years	1	0	0	**1**
	26 - < 31 years	2	0	1	**3**
	31 years or above	0	0	0	**0**
	Total	**3**	**0**	**2**	**5**
Obstetrics & Gynaecology	< 1 year	0	1	0	**1**
	1 - < 6 years	2	0	5	**7**
	6 - < 11 years	0	2	0	**2**
	11 - < 16 years	0	5	0	**5**
	16 - < 21 years	2	1	0	**3**
	21 - < 26 years	0	0	0	**0**
	26 - < 31 years	1	1	0	**2**
	31 years or above	0	0	0	**0**
	Total	**5**	**10**	**5**	**20**

Major Specialty	Years of Service	CON	SMO/AC	MO/R	Total
Ophthalmology	< 1 year	0	0	0	**0**
	1 - < 6 years	0	2	1	**3**
	6 - < 11 years	0	5	0	**5**
	11 - < 16 years	0	1	0	**1**
	16 - < 21 years	0	2	0	**2**
	21 - < 26 years	0	0	0	**0**
	26 - < 31 years	2	0	0	**2**
	31 years or above	0	0	0	**0**
	Total	**2**	**10**	**1**	**13**
Orthopaedics & Traumatology	< 1 year	0	0	0	**0**
	1 - < 6 years	0	0	1	**1**
	6 - < 11 years	0	1	2	**3**
	11 - < 16 years	0	6	1	**7**
	16 - < 21 years	0	0	0	**0**
	21 - < 26 years	0	0	0	**0**
	26 - < 31 years	1	0	0	**1**
	31 years or above	0	0	0	**0**
	Total	**1**	**7**	**4**	**12**
Paediatrics	< 1 year	0	0	0	**0**
	1 - < 6 years	3	0	8	**11**
	6 - < 11 years	0	1	2	**3**
	11 - < 16 years	0	4	0	**4**
	16 - < 21 years	0	0	0	**0**
	21 - < 26 years	0	0	0	**0**
	26 - < 31 years	6	0	0	**6**
	31 years or above	0	0	0	**0**
	Total	**9**	**5**	**10**	**24**
Pathology	< 1 year	0	0	0	**0**
	1 - < 6 years	2	1	1	**4**
	6 - < 11 years	1	3	1	**5**
	11 - < 16 years	2	2	0	**4**
	16 - < 21 years	1	0	0	**1**
	21 - < 26 years	1	0	0	**1**
	26 - < 31 years	2	2	0	**4**
	31 years or above	0	0	0	**0**
	Total	**9**	**8**	**2**	**19**

Major Specialty	Years of Service	CON	SMO/AC	MO/R	Total
Psychiatry	< 1 year	0	0	1	**1**
	1 - < 6 years	0	0	3	**3**
	6 - < 11 years	0	1	5	**6**
	11 - < 16 years	0	5	0	**5**
	16 - < 21 years	0	2	2	**4**
	21 - < 26 years	0	1	1	**2**
	26 - < 31 years	0	0	1	**1**
	31 years or above	0	1	0	**1**
	Total	**0**	**10**	**13**	**23**
Radiology	< 1 year	0	0	0	**0**
	1 - < 6 years	2	0	0	**2**
	6 - < 11 years	2	6	1	**9**
	11 - < 16 years	3	2	0	**5**
	16 - < 21 years	1	0	0	**1**
	21 - < 26 years	1	0	0	**1**
	26 - < 31 years	4	0	0	**4**
	31 years or above	1	0	0	**1**
	Total	**14**	**8**	**1**	**23**
Surgery	< 1 year	0	0	1	**1**
	1 - < 6 years	1	0	9	**10**
	6 - < 11 years	0	2	1	**3**
	11 - < 16 years	0	7	1	**8**
	16 - < 21 years	2	7	0	**9**
	21 - < 26 years	2	1	0	**3**
	26 - < 31 years	3	0	0	**3**
	31 years or above	1	0	0	**1**
	Total	**9**	**17**	**12**	**38**
Others	< 1 year	0	0	1	**1**
	1 - < 6 years	1	0	6	**7**
	6 - < 11 years	0	2	2	**4**
	11 - < 16 years	1	9	0	**10**
	16 - < 21 years	0	4	0	**4**
	21 - < 26 years	0	1	0	**1**
	26 - < 31 years	1	0	0	**1**
	31 years or above	1	0	0	**1**
	Total	**4**	**16**	**9**	**29**

2023-24 (Rolling 12 months from January 2023 to December 2023)

Major Specialty	Years of Service	CON	SMO/AC	MO/R	Total
Accident & Emergency	< 1 year	0	0	1	**1**
	1 - < 6 years	1	0	9	**10**
	6 - < 11 years	0	1	3	**4**
	11 - < 16 years	0	3	2	**5**
	16 - < 21 years	0	0	0	**0**
	21 - < 26 years	0	1	0	**1**
	26 - < 31 years	1	4	2	**7**
	31 years or above	1	1	1	**3**
	Total	**3**	**10**	**18**	**31**
Anaesthesia	< 1 year	0	0	1	**1**
	1 - < 6 years	0	0	8	**8**
	6 - < 11 years	0	2	2	**4**
	11 - < 16 years	0	11	0	**11**
	16 - < 21 years	2	7	0	**9**
	21 - < 26 years	1	4	0	**5**
	26 - < 31 years	2	0	0	**2**
	31 years or above	0	0	0	**0**
	Total	**5**	**24**	**11**	**40**
Cardiothoracic Surgery	< 1 year	1	0	1	**2**
	1 - < 6 years	0	1	0	**1**
	6 - < 11 years	0	1	1	**2**
	11 - < 16 years	0	0	0	**0**
	16 - < 21 years	0	0	0	**0**
	21 - < 26 years	2	0	0	**2**
	26 - < 31 years	0	0	0	**0**
	31 years or above	0	0	0	**0**
	Total	**3**	**2**	**2**	**7**
Family Medicine	< 1 year	0	1	3	**4**
	1 - < 6 years	0	2	16	**18**
	6 - < 11 years	0	0	7	**7**
	11 - < 16 years	0	2	3	**5**
	16 - < 21 years	0	6	3	**9**
	21 - < 26 years	0	0	0	**0**
	26 - < 31 years	0	0	1	**1**
	31 years or above	0	1	0	**1**

Major Specialty	Years of Service	CON	SMO/AC	MO/R	Total
	Total	**0**	**12**	**33**	**45**
Intensive Care Unit	< 1 year	1	0	0	**1**
	1 - < 6 years	0	0	0	**0**
	6 - < 11 years	0	0	0	**0**
	11 - < 16 years	0	0	0	**0**
	16 - < 21 years	0	0	0	**0**
	21 - < 26 years	1	0	0	**1**
	26 - < 31 years	1	1	0	**2**
	31 years or above	0	0	0	**0**
	Total	**3**	**1**	**0**	**4**
Medicine	< 1 year	1	0	3	**4**
	1 - < 6 years	2	0	18	**20**
	6 - < 11 years	0	0	7	**7**
	11 - < 16 years	0	12	3	**15**
	16 - < 21 years	2	5	0	**7**
	21 - < 26 years	0	4	0	**4**
	26 - < 31 years	10	6	0	**16**
	31 years or above	5	2	1	**8**
	Total	**20**	**29**	**32**	**81**
Neurosurgery	< 1 year	0	0	0	**0**
	1 - < 6 years	0	1	1	**2**
	6 - < 11 years	0	0	0	**0**
	11 - < 16 years	0	0	0	**0**
	16 - < 21 years	0	0	0	**0**
	21 - < 26 years	0	0	0	**0**
	26 - < 31 years	0	1	1	**2**
	31 years or above	0	0	0	**0**
	Total	**0**	**2**	**2**	**4**
Obstetrics & Gynaecology	< 1 year	0	0	0	**0**
	1 - < 6 years	1	0	2	**3**
	6 - < 11 years	0	0	0	**0**
	11 - < 16 years	1	4	0	**5**
	16 - < 21 years	0	0	0	**0**
	21 - < 26 years	0	0	0	**0**
	26 - < 31 years	0	0	0	**0**
	31 years or above	0	0	0	**0**

Major Specialty	Years of Service	CON	SMO/AC	MO/R	Total
	Total	**2**	**4**	**2**	**8**
Ophthalmology	< 1 year	0	0	0	**0**
	1 - < 6 years	0	0	2	**2**
	6 - < 11 years	0	1	0	**1**
	11 - < 16 years	0	3	1	**4**
	16 - < 21 years	1	2	0	**3**
	21 - < 26 years	1	1	0	**2**
	26 - < 31 years	3	1	0	**4**
	31 years or above	1	0	0	**1**
	Total	**6**	**8**	**3**	**17**
Orthopaedics & Traumatology	< 1 year	0	0	0	**0**
	1 - < 6 years	0	0	1	**1**
	6 - < 11 years	0	0	2	**2**
	11 - < 16 years	0	6	0	**6**
	16 - < 21 years	0	0	0	**0**
	21 - < 26 years	0	0	0	**0**
	26 - < 31 years	4	1	0	**5**
	31 years or above	0	1	0	**1**
	Total	**4**	**8**	**3**	**15**
Paediatrics	< 1 year	0	0	0	**0**
	1 - < 6 years	0	0	9	**9**
	6 - < 11 years	0	0	2	**2**
	11 - < 16 years	0	4	1	**5**
	16 - < 21 years	0	2	0	**2**
	21 - < 26 years	0	2	0	**2**
	26 - < 31 years	6	0	0	**6**
	31 years or above	1	1	0	**2**
	Total	**7**	**9**	**12**	**28**
Pathology	< 1 year	0	0	0	**0**
	1 - < 6 years	2	0	2	**4**
	6 - < 11 years	1	0	0	**1**
	11 - < 16 years	1	0	1	**2**
	16 - < 21 years	1	0	0	**1**
	21 - < 26 years	0	0	0	**0**
	26 - < 31 years	3	1	0	**4**
	31 years or above	1	0	0	**1**

Major Specialty	Years of Service	CON	SMO/AC	MO/R	Total
	Total	**9**	**1**	**3**	**13**
Psychiatry	< 1 year	0	0	0	**0**
	1 - < 6 years	0	0	4	**4**
	6 - < 11 years	0	4	3	**7**
	11 - < 16 years	0	6	0	**6**
	16 - < 21 years	0	5	0	**5**
	21 - < 26 years	0	0	0	**0**
	26 - < 31 years	1	0	1	**2**
	31 years or above	0	0	0	**0**
	Total	**1**	**15**	**8**	**24**
Radiology	< 1 year	0	0	0	**0**
	1 - < 6 years	1	0	1	**2**
	6 - < 11 years	0	5	0	**5**
	11 - < 16 years	1	1	1	**3**
	16 - < 21 years	0	0	0	**0**
	21 - < 26 years	0	0	0	**0**
	26 - < 31 years	7	1	0	**8**
	31 years or above	1	0	0	**1**
	Total	**10**	**7**	**2**	**19**
Surgery	< 1 year	1	0	1	**2**
	1 - < 6 years	2	0	5	**7**
	6 - < 11 years	0	3	1	**4**
	11 - < 16 years	0	6	1	**7**
	16 - < 21 years	0	5	0	**5**
	21 - < 26 years	3	0	0	**3**
	26 - < 31 years	3	0	0	**3**
	31 years or above	4	0	0	**4**
	Total	**13**	**14**	**8**	**35**
Others	< 1 year	0	0	2	**2**
	1 - < 6 years	1	0	3	**4**
	6 - < 11 years	0	2	1	**3**
	11 - < 16 years	0	2	1	**3**
	16 - < 21 years	0	2	0	**2**
	21 - < 26 years	0	1	0	**1**
	26 - < 31 years	2	0	1	**3**
	31 years or above	2	0	0	**2**

Major Specialty	Years of Service	CON	SMO/AC	MO/R	Total
	Total	**5**	**7**	**8**	**20**

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. Attrition (Wastage) numbers above have not excluded those staff under the EER arrangement. From 2024, the HA first exclude those staff under the EER arrangement when compiling the relevant statistics.

The tables below set out the attrition (wastage) number of full-time nurses by major specialty, years of service and rank group from 2021-22 to 2023-24 (rolling 12 months from January 2023 to December 2023):

2021-22

Major Specialty	Years of Service	DOM/NC/ SNO and Above	APN/NS/NO/ WM/ANC	RN	EN/ Others	Total
Accident & Emergency	< 1 year	0	0	9	1	**10**
	1 - < 6 years	0	0	39	3	**42**
	6 - < 11 years	0	1	14	1	**16**
	11 - < 16 years	0	3	6	1	**10**
	16 - < 21 years	1	1	1	0	**3**
	21 - < 26 years	0	3	1	0	**4**
	26 - < 31 years	2	8	4	1	**15**
	31 years or above	0	1	0	0	**1**
	Total	**3**	**17**	**74**	**7**	**101**
Intensive Care Unit	< 1 year	0	0	7	0	**7**
	1 - < 6 years	0	0	35	0	**35**
	6 - < 11 years	0	2	18	0	**20**
	11 - < 16 years	0	3	5	0	**8**
	16 - < 21 years	0	3	3	0	**6**
	21 - < 26 years	0	4	5	0	**9**
	26 - < 31 years	0	10	6	0	**16**
	31 years or above	0	2	0	0	**2**
	Total	**0**	**24**	**79**	**0**	**103**
Medicine	< 1 year	0	4	32	31	**67**
	1 - < 6 years	0	5	184	62	**251**
	6 - < 11 years	0	3	71	6	**80**
	11 - < 16 years	0	12	18	1	**31**

Major Specialty	Years of Service	DOM/NC/ SNO and Above	APN/NS/NO/ WM/ANC	RN	EN/ Others	Total
	16 - < 21 years	0	9	4	0	**13**
	21 - < 26 years	1	28	32	8	**69**
	26 - < 31 years	8	72	49	18	**147**
	31 years or above	1	14	3	0	**18**
	Total	**10**	**147**	**393**	**126**	**676**
Obstetrics & Gynaecology	< 1 year	0	2	3	0	**5**
	1 - < 6 years	0	0	31	2	**33**
	6 - < 11 years	0	1	30	0	**31**
	11 - < 16 years	0	4	5	0	**9**
	16 - < 21 years	0	1	0	0	**1**
	21 - < 26 years	0	3	8	0	**11**
	26 - < 31 years	0	27	25	0	**52**
	31 years or above	0	2	0	0	**2**
	Total	**0**	**40**	**102**	**2**	**144**
Orthopaedics & Traumatology	< 1 year	0	0	2	3	**5**
	1 - < 6 years	0	0	31	6	**37**
	6 - < 11 years	0	0	18	2	**20**
	11 - < 16 years	0	2	9	0	**11**
	16 - < 21 years	0	1	0	0	**1**
	21 - < 26 years	0	1	7	0	**8**
	26 - < 31 years	1	3	6	1	**11**
	31 years or above	2	1	0	0	**3**
	Total	**3**	**8**	**73**	**12**	**96**
Paediatrics	< 1 year	0	1	13	1	**15**
	1 - < 6 years	0	5	66	4	**75**
	6 - < 11 years	0	3	32	1	**36**
	11 - < 16 years	0	2	3	0	**5**
	16 - < 21 years	0	2	0	0	**2**
	21 - < 26 years	0	6	6	0	**12**
	26 - < 31 years	2	26	7	1	**36**
	31 years or above	0	3	1	0	**4**
	Total	**2**	**48**	**128**	**7**	**185**
Psychiatry	< 1 year	0	1	9	3	**13**
	1 - < 6 years	0	0	26	15	**41**
	6 - < 11 years	0	1	14	5	**20**
	11 - < 16 years	0	1	7	4	**12**
	16 - < 21 years	0	3	4	0	**7**

Major Specialty	Years of Service	DOM/NC/ SNO and Above	APN/NS/NO/ WM/ANC	RN	EN/ Others	Total
	21 - < 26 years	0	12	13	3	**28**
	26 - < 31 years	3	36	16	15	**70**
	31 years or above	0	9	9	5	**23**
	Total	**3**	**63**	**98**	**50**	**214**
Surgery	< 1 year	0	0	10	1	**11**
	1 - < 6 years	0	1	76	5	**82**
	6 - < 11 years	0	4	24	2	**30**
	11 - < 16 years	0	5	8	0	**13**
	16 - < 21 years	1	2	1	0	**4**
	21 - < 26 years	1	4	9	1	**15**
	26 - < 31 years	1	21	9	4	**35**
	31 years or above	0	1	1	0	**2**
	Total	**3**	**38**	**138**	**13**	**192**
Others	< 1 year	0	1	73	13	**87**
	1 - < 6 years	0	11	226	32	**269**
	6 - < 11 years	0	5	106	16	**127**
	11 - < 16 years	0	14	37	5	**56**
	16 - < 21 years	0	11	8	2	**21**
	21 - < 26 years	1	34	48	9	**92**
	26 - < 31 years	16	57	94	29	**196**
	31 years or above	3	2	7	2	**14**
	Total	**20**	**135**	**599**	**108**	**862**

2022-23

Major Specialty	Years of Service	DOM/NC/ SNO and Above	APN/NS/NO/ WM/ANC	RN	EN/ Others	Total
Accident & Emergency	< 1 year	0	2	4	2	**8**
	1 - < 6 years	0	3	63	2	**68**
	6 - < 11 years	0	1	29	1	**31**
	11 - < 16 years	0	7	12	0	**19**
	16 - < 21 years	0	3	2	0	**5**
	21 - < 26 years	0	3	1	0	**4**
	26 - < 31 years	0	14	7	1	**22**
	31 years or above	1	6	0	0	**7**

Major Specialty	Years of Service	DOM/NC/ SNO and Above	APN/NS/NO/ WM/ANC	RN	EN/ Others	Total
	Total	**1**	**39**	**118**	**6**	**164**
Intensive Care Unit	< 1 year	0	1	7	0	**8**
	1 - < 6 years	0	0	52	0	**52**
	6 - < 11 years	0	2	37	0	**39**
	11 - < 16 years	0	3	9	0	**12**
	16 - < 21 years	0	1	2	0	**3**
	21 - < 26 years	0	3	3	0	**6**
	26 - < 31 years	1	6	5	0	**12**
	31 years or above	2	4	3	0	**9**
	Total	**3**	**20**	**118**	**0**	**141**
Medicine	< 1 year	0	2	53	41	**96**
	1 - < 6 years	0	9	278	51	**338**
	6 - < 11 years	0	11	111	8	**130**
	11 - < 16 years	0	14	19	0	**33**
	16 - < 21 years	0	13	2	0	**15**
	21 - < 26 years	0	14	18	0	**32**
	26 - < 31 years	4	56	69	15	**144**
	31 years or above	1	15	9	6	**31**
	Total	**5**	**134**	**559**	**121**	**819**
Obstetrics & Gynaecology	< 1 year	0	0	2	0	**2**
	1 - < 6 years	0	0	41	0	**41**
	6 - < 11 years	0	0	45	0	**45**
	11 - < 16 years	0	5	4	0	**9**
	16 - < 21 years	0	1	3	0	**4**
	21 - < 26 years	0	2	5	0	**7**
	26 - < 31 years	4	15	16	0	**35**
	31 years or above	0	6	3	0	**9**
	Total	**4**	**29**	**119**	**0**	**152**
Orthopaedics & Traumatology	< 1 year	0	1	6	4	**11**
	1 - < 6 years	0	2	20	5	**27**
	6 - < 11 years	0	1	23	1	**25**
	11 - < 16 years	0	1	10	0	**11**
	16 - < 21 years	0	2	1	0	**3**
	21 - < 26 years	0	2	0	0	**2**
	26 - < 31 years	0	11	3	1	**15**
	31 years or above	0	2	1	0	**3**
	Total	**0**	**22**	**64**	**11**	**97**

Major Specialty	Years of Service	DOM/NC/ SNO and Above	APN/NS/NO/ WM/ANC	RN	EN/ Others	Total
Paediatrics	< 1 year	0	1	11	2	**14**
	1 - < 6 years	0	1	91	3	**95**
	6 - < 11 years	0	2	34	0	**36**
	11 - < 16 years	0	6	6	0	**12**
	16 - < 21 years	0	1	0	0	**1**
	21 - < 26 years	0	2	3	0	**5**
	26 - < 31 years	0	13	10	0	**23**
	31 years or above	0	2	1	0	**3**
	Total	**0**	**28**	**156**	**5**	**189**
Psychiatry	< 1 year	0	0	12	5	**17**
	1 - < 6 years	0	4	32	15	**51**
	6 - < 11 years	0	4	13	3	**20**
	11 - < 16 years	0	3	6	2	**11**
	16 - < 21 years	0	1	7	0	**8**
	21 - < 26 years	0	4	5	0	**9**
	26 - < 31 years	6	36	22	21	**85**
	31 years or above	0	11	4	6	**21**
	Total	**6**	**63**	**101**	**52**	**222**
Surgery	< 1 year	0	0	13	14	**27**
	1 - < 6 years	0	0	85	14	**99**
	6 - < 11 years	0	4	44	1	**49**
	11 - < 16 years	0	7	11	1	**19**
	16 - < 21 years	0	3	1	0	**4**
	21 - < 26 years	0	4	6	1	**11**
	26 - < 31 years	4	18	17	4	**43**
	31 years or above	1	5	4	0	**10**
	Total	**5**	**41**	**181**	**35**	**262**
Others	< 1 year	0	2	88	20	**110**
	1 - < 6 years	0	14	278	26	**318**
	6 - < 11 years	0	14	102	6	**122**
	11 - < 16 years	0	13	43	2	**58**
	16 - < 21 years	0	6	9	1	**16**
	21 - < 26 years	1	14	31	2	**48**
	26 - < 31 years	16	76	65	35	**192**
	31 years or above	3	10	13	4	**30**
	Total	**20**	**149**	**629**	**96**	**894**

2023-24 (Rolling 12 months from January 2023 to December 2023)

Major Specialty	Years of Service	DOM/NC/ SNO and Above	APN/NS/NO/ WM/ANC	RN	EN/ Others	Total
Accident & Emergency	< 1 year	0	0	4	2	**6**
	1 - < 6 years	0	1	73	2	**76**
	6 - < 11 years	0	4	24	0	**28**
	11 - < 16 years	0	6	3	1	**10**
	16 - < 21 years	0	2	2	0	**4**
	21 - < 26 years	0	2	0	0	**2**
	26 - < 31 years	2	5	4	0	**11**
	31 years or above	2	9	2	0	**13**
	Total	**4**	**29**	**112**	**5**	**150**
Intensive Care Unit	< 1 year	0	1	7	0	**8**
	1 - < 6 years	0	0	51	0	**51**
	6 - < 11 years	0	0	26	0	**26**
	11 - < 16 years	0	1	7	0	**8**
	16 - < 21 years	0	1	1	0	**2**
	21 - < 26 years	0	1	3	0	**4**
	26 - < 31 years	1	7	3	0	**11**
	31 years or above	2	7	4	0	**13**
	Total	**3**	**18**	**102**	**0**	**123**
Medicine	< 1 year	0	5	44	43	**92**
	1 - < 6 years	0	8	232	43	**283**
	6 - < 11 years	0	10	118	6	**134**
	11 - < 16 years	0	11	17	2	**30**
	16 - < 21 years	0	11	3	0	**14**
	21 - < 26 years	0	6	8	0	**14**
	26 - < 31 years	2	28	24	3	**57**
	31 years or above	5	39	28	13	**85**
	Total	**7**	**118**	**474**	**110**	**709**
Obstetrics & Gynaecology	< 1 year	0	0	3	0	**3**
	1 - < 6 years	0	1	23	1	**25**
	6 - < 11 years	0	2	37	0	**39**
	11 - < 16 years	0	3	9	0	**12**
	16 - < 21 years	0	4	1	0	**5**
	21 - < 26 years	0	1	2	0	**3**
	26 - < 31 years	3	8	11	0	**22**
	31 years or above	0	14	8	0	**22**
	Total	**3**	**33**	**94**	**1**	**131**
Orthopaedics & Traumatology	< 1 year	0	0	3	4	**7**
	1 - < 6 years	0	2	24	3	**29**

Major Specialty	Years of Service	DOM/NC/ SNO and Above	APN/NS/NO/ WM/ANC	RN	EN/ Others	Total
	6 - < 11 years	0	1	13	1	**15**
	11 - < 16 years	0	2	7	0	**9**
	16 - < 21 years	0	3	0	0	**3**
	21 - < 26 years	0	1	0	0	**1**
	26 - < 31 years	0	8	6	0	**14**
	31 years or above	0	3	5	0	**8**
	Total	**0**	**20**	**58**	**8**	**86**
Paediatrics	< 1 year	0	0	16	1	**17**
	1 - < 6 years	0	1	72	3	**76**
	6 - < 11 years	0	3	32	0	**35**
	11 - < 16 years	0	5	13	0	**18**
	16 - < 21 years	0	1	1	0	**2**
	21 - < 26 years	0	2	1	0	**3**
	26 - < 31 years	2	8	5	0	**15**
	31 years or above	4	10	1	0	**15**
	Total	**6**	**30**	**141**	**4**	**181**
Psychiatry	< 1 year	0	1	13	7	**21**
	1 - < 6 years	0	0	34	3	**37**
	6 - < 11 years	0	1	13	2	**16**
	11 - < 16 years	0	4	5	0	**9**
	16 - < 21 years	0	3	2	0	**5**
	21 - < 26 years	0	2	1	3	**6**
	26 - < 31 years	1	19	18	10	**48**
	31 years or above	1	16	12	8	**37**
	Total	**2**	**46**	**98**	**33**	**179**
Surgery	< 1 year	0	1	13	11	**25**
	1 - < 6 years	0	2	81	9	**92**
	6 - < 11 years	0	4	33	0	**37**
	11 - < 16 years	0	5	6	0	**11**
	16 - < 21 years	0	4	2	0	**6**
	21 - < 26 years	1	1	5	1	**8**
	26 - < 31 years	2	10	9	1	**22**
	31 years or above	1	17	9	1	**28**
	Total	**4**	**44**	**158**	**23**	**229**
Others	< 1 year	0	3	77	14	**94**
	1 - < 6 years	2	6	272	23	**303**
	6 - < 11 years	1	9	86	3	**99**
	11 - < 16 years	2	13	31	3	**49**

Major Specialty	Years of Service	DOM/NC/ SNO and Above	APN/NS/NO/ WM/ANC	RN	EN/ Others	Total
	16 - < 21 years	0	8	6	1	**15**
	21 - < 26 years	0	9	13	1	**23**
	26 - < 31 years	11	33	46	12	**102**
	31 years or above	5	32	32	17	**86**
	Total	**21**	**113**	**563**	**74**	**771**

Note:

1. Attrition (Wastage) includes all types of cessation of service from HA (including retirement) for permanent and contract staff on headcount basis.
2. Starting from August 2022, the rank group "DOM/SNO and Above" has been revised to "DOM/ NC/SNO and Above".
3. After the creation of the rank of ANC, the rank group "APN/NS/NO/WM" has been revised to "APN/NS/NO/WM/ANC" since August 2022.
4. Attrition (Wastage) numbers above have not excluded those staff under the EER arrangement. From 2024, the HA first exclude those staff under the EER arrangement when compiling the relevant statistics.

3.

The table below sets out, by years of service, the number of Consultants and Senior Medical Officers/Associate Consultants promoted in 2023-24 (April – December 2023):

Years of Service	CON	SMO/AC
< 1 year	3	3
1 - < 6 years	4	6
6 - < 11 years	12	102
11 - < 16 years	23	27
16 - < 21 years	18	2
21 - < 26 years	13	0
26 - < 31 years	10	0
31 years or above	2	0
Total	**85**	**140**

Note:

1. Manpower figures are on headcount basis and include permanent, contract staff in HA.
2. Promotion refers to cases of appointment to higher rank with higher maximum pay point or take home pay. Other staff movement cases such as transfer/appointment to other rank or lower rank are excluded.
3. Doctors exclude Interns and Dental Officers.

4.

The table below sets out, by years of service, the number of Advanced Practice Nurses promoted during 2021-22 to 2023-24 (April – December 2023):

Rank	**Years of Service**	**2021-22**	**2022-23**	**2023-24 (April – December 2023)**
APN	< 1 year	11	11	7
	1 - < 6 years	56	62	46
	6 - < 11 years	420	406	301
	11 - < 16 years	210	182	129
	16 - < 21 years	41	24	19
	21 - < 26 years	97	62	18
	26 - < 31 years	69	63	26
	31 years or above	1	5	8
	Total	**905**	**815**	**554**

Note:
1. Manpower figures are on headcount basis and include permanent, contract staff in HA's workforce.
2. Promotion refers to cases of appointment to higher rank with higher maximum pay point or take home pay. Other staff movement cases such as transfer/appointment to other rank or lower rank are excluded.

5.

Over the years, HA has been closely monitoring its manpower situation and introduced a series of measures to attract, develop and retain talent. As part of its overall budget, HA implements ongoing measures including increasing the number of Resident Trainee posts to recruit local medical graduates, recruitment of non-locally trained doctors to supplement local recruitment, improving promotion prospects to retain staff, hiring part-time healthcare staff (e.g. via recruitment of locum staff), offering flexible work arrangements, offering further employment to suitable staff beyond retirement, enhancing Home Loan Interest Subsidy Scheme and provision of better training opportunities for various grades by establishing HA Academy.

In December 2019, HA established a Task Group (TG) on Sustainability to review, among other things, strategies for retaining staff. In line with the key directions recommended by the TG, HA has been gradually rolling out further staff retention measures and will continue to do so in 2024-25. These measures include:

(a) creating opportunities for AC to be promoted to Consultant rank, with around 400 AC posts upgraded/to be upgraded to Consultant posts during 2020-21 to 2024-25, so as to retain experienced medical personnel to address the service, manpower and training needs in HA;

(b) providing Specialty Nurse Allowance to eligible registered nurses, with over 4 300 nurses receiving the allowance as at 31 December 2023, so as to retain manpower and encourage professional development of nurses through recognising their specialty qualifications; and

(c) continuing efforts in EER to attract more retired staff who are willing to stay after retirement. As at December 2023, there were 144 doctors, 427 nurses, 86 allied health professionals and 2 964 supporting/other grades staff working at HA after retirement. Among all doctors/nurses/allied health professionals retiring during 2023-24 to 2027-28, at least 349 doctors, 909 nurses and 201 allied health professionals had indicated interest/agreed to take up full-time or part-time employment after retirement.

The additional financial provision for the above 3 measures is around $260 million in 2024-25.

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

Abbreviations

Cluster

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

Rank group

CON - Consultant
SMO/AC - Senior Medical Officer/Associate Consultant
MO/R - Medical Officer/Resident
DOM/NC/SNO - Department Operations Manager/Nurse Consultant/Senior Nursing Officer
APN/NS/NO/WM/ANC - Advanced Practice Nurse/Nurse Specialist/Nursing Officer/Ward Manager/Associate Nurse Consultant
RN - Registered Nurse
EN - Enrolled Nurse

Others

FT - full-time
PT - part-time

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2199)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the enhancement of public healthcare services, will the Government inform this Committee of:

1. the numbers of proposed additional hospital beds, operating theatre sessions and endoscopy examination sessions, the additional quotas for consultation at general out-patient clinics and specialist out-patient clinics, and the total number of Accident and Emergency (A&E) support sessions in hospitals of all clusters in each of the past 3 years with a breakdown by hospital cluster, as well as the expenditures involved; and
2. the waiting time for specialist out-patient services, A&E services and diagnostic radiological investigations in hospitals of all clusters in each of the past 3 years with a breakdown by hospital cluster?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 4)

Reply:

1.

The Hospital Authority (HA) has been strengthening service capacity through its Annual Work Plans, and such efforts include provision of additional hospital beds, operating theatre (OT) and endoscopy sessions, as well as continuous enhancement of the out-patient services and so forth, to support the growing demand for public healthcare services. When planning and developing its various public healthcare services, the HA will consider a number of factors such as the increase in service demand arising from population growth and demographic changes, manpower availability, facility provision, technological advancement as well as service provision of various clusters. The HA will also monitor the manpower situation with a view to actively making arrangements to attract, develop and retain talents for supporting its overall service needs and development.

Hospital beds

The HA has earmarked $594 million, $650 million and $139 million in 2021-22, 2022-23 and 2023-24 respectively for opening additional hospital beds as set out in the tables below.

Hospital Cluster	Planned Number of Additional Hospital Beds in 2021-22			
	Acute General	Convalescent / Rehabilitation	Mentally Ill	Total
HKEC	5	–	–	**5**
HKWC	–	–	–	–
KCC	3	–	–	**3**
KEC	36	40	–	**76**
KWC	50	–	–	**50**
NTEC	79	–	28	**107**
NTWC	42	40	–	**82**
HA Overall	**215**	**80**	**28**	**323**

Hospital Cluster	Planned Number of Additional Hospital Beds in 2022-23		
	Acute General	Convalescent / Rehabilitation	Total
HKEC	3	–	**3**
HKWC	3	–	**3**
KCC	59	–	**59**
KEC	38	40	**78**
KWC	72	–	**72**
NTEC	52	–	**52**
NTWC	77	50	**127**
HA Overall	**304**	**90**	**394**

Hospital Cluster	Planned Number of Additional Hospital Beds in 2023-24			
	Acute General	Convalescent / Rehabilitation	Mentally Ill	Total
HKEC	26	–	–	**26**
HKWC	–	–	–	–
KCC	6	2	–	**8**
KEC	10	–	–	**10**
KWC	–	–	35	**35**
NTEC	16	–	–	**16**
NTWC	8	–	–	**8**
HA Overall	**66**	**2**	**35**	**103**

OT sessions, endoscopic sessions, general out-patient clinic (GOPC) attendances, specialist out-patient clinic (SOPC) attendances and Accident & Emergency (A&E) support sessions

The HA has earmarked $521 million, $530 million and $120 million in 2021-22, 2022-23 and 2023-24 respectively for enhancing the services set out in the table below.

(Planned)	**2021-22**	**2022-23**	**2023-24**
Number of additional OT sessions per week	33 (KCC, KEC, KWC, NTEC & NTWC)	76 (HKEC, KCC, KEC, KWC, NTEC & NTWC)	6 (NTWC)
Number of additional endoscopic sessions per week	31 (KCC, KEC, NTEC & NTWC)	13 (HKEC & KWC)	3 (HKEC)
Number of additional general out-patient attendances	12 800 (KEC, NTEC, NTWC)	11 100 (KEC, KWC NTEC, NTWC)	(Note 1)
Number of additional specialist out-patient attendances	316 000 (all hospital clusters)	58 000 (all hospital clusters)	223 000 (all hospital clusters)
Total number of A&E support sessions (equivalent to number of 4-hour sessions)	Around 4 000 (all hospital clusters)	Around 3 400 (all hospital clusters)	(Note 2)

Note:

(1) The HA's planning focus for 2023-24 was on strengthening its manpower from the year-end onwards to commence the preparatory work for the successive commissioning of the newly-built GOPCs/Community Health Centres (CHCs) in the coming financial years. These clinics include the GOPC in the Joint-user Government Office Building in Tseung Kwan O Area 67, and the CHCs in the North District and Tuen Mun Area 29 West. Additional number of GOPC attendances will be provided in 2024-25.

(2) As the A&E Support Session Programme has been incorporated into the overall Special Honorarium Scheme for hospitals to meet service needs, the HA does not maintain the relevant figures.

2.

Specialist out-patient waiting time

The tables below set out the numbers of specialist out-patient new cases triaged under the categories of Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable); and their respective median (50th percentile) waiting time in each hospital cluster of the HA in 2021-22, 2022-23 and 2023-24 (up to 31 December 2023) [provisional figures].

2021-22

Hospital 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	445	<1	3 249	6	5 684	26
	MED	1 006	1	3 798	5	11 449	36
	GYN	753	<1	579	5	3 939	25
	OPH	4 613	<1	2 488	7	7 501	62
	ORT	1 206	1	1 331	5	8 029	59
	PAE	69	1	770	5	295	9
	PSY	286	<1	912	3	2 989	16
	SUR	1 104	1	3 547	7	10 582	52
HKWC	ENT	1 240	<1	2 132	6	3 621	39
	MED	2 792	<1	1 855	4	13 789	49
	GYN	1 185	<1	765	5	4 137	41
	OPH	3 136	1	1 583	7	5 464	62
	ORT	1 025	1	1 758	4	8 093	19
	PAE	174	1	378	5	1 225	13
	PSY	386	1	827	4	2 099	50
	SUR	2 995	<1	2 900	4	10 761	31
KCC	ENT	2 225	<1	2 161	4	12 489	27
	MED	1 357	1	4 068	5	24 269	73
	GYN	944	<1	2 982	6	8 138	33
	OPH	6 689	<1	6 749	3	13 753	79
	ORT	1 881	<1	1 953	4	11 607	53
	PAE	1 270	<1	1 554	4	2 569	9
	PSY	284	<1	1 096	4	1 542	14
	SUR	2 884	1	5 609	5	28 874	43

Hospital 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	1 669	<1	2 586	7	6 985	68
	MED	1 931	1	5 516	7	20 429	62
	GYN	1 603	<1	951	4	6 028	41
	OPH	5 448	<1	4 494	7	9 628	55
	ORT	3 041	<1	2 503	3	10 128	69
	PAE	765	<1	512	4	3 039	11
	PSY	302	1	2 452	4	5 212	59
	SUR	1 701	1	5 982	7	18 676	50
KWC	ENT	2 086	<1	2 168	5	11 721	94
	MED	2 054	1	6 292	7	16 773	83
	GYN	237	<1	1 667	6	7 975	40
	OPH	6 537	<1	7 742	7	6 533	125
	ORT	1 792	1	3 110	4	13 254	61
	PAE	1 155	<1	1 108	4	2 724	10
	PSY	256	<1	794	5	13 361	24
	SUR	2 189	1	6 827	6	22 710	48
NTEC	ENT	2 876	<1	3 651	5	11 638	55
	MED	2 730	<1	3 506	7	25 143	79
	GYN	2 313	<1	939	5	8 510	56
	OPH	6 555	<1	3 147	4	15 656	63
	ORT	4 440	<1	1 625	5	14 848	46
	PAE	94	<1	385	6	3 521	12
	PSY	1 015	1	2 422	4	6 216	65
	SUR	2 254	<1	3 570	5	27 558	28
NTWC	ENT	3 654	<1	1 897	4	9 013	45
	MED	913	<1	2 464	6	12 434	26
	GYN	1 331	<1	345	6	5 211	70
	OPH	9 839	<1	4 966	4	7 401	50
	ORT	1 915	<1	1 989	6	11 439	60
	PAE	161	<1	939	6	1 728	20
	PSY	399	1	1 492	3	5 606	62
	SUR	2 112	1	5 029	4	20 529	51

Hospital 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)
HA Overall	ENT	14 195	<1	17 844	5	61 151	47
	MED	12 783	<1	27 499	6	124 286	59
	GYN	8 366	<1	8 228	6	43 938	38
	OPH	42 817	<1	31 169	6	65 936	68
	ORT	15 300	<1	14 269	4	77 398	52
	PAE	3 688	<1	5 646	4	15 101	12
	PSY	2 928	1	9 995	4	37 025	40
	SUR	15 239	1	33 464	5	139 690	48

2022-23

Hospital 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	488	<1	3 502	4	4 910	14
	MED	963	1	3 178	5	10 668	48
	GYN	695	<1	541	6	3 904	25
	OPH	4 482	<1	3 041	5	7 584	52
	ORT	1 311	1	1 293	5	6 688	55
	PAE	76	1	673	4	286	9
	PSY	302	<1	897	3	3 296	19
	SUR	999	1	3 168	7	10 867	46
HKWC	ENT	961	<1	2 085	7	3 605	65
	MED	1 802	<1	1 793	4	11 414	34
	GYN	1 244	<1	907	6	3 859	34
	OPH	2 454	1	1 777	4	6 669	55
	ORT	1 265	1	1 409	4	7 808	20
	PAE	103	<1	361	5	1 122	11
	PSY	363	1	687	4	1 920	41
	SUR	2 441	<1	2 999	4	10 716	26

Hospital Cluster	Specialty	Priority 1		Priority 2		Routine	
		Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
KCC	ENT	1 985	<1	2 088	4	13 181	37
	MED	1 210	1	3 593	6	21 992	71
	GYN	934	<1	2 944	6	7 482	30
	OPH	6 983	<1	6 604	2	10 388	71
	ORT	1 978	1	1 977	4	11 819	51
	PAE	1 145	<1	1 605	4	2 748	10
	PSY	195	<1	1 318	4	2 347	18
	SUR	2 561	1	5 434	5	27 365	37
KEC	ENT	1 611	<1	2 606	6	6 742	86
	MED	1 804	1	4 788	6	19 030	58
	GYN	1 574	1	834	4	5 798	57
	OPH	5 520	<1	5 238	6	10 786	71
	ORT	2 975	<1	2 571	3	9 969	71
	PAE	731	<1	531	4	2 959	10
	PSY	265	1	2 322	3	5 238	52
	SUR	1 814	1	5 204	7	18 083	71
KWC	ENT	2 024	<1	2 303	5	10 662	62
	MED	1 752	1	5 585	6	15 897	72
	GYN	222	<1	1 595	6	7 468	46
	OPH	6 194	<1	5 886	5	9 144	167
	ORT	1 860	<1	3 251	4	12 632	54
	PAE	1 334	<1	1 138	4	2 840	9
	PSY	232	<1	909	4	13 129	29
	SUR	1 874	1	5 953	5	21 840	52
NTEC	ENT	2 469	<1	3 040	4	12 300	50
	MED	2 407	<1	3 201	6	21 681	48
	GYN	2 216	<1	981	6	7 629	57
	OPH	6 635	<1	4 053	4	15 941	52
	ORT	4 524	<1	1 360	4	14 346	45
	PAE	107	<1	407	6	3 701	16
	PSY	828	1	2 427	4	6 342	64
	SUR	2 166	1	2 992	5	26 850	32

Hospital 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	3 808	<1	1 380	4	8 828	61
	MED	1 013	<1	2 404	6	9 591	38
	GYN	1 169	<1	353	6	4 814	62
	OPH	10 901	<1	3 449	4	8 243	59
	ORT	1 896	1	1 793	6	9 791	31
	PAE	265	<1	1 059	6	1 951	23
	PSY	377	1	1 459	3	6 027	55
	SUR	1 986	1	5 057	5	18 527	49
HA Overall	ENT	13 346	<1	17 004	5	60 228	50
	MED	10 951	1	24 542	6	110 273	54
	GYN	8 054	<1	8 155	6	40 954	39
	OPH	43 169	<1	30 048	4	68 755	55
	ORT	15 809	<1	13 654	4	73 053	48
	PAE	3 761	<1	5 774	4	15 607	12
	PSY	2 562	1	10 019	4	38 299	40
	SUR	13 841	1	30 807	5	134 248	46

2023-24 (up to 31 December 2023) [Provisional figures]

Hospital 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	305	<1	2 981	4	4 332	13
	MED	498	1	2 643	5	8 746	39
	GYN	503	<1	427	6	2 957	25
	OPH	3 648	<1	2 931	7	7 013	40
	ORT	918	1	949	5	4 865	51
	PAE	39	<1	650	6	379	12
	PSY	201	1	601	3	2 726	25
	SUR	679	1	2 352	7	8 462	44

Hospital 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	832	<1	1 842	7	2 881	24
	MED	1 377	<1	1 533	4	8 283	28
	GYN	1 033	<1	754	5	2 585	27
	OPH	1 795	1	1 281	6	5 161	61
	ORT	745	1	1 326	4	6 334	21
	PAE	76	1	244	4	1 065	16
	PSY	267	1	615	4	1 462	40
	SUR	1 968	<1	2 443	5	8 553	17
KCC	ENT	1 568	<1	1 751	4	9 958	31
	MED	1 070	1	3 110	6	18 269	57
	GYN	676	<1	2 218	6	6 197	34
	OPH	5 559	<1	4 924	2	10 449	85
	ORT	1 141	1	1 624	3	9 052	41
	PAE	836	<1	1 509	6	2 662	12
	PSY	199	<1	905	3	1 829	20
	SUR	1 815	1	4 497	5	22 651	34
KEC	ENT	1 514	<1	2 218	4	5 847	89
	MED	1 022	1	3 895	5	16 279	56
	GYN	1 115	1	653	5	4 277	38
	OPH	4 401	<1	4 190	6	9 770	83
	ORT	2 391	<1	1 631	4	8 701	60
	PAE	549	<1	398	5	2 729	14
	PSY	194	1	1 628	3	4 106	56
	SUR	1 466	1	4 346	6	14 870	57
KWC	ENT	1 791	<1	2 042	5	9 627	31
	MED	1 246	1	4 548	6	12 479	63
	GYN	141	<1	1 323	6	5 724	57
	OPH	4 873	<1	3 789	5	5 605	26
	ORT	1 519	<1	2 016	3	10 296	49
	PAE	964	<1	931	5	2 413	11
	PSY	196	<1	590	3	9 900	29
	SUR	1 464	1	4 458	5	17 882	54

Hospital Cluster	Specialty	Priority 1		Priority 2		Routine	
		Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
NTEC	ENT	1 767	<1	2 344	5	10 430	37
	MED	1 433	1	2 451	6	15 039	39
	GYN	1 573	<1	821	5	5 832	59
	OPH	5 293	<1	2 726	4	14 516	77
	ORT	3 471	<1	1 127	5	11 463	62
	PAE	75	<1	311	7	3 585	22
	PSY	640	1	1 729	4	5 147	73
	SUR	1 690	1	2 513	5	20 999	29
NTWC	ENT	3 357	<1	1 359	4	7 478	32
	MED	941	<1	1 937	6	7 888	25
	GYN	803	<1	264	5	3 852	60
	OPH	9 154	<1	4 735	3	6 390	84
	ORT	1 526	1	1 500	6	7 606	36
	PAE	170	1	813	6	2 144	21
	PSY	308	1	1 168	3	4 514	45
	SUR	1 557	1	3 642	5	14 922	38
HA Overall	ENT	11 134	<1	14 537	5	50 553	33
	MED	7 587	1	20 117	6	86 983	48
	GYN	5 844	<1	6 460	5	31 424	41
	OPH	34 723	<1	24 576	4	58 904	64
	ORT	11 711	<1	10 173	4	58 317	47
	PAE	2 709	<1	4 856	6	14 977	16
	PSY	2 005	1	7 236	3	29 684	44
	SUR	10 639	1	24 251	5	108 339	40

Note:

(1) With effect from 1 October 2022, the waiting time for new case booking at SOPCs has included that of the integrated clinics.

(2) In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures.

A&E Services

The tables below set out the attendances and average waiting time for A&E services under various triage categories in each hospital cluster under the HA in 2021-22, 2022-23 and 2023-24 (up to 31 December 2023) [provisional figures].

No. of A&E attendances

2021-22

Cluster	No. of A&E Attendances				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	2 660	5 054	59 016	95 155	3 340
HKWC	1 350	3 712	40 106	58 000	2 220
KCC	6 129	7 536	138 010	97 127	5 546
KEC	4 416	6 831	107 666	111 546	6 001
KWC	5 820	8 985	159 991	217 114	5 718
NTEC	3 905	8 953	91 954	195 718	4 177
NTWC	2 879	11 182	108 189	185 167	14 146
HA Overall	**27 159**	**52 253**	**704 932**	**959 827**	**41 148**

2022-23

Cluster	No. of A&E Attendances				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	2 416	5 119	56 972	92 326	3 193
HKWC	1 256	3 471	38 967	52 844	1 629
KCC	5 966	7 216	132 537	95 754	5 505
KEC	4 592	6 937	105 257	103 206	6 447
KWC	5 089	8 789	147 811	190 003	4 982
NTEC	4 597	9 383	91 884	189 505	4 430
NTWC	2 909	9 937	100 570	179 887	14 655
HA Overall	**26 825**	**50 852**	**673 998**	**903 525**	**40 841**

2023-24 (up to 31 December 2023) [Provisional figures]

Cluster	No. of A&E Attendances				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	1 977	4 312	50 328	84 054	3 892
HKWC	983	2 757	33 953	46 081	2 577
KCC	5 021	5 787	124 485	98 801	6 037
KEC	3 182	5 831	93 534	100 772	7 764
KWC	3 555	7 510	134 572	181 244	4 491
NTEC	3 061	8 249	86 155	171 522	5 630

Cluster	No. of A&E Attendances				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
NTWC	2 750	7 471	91 678	174 437	15 543
HA Overall	**20 529**	**41 917**	**614 705**	**856 911**	**45 934**

A&E waiting time

2021-22

Hospital 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	8	30	169	209
HKWC	0	9	27	100	166
KCC	0	8	35	159	167
KEC	0	10	30	175	219
KWC	0	6	27	104	116
NTEC	0	9	28	120	139
NTWC	0	6	23	145	170
HA Overall	**0**	**8**	**29**	**135**	**168**

2022-23

Hospital 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	25	127	170
HKWC	0	9	28	109	155
KCC	0	7	23	98	128
KEC	0	10	29	169	224
KWC	0	6	29	128	131
NTEC	0	10	29	105	127
NTWC	0	7	22	131	159
HA Overall	**0**	**8**	**26**	**124**	**158**

2023-24 (up to 31 December 2023) [Provisional figures]

Hospital 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	27	165	208
HKWC	0	10	39	179	212
KCC	0	8	29	174	193
KEC	0	10	28	192	239
KWC	0	6	30	168	157
NTEC	0	10	32	183	202

Hospital 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)
NTWC	0	7	22	201	219
HA Overall	**0**	**8**	**29**	**181**	**209**

Note:

In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures.

Diagnostic radiological investigation waiting time

The tables below set out the median (50th percentile) waiting time of cases triaged under the categories of Priority 1, Priority 2 and Routine for Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Ultrasonography and Mammogram in each hospital cluster in 2021-22, 2022-23 and 2023-24 (up to 31 December 2022).

CT

2021-22

Hospital Cluster	Median Waiting Time (Weeks)		
	Priority 1	Priority 2	Routine
HKEC	5	20	50
HKWC	8	63	115
KCC	25	53	62
KEC	13	39	114
KWC	1	28	101
NTEC	<1	54	106
NTWC	4	17	102
HA Overall	5	35	94

2022-23

Hospital Cluster	Median Waiting Time (Weeks)		
	Priority 1	Priority 2	Routine
HKEC	4	24	51
HKWC	3	34	129
KCC	28	72	71
KEC	3	37	97
KWC	1	26	66
NTEC	<1	62	105
NTWC	3	17	58
HA Overall	**3**	**36**	**78**

2023-24 (up to 31 December 2023) [Provisional figures]

Hospital Cluster	Median Waiting Time (Weeks)		
	Priority 1	Priority 2	Routine
HKEC	5	20	38
HKWC	3	25	70
KCC	3	54	60
KEC	3	45	103
KWC	1	32	52
NTEC	1	31	68
NTWC	4	18	111
HA Overall	**3**	**29**	**68**

MRI

2021-22

Hospital Cluster	Median Waiting Time (Weeks)		
	Priority 1	Priority 2	Routine
HKEC	2	16	50
HKWC	<1	10	116
KCC	10	52	60
KEC	17	61	80
KWC	1	18	65
NTEC	7	31	78
NTWC	3	25	64
HA Overall	4	29	75

2022-23

Hospital Cluster	Median Waiting Time (Weeks)		
	Priority 1	Priority 2	Routine
HKEC	2	20	71
HKWC	<1	10	140
KCC	15	79	98
KEC	<1	35	85
KWC	3	19	31
NTEC	3	33	72
NTWC	4	48	83
HA Overall	**3**	**34**	**83**

2023-24 (up to 31 December 2023) [Provisional figures]

Hospital Cluster	Median Waiting Time (Weeks)		
	Priority 1	Priority 2	Routine
HKEC	4	42	77
HKWC	<1	9	161
KCC	2	46	52
KEC	1	19	93
KWC	4	26	61
NTEC	2	31	105
NTWC	8	53	98
HA Overall	**3**	**34**	**93**

Ultrasonography

2021-22

Hospital Cluster	Median Waiting Time (Weeks)		
	Priority 1	Priority 2	Routine
HKEC	1	25	51
HKWC	1	17	52
KCC	2	52	36
KEC	<1	16	56
KWC	1	53	164
NTEC	2	32	86
NTWC	1	21	80
HA Overall	**1**	**27**	**70**

2022-23

Hospital Cluster	Median Waiting Time (Weeks)		
	Priority 1	Priority 2	Routine
HKEC	1	24	51
HKWC	1	25	73
KCC	3	52	30
KEC	<1	23	35
KWC	1	41	142
NTEC	2	26	70
NTWC	1	69	126
HA Overall	**1**	**34**	**53**

2023-24 (up to 31 December 2023) [Provisional figures]

Hospital Cluster	Median Waiting Time (Weeks)		
	Priority 1	Priority 2	Routine
HKEC	1	17	45
HKWC	<1	25	57
KCC	1	32	34
KEC	5	63	52
KWC	1	47	137
NTEC	2	24	71
NTWC	2	29	142
HA Overall	**1**	**27**	**57**

Mammogram

2021-22

Hospital Cluster	Median Waiting Time (Weeks)		
	Priority 1	Priority 2	Routine
HKEC	1	19	90
HKWC	2	21	36
KCC	2	14	16
KEC	<1	54	67
KWC	1	12	56
NTEC	2	15	169
NTWC	2	11	70
HA Overall	**2**	**20**	**67**

2022-23

Hospital Cluster	Median Waiting Time (Weeks)		
	Priority 1	Priority 2	Routine
HKEC	2	16	79
HKWC	2	24	145
KCC	3	48	51
KEC	<1	49	70
KWC	1	16	128
NTEC	1	15	96
NTWC	2	13	72
HA Overall	**1**	**25**	**86**

2023-24 (up to 31 December 2023) [Provisional figures]

Hospital Cluster	Median Waiting Time (Weeks)		
	Priority 1	**Priority 2**	**Routine**
HKEC	2	15	68
HKWC	1	15	159
KCC	3	48	50
KEC	<1	9	74
KWC	2	17	150
NTEC	1	16	72
NTWC	2	22	107
HA Overall	**2**	**17**	**88**

Note:

In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures.

Abbreviations

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

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2201)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding drugs for treating cancers, will the Government advise this Committee on the following:

1. the total number of cancer patients receiving treatment at standard fees and charges from the Hospital Authority and the total drug consumption expenditure involved for all types of cancers in each of the past 3 years; and

2. the number of applications received by the Samaritan Fund and the Community Care Fund, the number of applications approved and the amount of subsidies granted in each of the past 3 years, with a breakdown by cancer type and drug?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 6)

Reply:

1.

In line with the Government's public healthcare policy to ensure that no one is denied adequate medical treatment due to lack of means, the Hospital Authority (HA) provides medical services and drugs or medical items to patients at highly subsidised rates based on their clinical needs and in accordance with the HA's treatment guidelines. The total numbers of cancer patients receiving treatment at standard fees and charges in the HA and the total drug consumption expenditures involved for all types of cancers in 2021-22, 2022-23 and 2023-24 (projection˜) are set out in the table below.

Year	Number of Cancer Patients Receiving Treatment in the HA@	Drug Consumption Expenditure Involved ($ million)
2021-22	149 600	1,379.4
2022-23	152 800	1,402.8
2023-24 (Projection)˜	157 800	1,485.5

@ Figures rounded to the nearest hundred

˜ Full-year projection based on the drug consumption expenditure as at 31 December 2023

2.
The names of cancer drugs covered by the Samaritan Fund (SF) and the Community Care Fund (CCF) Medical Assistance Programmes, the numbers of applications received and approved, and the amounts of subsidies granted in 2021-22, 2022-23 and 2023-24 (as at 31 December 2023) are set out in the tables below.

SF

2021-22				
Type of cancers	**Drug**	**Number of applications received[#]**	**Number of applications approved[#]**	**Amount of subsidies granted ($ million)**
Acute lymphoblastic leukaemia (ALL)	Dasatinib	21	21	5.72
	Ponatinib	6	6	1.66
Acute myeloid leukaemia	Midostaurin	20	20	10.23
Brain cancer	Temozolomide	20	20	0.37
Breast cancer	Trastuzumab	251	251	29.42
	Pertuzumab and Trastuzumab	193	193	41.34
	Trastuzumab emtansine (T-DM1)	58	58	12.91
Chronic lymphocytic leukaemia	Rituximab	3	3	0.09
	Ibrutinib	36	36	15.41
Chronic myeloid leukaemia (CML)	Dasatinib	118	118	24.25
	Nilotinib	136	136	33.70
	Ponatinib	15	15	4.29
Colorectal cancer	Cetuximab	236	236	69.37
	Panitumumab	87	87	19.44
Gastrointestinal stromal tumour (GIST)	Imatinib	284	284	46.97
	Sunitinib	10	10	1.24
Liver cancer	Sorafenib	90	90	5.62
Lung cancer	Afatinib	77	77	9.31
	Ceritinib	0*	0*	0*
	Crizotinib	30	30	7.00
	Gefitinib	171	171	15.49
	Alectinib	153	153	58.36
Lymphoma	Ibrutinib	6	6	2.87
	Obinutuzumab	79	79	9.63
	Rituximab	181	181	6.63

2021-22				
Type of cancers	**Drug**	**Number of applications received[#]**	**Number of applications approved[#]**	**Amount of subsidies granted ($ million)**
Myelodysplastic syndromes/ Chronic myelomonocytic leukaemia/ Acute myeloid leukaemia	Azacitidine	113	113	5.30
Myelofibrosis-related splenomegaly or symptoms	Ruxolitinib	71	71	37.66
Myeloma	Bortezomib	183	183	42.56
	Lenalidomide	32	32	3.15
	Carfilzomib	44	44	14.15
	Pomalidomide	50	50	16.31
	Total	**2 774**	**2 774**	**550.45**

2022-23				
Type of cancers	**Drug**	**Number of applications received[#]**	**Number of applications approved[#]**	**Amount of subsidies granted ($ million)**
Acute lymphoblastic leukaemia (ALL)	Dasatinib	17	17	4.49
	Ponatinib	8	8	2.22
Acute myeloid leukaemia	Midostaurin	21	21	11.15
Brain cancer	Temozolomide	18	18	0.32
Breast cancer	Trastuzumab	191	191	18.30
	Pertuzumab and Trastuzumab	406	406	97.09
	Trastuzumab emtansine (T-DM1)	61	61	13.86
Chronic lymphocytic leukaemia	Rituximab	2	2	0.04
	Ibrutinib	31	31	8.63
	Acalabrutinib	11	11	2.92
	Bendamustine	5	5	0.56
	Obinutuzumab	0*	0*	0*
Chronic myeloid leukaemia (CML)	Dasatinib	108	108	22.67
	Nilotinib	130	130	34.26
	Ponatinib	19	19	5.50
Colorectal cancer	Cetuximab	209	209	63.20
	Panitumumab	141	141	29.02
	Imatinib	146	146	5.65

2022-23				
Type of cancers	**Drug**	**Number of applications received[#]**	**Number of applications approved[#]**	**Amount of subsidies granted ($ million)**
Gastrointestinal stromal tumour (GIST)	Sunitinib	40	40	4.95
Liver cancer	Sorafenib	60	60	2.90
Lung cancer	Afatinib	96	96	11.78
	Ceritinib	1	1	0.33
	Crizotinib	25	25	5.01
	Gefitinib	145	145	13.32
	Alectinib	144	144	56.37
	Brigatinib	5	5	1.83
	Osimertinib	185	185	39.38
Lymphoma	Ibrutinib	11	11	3.85
	Obinutuzumab	61	61	9.53
	Rituximab	158	158	3.89
	Brentuximab Vedotin	1	1	0.20
Myelodysplastic syndromes/ Chronic myelomonocytic leukaemia/ Acute myeloid leukaemia	Azacitidine	73	73	3.61
Myelofibrosis-related splenomegaly or symptoms	Ruxolitinib	92	92	49.27
Myeloma	Bortezomib	135	135	9.72
	Lenalidomide	37	37	4.45
	Carfilzomib	52	52	18.67
	Pomalidomide	39	39	15.08
Prostate cancer	Abiraterone	13	13	1.88
	Enzalutamide	51	51	8.30
Renal cell carcinoma	Axitinib	11	11	0.82
	Pazopanib	72	72	9.64
	Total	**3 031**	**3 031**	**594.66**

2023-24 (as at 31 December 2023)				
Type of cancers	**Drug**	**Number of applications received[#]**	**Number of applications approved[#]**	**Amount of subsidies granted ($ million)**
	Dasatinib	20	20	5.06

2023-24 (as at 31 December 2023)				
Type of cancers	**Drug**	**Number of applications received[#]**	**Number of applications approved[#]**	**Amount of subsidies granted ($ million)**
Acute lymphoblastic leukaemia (ALL)	Inotuzumab Ozogamicin	0*	0*	0*
	Ponatinib	7	7	2.24
Acute myeloid leukaemia	Gilteritinib	0*	0*	0*
	Midostaurin	14	14	6.98
	Venetoclax and Azacitidine	5	5	1.93
Brain cancer	Temozolomide	7	7	0.16
Breast cancer	Abemaciclib	1	1	0.08
	Abemaciclib and Fulvestrant	19	19	4.98
	Everolimus	8	8	1.02
	Palbociclib	72	72	8.03
	Ribociclib	126	126	21.76
	Ribociclib and Fulvestrant	34	34	6.57
	Trastuzumab	35	35	7.50
	Pertuzumab and Trastuzumab	296	296	71.15
	Trastuzumab emtansine (T-DM1)	97	97	26.86
Chronic lymphocytic leukaemia	Rituximab	2	2	0.02
	Ibrutinib	11	11	3.49
	Acalabrutinib	12	12	3.84
	Bendamustine	5	5	0.57
	Obinutuzumab	4	4	0.31
Chronic myeloid leukaemia (CML)	Dasatinib	95	95	19.63
	Nilotinib	94	94	24.58
	Ponatinib	20	20	5.71
Colorectal cancer	Cetuximab	125	125	41.05
	Panitumumab	133	133	27.30
Gastrointestinal stromal tumour (GIST)	Sunitinib	37	37	4.61
Liver cancer	Sorafenib	58	58	2.26
	Lenvatinib	6	6	1.19
Lung cancer	Afatinib	69	69	8.81
	Alectinib	87	87	32.84
	Atezolizumab	2	2	0.75

2023-24 (as at 31 December 2023)				
Type of cancers	**Drug**	**Number of applications received[#]**	**Number of applications approved[#]**	**Amount of subsidies granted ($ million)**
	Brigatinib	9	9	4.41
	Ceritinib	2	2	0.20
	Crizotinib	14	14	3.11
	Durvalumab	5	5	1.69
	Gefitinib	95	95	9.08
	Nivolumab	2	2	0.61
	Osimertinib	176	176	36.46
	Pembrolizumab	8	8	4.91
Lymphoma	Ibrutinib	4	4	1.82
	Obinutuzumab	67	67	9.07
	Rituximab	127	127	3.24
	Brentuximab Vedotin	12	12	3.48
Myelodysplastic syndromes/ Chronic myelomonocytic leukaemia/ Acute myeloid leukaemia	Azacitidine	57	57	2.90
Myelofibrosis-related splenomegaly or symptoms	Ruxolitinib	76	76	41.83
Myeloma	Bortezomib	66	66	4.98
	Lenalidomide	78	78	13.56
	Carfilzomib	32	32	13.66
	Pomalidomide	30	30	11.31
Prostate cancer	Abiraterone	20	20	2.78
	Apalutamide	0*	0*	0*
	Enzalutamide	132	132	19.38
Renal cell carcinoma	Axitinib	19	19	1.24
	Pazopanib	54	54	8.37
Skin cancer	Dabrafenib and Trametinib	0*	0*	0*
	Nivolumab	8	8	1.97
	Total	**2 594**	**2 594**	**541.34**

* No application was received for these drugs in respective years.
[#] The above data do not include withdrawn/cancelled applications.

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

2021-22				
Type of cancers	**Drug**	**Number of applications received[#]**	**Number of applications approved[#]**	**Amount of subsidies granted ($ million)**
Bladder cancer	Pembrolizumab	28	28	13.44
Breast cancer	Everolimus	29	29	3.86
	Lapatinib	20	20	1.26
	Palbociclib	240	240	39.57
	Pertuzumab	140	140	45.70
	Ribociclib	99	99	14.86
	Trastuzumab emtansine (T-DM1)	96	96	28.22
	Abemaciclib	48	48	8.15
Colorectal cancer	Bevacizumab	398	398	91.78
Liver cancer	Lenvatinib	225	225	19.02
Gastric carcinoma	Trastuzumab	15	15	1.21
Gastrointestinal tumour	Sunitinib	15	15	1.67
Head and neck cancer	Nivolumab	11	11	3.42
Leukaemia	Bendamustine	10	10	1.21
	Obinutuzumab	8	8	0.67
	Inotuzumab Ozogamicin	6	6	2.46
	Gemtuzumab Ozogamicin	8	8	1.29
	Tisagenlecleucel	4	4	4.45
Lymphoma	Brentuximab Vedotin	12	12	4.72
	Tisagenlecleucel	17	17	35.87
Lung cancer	Alectinib	10	10	3.15
	Ceritinib	3	3	0.15
	Osimertinib	524	524	112.68
	Brigatinib	5	5	1.77
	Durvalumab	59	59	17.99
	Pembrolizumab	290	290	143.19
	Atezolizumab	125	125	26.64
	Nivolumab	92	92	24.69
Myeloma	Ixazomib and Lenalidomide	112	112	36.34
Neuroblastoma	Dinutuximab Beta	2	2	5.33

2021-22				
Type of cancers	**Drug**	**Number of applications received[#]**	**Number of applications approved[#]**	**Amount of subsidies granted ($ million)**
Ovarian cancer	Pegylated Liposomal Doxorubicin	52	52	2.93
Renal cell carcinoma	Axitinib	34	34	2.13
	Sunitinib	23	23	1.90
	Pazopanib	108	108	15.27
	Nivolumab and Ipilimumab	16	16	10.20
Skin cancer	Nivolumab	43	43	11.47
	Vemurafenib	0*	0*	0*
	Dabrafenib and Trametinib	4	4	1.69
Prostate cancer	Abiraterone	99	99	14.06
	Enzalutamide	146	146	19.57
Epithelial ovarian/ fallopian tube/ primary peritoneal cancer	Bevacizumab	41	41	6.86
	Olaparib	22	22	7.87
	Total	**3 239**	**3 239**	**788.71**

2022-23				
Type of cancers	**Drug**	**Number of applications received[#]**	**Number of applications approved[#]**	**Amount of subsidies granted ($ million)**
Bladder cancer	Pembrolizumab	40	40	17.91
Breast cancer	Everolimus	18	18	2.36
	Lapatinib	14	14	0.94
	Palbociclib	200	200	26.15
	Ribociclib	119	119	14.68
	Trastuzumab emtansine (T-DM1)	67	67	20.95
	Abemaciclib	117	117	18.07
	Neratinib	8	8	1.06
Colorectal cancer	Bevacizumab	387	387	53.78
Liver cancer	Lenvatinib	219	219	29.29
	Atezolizumab and Bevacizumab	36	36	12.44
Gastric carcinoma	Trastuzumab	8	8	0.91
Head and neck cancer	Nivolumab	39	39	8.40

2022-23				
Type of cancers	**Drug**	**Number of applications received[#]**	**Number of applications approved[#]**	**Amount of subsidies granted ($ million)**
Leukaemia	Bendamustine	3	3	0.15
	Obinutuzumab	4	4	0.30
	Inotuzumab Ozogamicin	4	4	1.49
	Gemtuzumab Ozogamicin	17	17	2.49
	Tisagenlecleucel	3	3	7.83
Lymphoma	Brentuximab Vedotin	9	9	4.13
	Tisagenlecleucel	17	17	43.99
	Acalabrutinib	2	2	0.73
	Pembrolizumab	4	4	2.85
	Polatuzumab Vedotin and Rituximab and Bendamustine	16	16	3.83
Lung cancer	Alectinib	2	2	0.70
	Ceritinib	3	3	0.15
	Osimertinib	462	462	95.58
	Brigatinib	2	2	0.72
	Durvalumab	64	64	18.51
	Pembrolizumab	312	312	163.90
	Atezolizumab	105	105	24.77
	Nivolumab	102	102	33.74
	Lorlatinib	34	34	14.14
Myeloma	Ixazomib and Lenalidomide	110	110	35.15
Neuroblastoma	Dinutuximab Beta	4	4	5.76
Ovarian cancer	Pegylated Liposomal Doxorubicin	58	58	3.93
Renal cell carcinoma	Axitinib	21	21	1.27
	Sunitinib	11	11	1.04
	Pazopanib	24	24	2.51
	Nivolumab and Ipilimumab	56	56	29.18
Skin cancer	Nivolumab	34	34	11.40
	Vemurafenib	0*	0*	0*
	Dabrafenib and Trametinib	10	10	4.11
Prostate cancer	Abiraterone	68	68	9.22
	Enzalutamide	124	124	16.45
	Bevacizumab	50	50	6.86

2022-23				
Type of cancers	**Drug**	**Number of applications received[#]**	**Number of applications approved[#]**	**Amount of subsidies granted ($ million)**
Epithelial ovarian/ fallopian tube/ primary peritoneal cancer	Olaparib	52	52	14.00
	Total	**3 059**	**3 059**	**767.82**

2023-24 (as at 31 December 2023)				
Type of cancers	**Drug**	**Number of applications received[#]**	**Number of applications approved[#]**	**Amount of subsidies granted ($ million)**
Bladder cancer	Avelumab	0*	0*	0*
	Pembrolizumab	31	31	14.19
Breast cancer	Everolimus	3	3	0.35
	Lapatinib	9	9	0.65
	Palbociclib	22	22	2.00
	Ribociclib	20	20	3.43
	Trastuzumab emtansine (T-DM1)	9	9	2.10
	Abemaciclib	72	72	9.72
	Neratinib	16	16	1.79
Colorectal cancer	Bevacizumab	325	325	45.53
Liver cancer	Lenvatinib	97	97	15.23
	Atezolizumab and Bevacizumab	106	106	29.85
Gastric carcinoma	Trastuzumab	1	1	0.25
Gastric, gastroesophageal junction or esophageal adenocarcinoma	Nivolumab	0*	0*	0*
Head and neck cancer	Nivolumab	27	27	5.13
	Pembrolizumab	28	28	14.70
Leukaemia	Inotuzumab Ozogamicin	2	2	0.40
	Gemtuzumab Ozogamicin	14	14	2.23
	Tisagenlecleucel	3	3	7.37

2023-24 (as at 31 December 2023)				
Type of cancers	**Drug**	**Number of applications received[#]**	**Number of applications approved[#]**	**Amount of subsidies granted ($ million)**
Lymphoma	Brentuximab Vedotin	1	1	0.45
	Tisagenlecleucel	25	25	54.01
	Acalabrutinib	2	2	0.33
	Ibrutinib	0*	0*	0*
	Pembrolizumab	5	5	3.52
	Polatuzumab Vedotin and Rituximab and Bendamustine	38	38	6.99
Lung cancer	Osimertinib	330	330	69.90
	Brigatinib	1	1	0.44
	Durvalumab	44	44	14.38
	Pembrolizumab	250	250	129.12
	Atezolizumab	86	86	19.56
	Nivolumab	65	65	15.90
	Nivolumab and Ipilimumab	0*	0*	0*
	Lorlatinib	50	50	22.11
Myeloma	Daratumumab and Bortezomib	41	41	17.01
	Isatuximab and Pomalidomide	1	1	0.69
	Ixazomib and Lenalidomide	95	95	34.18
Neuroblastoma	Dinutuximab Beta	2	2	2.19
Ovarian cancer	Pegylated Liposomal Doxorubicin	50	50	3.76
Renal cell carcinoma	Sunitinib	9	9	1.14
	Nivolumab and Ipilimumab	60	60	28.08
Skin cancer	Nivolumab	15	15	4.30
	Vemurafenib	0*	0*	0*
	Dabrafenib and Trametinib	0*	0*	0*
Prostate cancer	Abiraterone	31	31	4.43
Epithelial ovarian/ fallopian tube/ primary peritoneal cancer	Bevacizumab	25	25	3.46
	Niraparib	16	16	5.87
	Olaparib	45	45	10.64
Thyroid cancer	Lenvatinib	0*	0*	0*

2023-24 (as at 31 December 2023)				
Type of cancers	**Drug**	**Number of applications received[#]**	**Number of applications approved[#]**	**Amount of subsidies granted ($ million)**
	Total	**2 072**	**2 072**	**607.38**

* No application was received for these drugs in respective years.
[#] The above data do not include withdrawn/cancelled applications.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2203)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The top 3 causes of cancer deaths in Hong Kong are lung cancer, colorectal cancer and liver cancer. With the rapid development of screening technologies for lung cancer and liver cancer in recent years, early detection and diagnosis of cancer can help raise the survival rate of patients. In this connection, will the Government inform this Committee:

1. whether it will consider launching studies or pilot programmes on lung cancer and liver cancer screenings, including the introduction of low dose computed tomography (LDCT) technology for lung cancer screening and biomarker testing technology of protein induced by vitamin K absence or antagonist-II (PIVKA-II) for liver cancer screening; if so, of the respective work plans, timetables and estimated expenditure; if not, the reasons for that; and

2. whether it will consider adopting a public-private partnership model for the introduction of new cancer screening technologies to allow participation of the private healthcare system and non-government organisations in the provision of services, so as to optimise the use of social resources; if so, of the relevant work plan and estimated expenditure; if not, the reasons for that?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 8)

Reply:

1. & 2.

The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) under the Cancer Coordinating Committee chaired by the Secretary for Health regularly reviews local and international scientific evidence, with a view to making recommendations to the Government on suitable evidence-based measures for cancer prevention and screening for the local population. For cancer screening, the Government has rolled out the Cervical Screening Programme, the Colorectal Cancer Screening Programme (CRCSP) and Phase 1 of the Breast Cancer Screening Pilot Programme. Among which, the CRCSP is being implemented under the public-private partnership model.

Currently, the CEWG does not recommend routine screening for lung cancer and liver cancer for asymptomatic persons at average risk. For asymptomatic persons at higher risk, they

should seek advice from doctors to determine the need for and approach of cancer surveillance. The CEWG will keep reviewing the latest scientific evidence and update its recommendation for screening of lung cancer and liver cancer as appropriate.

When considering recommendations for any disease screening, the Government will refer to the evidence-based risk assessment and views of relevant experts from the perspective of public health. A number of factors will be carefully assessed, such as local prevalence of the cancer, accuracy and safety of the screening tests, effectiveness in reducing incidence and mortality rates as well as feasibility of implementation of a screening programme. The perspective of good utilisation of medical resources will be taken into account to determine the priority. Excessive screening under public health programme not only wastes resources for the overall public health, but also runs out of resources that can be invested on other projects in greater need, and may pose unnecessary health risks to individuals, often causing more harm than good.

Primary prevention (i.e. reducing exposure to cancer risk factors) is the most important strategy for reducing the risk of developing cancer. The Department of Health (DH) has all along been encouraging members of the public to adopt a healthy lifestyle, including avoidance of smoking and alcohol, healthy diet, regular physical activity and maintenance of a healthy body weight and waist circumference, in order to reduce the risk of non-communicable diseases including cancer.

Smoking is the biggest risk factor for developing lung cancer. 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 multi-pronged and progressive approach in tobacco control, involving measures on legislation, enforcement, publicity and education, smoking cessation services and taxation. As the most important primary prevention strategy for lung cancer, the DH has been encouraging the general public to adopt a healthy lifestyle, including no smoking, and provides free smoking cessation services to help smokers quit smoking.

For liver cancer, the majority of liver cancer cases in Hong Kong are associated with chronic hepatitis B virus (HBV) and hepatitis C virus (HCV) infection. The city has taken a number of measures to prevent mother-to-child transmission of HBV, including offering hepatitis B vaccination to all newborn babies since 1988, so as to minimise the risk of HBV infection in the new generation. The relevant units of the DH serving persons at higher risk of HBV or HCV infection have also been strengthening risk-based viral hepatitis screening services for early identification and management of patients with chronic hepatitis, so as to minimise the risk of complications (including liver cancer) associated with chronic hepatitis B or hepatitis C in these patients.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2204)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the development and implementation of eHealth+, will the Government inform this Committee:

1. whether it will assist members of the public in downloading the eHealth+ mobile application and conducting authentication, and encourage them to give consent to upload their medical records to eHealth+, so as to boost the utilisation rate of members of the public; if yes, what are the details; if not, what are the reasons;
2. whether it will formulate key performance indicators for the use of eHealth+ by members of the public and uploading patients' electronic health records onto eHealth+ by private healthcare providers; if yes, what are the details; if not, what are the reasons; and
3. whether it will consider enacting legislation to mandate the uploading of medical records by private healthcare providers when the percentage of uploading patients' electronic health records to eHealth+ by private healthcare providers has remained at a low level; if yes, what are the details; If not, what are the reasons?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 9)

Reply:

The Electronic Health Record Sharing System (eHealth), which came into operation in 2016, is a territory-wide electronic health record sharing platform developed by the Government since 2009. Participants can authorise healthcare providers (HCPs) in both public and private sectors to view and upload their electronic health records (eHRs) through eHealth. eHealth has undergone two stages of development. As of the end of February 2024, it recorded about 6 million registered users, accounting for nearly 80% of the population in Hong Kong. Regarding HCPs, all public hospitals and clinics, 13 private hospitals and over 3 000 other private healthcare organisations in Hong Kong have registered with eHealth, covering over 5 400 service locations.

Building on the current strengths of eHealth, the 2023 Policy Address announced the Government's initiative to roll out a five-year plan of "eHealth+" to develop eHealth into a

comprehensive healthcare information infrastructure that integrates multiple functions of data sharing, service support and care journey management. We will take forward the "eHealth+" development under four strategic directions, namely "One Health Record", "One Care Journey", "One Digital Front Door to Empowering Tool" and "One Health Data Repository". "eHealth+" aims to better serve citizens in obtaining optimal healthcare services and support Government's overall healthcare agenda, including primary healthcare and cross-boundary healthcare.

Our reply to the questions raised by the Hon Yang is as follows:

(1)&(2) The Government has been actively promoting and facilitating eHealth participation to bring every citizen on board. Since June 2021, all Hong Kong residents can register with eHealth online and use "iAM Smart" for identity verification to instantly activate their eHealth accounts. Members of the public can also register with eHealth at over 60 registration centres under the Hospital Authority (HA) and the Department of Health (DH) or open their eHealth accounts at designated post offices in 18 districts across Hong Kong. Citizens simply need to bring their identity documents, and staff will then verify their identities on the spot and assist them to complete the account-opening process.

To assist members of the public to build and maintain a complete personal health profile, we have integrated the eHealth registration into some health services provided by the DH (e.g. services of Maternal and Child Health Centres and the Vaccination Subsidy Scheme), and required private HCPs joining various Public-Private Partnership programmes (e.g. the Chronic Disease Co-Care Pilot Scheme) to use eHealth for recording and depositing eHRs of the relevant service users. The Government will progressively expand the arrangement to all government-funded or subsidised health programmes and to all public healthcare services provided by the DH and the HA.

The Government will also simplify the procedures of using eHealth service by the citizens. We have noted that of the nearly 6 million registered users of eHealth (i.e. those who have provided "joining consent"), over 70% have not given "sharing consent" to any private HCP, partly due to the relatively complicated two-step consent model, which some citizens may not fully understand. To facilitate citizens in unlocking the flow of eHRs from the private sector to their personalised eHealth account, we will revise the Electronic Health Record Sharing System Ordinance (Cap. 625) (the eHR Ordinance) to streamline the consent mechanism.

The Government has included key performance indicators in the Chief Executive's 2023 Policy Address and will continue to promote the widespread use of eHealth, with the goal of achieving 3.4 million eHealth mobile application users and an average of 190 000 monthly access of eHRs by the end of 2024. The Government will formulate specific targets and timetables for the project as the "eHealth+" five-year plan was rolled out gradually.

(3) Currently, there are over 3.85 billion eHRs shared on eHealth, the vast majority of which (more than 99%) come from public HCPs. Despite the high level of eHealth participation and usage by private HCPs, as well as system readiness of these HCPs especially private hospitals and imaging centres, health data contribution by private

HCPs has remained extremely low. One key objective of "eHealth+" development is to significantly increase the uploading of eHRs by the private sector with a view to providing continuity of care for patients.

The Government has rolled out the eHealth Adoption Sponsorship Pilot Scheme by partnering with solution vendors of clinical management systems and medical groups for system enhancements to facilitate seamless data upload from the clinical management systems of private doctors to eHealth. The pilot scheme has been progressing well. As of the end of February 2024, around 400 private doctors have connected with eHealth and uploaded more than 160 000 eHRs. The Government will continue to boost data connectivity between eHealth and the electronic medical management systems in the community through the provision of technical and financial support.

In the future, we will launch an "eHealth+" certification scheme to facilitate the public to identify the capability of HCPs in uploading medical records and the extent of information involved, in order to support their choice of suitable healthcare service providers.

The Government will also consider amending the eHR Ordinance so as to empower the Secretary for Health to require HCPs to deposit specified essential health data in the personalised eHealth accounts of the public, thereby manifesting their right to access and manage their personal health records.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2205)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the work of District Health Centres (DHCs) and DHC Expresses, would the Government inform this Committee of the following:

1. the respective numbers of users and the percentages of the relevant throughput in the designed throughput in each of the past 3 years, with a breakdown by DHC and DHC Express;
2. whether efforts in preventing osteoporosis will be stepped up, including introducing the osteoporosis screening service into DHCs and DHC Expresses across the city by taking reference from the experience of the Kwai Tsing DHC and making it a regular service; if yes, what are the relevant work plan and estimated expenditure; if not, what are the reasons; and
3. taking into account that the services offered by DHCs and DHC Expresses in various districts are governed by service agreements signed with non-governmental organisations providing the services, whether the Government would review and revise the standard text of such service agreements to cater for public needs for different primary healthcare services; if yes, what are the work plan and timetable; if not, what are the reasons?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 10)

Reply:

(1)

The cumulative numbers of members and attendances of all the District Health Centres (DHCs) and DHC Expresses (DHCEs) are set out in the table below:

DHC/DHCE Service commencement date	**Cumulative number of members (as at 31 December 2023)** Note 1 **[Provisional figures]**	**Cumulative number of attendances (as at 31 December 2023)** Notes 1, 2, 3, 4, 5 **[Provisional figures]**
Kwai Tsing DHC 24 September 2019	36 800	377 600
Sham Shui Po DHC 30 June 2021	19 900	117 700
Tuen Mun DHC 31 May 2022	21 500	163 600
Wong Tai Sin DHC 30 June 2022	18 600	75 400
Southern DHC 17 October 2022	13 800	71 100
Yuen Long DHC 24 October 2022	18 400	97 500
Tsuen Wan DHC 30 December 2022	12 700	69 500
Sai Kung DHCE 1 September 2021	6 400	53 400
Kowloon City DHCE 1 October 2021	7 100	28 900
Yau Tsim Mong DHCE 1 October 2021	6 100	26 500
Wan Chai DHCE 4 October 2021	4 300	29 500
North DHCE 18 October 2021	5 900	31 800
Islands DHCE 18 October 2021	4 100	22 800
Kwun Tong DHCE 21 October 2021	5 800	28 800
Tai Po DHCE 22 October 2021	4 900	30 000
Sha Tin DHCE 30 October 2021	7 900	36 800
Central and Western DHCE 30 October 2021	4 900	29 500
Eastern DHCE 30 October 2021	6 400	30 700
Total	**205 600**	**1 320 900**

Notes:

1. Figures are rounded to the nearest hundred.
2. The figures only include service figures captured from the DHC/DHCE information system, and do not include those relating to medical laboratory tests.

3. Starting from April 2021, a revised classification of DHC disease prevention service has been adopted. Attendance figures may not be comparable between different reporting periods.
4. As different services are provided by the 11 DHCEs, the attendance figures are not directly comparable.
5. The figures include services provided by DHCs/DHCEs for participants of the Chronic Disease Co-care Pilot Scheme which was launched on 13 November 2023.

(2)

Currently there is insufficient scientific evidence and public health justification to support carrying out osteoporosis screening at public level. People who are at risk of developing osteoporosis due to, for example, underweight, previous history of bone fracture, premature menopause, smoking habit or heavy drinking, or a family history of osteoporosis or fracture, should take active control of the risk factors and seek medical advice on appropriate management options, such as bone mineral density assessment or treatment. The Department of Health (DH) will regularly review the need for screening of osteoporosis based on scientific evidence and public health considerations. In light of the above, DHCs have no plan to provide osteoporosis screening services to the public at the moment.

At the health management and promotion level, DHCs will organise educational activities to promote osteoporosis prevention. For high risk elderly, DHCs and DHCEs will provide muscle strength and balance training, and offer advice on mobility aids and gadgets, home safety and home modification as appropriate. Meanwhile, DHCs and DHCEs will collaborate with local community partners and healthcare providers across different sectors to make referrals to those in need.

In addition, DH provides health education to prevent osteoporosis through its various services, e.g. Centre for Health Protection, Elderly Health Service and Family Health Service. Health education covers information on the maintenance of bone health, prevention of osteoporosis and falls that may lead to fractures, as well as advocates to adopt a healthy diet and lifestyle, such as doing regular physical and weight-bearing exercises, maintaining optimal body weight, eating a balanced diet for adequate calcium and vitamin D intake, having appropriate sunlight exposure for vitamin D synthesis, and refraining from smoking and excessive drinking. Relevant health information on prevention and treatment for osteoporosis has been uploaded onto DH's websites for public's reference. DH will also disseminate education messages through other channels such as health talks, individual counselling and leaflets.

(3)

In face of the pressure brought about by an ageing population and the increasing prevalence of chronic diseases, the Government released the Primary Healthcare Blueprint (the Blueprint) in December 2022, setting out a series of reform initiatives to strengthen primary healthcare services in Hong Kong. One of the recommendations in the Blueprint is to further develop a district-based family-centric community health system based on the DHC model.

As the healthcare service and resource hub in the community, the DHCs are crucial in strengthening the concept of "Family Doctor for All" and cultivating a long-term doctor-patient relationship between the patient and his/her family doctor (especially in the management of chronic diseases). The Government has implemented the Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) since November last year, further strengthening the role of the DHCs/DHCEs with a view to supporting participants to better control hypertension and diabetes mellitus and prevent complications, as well as co-ordinating and arranging participants to receive screening and appropriate multidisciplinary treatment (including physiotherapy, dietetic consultation, optometry assessment and podiatry services) in private sectors at a subsidised rate.

The Government will continue to review the services of the DHCs with a view to strengthening their roles as the co-ordinator of community primary healthcare services and case manager, so as to provide comprehensive primary healthcare services to the public in the community. The Government has also commissioned the Chinese University of Hong Kong to conduct a monitoring and evaluation study on the DHCs to evaluate their degree of achievement of different targets and overall performance, including the quality and effectiveness of different DHC services, influences of DHC services towards individuals and the community as well as the cost-effectiveness of the DHCs. The report of the evaluation study will be submitted to the Steering Committee on Primary Healthcare Development for deliberation. The Government shall consider the report and views of the Steering Committee when reviewing the service of the DHCs.

The Government will also enhance the terms of the DHC operation service contracts. Currently, the DHC operation service contracts have provided specific descriptions of various facilities and service requirements, including recruitment and qualifications of the network service providers, required numbers of various professionals, the areas and numbers of satellite centres to be established as well as staffing establishment of the centres. The tender documents have also stated that the Government shall have the right to terminate the contract upon an operator's non-compliance of the contract requirements. Starting from this year, the Primary Healthcare Office (PHO) will adjust the terms of operation service contracts for the DHCs and DHCEs progressively, including adjustment on the categories of service targets to complement the enhancement of DHC services, such as pairing of family doctors for citizens and nurse clinic service provision, etc. With the implementation of the CDCC Pilot Scheme, the PHO will also review the performance assessment indicators of the DHCs to include new members' participation in the CDCC Pilot Scheme as one of the indicators.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2206)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The Department of Health (DH) released the Thematic Report on Viral Hepatitis (Population Health Survey 2020-22) at the end of last year. As derived from the survey results, about 410 000 people in the Hong Kong population are infected with hepatitis B virus. In this connection, will the Government inform this Committee:

1. whether it will enhance screening for hepatitis B for early identification of hepatitis B carriers and provide corresponding follow-up services; if so, of the details; if not, the reasons for that; and
2. whether it will consider inviting the private healthcare sector to assist in following up on the treatment needs of hepatitis B carriers and providing regular screening and monitoring for cirrhosis and liver cancer through a public-private partnership model; if so, of the details; if not, the reasons for that?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 11)

Reply:

1.

The Government set up the Steering Committee on Prevention and Control of Viral Hepatitis (SCVH) in 2018 to advise on overall policy, targeted strategies and effective resource allocation for the prevention and control of viral hepatitis. Having examined the local situation and international experience, the SCVH confirmed that both diagnosis and treatment capacity for hepatitis B virus (HBV) infection at the primary care level must be enhanced in order to meet the substantial demand of HBV screening and subsequent long-term medical care.

The SCVH recommended focused risk-based testing for six priority populations at higher risk of HBV infection to start scaling up HBV screening in Hong Kong. The six priority populations include people who inject drugs, people with Human Immunodeficiency Virus (HIV), men who have sex with men (MSM), sex workers, people in prisons, family members

and sexual partners of people with HBV infection. Concomitant hepatitis C virus (HCV) testing should be offered where appropriate.

Baseline and targeted regular HBV and HCV testing and management for people with HIV attending the designated HIV clinics of the Department of Health (DH) and the Hospital Authority (HA) has been in place for years. Babies attending Maternal and Child Health Centres of the DH who are born to mothers infected with HBV have been offered with post vaccination serologic testing since January 2022. With effect from April 2022, all MSM and sex workers attending Social Hygiene Clinics of the DH are offered with HBV and HCV screening as part of the comprehensive screening for sexually transmitted infections. With effect from July 2023, the DH has launched risk-based viral hepatitis screenings at its Elderly Health Service, Woman Health Service, Families Clinics and methadone clinics. Members of the public may also consult their family doctors for testing.

To enhance the overall management capacity of HBV in Hong Kong, the HA and the DH formulated the "Management of Adult Patients with Chronic Hepatitis B in Primary Care" in September 2023, and a collaborative approach between primary care physicians and specialists for the management of HBV was piloted in the HA. Such experience will facilitate the planning of screening and management of HBV at the primary care level.

The SCVH will keep in view local and international developments and advise the Government on feasible, sustainable and effective strategies related to the prevention and control of chronic hepatitis. It will also formulate the next Viral Hepatitis Action Plan 2025-2030.

2.

When exploring new public-private partnership (PPP) programmes, the HA will align with the Government's healthcare policies including directions of primary healthcare development, apply the principle of strategic procurement of healthcare services, and consider a number of factors including evolving service needs, potential complexity of PPP programmes, capacity and readiness of the private sector, as well as the impact on public healthcare manpower and private healthcare charges etc.. The HA will continue to communicate with the public and patient groups, work closely with stakeholders, review the effectiveness of existing programmes in a timely manner, and explore the demand for and feasibility of introducing other PPP programmes in order to meet the healthcare service needs of the general public.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0682)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Budget Speech that the Government has been providing resources and implementing a variety of measures to promote Chinese medicine (CM), which include increasing the quota of government-subsidised CM outpatient services, extending integrated Chinese-Western medicine services, promoting scientific research on CM and setting relevant standards. In this connection, will the Government inform this Committee whether, in view of the shortage of renowned CM practitioners in Hong Kong, it will earmark some funding for subsidising renowned CM practitioners in the Mainland to come to Hong Kong to provide consultation services?

Asked by: Hon YIM Kong (LegCo internal reference no.: 37)

Reply:

To tie in with the long-term development of Chinese medicine (CM) in Hong Kong, the Government is committed to promoting the establishment of a CM professional talent pool. Through the Chinese Medicine Development Fund (CMDF), the Government encourages and subsidises various types of high-standard professional exchanges and talent training programmes in CM. The CMDF has funded the implementation of master-apprentice programmes with renowned Mainland CM practitioners and also large-scale academic forums on CM, facilitating interactive exchanges between CM practitioners from Hong Kong and the Mainland on the one hand, and among renowned CM practitioners on the other. At the same time, the CMDF provides funding support for the continuing education of in-service CM practitioners. It will also provide funding support in the future for talent training and exchange programmes that meet the development needs of CM in Hong Kong through commissioning, with a view to enhancing the professional competence of CM practitioners on all fronts.

With the staunch support from the country, CM personnel in Hong Kong may participate in, among others, the selection of National Medicine Masters and National Famous Traditional Chinese Medicine Practitioners, and talent nurturing programmes for Qi Huang scholars and Qi Huang young scholars. Some CM practitioners in Hong Kong have already been selected as National Famous Traditional Chinese Medicine Practitioners and Qi Huang young

scholars. Furthermore, the National Administration of Traditional Chinese Medicine and the Health Bureau are actively implementing related programmes under Hong Kong's Training Programme of Advanced Clinical Talents in Chinese Medicine. In particular, the Hong Kong Chinese Medicine Talent Short-term Training Programme (Phase 1) was successfully held in Beijing in November 2023. With the funding support of the CMDF, 30 students were recommended to receive about a week's training at renowned CM institutions in the Mainland, and had a fruitful learning and exchange experience with the renowned Mainland experts. Phase 2 of the short-term training programme will be held in late May 2024. The training will focus on clinical skills and professional knowledge related to CM in-patient services. It is expected that about 40 CMPs and CM drug personnel will receive subsidies from the CMDF to attend the training in Beijing. In addition, the Hospital Authority has been actively arranging the "Greater Bay Area CM Visiting Scholars Programme" for experienced Mainland CM experts to come to Hong Kong as visiting scholars to provide clinical guidance and training. It is also arranging for Mainland CM experts to participate in various seminars for professional exchanges and experience sharing. To date, 13 CM experts from the Guangdong Province have joined the expert pool and trained a cumulative total of nearly 90 local CM practitioners.

Joining hands with the CM sector, the Government will continue to promote the enhancement of CM professional competence, step up the professional training and exchange of talents in the CM field between the two places, and establish a high-standard CM talent pool to support the long-term and high-quality development of CM.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1431)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the development of Chinese medicine in Hong Kong, will the Government inform this Committee of:

1. the number, establishment, rank and related expenses of the staff currently responsible for Chinese medicine-related work among the 236 healthcare staff in the Bureau;
2. the number, establishment, rank and related expenses of the staff currently responsible for the work of the Chinese Medicine Hospital in Tseung Kwan O, which will commence operation next year, among the 236 healthcare staff in the Bureau;
3. the number, establishment, rank and related expenses of the staff currently responsible for the work relating to the research, development and promotion of Chinese medicine, integration of Chinese medicine business with information technology and Chinese medicine informatisation;
4. the number, establishment, rank and related expenses of the staff currently responsible for the work relating to the right of referral of Chinese medicine practitioners, as well as the implementation timetable and details of related legislative amendments;
5. the number, establishment, rank and related expenses of the staff currently responsible for the work relating to the registration system for proprietary Chinese medicines (pCms), as well as the implementation timetable and details for streamlining the registration process for pCms in Mainland;
6. the number, content, format and related expenses of projects for promoting Chinese medicine in the past 5 years;
7. the details of the enhanced financial support for the Chinese medicine sector through the Chinese Medicine Development Fund in the past 5 years; and
8. the number, content, format and related expenses of projects for strengthening integrated Chinese-Western medicine services in the past 5 years?

Asked by: Hon YUNG Hoi-yan (LegCo internal reference no.: 33)

Reply:

(1) and (2)

The Government has been progressively implementing the work on enhancing the functions of the Chinese Medicine Unit (CMU) of the Health Bureau (HHB) as set out in the Chief

Executive's 2022 Policy Address. This includes the creation of the post of the Commissioner for Chinese Medicine Development (C for CMD) approved by the Legislative Council (LegCo) in 2023-24. The open recruitment exercise for the post has been largely completed, and the appointee is expected to take up office in the second quarter of 2024. In addition, the CMU has increased the number of its non-directorate supporting staff since 2023-2024, including through engaging non-civil service contract (NCSC) staff with professional background in the areas of Chinese medicine (CM) practice, CM drugs, public education and publicity, professional education and academic research. The Government will continue to review the scope of work and manpower requirements of the CMU to ensure that there are sufficient and appropriate manpower to support the coordination and oversight of the development of CM. There are 9 established posts (including the post of the C for CMD) and 19 posts outside of the establishment in the CMU, of which 15 posts are outside of the establishment with CM professional background, involving an annual salary expenditure of about $23.857 million.

The HHB has also established the Chinese Medicine Hospital Project Office which is dedicated to taking forward the planning and development of the Chinese Medicine Hospital (CMH). This office has 5 established posts and 70 posts outside of the establishment, and the annual salary expenditure is around $71 million.

(3) to (6)
The relevant work is part of the overall duties of the HHB, Department of Health and Hospital Authority (HA) and the concerned organisations, and hence separate breakdown of the manpower and expenditures involved is not available.

Regarding empowering Chinese medicine practitioners (CMPs) to prescribe diagnostic imaging (such as X-ray) and laboratory tests for their patients, the Government reported to the LegCo Panel on Health Services on 8 December 2023 about the latest progress of the legislative proposal to amend the Supplementary Medical Professions Ordinance (Cap. 359) to enable CMPs to make referrals to radiographers and medical laboratory technologists under specified circumstances. The Government has all along supported various healthcare professions to handle their respective professional development issues under the principle of "professional autonomy". As the statutory professional regulatory bodies for CMPs, the Chinese Medicine Council of Hong Kong and its Chinese Medicine Practitioners Board were invited to conduct professional discussions on the relevant issues and discuss with the Supplementary Medical Professions Council and its relevant Boards in taking forward the work concerned, including amendments to the Codes of Practice of the relevant professions, etc.

At present, proprietary CM (pCm) products for external use registered in Hong Kong are also allowed to be registered and sold in the Mainland through a streamlined approval process. So far, 11 Hong Kong pCm products have been successfully approved for sale in the Mainland through such process. To further assist local pCm products to tap into Mainland market by making good use of the relevant policy, the Government launched a new funding scheme under the Chinese Medicine Development Fund (CMDF) to subsidise the application fees for registration for local pCm manufacturers or wholesalers.

On the promotion of CM, the Government presses ahead with public education and cultural promotion of CM through various channels and platforms, including providing support for

the CM sector through the CMDF to launch public education and cultural promotion projects, with a view to enhancing public awareness of CM.

(7)
Officially launched in June 2019, the CMDF is the first dedicated fund set up to support the development of CM with the objective of enhancing the overall standard of the CM sector to promote the holistic and high-quality development of CM in Hong Kong.

As at 20 March 2024, nearly 7 800 funding applications were approved under the CMDF, involving a total funding of about $276 million (provisional figure) for the approved projects and benefiting more than 2.2 million individuals/organisations in the CM sector, including registered and listed CMPs, CM drug personnel, CM clinics, manufacturers and wholesalers of pCm, retailers and wholesalers of Chinese herbal medicines (Chm), CM-related organisations, universities and tertiary education institutions, as well as members of the public. Major achievements of the CMDF are set out below:

(a) Talent nurturing: Close to 3 200 CMPs and CM drug personnel have received subsidies to attend CM professional training programmes for them to continuously upskill professional knowledge and ability. The CMDF has also supported programme providers to design and organise innovative training projects, benefiting over 37 100 practitioners;

(b) Quality enhancement: The CMDF has supported more than 480 CM clinics and nearly 190 Chm retailers/wholesalers to upgrade their facilities and equipment with a view to enhancing service quality, safety and quality control of CM drugs. The CMDF has also supported nearly 160 pCm manufacturers/wholesalers to engage consultancy services and technical support to complete the registration process for some 730 pCm products, thereby levelling up the quality of Hong Kong-registered pCm products and fostering the development of CM drug industry;

(c) Research and applied studies: The CMDF has supported the commencement of 62 CM research and applied studies projects which are instrumental to the academic and clinical research as well as professional and industry development of CM in Hong Kong; and

(d) Publicity and promotion: The CMDF has supported nearly 675 CM publicity and public education activities of various forms with target audiences covering kindergarten students, primary and secondary school students, and elderly persons.

The HHB, in conjunction with the CMDF's implementation agent, has been reviewing the operation of the CMDF. In consultation with the Advisory Committee on the CMDF, the HHB implements various enhancement proposals, such as refining the design of the existing funding schemes, streamlining the application process and administrative arrangements, expanding the application eligibility and funding scope, raising the funding ceiling and extending the time limit for project completion.

Since 2023-24, the CMDF has been taking forward a number of new capacity building initiatives. They include: (a) subsidising programmes related to the Training Programme of Advanced Clinical Talents in Chinese Medicine co-organised by the National Administration of Traditional Chinese Medicine and the HHB, one of which is the first edition of the Hong

Kong Chinese Medicine Talent Short-term Training Programme successfully completed in Beijing in November 2023 aimed to help nurture more high-level backbone talents in CM theories and clinical practice; (b) launching the Guangdong-Hong Kong-Macao Greater Bay Area Proprietary Chinese Medicine Industry Development Support Scheme in February 2024 to subsidise local pCm manufacturers or wholesalers for the application fees for registering of eligible pCm products in the Mainland with the Guangdong Provincial Medical Products Administration through the streamlined registration approval process, thereby facilitating Hong Kong pCm to "go global" through expansion to other markets; and (c) raising the funding ceiling of the Chinese Medicine Promotion Funding Scheme from $750,000 to $2,000,000 with effect from April 2024 to enhance the scale and effectiveness of the public education and promotion projects designed and implemented by the CM sector.

Meanwhile, the CMDF will commission organisations to conduct large-scale training, publicity and research projects on strategic themes conducive to the development of CM as a whole. The first batch of projects include training programmes developed and implemented to tie in with the service commencement of the CMH, and large-scale territory-wide promotional and publicity campaigns for the wider use of CM in the community. Application is expected to be open in the second quarter of this year.

The details and vetting criteria of the funding schemes as well as the progress and results of the approved projects have been uploaded to the CMDF website (www.cmdevfund.hk).

(8)
To explore the operation and gather experience of integrated Chinese-Western medicine (ICWM) and CM inpatient services for formulating a roadmap for the future development of CM, the Government commissioned the HA to launch in 2014 the time-limited ICWM Pilot Programme (Pilot Programme) for providing ICWM treatment for inpatients of selected disease areas (namely stroke care, musculoskeletal pain management and cancer palliative care) at 8 designated hospitals (Kwong Wah Hospital, Pamela Youde Nethersole Eastern Hospital, Princess Margaret Hospital, Prince of Wales Hospital, Shatin Hospital, Tuen Mun Hospital, Tung Wah Hospital and United Christian Hospital) by phases. Having regard to the clinical assessment by CM and Western medicine teams, ICWM services are provided to inpatients suitable for participating in the Pilot Programme.

To tie in with the policy direction of the long-term development of CM, the HA regularised the Pilot Programme in early 2023 and further expanded ICWM services to cover more public hospitals and other disease areas for leveraging the advantages of CM and ICWM. To support cancer patients of different stages, the HA has incorporated ICWM services into the cancer treatment protocol, and launched the new cancer care pilot programme at 2 public hospitals (Princess Margaret Hospital and Tuen Mun Hospital) successively in the third quarter of 2023 to provide such services for the first time in day chemotherapy centres.

In the first quarter of 2024, the ICWM services have reached its periodical milestone. The HA has further expanded the ICWM services to 26 public hospitals under the 7 clusters, increasing the hospital sites from 8 to 53. Such expansion is in line with the policy direction to promote CM development and enhance ICWM services set forth in the Chief Executive's Policy Address in providing services to patients of the designated disease areas (including stroke care, musculoskeletal pain management, cancer palliative care and cancer care pilot programme).

Further, the HA has also planned to include CM rehabilitation in the clinical framework for stroke care inpatient services and will continue to explore from multiple perspectives the feasibility of extending ICWM services to cover more disease areas (such as elderly degenerative diseases), starting from those where CM has advantages, for the long-term development of sustainable ICWM services.

The Government has earmarked funding for the HA to take forward initiatives for promoting CM development, which include operating the Chinese Medicine Clinics cum Training and Research Centres to provide government-subsidised CM outpatient services and CMP trainee programme, providing ICWM services, providing "evidence-based" CM training, operating the Toxicology Reference Laboratory, conducting quality assurance and central procurement of CM drugs, and enhancing and maintaining the CM Information System.

The relevant financial provisions in the past 5 years are tabulated below:

Financial Year	**Financial Provision ($m)**
2019-20	147
2020-21	227
2021-22	230
2022-23	229
2023-24	348

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2996)

Head: (37) Department of Health

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

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

In addition to the "18111 – Mental Health Support Hotline" launched by the Health Bureau in late December last year which provides one-stop, round-the-clock support for people with mental health needs, rendering them immediate mental health support and referral services, the Department of Health will continue to implement a mental health promotion and public education initiative during 2024–25. In this connection, please inform this Committee of:

1. the number of calls received so far; and of which the number of cases (if any) requiring immediate referral to the Police or the Fire Services Department due to imminent danger and the number of cases requiring referral for medium- and long-term counselling services; and

2. the manpower and detailed breakdown of the expenditure involved in the operation of the hotline.

Asked by: Hon CHAN Chun-ying (LegCo internal reference no.: 20)

Reply:

1. The "18111 – Mental Health Support Hotline" (MHSH) launched by the Health Bureau (HHB) provides one-stop, round-the-clock support for people with mental health needs, rendering emotional and mental health support to members of the public from all backgrounds and of all ages. Depending on the needs of individual callers, service information will be provided or referral to appropriate service organisations will be made. The MHSH has handled around 21 000 calls and has provided immediate support from its launch date on 27 December 2023 to 29 February 2024. About 200 cases were referred to organisations including the Integrated Community Centre for Mental Wellness and the Designated Hotline for Carer Support of the Social Welfare Department, the Hospital Authority Mental Health Direct and non-governmental organisations, etc. Among them, 2 were urgent cases and required immediate referral to the Police for follow-up.

2. The Government has engaged a contractor through public tender to operate the MHSH, hence no increase in staff establishment is required. The HHB and the Department of Health will continue to monitor the operation of the hotline with existing manpower.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1010)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the implementation of a sponsorship scheme for training of dental hygienists and dental therapists to increase the manpower supply of ancillary dental workers for the development of primary dental services, please advise on the following:

1. the details of implementation progress of the sponsorship scheme for training of dental hygienists and dental therapists, including whether the training has been kick-started, the number of teaching institutes providing training, whether admission has been open, and the number of enrolments in the scheme; and

2. when the first batch of dental hygienists and dental therapists trained under the said scheme is expected to join the service and in what ways they will help promote the development of primary dental services.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 27)

Reply:

At present, there are 2 types of ancillary dental workers who provide dental care services to patients in Hong Kong, namely dental hygienists and dental therapists –

(a) Dental hygienists are now required to enrol under the Ancillary Dental Workers (Dental Hygienists) Regulations (Cap. 156B) to work in the public or private sector to perform preventive dental care (e.g. oral examination, education, teeth cleaning and polishing, fluoride application and scaling) in accordance with the directions of a dentist who is available in the premises at all times when such work is being carried out; and

(b) Currently, there is no statutory registration or enrolment system for dental therapists. They only work under the Department of Health (DH) to provide the School Dental Care Service. They may perform preventive dental care and basic curative dental care (e.g. dental restoration and extraction) in accordance with the

directions of a dentist who is available in the premises at all times when such work is being carried out.

The Prince Philip Dental Hospital (PPDH) and the School of Professional and Continuing Education of the University of Hong Kong (HKU SPACE) are co-organising a two-year Higher Diploma in Dental Hygiene programme, graduates of which or holders of non-local qualifications are eligible to apply to the Dental Council of Hong Kong (DCHK) for enrolment as a dental hygienist. In addition, the PPDH teams up with the DH and HKU SPACE to offer a one-year Advanced Diploma in Dental Therapy programme, graduates of which (or holders of equivalent qualifications) meet the professional requirement to apply for the post of dental therapist.

To safeguard people's oral health, the Chief Executive announced in the 2022 Policy Address that a comprehensive review of the dental services provided or subsidised by the Government will be conducted. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covered policy objectives, implementation strategies, service scopes and delivery models in respect of oral health and dental care. The Working Group released its interim report in December 2023. The Government agreed with the Working Group that the future development of dental services should, as outlined in the Primary Healthcare Blueprint, focus on prevention, early identification and timely intervention, with a view to retaining natural teeth and enhancing the overall level of people's oral health. Meanwhile, we will develop primary dental care services for the public with the premise of preventing dental diseases, as well as allowing ancillary dental workers to play a more significant role in the field.

To enhance local training to meet the development needs of oral health and dental care, in addition to increasing training places for the current programmes of Higher Diploma in Dental Hygiene and Advanced Diploma in Dental Therapy, the Government is currently liaising with the Vocational Training Council for organising a new course for dental hygienists. The provision of training places of dental hygienists and dental therapists will increase to nearly double from 95 in the 2023/24 academic year to 185 in the 2024/25 academic year. To attract more individuals to join the industry, the DH will offer full tuition fee sponsorship to students studying the above diploma programmes. The number of sponsored places was 95 in the 2023/24 academic year. Dental hygienists and dental therapists who have received the sponsorship are required to work in dental clinics of the DH or other specified non-governmental organisations for 1 year after graduation.

Looking ahead, the Government will introduce an amendment bill to the Dentists Registration Ordinance into the Legislative Council in the first half of this year to, inter alia, suitably adjust the scope of work of ancillary dental workers and introduce a statutory registration system for both dental hygienists and dental therapists to enhance the standard of professional training and management of ancillary dental workers under the regulatory control of the DCHK, with a view to reinforcing their professional status and ensuring patients' safety and service quality. After establishing the training and professional development pathway for dental therapists, the Government will allow them to work in the public or private sector at an appropriate time in line with their role in dental care services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0639)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Concerning the Shared Use of Health Care Vouchers (Vouchers) between Spouses in place since July 2023, please advise on:

1. the number of elderly persons who have applied to share-use Vouchers, the age distribution of the Voucher users, the types of services claimed and the Voucher amounts involved since the implementation of the measure;

2. the number of complaints received regarding the claims involving the shared use of Vouchers between spouses, the main subject matters of the complaints, the types of services and the Voucher amounts involved; and

3. the number of elderly applicants who have withdrawn from the Shared Use of Vouchers between Spouses since its implementation and the reasons why.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 13)

Reply:

1.
Starting from 28 July 2023, eligible Hong Kong elderly persons can share-use their Health Care Vouchers (Vouchers) with their spouse. As at the end of December 2023, more than 131 000 eligible elderly persons have given consent to share-use their Vouchers, which means more than 65 000 pairs of elderly persons have paired up their eHealth (Subsidies) accounts. Among them, nearly 51 000 have used their spouse's Vouchers. The age distribution of the elderly persons who have used their spouse's Vouchers and the amount of vouchers involved in claim transactions with spouse's Vouchers used by type of healthcare service are as follows:

Age Distribution of Elderly Persons who have used their Spouse's Vouchers

Age	Number of Persons

65-69	16 000
70-74	16 000
75-79	11 000
80-84	5 000
85+	3 000
Total:	**51 000**

Amount of vouchers involved in claim transactions with spouse's Vouchers used (in $'000)

Type of Healthcare Service	Amount of vouchers involved
Medical Practitioners	43,775
Chinese Medicine Practitioners	32,145
Dentists	21,991
Occupational Therapists	12
Physiotherapists	1,205
Medical Laboratory Technologists	420
Radiographers	2,187
Nurses	781
Chiropractors	317
Optometrists	3,672
Audiologists	742
Dietitians	11
Sub-total (Hong Kong):	**107,258**
University of Hong Kong - Shenzhen Hospital	218
Total:	**107,476**

2.
Regarding the shared use of Vouchers between spouses, the Department of Health (DH) has received 1 complaint as at the end of December 2023, which is currently under investigation.

3.
As at the end of December 2023, the DH has unpaired the eHealth (Subsidies) accounts of 18 elderly persons at their request, with the major reason being they no longer wished to share-use Vouchers with their spouse.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2908)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the Elderly Health Care Voucher Scheme (EHVS), please inform this Committee of:

1. the number of voucher claim transactions, the amount claimed, and the average amount per claim transaction in the past 3 years, broken down by type of healthcare service provider, as well as the estimated expenditure of the EHVS for 2024-25;

2. the number of healthcare service providers enrolled under the EHVS by type;

3. the respective numbers of complaints against the abuse of Elderly Health Care Vouchers received and investigations conducted by the Department of Health, and prosecutions as a result (by type of healthcare service provider); as well as the respective numbers of cases with investigation completed, found to be substantiated, and related to fraud or improper voucher claims, and the number of service providers and voucher recipients disqualified from the EHVS for violating the Scheme rule in the past 3 years;

4. the number and percentage of voucher claim transactions by principal reason for visit (namely preventive care, management of acute episodic conditions, follow-up/monitoring of long-term conditions and rehabilitative care) in the past 3 years; and

5. in view of the Government's plan to launch the Elderly Health Care Voucher Greater Bay Area Pilot Scheme in the third quarter of this year, the estimated number of elderly persons who will use their vouchers at the 5+2 pilot medical institutions and the estimated amount of vouchers involved.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 40)

Reply:

1.
The tables below show the number of voucher claim transactions, the amount of vouchers claimed and the average amount per claim transaction by type of healthcare service provider enrolled in the Elderly Health Care Voucher Scheme (EHVS) in the past 3 years:

Number of Voucher Claim Transactions

	2021	**2022**	**2023**[Note 1]
Medical Practitioners	1 917 943	1 954 032	2 325 617
Chinese Medicine Practitioners	1 542 578	1 647 630	1 965 635
Dentists	308 343	288 532	331 342
Occupational Therapists	7 224	4 177	4 232
Physiotherapists	48 107	37 603	45 673
Medical Laboratory Technologists	20 033	14 593	15 441
Radiographers	19 373	20 761	22 659
Nurses	11 295	9 376	11 196
Chiropractors	9 357	8 841	10 331
Optometrists	196 046	161 156	230 239
Audiologists [Note 2]	-	-	784
Clinical Psychologists [Note 2]	-	-	2
Dietitians [Note 2]	-	-	609
Speech Therapists [Note 2]	-	-	5
Sub-total (for Hong Kong):	**4 080 299**	**4 146 701**	**4 963 765**
University of Hong Kong - Shenzhen Hospital (HKU-SZH) [Note 3]	35 953	32 356	38 462
Total:	**4 116 252**	**4 179 057**	**5 002 227**

Amount of Vouchers Claimed (in $'000)

	2021	**2022**	**2023**[Note 1]
Medical Practitioners	1,027,990	1,059,052	1,270,495
Chinese Medicine Practitioners	788,617	854,324	1,140,988
Dentists	355,444	343,327	413,222
Occupational Therapists	7,503	4,518	4,455
Physiotherapists	19,238	17,743	22,726
Medical Laboratory Technologists	20,552	13,393	14,712
Radiographers	22,603	24,635	29,503
Nurses	11,049	9,878	11,168
Chiropractors	5,760	5,080	5,955
Optometrists	284,753	233,912	352,743
Audiologists [Note 2]	-	-	2,693
Clinical Psychologists [Note 2]	-	-	4
Dietitians [Note 2]	-	-	829
Speech Therapists [Note 2]	-	-	5

Sub-total (for Hong Kong):	**2,543,509**	**2,565,862**	**3,269,498**
HKU-SZH Note 3	12,103	10,949	11,883
Total:	**2,555,612**	**2,576,811**	**3,281,381**

Average Amount of Vouchers per Claim Transaction ($)

	2021	**2022**	**2023** Note 1
Medical Practitioners	536	542	546
Chinese Medicine Practitioners	511	519	580
Dentists	1,153	1,190	1,247
Occupational Therapists	1,039	1,082	1,053
Physiotherapists	400	472	498
Medical Laboratory Technologists	1,026	918	953
Radiographers	1,167	1,187	1,302
Nurses	978	1,054	997
Chiropractors	616	575	576
Optometrists	1,452	1,451	1,532
Audiologists Note 2	N/A	N/A	3,435
Clinical Psychologists Note 2	N/A	N/A	2,000
Dietitians Note 2	N/A	N/A	1,361
Speech Therapists Note 2	N/A	N/A	1,000
HKU-SZH Note 3	337	338	309

Note 1: Starting from 28 July 2023, the EHVS allows shared use of vouchers between 2 eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts. Furthermore, to encourage more effective use of primary healthcare services by elderly persons, a three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) was launched under the EHVS on 13 November 2023. An eligible elderly person who has an accumulated use of vouchers of $1,000 or more on designated primary healthcare services in a year will be allotted $500 reward to his or her voucher account for the same purposes.

Note 2: Since 28 April 2023, the coverage of the EHVS has been extended to include primary healthcare services provided by 4 categories of healthcare professions under the Accredited Registers Scheme for Healthcare Professions (namely audiologists, clinical psychologists, dietitians and speech therapists).

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 EHVS on a hospital basis. Starting from 17 April 2023, eligible elderly persons can use vouchers to pay for the outpatient healthcare services at the Huawei Li Zhi Yuan Community Health Center, an offsite medical institution set up by the HKU-SZH.

The financial provision for 2024-25 for the EHVS is $3.96 billion.

2.
The number of healthcare service providers enrolled under the EHVS by type at the end of 2023 is as follows:

	Number of healthcare service providers

Medical Practitioners	3 703
Chinese Medicine Practitioners	4 366
Dentists	1 477
Occupational Therapists	187
Physiotherapists	826
Medical Laboratory Technologists	57
Radiographers	63
Nurses	290
Chiropractors	164
Optometrists	888
Audiologists Note 1	33
Clinical Psychologists Note 1	13
Dietitians Note 1	36
Speech Therapists Note 1	39
Sub-total (for Hong Kong):	**12 142**
HKU-SZH Note 2	1
Total:	**12 143**

Note 1: Since 28 April 2023, the coverage of the EHVS has been extended to include primary healthcare services provided by 4 categories of healthcare professions under the Accredited Registers Scheme for Healthcare Professions (namely audiologists, clinical psychologists, dietitians and speech therapists).

Note 2: The HKU-SZH joined the EHVS on a hospital basis.

3.

The table below shows the number of complaints (including media reports and relevant reports) against healthcare service providers enrolled under the EHVS received by the Department of Health (DH) in the past 3 years (from 2021 to 2023):

	2021	**2022**	**2023**	**Total**
Number of complaints against healthcare service providers enrolled under the EHVS received by DH	105	45	54	**204**

These complaint cases, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges, were mainly against medical practitioners, Chinese medicine practitioners, optometrists and dentists. The DH would conduct investigation into every complaint received and take appropriate actions/measures when violation of the terms and conditions of the EHVS Agreement was found, 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 EHVS, and referring cases to the Police and the relevant professional regulatory boards/councils for follow-up as appropriate.

Among the complaint cases against healthcare service providers enrolled under the EHVS received by the DH in the past 3 years, as at end-December 2023, investigation of 38 cases was completed, of which 14 were found to be substantiated or partially substantiated. The

DH has disqualified 3 healthcare service providers from participating in the EHVS and referred 51 cases to the Police for follow-up action (of which 15 cases have completed investigation with no prosecution made and 36 still under investigation).

4.
The table below shows the number of voucher claim transactions with the voucher amount reimbursed, by principal reason for visit in the past 3 years, and its percentage in the total number of voucher claim transactions with the voucher amount reimbursed in the respective years:

Type of service Note 1	**Number of voucher claim transactions with the voucher amount reimbursed (Percentage)**		
	2021	**2022**	**2023**
Preventive care	779 119 (19%)	767 280 (18%)	997 171 (20%)
Management of acute episodic conditions	1 661 556 (41%)	1 724 943 (42%)	2 034 290 (41%)
Follow-up/Monitoring of long term conditions	1 375 319 (34%)	1 404 505 (34%)	1 638 832 (33%)
Rehabilitative Care	264 261 (6%)	249 940 (6%)	290 463 (6%)

Note 1: The type of service was directly input by healthcare service providers into the system. No health/medical records were provided alongside for verification of the type of service provided.

5.
The Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme) is implemented to offer more convenience and flexibility for eligible Hong Kong elderly persons residing in Mainland cities in the Greater Bay Area (GBA) by providing more service point options where Elderly Health Care Vouchers (EHCVs) can be used to meet their primary healthcare needs. It also allows eligible Hong Kong elderly persons to use their EHCVs across the boundary at medical institutions in Shenzhen or even other Mainland cities in the GBA. Close to 1.7 million eligible Hong Kong elderly persons will benefit from the Pilot Scheme. According to the statistics of the Census and Statistics Department, around 495 800 Hong Kong residents were usually staying in the Guangdong Province as at mid-2023, among which 88 900 were aged 65 or above (around 18%).

The financial provision for 2024-25 for the EHVS is $3.96 billion, which already included the possible claim amount relating to the Pilot Scheme. The expenditure on the Pilot Scheme is subsumed under the overall provision for the EHVS and will not be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2916)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding influenza vaccination, please advise on:

i. the estimated and actual numbers of vaccine recipients, the uptake rate and the expenditure incurred in respect of the subsidy schemes under which influenza vaccination is offered, broken down by target group, in the past 3 financial years;

ii. the numbers of nasal influenza vaccines procured for and actually administered in the above subsidy schemes in the past 3 years; and whether the Government will consider providing nasal influenza vaccines for all young children intending to receive influenza vaccination so as to further boost the uptake rate; if yes, the relevant work plan and the estimated expenditure; if not, the reasons; and

iii. whether the Government will consider a gradual expansion of the age range eligible for subsidised influenza vaccines to all age groups to reduce the number of severe cases of influenza, thereby alleviating the burden on public medical services; if yes, the timeline and the estimated expenditure.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 44)

Reply:

(i)

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza (SI) vaccination to eligible persons:

- Vaccination Subsidy Scheme (VSS), which provides subsidised SI vaccination to eligible persons, including persons aged 50 or above, pregnant women and children aged between 6 months and below 18 years of age through private doctors participating in the VSS;

- Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP)/ VSS School Outreach (Extra Charge Allowed) Scheme (VSS School Outreach Scheme),

which provides free or subsidised SI vaccination to eligible schoolchildren through the public-private partnership outreach teams or the DH's outreach team; and

- Government Vaccination Programme (GVP), which provides free SI vaccination to eligible children, elderly and other target groups at clinics of the DH and the Hospital Authority (HA).

The target population eligible for SI vaccination under each vaccination programme/scheme, the relevant number of vaccine recipients, the uptake rates and the expenditure on subsidy in the past 3 seasons are detailed at **Annex**. As some target group members may have, at their own expense, received SI vaccination at private clinics outside the Government's vaccination programmes/schemes, they are not included in the statistics concerned.

(ii)
The quantities of nasal live attenuated influenza vaccines (LAIV) procured by the Government for the SIVSOP and the number of doses administered in the past 3 years are as follows:

Vaccine	**2021/22**		**2022/23**		**2023/24**	
	Number of doses procured (Actual)	**Number of doses administered**	**Number of doses procured (Actual)**	**Number of doses administered**	**Number of doses procured (Provisional figure)**	**Number of doses administered (Provisional figure)**
Live Attenuated Influenza Vaccine (nasal spray)	27 900	19 700	22 500	17 400	25 700	21 400

The DH conducts survey annually to gather feedback from enrolled doctors and schools on the school outreach programmes/schemes. According to the findings of the survey conducted in 2023, among the doctors and schools planning to participate in outreach activities in 2023/24 season, the majority of respondents preferred injectable inactivated influenza vaccines (IIV) to nasal LAIVs; more specifically, nasal LAIVs was only preferred by 1% to 7% of doctors providing services in various school outreach settings, 7% of secondary schools, 9% of primary schools and 26% of kindergartens and childcare centres (KG/CCC).

Under the current arrangement, KG/CCCs can choose between injectable IIVs or nasal LAIVs. While primary and secondary schools are provided with injectable IIVs under the SIVSOP, schools can also arrange outreach vaccination activities through the VSS School Outreach Scheme during which participating schools can discuss with doctors their preference for injectable IIVs or nasal LAIVs for vaccination of eligible students. Private doctors under the VSS may also decide whether they would use injectable IIVs or nasal LAIVs at their practices depending on their preference and stock.

For 2024/25 season, the DH will take into account the survey result of 2024 and the updated recommendations and experience of overseas health authorities in drawing up the

implementation plan, so as to come up with the best mode of operation and type of vaccine (injectable IIV or nasal LAIV) to be provided.

(iii)
The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection of the DH issues recommendations on SI vaccine composition, type of vaccine as well as the priority groups for receiving vaccine in regard to the influenza season in Hong Kong on an annual basis after reviewing scientific evidence, local data, latest recommendations of the World Health Organisation and overseas practices.

The VSS provides subsidised vaccination to persons aged 6 months to under 18 years and persons aged 50 or above. For persons aged 18 to under 50 years, the SCVPD recommends that priority for SI vaccination be given to those with chronic medical problems. The current VSS also includes persons with intellectual disabilities, recipients of the Disability Allowance, and recipients classified as "100% Disabled" or "Requiring Constant Attendance" under the Comprehensive Social Security Assistance Scheme.

The Government will consider the SCVPD's recommendations, cost effectiveness, the financial affordability of the public and other public health considerations to assess the possibility of expanding the coverage of the subsidised target groups under influenza vaccination programmes/schemes.

Annex

Target group	Programmes/ schemes for provision of SI vaccination	2021/22				2022/23				2023/24 (as at 3 March 2024)			
		Target population	No. of SI vaccine recipients	The uptake rate within the age group	Subsidy claimed ($ million)	Target population	No. of SI vaccine recipients	The uptake rate within the age group	Subsidy claimed ($ million)	Target population	No. of SI vaccine recipients	The uptake rate within the age group	Subsidy claimed ($ million)
Elderly aged 65 or above	GVP	1 433 700	377 000	40.4%	Not applicable	1 520 100	452 900	48.3%	Not applicable	1 637 600	499 300	50.3%	Not applicable
	VSS		201 700		48.4		281 300		73.1		324 100		84.3
Persons aged between 50 and 64	GVP	1 774 600	5 400	11.2%	Not applicable	1 796 700	49 200	17.8%	Not applicable	1 824 900	5 800	18.7%	Not applicable
	VSS		193 300		46.4		271 000		70.5		335 300		87.2
Children aged between 6 months and under 18*	GVP	641 700	100	53.3%	Not applicable	917 900	1 400	39.8%	Not applicable	929 600	700	52.4%	Not applicable
	VSS		73 700		19.9		104 700		30.3		164 400		48.3
	SIVSOP		268 100		28.6		259 200		28.8		322 000		36.1
Others ^	GVP/VSS	#	97 300	#	1.4	#	112 300	#	1.5	#	135 700	#	1.6
Total			**1 216 600**		**144.7**		**1 532 000**		**204.2**		**1 787 300**		**257.5**

* In 2022/23 and 2023/24, eligible groups under the SIV programmes were expanded to include secondary school students and Hong Kong residents less than 18 years of age.

^ Others include healthcare workers; poultry workers; pig farmers or pig slaughtering industry personnel; persons with intellectual disabilities; Disability Allowance recipients; and pregnant women, etc.

\# There are no accurate population statistics for this group.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3297)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the enforcement of tobacco control legislation by the Department of Health, will the Government please advise this Committee on:

1. the number of complaints received, inspections conducted, and warning letters, fixed penalty notices and summonses issued by the Tobacco and Alcohol Control Office in relation to smoking in the past 3 financial years and, among them, the numbers of complaints received, inspections conducted and enforcement action in relation to alternative smoking products;

2. the number of enforcement action taken in food premises, shops, indoor workplaces, public transport facilities, public outdoor places and bus interchanges (broken down by type of statutory no smoking area); and

3. whether the Government has evaluated the effectiveness of the tobacco-duty increase last year in tobacco control in terms of, for example, the smoking cessation rate and the number of and increase (if any) in the calls to the smoking cessation hotline in the past year; details of promoting and enforcing tobacco control as well as the manpower for and expenditure on the above work in the coming year?

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 38)

Reply

(1)

The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The TACO will conduct inspections and investigation in response to smoking and related complaints. In general, the TACO will issue fixed penalty notices (FPNs) to smoking offenders without warning. Apart from smoking offences, the TACO also issued summonses for offences under Cap. 371 (including aiding and abetting smoking offences, offences relating to smoking product advertisements, the promotion, manufacture, sale, or possession for commercial purposes of

alternative smoking products (ASPs), obstruction of inspectors, etc.), and for the offence of importing ASPs under the Import and Export Ordinance (Cap. 60). The numbers of complaints / referrals received, inspections conducted, warning letters issued, and FPNs / summonses issued by TACO for the period from 2021 to 2023 for smoking and other offences are at **Annex 1.**

With effect from 30 April 2022, no person may import, promote, manufacture, sell, or possess for commercial purposes alternative smoking products (ASPs), including electronic smoking products, heated tobacco products and herbal cigarettes in accordance with the Smoking (Public Health) Ordinance (Cap. 371) and the Import and Export Ordinance (Cap. 60). The TACO will conduct investigation upon receiving complaints or referrals. Cases in relation to illegally imported ASPs intercepted by the Customs and Excise Department at boundary control points will be referred to the TACO for follow-up. Any person who contravenes the import ban will be prosecuted on sufficient evidence.

From 30 April 2022 to 31 December 2023, the TACO has issued 572 summonses to offenders for importing ASPs, resulting in 262 convictions in court with fines ranging from $1,000 to $6,000. Over the same period, the Customs and Excise Department (C&ED) followed up on 26 cases that involved both offences under the purview of the C&ED and the illegal import of ASPs, among which 7 cases have resulted in conviction, with the maximum fine and sentence being $4,000 and two months' imprisonment respectively. Meanwhile, the TACO has issued 18 summonses to offenders for suspected sale or possession for commercial purposes of ASPs, resulting in 11 convictions in court (from 17 summonses) with a maximum penalty of two months' imprisonment.

(2)
The number of inspections conducted and FPNs / summonses issued by the TACO from 2021 to 2023 for smoking offences in food premises, shops and shopping malls, public transport facilities, bus interchanges and other statutory no smoking areas is at **Annex 2**.

(3)
The Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of passive smoking on the public. To this end, the Government adopts a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation.

The Government had made reference to the World Health Organization's (WHO) target and committed to achieve a smoking prevalence of 7.8% by 2025 as promulgated under the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong". Our ultimate aim is to make Hong Kong a tobacco-free, healthy and vibrant city.

Increasing tobacco duty is recognised internationally as the most effective means of reducing tobacco use. Raised costs of smoking provide a greater incentive for smokers to quit smoking, and the high prices of tobacco products will also dampen the eagerness of non-smokers, young people in particular, to try smoking. The WHO encourages its members to raise tobacco duty periodically and recommends that tobacco duty should account for at least 75% of the retail price of tobacco products.

As such, further to the increase of 60 cents per stick last year, the Government has announced in the Budget Speech this year an increase of the tobacco duty on cigarettes by 80 cents per stick to $3.306 per stick. It was the first time for tobacco duty to increase in 2 consecutive years over the past 20 years. This has served to ensure that the price of cigarettes can remain at a certain level which helps prevent a rebound of the smoking prevalence rate and demonstrate to the public the Government's commitment to protecting the health of the community as a whole.

Past experience in raising tobacco duty indicated that the greater the tax increase, the larger the increase in call volume of the DH's Smoking Cessation Hotline and the drop in smoking prevalence. According to the DH's latest data, the number of calls received by the Smoking Cessation Hotline increased from about 7 400 in 2022 to about 9 700 in 2023, representing an increase of over 30%. Meanwhile, in the first week after the Budget Speech's announcement of the proposal to increase the duty on tobacco products this year, the Smoking Cessation Hotline received 542 calls, nearly five times the weekly number of calls in the preceding 3 months, indicating smokers' strong intention to quit smoking in the light of tobacco tax increases.

Preliminary findings of the Thematic Household Survey conducted by the Census and Statistics Department on the smoking pattern show that there are indeed signs of a decline in smoking prevalence after the increase in tobacco duty in 2023, with preliminary data indicating that the smoking prevalence has further dropped from 10.2% in 2019 and 9.5% in 2021 to 9.1%. It is evident from such decline that tobacco duty increase and the various tobacco control initiatives are effective. Details of the survey results will be released in mid-2024.

The Government's aim is to gradually implement the recommendation of the WHO so as to create more incentives for cessation of smoking and hence safeguard public health. The Government will continue to monitor the effect of tobacco duty increases and review the pace of further adjustments.

To further reduce smoking prevalence, the Government conducted the Vibrant, Healthy and Tobacco-free Hong Kong public consultation on tobacco control strategies last year. The Health Bureau is studying the phased implementation of tobacco control measures and will give an update of the next steps in due course.

The revised estimate and estimate for tobacco control initiatives taken forward by the TACO in 2023-24 and 2024-25, and its approved establishment in 2024-25 are at **Annex 3**.

Annex 1

Numbers of complaints / referrals received, inspections conducted, warning letters issued, and FPNs / summonses issued by TACO for smoking and other offences under the Smoking (Public Health) Ordinance (Cap. 371), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) and the Import and Export Ordinance (Cap. 60)

		2021	2022	2023
Complaints/referrals received		13 424	14 805	20 116
Inspections conducted		41 225	35 281	28 817 (Note 4)
Warning letters issued (Note 1, 2)		16	21	10
FPNs issued (for smoking offences)		7 703	6 296	10 261 (Note 4)
Summonses issued	for smoking offences	40	35	48
	for other offences (Note 3)	115	130	657

Note

1 In general, the TACO will prosecute smoking offenders without prior warning. The TACO will only consider issuing warning letters if the smoking offenders are found to be persons under 15 years old.

2 During the 3-month grace period from 30 April to 31 July 2022, warning letters were issued to passengers carrying small quantity of ASPs. After the grace period, any person who imports any quantity of ASPs will be prosecuted when there is sufficient evidence.

3 Other offences include willful obstruction, failure to produce identity document, displaying smoking product advertisement, ASP related offences, and aiding and abetting another person committing a smoking offence, etc.

4 To effectively mitigate the impact of passive smoking on the public and enhance the deterrent effect against illegal smoking, new enforcement strategies were adopted in 2023, which included extending the time of surveillance and inspections in no smoking areas, deploying plain-clothes officers to take proactive enforcement actions, strengthening enforcement action in venues (such as bars and food premises) where waterpipes were offered for smoking, as well as prosecuting people aiding and abetting illegal smoking. The number of prosecutions against illegal smoking has surged due to the new enforcement strategies, reflecting their enhanced effectiveness. In addition, the TACO also deploys staff to strengthen enforcement actions against ASPs.

Annex 2

Number of inspections conducted and FPNs / summonses issued by TACO for smoking offences in food premises, shops and shopping malls, public transport facilities, bus interchanges and other statutory no smoking areas under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600)

	2021	2022	2023
Inspections conducted (Note 1)	41 176	35 150	27 371
- *Food premises*	*3 008*	*1 945*	*1 897*
- *Shops and shopping malls*	*8 482*	*7 757*	*5 823*
- *Public transport facilities*	*5 596*	*4 560*	*3 448*
- *Bus interchanges*	*694*	*664*	*309*
- *Other statutory no smoking areas*	*23 396*	*20 224*	*15 894*
FPNs issued (Note 1)	7 703	6 296	10 261
- *Food premises*	*322*	*262*	*421*
- *Shops and shopping malls*	*1 984*	*1 841*	*2 417*
- *Public transport facilities*	*1 645*	*920*	*2 493*
- *Bus interchanges*	*145*	*64*	*109*
- *Other statutory no smoking areas*	*3 607*	*3 209*	*4 821*
Summonses issued (Note 1)	40	35	48
- *Food premises*	*5*	*2*	*1*
- *Shops and shopping malls*	*7*	*4*	*6*
- *Public transport facilities*	*10*	*10*	*8*
- *Bus interchanges*	*0*	*1*	*0*
- *Other statutory no smoking areas*	*18*	*18*	*33*

Note 1：The TACO does not have separate figures on enforcement at indoor workplace.

Revised Estimate/Estimate for the Department of Health's Tobacco and Alcohol Control Office

	2023-24 Revised Estimate ($ million)	2024-25 Estimate ($ million)
Enforcement		
Programme 1: Statutory Functions	160.2	172.7
Health Education and Smoking Cessation		
Programme 3: Health Promotion	168.0	170.7
(a) General health education and promotion of smoking cessation		
TACO	*87.3*	*89.6*
Subvention to Hong Kong Council on Smoking and Health	*26.4*	*26.6*
Sub-total	***113.7***	***116.2***
(b) Revised estimate/estimate for smoking cessation and related services by Non-Governmental Organisations		
Subvention to Tung Wah Group of Hospitals	*14.0*	*14.0*
Subvention to Pok Oi Hospital	*17.9*	*18.0*
Subvention to Lok Sin Tong	*3.6*	*3.6*
Subvention to United Christian Nethersole Community Health Service	*8.9*	*8.9*
Subvention to Life Education Activity Programme	*2.9*	*3.0*
Subvention to Christian Family Service Centre	*7.0*	*7.0*
Sub-total	***54.3***	***54.5***
Total	**328.2**	**343.4**

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office

Rank	No. of Staff for 2024-25
Head, TACO	
Consultant	1
Enforcement	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	125
Senior Executive Officer/ Executive Officer	13
Sub-total	***147***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
Sub-total	***24***
Total	**183**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0899)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

One of the statutory functions of the Department of Health (DH) is to ensure the safety, quality and efficacy of pharmaceutical products. In this connection, please advise this Committee on the following information for the past 5 years:

(1) the number of licensed retail drug premises each year, with a breakdown by Hong Kong's District Council district;

(2) the number of licensed retail drug premises inspected at least once each year, with a breakdown by Hong Kong's District Council district;

(3) the number of inspections where unregistered medicines were seized for being sold or possessed illegally and their percentage of the total number of inspections each year;

(4) the figures for proprietary Chinese medicines among the unregistered medicines seized for being sold or possessed illegally and their percentage in the seizures; and

(5) the total number of times the DH appealed to the public to hand over unregistered medicines to it for disposal, as well as the number of people who did so in response.

Asked by: Hon CHAN Kapui, Judy (LegCo internal reference no.: 26)

Reply:

(1) & (2)

The Drug Office of the Department of Health (DH) has all along conducted routine and blitz inspections at Authorized Sellers of Poisons (ASPs, commonly known as "pharmacies" or "dispensaries") and Listed Sellers of Poisons (LSPs, commonly known as "medicine stores") in accordance with the established mechanism to check whether sellers of pharmaceutical products comply with the statutory requirements, licensing conditions and relevant codes of practice. The Chinese Medicine Regulatory Office of the DH also conducts routine and blitz inspections of licensed retailers of Chinese herbal medicines (Chm) to ensure their

compliance with statutory requirements, licensing conditions and relevant practising guidelines.

The DH has all along adopted a risk-based approach to conducting inspections against licensed retailers at various regions in Hong Kong. The numbers of ASP, LSP and Chm retailers, as at 31 December 2023, located on Hong Kong Island, in Kowloon and in New Territories are as follows:

Region*	**No. of ASP**	**No. of LSP**	**No. of Chm retailers**
Hong Kong Island	130	833	1 301
Kowloon	217	1 406	1 845
New Territories	276	1 904	2 292
Total	**623**	**4 143**	**5 438**

* The DH does not maintain the breakdown by District Council district.

The tables below set out the number of the inspections in the past 5 years:

Licensed ASP and LSP:

Year	**No. of licensed retailers**		**No. of inspections# conducted**	
	ASP	**LSP**	**ASP**	**LSP**
2019	649	4 295	1 305	8 323
2020	610	4 187	1 060	3 268
2021	593	4 170	1 213	6 975
2022	600	4 151	1 250	8 385
2023	623	4 143	1 242	8 348

Licensed Chm retailers:

Year	**No. of licensed retailers**	**No. of inspections# conducted**
2019	4 912	5 568
2020	5 066	5 378
2021	5 281	5 779
2022	5 334	5 688
2023	5 438	6 181

The DH does not maintain the breakdown by District Council district.

(3) & (4)

In the past 5 years, the DH handled 137 conviction cases involving illegal sale and/or possession of unregistered pharmaceutical products (PP), and 7 conviction cases involving illegal sale and/or possession of unregistered proprietary Chinese medicines (pCm). The table below sets out the yearly breakdown of the relevant conviction cases in the past 5 years:

Yearly breakdown of conviction cases:

Year	No. of conviction cases involving illegal sale and/or possession of unregistered PP	No. of conviction cases involving illegal sale and/or possession of unregistered pCm
2019	45	3
2020	18	1
2021	26	0
2022	18	1
2023	30	2
Total	**137**	**7**

(5)

To protect public health, the DH has been issuing press releases to alert members of the public on incidents such as illegal possession and/or sale of unregistered medicines. To this end, the DH has all along strongly urged members of the public not to buy products of unknown or doubtful composition, or to consume products from unknown sources, as the safety, efficacy and quality of these products are not guaranteed. For those who have purchased unregistered medicines, the DH also urges them to stop consuming them immediately and consult healthcare professionals for advice if feeling unwell after consumption. The DH has also advised the public to submit the unregistered products to the DH for disposal, even though it is not a mandatory requirement. In the past 5 years, 67 press releases of this nature have been issued.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0944)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Health Bureau will take forward and implement policy initiatives to promote the development of primary healthcare having regard to the Primary Healthcare Blueprint, including implementing the three-year Chronic Disease Co-care Pilot Scheme, enhancing the Elderly Health Care Voucher Scheme (EHVS), and preparing for the establishment of the Primary Healthcare Commission. In this connection, will the Government inform this Committee of the following:

a) the expenditure of the EHVS in 2023-24;

b) the number of voucher claim transactions, the amount claimed and the average amount per claim transaction in the past 3 years; and

c) whether it has estimated the additional expenditure arising from the 3-year Elderly Health Care Voucher Pilot Reward Scheme?

Asked by: Hon CHAN Kin-por (LegCo internal reference no.: 27)

Reply:

a)
The revised estimate for the Elderly Health Care Voucher Scheme (EHVS) for 2023-24 is $3,343.6 million.

b)
The tables below show the number of voucher claim transactions, the amount of vouchers claimed and the average amount per claim transaction by type of healthcare service provider enrolled in the EHVS in the past 3 years:

Number of Voucher Claim Transactions

	2021	2022	2023[Note 1]
Medical Practitioners	1 917 943	1 954 032	2 325 617

Chinese Medicine Practitioners	1 542 578	1 647 630	1 965 635
Dentists	308 343	288 532	331 342
Occupational Therapists	7 224	4 177	4 232
Physiotherapists	48 107	37 603	45 673
Medical Laboratory Technologists	20 033	14 593	15 441
Radiographers	19 373	20 761	22 659
Nurses	11 295	9 376	11 196
Chiropractors	9 357	8 841	10 331
Optometrists	196 046	161 156	230 239
Audiologists Note 2	-	-	784
Clinical Psychologists Note 2	-	-	2
Dietitians Note 2	-	-	609
Speech Therapists Note 2	-	-	5
Sub-total (for Hong Kong):	**4 080 299**	**4 146 701**	**4 963 765**
University of Hong Kong - Shenzhen Hospital (HKU-SZH) Note 3	35 953	32 356	38 462
Total:	**4 116 252**	**4 179 057**	**5 002 227**

Amount of Vouchers Claimed (in $'000)

	2021	**2022**	**2023** Note 1
Medical Practitioners	1,027,990	1,059,052	1,270,495
Chinese Medicine Practitioners	788,617	854,324	1,140,988
Dentists	355,444	343,327	413,222
Occupational Therapists	7,503	4,518	4,455
Physiotherapists	19,238	17,743	22,726
Medical Laboratory Technologists	20,552	13,393	14,712
Radiographers	22,603	24,635	29,503
Nurses	11,049	9,878	11,168
Chiropractors	5,760	5,080	5,955
Optometrists	284,753	233,912	352,743
Audiologists Note 2	-	-	2,693
Clinical Psychologists Note 2	-	-	4
Dietitians Note 2	-	-	829
Speech Therapists Note 2	-	-	5
Sub-total (for Hong Kong):	**2,543,509**	**2,565,862**	**3,269,498**
HKU-SZH Note 3	12,103	10,949	11,883
Total:	**2,555,612**	**2,576,811**	**3,281,381**

Average Amount of Vouchers per Claim Transaction ($)

	2021	**2022**	**2023** Note 1
Medical Practitioners	536	542	546
Chinese Medicine Practitioners	511	519	580
Dentists	1,153	1,190	1,247
Occupational Therapists	1,039	1,082	1,053

Physiotherapists	400	472	498
Medical Laboratory Technologists	1,026	918	953
Radiographers	1,167	1,187	1,302
Nurses	978	1,054	997
Chiropractors	616	575	576
Optometrists	1,452	1,451	1,532
Audiologists Note 2	N/A	N/A	3,435
Clinical Psychologists Note 2	N/A	N/A	2,000
Dietitians Note 2	N/A	N/A	1,361
Speech Therapists Note 2	N/A	N/A	1,000
HKU-SZH Note 3	337	338	309

Note 1: Starting from 28 July 2023, the EHVS allows shared use of vouchers between 2 eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts. Furthermore, to encourage more effective use of primary healthcare services by elderly persons, a three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) was launched under the EHVS on 13 November 2023. An eligible elderly person who has an accumulated use of vouchers of $1,000 or more on designated primary healthcare services in a year will be allotted $500 reward to his or her voucher account for the same purposes.

Note 2: Since 28 April 2023, the coverage of the EHVS has been extended to include primary healthcare services provided by 4 categories of healthcare professions under the Accredited Registers Scheme for Healthcare Professions (namely audiologists, clinical psychologists, dietitians and speech therapists).

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 EHVS on a hospital basis. Starting from 17 April 2023, eligible elderly persons can use vouchers to pay for the outpatient healthcare services at the Huawei Li Zhi Yuan Community Health Center, an offsite medical institution set up by the HKU-SZH.

c)

The financial provision for 2024-25 for the EHVS is $3.96 billion, which already included the provision earmarked for the Pilot Reward Scheme. The additional expenditure relating to the Pilot Reward Scheme is subsumed under the overall provision for the EHVS and will not be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0946)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in paragraph 193 of the Budget Speech that the Government now proposes to increase the duty on cigarettes by 80 cents per stick, with immediate effect. Duties on other tobacco products will be increased by the same proportion. We expect that the proportion of tobacco duty in the retail price of cigarettes will rise to about 70 per cent, gradually approaching the 75 per cent level recommended by the World Health Organization. This will provide a greater incentive for the public to quit smoking, safeguarding public health. We will continue to step up enforcement against illicit cigarette trading and strengthen smoking cessation services, publicity and education. In this connection, will the Government inform this Committee of:

a) the envisaged change in smoking prevalence following the increase in tobacco duty;

b) the number of people who have made use of the Government's smoking cessation services and the number of successful quitters in the past 3 years; and

c) whether evaluations have been conducted on the effectiveness of the current smoking cessation services; if yes, the details; if not, the reasons?

Asked by: Hon CHAN Kin-por (LegCo internal reference no.: 29)

Reply:

a)
The Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of passive smoking on the public. To this end, the Government adopts a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation.

The Government has made reference to the World Health Organization's (WHO) target and is committed to achieve a smoking prevalence of 7.8% by 2025 as promulgated under the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable

Diseases in Hong Kong". Our ultimate aim is to make Hong Kong a tobacco-free, healthy and vibrant city.

Increasing tobacco duty is recognised internationally as the most effective means of reducing tobacco use. Raised costs of smoking provide a greater incentive for smokers to quit smoking, and the high prices of tobacco products will also dampen the eagerness of non-smokers, young people in particular, to try smoking. The WHO encourages its members to raise tobacco duty periodically and recommends that tobacco duty should account for at least 75% of the retail price of tobacco products.

As such, further to the increase of 60 cents per stick last year, the Government has announced in the Budget Speech this year an increase of the tobacco duty on cigarettes by 80 cents per stick to $3.306 per stick. It was the first time for tobacco duty to increase in 2 consecutive years over the past 20 years. This has served to ensure that the price of cigarettes can remain at a certain level which helps prevent a rebound of the smoking prevalence rate and demonstrate to the public the Government's commitment to protecting the health of the community as a whole.

Past experience in raising tobacco duty indicated that the greater the tax increase, the larger the increase in call volume of the Department of Health (DH)'s Smoking Cessation Hotline and the drop in smoking prevalence. According to the DH's latest data, the number of calls received by the Smoking Cessation Hotline increased from about 7 400 in 2022 to about 9 700 in 2023, representing an increase of over 30%. Meanwhile, in the first week after the Budget Speech's announcement of the proposal to increase the duty on tobacco products this year, the Smoking Cessation Hotline received 542 calls, nearly five times the weekly number of calls in the preceding 3 months, indicating smokers' strong intention to quit smoking in the light of tobacco tax increases.

Preliminary findings of the Thematic Household Survey conducted by the Census and Statistics Department on the smoking pattern show that there are indeed signs of a decline in smoking prevalence after the increase in tobacco duty in 2023, with preliminary data indicating that the smoking prevalence has further dropped from 10.2% in 2019 and 9.5% in 2021 to 9.1%. It is evident from such decline that tobacco duty increase and the various tobacco control initiatives are effective. Details of the survey results will be released in mid-2024.

The Government's aim is to gradually implement the recommendation of the WHO so as to create more incentives for cessation of smoking and hence safeguard public health. The Government will continue to monitor the effect of tobacco duty increases and review the pace of further adjustments.

To further reduce smoking prevalence, the Government conducted the Vibrant, Healthy and Tobacco-free Hong Kong public consultation on tobacco control strategies last year. The Health Bureau is studying the phased implementation of tobacco control measures and will give an update of the next steps in due course.

b) & c)
Over the years, the Government has been actively promoting a tobacco-free environment through publicity for smoking prevention and cessation services. To leverage community

effort, the DH collaborates with the Hong Kong Council on Smoking and Health (COSH), non-governmental organisations (NGOs) and healthcare professionals to promote smoking cessation, provide smoking cessation services and organise publicity programmes on smoking prevention.

Apart from operating an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, the DH coordinates the provision of smoking cessation services in Hong Kong. It arranges referrals for various smoking cessation services in the territory, including those provided by public clinics under the Hospital Authority (HA), and community-based cessation programmes operated by NGOs. There are a total of 15 full-time and 55 part-time centres operated by the HA which have been providing smoking cessation services to the general public since 2002, and there are 5 smoking cessation clinics for civil servants operated by the DH. Furthermore, the DH also collaborates with NGOs to provide a range of community-based smoking cessation services including counselling, consultations by doctors (including free postal delivery of smoking cessation drugs) or Chinese medicine practitioners, and designated services for smokers from different ethnicities, immigrant smokers and workplace smokers. For young smokers, the DH collaborates with local universities to operate a hotline to provide them with dedicated counselling services over the phone.

The DH subvents the COSH to organise publicity and education programmes in schools, such as health talks, training programmes and theatre programmes, to raise students' awareness on smoking hazards, including hazards from alternative smoking products. To prevent youngsters from picking up smoking, the DH collaborates with NGOs to organise health promotional activities at schools. By using interactive teaching materials and setting up mobile classrooms, the programmes enlighten students on the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up smoking due to peer pressure. The DH has also launched publicity campaigns through mass media to spread the message that smoking brings risks of serious illnesses. To encourage smokers to try quitting, it distributes free trial packs of smoking cessation drugs (nicotine replacement therapy) for one week at community pharmacies, smoking cessation clinics, District Health Centres (DHCs) and DHC Expresses during the Quit in June annual campaign starting from 2023. Furthermore, the DH also encourages and helps all healthcare professionals to provide support and treatment to smokers who are quitting by organising online and face-to-face training courses, providing the Practical Handbook for Smoking Cessation Treatments and related resources, etc.

Smoking cessation services and counselling for smokers are now available at all DHCs and DHC Expresses in the 18 districts, which collaborate with smoking cessation service providers in their respective districts to provide information or arrange referrals for smokers in need.

In 2021, 2022 and 2023, the quitlines operated by the DH and local universities handled 12 405, 9 216 and 11 051 enquiries respectively. During these 3 years, there were 25 965, 20 406 and 27 715 smokers receiving smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs.

Smokers who receive smoking cessation treatment receive 52-week follow-up services to assess their quit status. For smokers who receive smoking cessation services via quitlines,

at cessation clinics under the HA and through community-based programmes operated by NGOs, their 52-week quit rates, which refer to the percentage of service users self-reporting to have stayed quit in the past 7 days, range from 20% to 60%, which are comparable to those in overseas countries. Discrepancies in the quit rates concerning different smoking cessation programmes are due to differences in terms of their target groups and treatment methods (which include counselling, pharmacotherapy, and Chinese medicine with acupuncture). To become a successful quitter, smokers are encouraged to choose the cessation service that best caters for their personal needs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0947)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Under Programme (4), it is mentioned that the Department of Health will start preparatory work for the pilot programme to enhance emergency dental service and will implement the programme in 2025. In this connection, will the Government inform this Committee of the following:

a) the current quotas on general public sessions, and the attendances and overall utilisation rates of public dental clinics over the past 3 years; and

b) the detailed timetable for the pilot programme to enhance emergency dental service, the estimated number of service quotas available under the programme, and its service locations and service scope?

Asked by: Hon CHAN Kin-por (LegCo internal reference no.: 30)

Reply:

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups defined by the Working Group, including persons with financial difficulties, persons with disabilities or special needs, and the high risk groups.

a) Under Programme (4), free emergency dental service (generally referred to as General Public (GP) Sessions) are provided by the Department of Health (DH) through designated sessions each week in its 11 government dental clinics. Dental service under the GP Sessions only include treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists will also provide professional advice based on individual needs of patients. Under the civil service terms of appointment, the Government is obliged to provide dental benefits for civil servants/pensioners and their eligible dependents. Dental clinics under the DH are established primarily for fulfilling this obligation. That said, the Government uses a small fraction of the service capacity of the dental clinics to provide supplementary emergency dental service to the general public.

The GP Sessions and the actual maximum numbers of discs for allocation per GP Session of the 11 government dental clinics are tabulated as follows:

Dental clinic with GP Sessions	**Service session**	**Actual max. no. of discs for allocation per session**
Kowloon City Dental Clinic	Monday (AM)	42
	Thursday (AM)	21
Kwun Tong Dental Clinic	Wednesday (AM)	42
Kennedy Town Community Complex Dental Clinic	Monday (AM)	42
	Friday (AM)	42
Fanling Health Centre Dental Clinic	Tuesday (AM)	25
Mona Fong Dental Clinic	Thursday (PM)	21
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	21
Tsuen Wan Dental Clinic	Tuesday (AM)	42
	Friday (AM)	42
Yan Oi Dental Clinic	Wednesday (AM)	21
Yuen Long Government Offices Dental Clinic	Tuesday (AM)	21
	Friday (AM)	21
Tai O Dental Clinic	2nd Thursday (AM) of each month	16

Dental clinic with GP Sessions	Service session	Actual max. no. of discs for allocation per session
Cheung Chau Dental Clinic	1st Friday (AM) of each month	16

The numbers of attendances at each dental clinic in 2021-22, 2022-23 and 2023-24 (as at 31 January 2024) are tabulated as follows:

Dental clinic with GP Sessions	No. of attendances		
	2021-22	2022-23	2023-24 (as at 31 January 2024)
Kowloon City Dental Clinic	4 133	3 157	2 341
Kwun Tong Dental Clinic	2 655	2 136	1 777
Kennedy Town Community Complex Dental Clinic	5 420	3 909	3 081
Fanling Health Centre Dental Clinic	1 727	1 192	1 024
Mona Fong Dental Clinic	1 420	1 065	794
Tai Po Wong Siu Ching Dental Clinic	1 420	1 071	849
Tsuen Wan Dental Clinic	5 746	4 104	3 366
Yan Oi Dental Clinic	1 373	1 062	850
Yuen Long Government Offices Dental Clinic	2 872	2 041	1 647
Tai O Dental Clinic	137	130	107
Cheung Chau Dental Clinic	164	168	129
Total	27 067	20 035	15 965

The overall utilisation rates of each dental clinic in 2021-22, 2022-23 and 2023-24 (as at 31 January 2024) are tabulated as follows:

Dental clinic with GP Sessions	Overall utilisation rate in %		
	2021-22	2022-23	2023-24 (as at 31 January 2024)
Kowloon City Dental Clinic	96.8	99.5	98.5
Kwun Tong Dental Clinic	96.7	100.0	98.8
Kennedy Town Community Complex Dental Clinic	96.8	99.7	97.6
Fanling Health Centre Dental Clinic	98.5	99.5	96.2

Dental clinic with GP Sessions	Overall utilisation rate in %		
	2021-22	2022-23	2023-24 (as at 31 January 2024)
Mona Fong Dental Clinic	97.9	98.0	91.6
Tai Po Wong Siu Ching Dental Clinic	98.0	100.0	96.7
Tsuen Wan Dental Clinic	99.2	99.9	99.1
Yan Oi Dental Clinic	97.9	99.8	94.6
Yuen Long Government Offices Dental Clinic	97.8	99.2	96.1
Tai O Dental Clinic	52.9	67.7	66.9
Cheung Chau Dental Clinic	85.4	88.0	91.0

b) The Working Group considered that the current mode of service of GP Sessions was not effective in targeting underprivileged groups in need. Taking into consideration the dentist manpower shortage in the DH, the Working Group noted that the disc allocation under the GP Sessions arrangement cannot be increased in the near future, and that tooth extraction service is not in line with the goal to improve oral health by retaining natural teeth. The Working Group considered that it is more appropriate to increase the service capacity in collaboration with the non-governmental organisations (NGOs) under a new service model to address the service demands of the underprivileged groups.

As announced in the Chief Executive's 2023 Policy Address, the Government will collaborate with the NGOs to increase the emergency dental service targeting at the underprivileged groups with financial difficulties in 2025 through expansion of service capacity, service points and service scope to promote early identification and timely intervention of dental diseases. The target is to provide a service capacity of at least 2 times the current capacity of GP Sessions arrangement. The Health Bureau is exploring the details and will announce the details in due course.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2276)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in Programme 2 of the Controlling Officer's Report of the Health Bureau that it will continue to oversee the implementation of the "Outreach Dental Care Programme for the Elderly" (ODCP) in the coming year. In this connection, will the Government please advise this Committee on:

1. the expenditure on and the manpower establishment of the ODCP;

2. the numbers of participating organisations and participating elderly persons since the ODCP launched; and

3. whether the Government will consider expanding the service coverage and scope of services of the ODCP to meet the increasing demand for dental services among the elderly in the future; if yes, the details and, if not, the reasons?

Asked by: Hon CHAN Man-ki, Maggie (LegCo internal reference no.: 14)

Reply:

1. to 3.

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental

services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups defined by the Working Group, including persons with financial difficulties, persons with disabilities or special needs, and the high risk groups.

The Outreach Dental Care Programme for the Elderly (ODCP) has been implemented since October 2014 to provide free on-site oral check-up for elderly persons 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 elderly person 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 elderly persons to suit their oral care needs and self-care abilities. A total of 23 outreach dental teams from 10 NGOs have currently been set up under the ODCP. Each outreach dental team comprises at least 1 dentist and 1 dental surgery assistant. Six civil service posts have been provided for implementing the ODCP.

Since the implementation of the ODCP in October 2014 up to end-January 2024, the number of attendances was about 378 300. In 2021-22, 2022-23 and 2023-24 (up to January 2024), the number of RCHEs/DEs participating in the ODCP and the number of attendances for the ODCP are set out below:

Year	2021-22	2022-23	2023-24 (up to January 2024)
Number of RCHEs/DEs participating in the ODCP	630	690	760
Number of attendances	25 011	37 245	42 628

In 2024-25, a total of 25 outreach dental teams from 11 NGOs will be set up under the ODCP with the Government's financial provision of $64.2 million.

At present, some 60% to 70% of the RCHEs/DEs are participating in the ODCP. To encourage elderly persons' participation, the NGOs will meet with their assigned RCHEs/DEs to discuss further promotion efforts. The Government, meanwhile, will approach RCHEs/DEs which have not yet joined the ODCP to promote the programme and encourage participation.

Apart from the ODCP, the Government currently subsidises elderly persons to use private healthcare services, including dental services, through the Elderly Health Care Voucher. At the same time, the Government provides subsidies covering dental services to elderly persons with financial difficulties, including the Elderly Dental Assistance Programme funded by the

Community Care Fund and the dental grant under the Comprehensive Social Security Assistance Scheme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0266)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Department of Health mentioned in the Matters Requiring Special Attention in 2024-25 under this Programme that it would continue to enforce the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance. With regard to their enforcement and effectiveness in Hong Kong, will the Government please advise this Committee on:

1. the smoking prevalence among men and women in Hong Kong and the respective average number of cigarettes smoked per day in the past 5 years in tabular form by sex and age group (namely i) 15-19; ii) 20-29; iii) 30-39; iv) 40-49; v) 50-59 and 60 or above);

2. the number of i) complaints received; ii) inspections conducted; iii) fixed penalty notices and summonses issued by the Tobacco and Alcohol Control Office regarding offences such as smoking, displaying or publishing of tobacco advertisements in each of the past 5 years;

3. in view of the increase in the duty on cigarettes by 80 cents per stick as announced in this year's Budget Speech further to the increase last February, the envisaged change in the smoking prevalence in Hong Kong after 2 consecutive tobacco tax increases;

4. in the light of the increase in the duty on cigarettes 2 years in a row, and a forecast to raise it to reach the 75% level recommended by the World Health Organization, the Government's timeline for implementing these tax increments, and whether the Government will contemplate a further increase if the smoking prevalence fails to decline to the 7.8% target by 2025; and

5. the specific tobacco control strategies in place to achieve the target of bringing down the smoking prevalence to 7.8% in the long term; if yes, the details and if not, the reasons?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 6)

Reply:

(1)
The Census and Statistics Department (C&SD) conducts Thematic Household Surveys (THS) from time to time to study the smoking prevalence in the population. The data from the THS in 2021 showed that the prevalence of daily cigarette smokers aged 15 and above was 9.5% as compared to 10.2% in 2019. Two rounds of THS on the pattern of smoking have been conducted and completed in the past 5 years, with smoking prevalence by age group and sex set out at **Annex 1**. Preliminary findings of the latest THS conducted by the C&SD in 2023 on the smoking pattern show that smoking prevalence has further dropped to 9.1%. Details of the survey results will be released in mid-2024.

(2)
The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The TACO will conduct inspections and investigation in response to smoking and related complaints. In general, the TACO will issue fixed penalty notices (FPNs) to smoking offenders without warning. Apart from smoking offences, the TACO also issued summonses for offences under Cap. 371 (including aiding and abetting smoking offences, offences relating to smoking product advertisements, the promotion, manufacture, sale, or possession for commercial purposes, of alternative smoking products (ASPs), obstruction of inspectors, etc.), and for the offence of importing ASPs under the Import and Export Ordinance (Cap. 60). The numbers of complaints / referrals received, inspections conducted, warning letters issued, and FPNs / summonses issued by TACO for the period from 2019 to 2023 for smoking and other offences are at **Annex 2.**

(3), (4) & (5)
The Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of passive smoking on the public. To this end, the Government adopts a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation.

The Government has made reference to the World Health Organization's (WHO) target and is committed to achieve a smoking prevalence of 7.8% by 2025 as promulgated under the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong". Our ultimate aim is to make Hong Kong a tobacco-free, healthy and vibrant city.

Increasing tobacco duty is recognised internationally as the most effective means of reducing tobacco use. Raised costs of smoking provide a greater incentive for smokers to quit smoking, and the high prices of tobacco products will also dampen the eagerness of non-smokers, young people in particular, to try smoking. The WHO encourages its members to raise tobacco duty periodically and recommends that tobacco duty should account for at least 75% of the retail price of tobacco products.

As such, further to the increase of 60 cents per stick last year, the Government has announced in the Budget Speech this year an increase of the tobacco duty on cigarettes by 80 cents per stick to $3.306 per stick. It was the first time for tobacco duty to increase in 2 consecutive years over the past 20 years. This has served to ensure that the price of cigarettes can remain at a certain level which helps prevent a rebound of the smoking prevalence rate and demonstrate to the public the Government's commitment to protecting the health of the community as a whole.

Past experience in raising tobacco duty indicated that the greater the tax increase, the larger the increase in call volume of the DH's Smoking Cessation Hotline and the drop in smoking prevalence. According to the DH's latest data, the number of calls received by the Smoking Cessation Hotline increased from about 7 400 in 2022 to about 9 700 in 2023, representing an increase of over 30%. Meanwhile, in the first week after the Budget Speech's announcement of the proposal to increase the duty on tobacco products this year, the Smoking Cessation Hotline received 542 calls, nearly five times the weekly number of calls in the preceding 3 months, indicating smokers' strong intention to quit smoking in the light of tobacco tax increases.

Preliminary findings of the THS conducted by the C&SD on the smoking pattern show that there are indeed signs of a decline in smoking prevalence after the increase in tobacco duty in 2023, with preliminary data indicating that the smoking prevalence has further dropped from 10.2% in 2019 and 9.5% in 2021 to 9.1%. It is evident from such decline that tobacco duty increase and the various tobacco control initiatives are effective. Details of the survey results will be released in mid-2024.

The Government's aim is to gradually implement the recommendation of the WHO so as to create more incentives for cessation of smoking and hence safeguard public health. The Government will continue to monitor the effect of tobacco duty increases and review the pace of further adjustments.

To further reduce smoking prevalence, the Government conducted the Vibrant, Healthy and Tobacco-free Hong Kong public consultation on tobacco control strategies last year. The Health Bureau is studying the phased implementation of tobacco control measures and will give an update of the next steps in due course.

Annex 1

Prevalence* of Daily Cigarette Smokers by Age Group and Sex in 2019 and 2021

Age group	Male		Female		Overall	
	2019	2021	2019	2021	2019	2021
15 - 19	#	#	#	#	#	#
20 - 29	9.0%	9.6%	2.4%	2.1%	5.7%	5.9%
30 - 39	19.3%	15.3%	5.0%	4.5%	11.6%	9.5%
40 - 49	23.2%	24.6%	5.6%	5.8%	13.4%	14.2%
50 - 59	25.1%	22.0%	3.3%	3.2%	13.5%	11.7%
≥60	17.5%	15.7%	1.5%	1.2%	9.1%	8.2%
Overall	18.1%	16.7%	3.2%	3.0%	10.2%	9.5%

* As a percentage of all persons in the respective age group. For example, among all males aged 20 to 29, 9.0% were daily cigarette smokers based on the survey conducted in 2019.
# The figures are not released due to large sampling error.
Source: Thematic Household Survey Report Nos. 70 and 75, Census and Statistics Department.

Average Daily Consumption of Cigarettes (number of sticks of cigarettes) by Age Group and Sex in 2019 and 2021

	2019	2021
Age group		
15 - 19	#	#
20 - 29	11.7	11.2
30 - 39	12.0	11.5
40 - 49	12.9	12.7
50 - 59	13.7	13.7
≥60	12.4	13.0
Sex		
Male	13.2	13.2
Female	10.4	10.5
Overall	12.7	12.7

The figures are not released due to large sampling error.
Source: Thematic Household Survey Report Nos. 70 and 75, Census and Statistics Department.

Annex 2

Numbers of complaints / referrals received, inspections conducted, warning letters issued, and FPNs / summonses issued by TACO for smoking and other offences under the Smoking (Public Health) Ordinance (Cap. 371), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) and the Import and Export Ordinance (Cap. 60)

		2019	2020	2021	2022	2023
Complaints/referrals received		15 634	11 568	13 424	14 805	20 116
Inspections conducted		34 696	36 129	41 225	35 281	28 817 (Note 4)
Warning letters issued (Note 1, 2)		10	16	16	21	10
FPNs issued (for smoking offences)		8 068	6 587	7 703	6 296	10 261 (Note 4)
Summonses issued	for smoking offences	67	58	40	35	48
	for other offences (Note 3)	42	57	115	130	657

Note

1 In general, the TACO will prosecute smoking offenders without prior warning. The TACO will only consider issuing warning letters if the smoking offenders are found to be persons under 15 years old.

2 During the 3-month grace period from 30 April to 31 July 2022, warning letters were issued to passengers carrying small quantity of ASPs. After the grace period, any person who imports any quantity of ASPs will be prosecuted when there is sufficient evidence.

3 Other offences include willful obstruction, failure to produce identity document, displaying smoking product advertisement, ASP related offences, and aiding and abetting another person committing a smoking offence, etc.

4 To effectively mitigate the impact of passive smoking on the public and enhance the deterrent effect against illegal smoking, new enforcement strategies were adopted in 2023, which included extending the time of surveillance and inspections in no smoking areas, deploying plain-clothes officers to take proactive enforcement actions, strengthening enforcement action in venues (such as bars and food premises) where waterpipes were offered for smoking, as well as prosecuting people aiding and abetting illegal smoking. The number of prosecutions against illegal smoking has surged due to the new enforcement strategies, reflecting their enhanced effectiveness. In addition, the TACO also deploys staff to strengthen enforcement actions against ASPs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0267)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Department of Health has stated that the provision for 2024-25 will be $179.0 million (10.7%) higher than the revised estimate for 2023-24 mainly due to the increased provision for operating expenses and the increased provision for personal emoluments as a result of a net increase of 19 posts. In this connection, will the Government advise this Committee on:

1. the details of the 19 net-increased posts, including the titles, ranks, duties, staff costs and other staff-related expenses, and the reasons why it is necessary to create these posts; and

2. with regard to setting up a preparatory office for the Hong Kong Centre for Medical Products Regulation (CMPR) as mentioned in the Matters Requiring Special Attention in 2024-25, the preparation progress, the expenditure and staff establishment involved, key responsibilities of CMPR; and whether the 19 net-increased posts will undertake such duties?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 7)

Reply:

1.
There will be a net increase of 19 posts under Programme 1 of the Department of Health (DH) in 2024-25, which involves the creation of 28 posts and the deletion of 9 time-limited posts. The new posts, comprising mainly officers from the Pharmacist, Electronics Engineer and Health Inspector grades, as well as administrative/executive and clerical personnel, serve to strengthen the work of the DH in discharging its statutory functions.

2.
It was announced in the Chief Executive's 2023 Policy Address that the Government of the Hong Kong Special Administrative Region (HKSAR Government) would enhance the approval and registration mechanism for drugs and establish an internationally renowned regulatory authority of drugs and medical devices (medical products). The HKSAR Government will set up a preparatory office under the DH in the first half of 2024 to review

its current regulatory functions on Chinese and western medicines and medical devices, and to study the potential restructuring and strengthening of the current regulatory and approval regimes for medical products and medical technology. The preparatory office will also put forward proposals and steps for the establishment of the Hong Kong Centre for Medical Products Regulation (CMPR) which will be a step towards the transition to the "primary evaluation" approach in approving applications for registration of new medical products. This will help accelerate the launching of new medical products to the market, and foster the development of research and development (R&D) and testing of medical products and related industries. The HKSAR Government will also explore the upgrading of the CMPR as a standalone statutory body in the long run, which will help accelerate the launching of new medical products to the market, and foster the development of R&D and testing of medical products and related industries.

There will be 6 time-limited posts in the CMPR preparatory office (included in the 28 new posts mentioned above). Its staff establishment and staff cost are set out in the **Annex**. The DH will continue to review its manpower requirements. If necessary, the DH will seek resources and create additional posts in accordance with the established mechanism.

Annex

Staff Establishment of the Hong Kong Centre for Medical Products Regulation Preparatory Office

Rank	Number of time-limited posts	Net annual recurrent cost of civil service post(s) (HK$)#
Senior Pharmacist	1	1,597,080
Pharmacist	2	2,077,800
Scientific Officer (Medical)	1	1,038,900
Senior Chemist	1	1,597,080
Senior Electronics Engineer	1	1,597,080
Total	**6**	**7,907,940**

Based on the Notional Annual Mid-point Salary value of each rank concerned

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0268)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2024-25 that the Elderly Health Care Voucher Scheme (EHVS) will be enhanced. In light of the Government's announcement regarding the inclusion of 7 medical institutions located in the Guangdong-Hong Kong-Macao Greater Bay Area into the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme), which enables the use of healthcare vouchers by eligible Hong Kong elderly persons to cover the costs of outpatient healthcare services, will the Government please advise this Committee of the following:

1. the claims on Elderly Health Care Vouchers and the voucher amounts involved in the past 5 financial years in the following table;

Type of Healthcare Service Provider	2019		2020		2021		2022		2023	
	Number of Voucher Claims	Amount of Vouchers Claimed	Number of Voucher Claims	Amount of Vouchers Claimed	Number of Voucher Claims	Amount of Vouchers Claimed	Number of Voucher Claims	Amount of Vouchers Claimed	Number of Voucher Claims	Amount of Vouchers Claimed
Medical Practitioners										
Chinese Medicine Practitioners										
Dentists										
Occupational Therapists										
Physiotherapists										
Medical Laboratory Technologists										
Radiographers										
Nurses										
Chiropractors										
Optometrists										

University of Hong Kong - Shenzhen Hospital										
Total										

2. the number of complaints received about voucher claims and usage, the subject matters of the complaints, the types of services and the voucher claim amounts involved in each of the past 5 years;

3. given that the provision for 2024-25 is $901.9 million (12.2%) higher than the revised estimate for 2023-24, the estimated expenditure of the EHVS for 2024-25, and out of which the expenditure arising from the Pilot Scheme;

4. since the EHVS is currently administered by the Health Care Voucher Division of the Department of Health, details of the Division's staff establishment, the expenditure involved, and whether adjustments will be made to them in the light of the Pilot Scheme; and

5. in view of the decrease of 47 posts in 2024-25 as mentioned by the Government, the reasons for the decrease, and whether this will affect the implementation of the Pilot Scheme?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 8)

Reply:

1.
The table below shows the number of voucher claim transactions and the amount of vouchers claimed by type of healthcare service provider enrolled under the Elderly Health Care Voucher Scheme (EHVS) in the past 5 years:

Type of Healthcare Service Provider	2019 [Note 1]		2020		2021		2022		2023 [Note 2]	
	Number of Voucher Claims	Amount of Vouchers Claimed ($'000)	Number of Voucher Claims	Amount of Vouchers Claimed ($'000)	Number of Voucher Claims	Amount of Vouchers Claimed ($'000)	Number of Voucher Claims	Amount of Vouchers Claimed ($'000)	Number of Voucher Claims	Amount of Vouchers Claimed ($'000)
Medical Practitioners	2 952 153	1,246,024	1 957 092	947,488	1 917 943	1,027,990	1 954 032	1,059,052	2 325 617	1,270,495
Chinese Medicine Practitioners	1 633 532	599,170	1 376 436	634,851	1 542 578	788,617	1 647 630	854,324	1 965 635	1,140,988
Dentists	310 306	313,111	246 844	276,556	308 343	355,444	288 532	343,327	331 342	413,222
Occupational Therapists	3 233	4,432	4 640	5,383	7 224	7,503	4 177	4,518	4 232	4,455
Physiotherapists	43 946	17,210	39 669	15,191	48 107	19,238	37 603	17,743	45 673	22,726
Medical Laboratory Technologists	20 770	18,654	15 324	13,706	20 033	20,552	14 593	13,393	15 441	14,712
Radiographers	16 779	15,749	14 386	14,700	19 373	22,603	20 761	24,635	22 659	29,503
Nurses	9 936	10,214	6 903	8,753	11 295	11,049	9 376	9,878	11 196	11,168
Chiropractors	10 820	5,675	8 826	5,127	9 357	5,760	8 841	5,080	10 331	5,955

Optometrists	242 424	431,680	158 127	225,903	196 046	284,753	161 156	233,912	230 239	352,743
Audiologists Note 3	-	-	-	-	-	-	-	-	784	2,693
Clinical Psychologists Note 3	-	-	-	-	-	-	-	-	2	4
Dietitians Note 3	-	-	-	-	-	-	-	-	609	829
Speech Therapists Note 3	-	-	-	-	-	-	-	-	5	5
University of Hong Kong - Shenzhen Hospital (HKU-SZH) Note 4	13 562	3,997	18 962	5,507	35 953	12,103	32 356	10,949	38 462	11,883
Total	5 257 461	2,665,916	3 847 209	2,153,165	4 116 252	2,555,612	4 179 057	2,576,811	5 002 227	3,281,381

Note 1: 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 vouchers was further increased to $8,000. Starting from the same day, the voucher amount that can be spent on optometry services has been set at $2,000 every 2 years.

Note 2: Starting from 28 July 2023, the EHVS allows shared use of vouchers between 2 eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts. Furthermore, to encourage more effective use of primary healthcare services by elderly persons, a three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) was launched under the EHVS on 13 November 2023. An eligible elderly person who has an accumulated use of vouchers of $1,000 or more on designated primary healthcare services in a year will be allotted $500 reward to his or her voucher account for the same purposes.

Note 3: Since 28 April 2023, the coverage of the EHVS has been extended to include primary healthcare services provided by 4 categories of healthcare professions under the Accredited Registers Scheme for Healthcare Professions (AR Scheme) (namely audiologists, clinical psychologists, dietitians and speech therapists).

Note 4: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHVS on a hospital basis. Starting from 17 April 2023, eligible elderly persons can use vouchers to pay for the outpatient healthcare services at the Huawei Li Zhi Yuan Community Health Center, an offsite medical institution set up by the HKU-SZH.

2.

The number of complaints against healthcare service providers enrolled under the EHVS received by the Department of Health (DH) in the past 5 years are as follows:

	2019	**2020**	**2021**	**2022**	**2023**	**Total**
Number of complaints against healthcare service providers enrolled under the EHVS	103	69	105	45	54	**376**

These complaint cases, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges, were mainly against medical practitioners, Chinese medicine practitioners, optometrists and dentists. The DH would take appropriate actions/measures when violation of the terms and conditions of the EHVS Agreement was found, 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 EHVS, and referring cases to the Police and the relevant professional regulatory boards/councils for follow-up as appropriate. The DH does not maintain the statistics on the voucher claim amount involved in these complaint cases.

3.
The financial provision for 2024-25 for the EHVS is $3.96 billion, which already included the possible claim amount relating to the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme). The expenditure on the Pilot Scheme is subsumed under the overall provision for the EHVS and will not be separately identified.

4.
The DH's Health Care Voucher Division (HCVD), responsible for the administration and monitoring of the EHVS, has at current an approved establishment of 55. In 2024-25, the financial provision for the administration and monitoring of the EHVS is $71.3 million, which has included the resources for engaging additional contract staff to cope with the extra workload arising from various enhancement measures introduced to the EHVS in recent years, including the Pilot Reward Scheme, the shared use of vouchers between spouses, the extension of coverage of the EHVS to healthcare professionals under the AR Scheme, as well as the implementation of the Pilot Scheme.

5.
In 2024-25, there is a net decrease of 47 posts in the DH under Programme (2). This is mainly due to the deletion of posts resulting from service integration and the expiry of time-limited posts. The establishment of the HCVD remains unaffected.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0270)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is understood that Hong Kong's primary school students, as well as students aged under 18 years old with intellectual disability and/or physical disability studying in special schools, are eligible for the School Dental Care Service (SDCS) of the Department of Health to receive annual check-ups at 8 designated school dental clinics, which cover oral examination as well as basic treatment and preventive care services. In this connection, please inform this Committee of the following:

1. the number of students receiving such services at the designated dental clinics under the SDCS programme, along with the number of dentists and dental therapists engaged, as well as the expenditure incurred in each of the past 5 years;

2. the progress, performance pledge, staff establishment and the estimated expenditure in respect of the preparatory work for the Primary Dental Co-care Pilot Scheme for Adolescents, the commencement of which is mentioned under the Matters Requiring Special Attention in 2024-25; and

3. the details of the resources allocated for 2024-25 for improving the oral health of primary school children; and whether the Government has any plans to extend the oral health screening service to secondary school students in the future.

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 10)

Reply:

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups defined by the Working Group, including persons with financial difficulties, persons with disabilities or special needs, and the high risk groups.

1., 2. & 3.
Generally speaking, the need for dental treatment or surgery due to tooth decay and gum diseases can be greatly reduced if good oral hygiene habits are maintained. The Government focuses particularly on nurturing good oral hygiene habits from an early age including providing the School Dental Care Service (SDCS) to children. Currently, there are 8 school dental clinics, namely Tang Shiu Kin School Dental Clinic, Argyle Street Jockey Club School Dental Clinic (1F & 3F), Lam Tin School Dental Clinic, Ha Kwai Chung School Dental Clinic, Pamela Youde School Dental Clinic, Tuen Mun School Dental Clinic and Fanling School Dental Clinic.

Over the past 5 service years, the numbers of primary school students participating in the SDCS are as follows:

Service Year [Note]	No. of primary school students participating in the SDCS	Percentage of the total no. of primary school students in Hong Kong
2019-20	359 500	97%
2020-21	336 700	94%
2021-22	326 200	94%
2022-23	313 500	94%
2023-24	313 700	98%

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

The annual expenditures of the SDCS in 2019-20, 2020-21, 2021-22, 2022-23 and the revised estimate for 2023-24 are as follows -

Financial Year	Annual Expenditure ($ million)
2019-20 (Actual)	270.1
2020-21 (Actual)	283.8
2021-22 (Actual)	270.8
2022-23 (Actual)	276.2

2023-24 (Revised estimate)	279.1

Over the past 5 service years, the numbers of dentists and dental therapists within the establishment responsible for providing the SDCS, with a breakdown by grade, are as follows:

	2019-20	2020-21	2021-22	2022-23	2023-24
Dentists	32	32	32	32	32
Dental Therapists	269	269	269	269	269

The SDCS of the Department of Health (DH) has laid a solid foundation for the oral health of primary school students. In respect of publicity and education, the DH has put in place a "Bright Smiles Mobile Classroom", a roving oral health education bus, tasked to promote oral health to primary school students by means of outreach and games. To raise secondary school students' awareness of oral health, the DH has continued to carry out a school-based oral health promotion programme named "Teens Teeth" which adopts a peer-led approach in promoting oral health to secondary students.

As an interface with the SDCS for primary school students, the Government's plan to launch the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) in 2025. By providing partial subsidies for private dental check-ups services for adolescents aged between 13 and 17, as well as to foster the establishment of long-term partnership between adolescents and the dentists of non-governmental organisations or private sector, aims at promoting the life-long habit of regular dental check-ups for prevention of dental diseases. Under the co-payment model, eligible adolescents will receive dental check-ups services in the private healthcare sector by shouldering certain co-payment amount with government subsidies. NGOs and private dentists can determine the co-payment fee. At present, the Government is actively taking forward the relevant preparatory work and formulating the details of the scheme, particulars of which will be announced in due course.

In 2024-25, the DH has earmarked about $77 million to enhance public dental services, including enhancement of the Healthy Teeth Collaboration and emergency dental service, and launch of the Pilot Scheme. The Government will also deploy additional manpower to carry out the relevant preparatory work.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3177)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Department of Health has set up Elderly Health Centres (EHCs) in the 18 districts across Hong Kong for persons aged 65 or above to enrol as members, who are provided with health assessment and treatment services, etc. for prevention, early detection and control of diseases. Regarding the operation of EHCs, will the Government please advise this Committee on:

1. the number of new members of and the expenditure incurred by EHCs in the 18 districts in each of the past 5 years; and the number of attendances for health assessment (medical examination), counselling, health education and curative treatment performed on members at each EHC in tabular form in the past 5 years; and

2. given the current year(s)-long waiting time for enrolment as members of EHCs with the shortest waiting time being 12 months (at Kwai Shing EHC) and the longest being 51 months (at Tuen Mun Wu Hong EHC), which seriously affects the provision of primary health care to the elderly, the reasons for the long wait, the measures to shorten the waiting time for enrolment as members and whether the Government will increase the membership turnover of EHCs?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 40)

Reply:

1.
The number of new members enrolled with the 18 Elderly Health Centres (EHCs) in the past 5 years are as follows:

EHC	Number of new members				
	2019	**2020^**	**2021^**	**2022^**	**2023***
Sai Ying Pun	626	241	538	450	615
Shau Kei Wan	1 741	187	566	539	708
Wan Chai	1 913	402	740	729	585
Aberdeen	669	208	487	326	479
Nam Shan	737	265	613	458	551
Lam Tin	738	211	570	479	577

Yau Ma Tei	704	225	509	401	192
San Po Kong	721	195	578	28	560
Kowloon City	1 168	259	609	121	475
Lek Yuen	1 812	329	1 528	573	369
Shek Wu Hui	825	433	536	454	648
Tseung Kwan O	1 723	231	527	620	681
Tai Po	647	222	281	468	615
Tung Chung	665	158	413	398	515
Tsuen Wan	1 126	223	612	414	606
Tuen Mun Wu Hong	699	187	415	687	642
Kwai Shing	604	183	493	463	506
Yuen Long	619	170	481	399	534
Total	17 737	4 329	10 496	8 007	9 858

^ The figures (of 2020 and 2022 in particular) were affected by the COVID-19 pandemic. Since the outbreak of the pandemic in 2020, EHCs had only been able to provide limited service, hence the reduction in the number of new members. The number dropped again in 2022 due to the outbreak of the fifth wave.

* Provisional figures

The number of attendances for health assessment and medical consultation, as well as health education activities provided in the 18 EHCs in the past 5 years are as follows:

EHC		**2019**	**2020^**	**2021^**	**2022^**	**2023***
Sai Ying Pun	Health assessment and medical consultation	8 479	4 248	6 995	6 009	8 078
	Health education activities organised by EHCs	9 450	3 527	7 316	10 115	13 405
Shau Kei Wan	Health assessment and medical consultation	12 551	3 865	6 114	5 295	7 509
	Health education activities organised by EHCs	15 080	3 067	3 589	4 270	5 306
Wan Chai	Health assessment and medical consultation	18 489	8 172	12 818	10 957	10 595
	Health education activities organised by EHCs	13 671	7 612	14 711	13 484	13 777
Aberdeen	Health assessment and medical consultation	9 205	4 561	7 048	6 022	8 069
	Health education activities organised by EHCs	10 190	5 361	7 649	6 287	7 125
Nam Shan	Health assessment and medical consultation	9 266	4 719	6 480	5 608	7 600
	Health education activities organised by EHCs	10 417	4 705	6 422	5 331	7 166
Lam Tin	Health assessment and medical consultation	8 403	3 806	6 261	5 163	7 011
	Health education activities organised by EHCs	12 437	4 003	7 843	6 420	8 109
Yau Ma Tei	Health assessment and medical consultation	8 097	3 816	5 902	5 100	6 796
	Health education activities organised by EHCs	10 915	5 658	7 643	7 476	10 665

EHC		2019	2020^	2021^	2022^	2023*
San Po Kong	Health assessment and medical consultation	8 705	4 409	6 327	2 664	6 614
	Health education activities organised by EHCs	10 571	6 400	10 674	761	9 813
Kowloon City	Health assessment and medical consultation	9 745	4 930	6 298	3 964	6 717
	Health education activities organised by EHCs	13 791	7 625	6 903	6 700	7 253
Lek Yuen	Health assessment and medical consultation	18 190	8 434	15 971	11 628	11 125
	Health education activities organised by EHCs	14 719	8 075	9 944	6 406	7 470
Shek Wu Hui	Health assessment and medical consultation	10 801	5 757	6 666	5 892	8 067
	Health education activities organised by EHCs	14 976	4 784	4 373	5 101	5 425
Tseung Kwan O	Health assessment and medical consultation	15 053	4 464	6 137	6 832	7 857
	Health education activities organised by EHCs	9 209	4 309	5 301	4 997	4 800
Tai Po	Health assessment and medical consultation	10 278	5 886	7 141	6 756	8 576
	Health education activities organised by EHCs	13 155	5 283	5 478	5 083	5 998
Tung Chung	Health assessment and medical consultation	8 069	3 571	5 746	4 983	7 347
	Health education activities organised by EHCs	13 640	5 813	10 593	7 348	12 601
Tsuen Wan	Health assessment and medical consultation	11 263	4 640	8 072	6 199	8 388
	Health education activities organised by EHCs	9 011	3 704	6 421	4 230	3 924
Tuen Mun Wu Hong	Health assessment and medical consultation	9 379	5 402	6 767	8 603	8 756
	Health education activities organised by EHCs	4 689	3 111	4 284	7 115	7 394
Kwai Shing	Health assessment and medical consultation	8 002	4 035	6 275	6 006	7 079
	Health education activities organised by EHCs	9 701	2 892	5 376	5 568	6 333
Yuen Long	Health assessment and medical consultation	7 311	3 918	6 196	5 313	7 231
	Health education activities organised by EHCs	7 118	4 893	4 859	4 629	4 968
Total	Health assessment and medical consultation	191 286	88 633	133 214	112 994	143 415
	Health education activities organised by EHCs	202 740	90 822	129 379	111 321	141 532

^ The figures (of 2020 and 2022 in particular) were affected by the COVID-19 pandemic. Since the outbreak of the pandemic in 2020, EHCs had only been able to provide limited service. The number dropped again in 2022 due to the outbreak of the fifth wave.

* Provisional figures

The Department of Health (DH) does not have a breakdown of operating cost by each EHC. The total expenditure incurred by EHCs in the past 5 years is tabulated below:

	2019/20 $ million (Actual)	2020/21 $ million (Actual)^	2021/22 $ million (Actual)^	2022/23 $ million (Actual)^	2023/24 $ million (Revised estimate)
Total expenditure of 18 EHCs	182.9	168.9	172.3	174.6	173.9

^ Affected by the COVID-19 pandemic, EHCs had only been able to provide limited service.

2.

During the COVID-19 pandemic, EHCs had only been able to provide limited service. As a result, the number of attendances for health assessment and medical consultation at EHCs had both decreased. The number of elderly waiting for member enrolment piled up, lengthening the waiting time correspondingly. Services of EHCs have resumed normal since February 2023. However, no significant increase in our service capacity is seen owing to the ongoing shortage of doctors. In view of the situation, the DH has recruited additional contract doctors to address the manpower shortage and will continue to closely monitor the situation.

The Health Bureau has set up District Health Centres (DHCs) or DHC Expresses in 18 districts in 2022 to provide services including health risk assessment to members of the public, including elderly. To address the keen demand for EHCs' services, the EHCs are actively collaborating with the DHCs to implement joint protocols for referral of clients on EHCs' waiting list to receive health assessment services at DHCs.

As mentioned in the Primary Healthcare Blueprint, as the district-based, family-centric community health system evolves, the Government proposes to progressively and orderly migrate primary healthcare services under the DH to the primary healthcare system, with a view to developing community healthcare system and facilitating provision of comprehensive primary healthcare services, reducing service duplication and utilising resources effectively. The Health Bureau has started discussion with the DH to prioritise the service consolidation of EHCs and Woman Health Centres with a view to merging into DHCs progressively, or other private healthcare providers through strategic purchasing as appropriate.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2761)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (4) Curative Care

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

According to the Estimates, one of the matters requiring special attention in 2024-25 is that the Health Bureau will continue to oversee the implementation of the "Outreach Dental Care Programme for the Elderly" and the "Healthy Teeth Collaboration" programme. In this connection, please advise this Committee on:

(1) the estimated expenditure incurred by implementing the two programmes in 2024-25;

(2) service throughput of the two programmes, the expenditure incurred and the number of people benefiting from them over the past 3 years;

(3) the number of dentists participating in the two programmes over the past 3 years; and

(4) the Government's initiatives to encourage more dentists to participate in the two programmes.

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 11)

Reply:

(1) to (4)

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental

services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups defined by the Working Group, including persons with financial difficulties, persons with disabilities or special needs, and the high risk groups.

The implementation details of the Outreach Dental Care Programme for the Elderly (ODCP) and the Healthy Teeth Collaboration (HTC) programme are as follows:

(A) The ODCP

The ODCP has been implemented since October 2014 to provide free on-site oral check-up for elderly persons 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 elderly person 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 elderly persons to suit their oral care needs and self-care abilities. A total of 23 outreach dental teams from 10 NGOs have currently 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 2024, the number of attendances was about 378 300. In 2021-22, 2022-23 and 2023-24, the number of RCHEs/DEs participating in the ODCP, the number of attendances for the ODCP and the actual expenditure/revised estimate involved are set out below:

Year	2021-22	2022-23	2023-24
Number of RCHEs/DEs participating in the ODCP	630	690	760 (up to January 2024)
Number of attendances	25 011	37 245	42 628 (up to January 2024)
Annual expenditure ($ million)	41.6 (actual)	48.6 (actual)	58.9 (revised estimate)

To implement the ODCP, the Department of Health (DH) has invited all NGOs with dental clinics to submit their service proposals. In 2024-25, a total of 25 outreach dental teams from 11 NGOs will be set up under the ODCP with the Government's financial provision of $64.2 million.

At present, some 60% to 70% of the RCHEs/DEs are participating in the ODCP. To encourage elderly persons' participation, the NGOs will meet with their assigned RCHEs/DEs to discuss further promotion efforts. The Government, meanwhile, will approach

RCHEs/DEs which have not yet joined the ODCP to promote the programme and encourage participation.

(B) The HTC programme

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 adults aged 18 or above with intellectual disability (ID). In 2021, the programme was further extended for 3 years to July 2024. To implement the HTC, the DH has invited all NGOs with dental clinics to submit service proposals. At present, 5 NGO dental clinics (with at least 1 qualified dentist and 1 dental surgery assistant) have participated in the programme. As at end-January 2024, about 5 230 adults with ID have registered under the HTC, of which about 5 040 have received their first consultation. In the service years 2021-22, 2022-23 and 2023-24 [Note] (up to January 2024), the number of attendances for the services provided under the Government's HTC programme is set out below:

Service Year [Note]	2021-22	2022-23	2023-24 (up to January 2024)
Number of attendances	4 129	6 121	4 119

Note: A service year refers to the period from 16 July of the current year to 15 July of the following year.

A breakdown of the actual expenditure and revised estimate in respect of the implementation of the HTC is as follows:

Year	2021-22	2022-23	2023-24
Annual expenditure ($ million)	11.1 (actual)	22.8 (actual)	32.0 (revised estimate)

The CE announced in the 2023 Policy Address that the Government will strengthen in the third quarter of 2024 the special care dental services for persons with disabilities or special needs currently provided by the DH by further extending the HTC to March 2027, extending its scope to cover patients with Autistic Spectrum Disorder, and providing services to 900 new cases every year. In 2024-25, the DH has earmarked about $77 million to enhance public dental services, including enhancement of the HTC and emergency dental service, and launch of the Primary Dental Co-care Pilot Scheme for Adolescents. The Government will also deploy additional manpower to carry out the relevant preparatory work.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2762)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Estimates of the Health Bureau that one of the matters requiring special attention in 2024-25 is to enhance the Elderly Health Care Voucher Scheme (EHVS). In this connection, will the Government inform this Committee of:

(1) the estimated financial provision for the EHVS in 2024-25, and of which the estimated administrative expenses for administering and monitoring the Scheme;

(2) the respective amount of vouchers claimed and the total amount of unspent vouchers of the elderly in the past 3 years;

(3) the number of voucher claim transactions, the amount of vouchers claimed and the average amount per claim transaction by type of healthcare service provider enrolled in the EHVS in the past 3 years in table form;

(4) the total amount of vouchers claimed by the University of Hong Kong-Shenzhen Hospital in the past 3 years;

(5) the current manpower and estimated expenditure involved in handling complaints about the EHVS; and

(6) the number of complaints about the EHVS received, the respective numbers of cases with investigation completed, found to be substantiated, and related to fraud or improper voucher claims, and the number of service providers disqualified from the EHVS for violating the Scheme rule, broken down by type of service, in each of the past 3 years?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 12)

Reply:

(1)&(5)
The financial provision for 2024-25 for the Elderly Health Care Voucher Scheme (EHVS) is $3.96 billion. In addition, the current approved establishment of the Department of Health

(DH)'s Health Care Voucher Division (HCVD), which is responsible for the administration and monitoring of the EHVS (including the handling of complaints), is 55. In 2024-25, the financial provision for the administration and monitoring of the EHVS is $71.3 million. The manpower dedicated to and the expenditure involved in handling complaints about the EHVS cannot be separately identified.

(2), (3)&(4)
The tables below show the number of voucher claim transactions, the amount of vouchers claimed and the average amount per claim transaction by type of healthcare service provider enrolled in the EHVS in the past 3 years:

Number of Voucher Claim Transactions

	2021	**2022**	**2023**[Note 1]
Medical Practitioners	1 917 943	1 954 032	2 325 617
Chinese Medicine Practitioners	1 542 578	1 647 630	1 965 635
Dentists	308 343	288 532	331 342
Occupational Therapists	7 224	4 177	4 232
Physiotherapists	48 107	37 603	45 673
Medical Laboratory Technologists	20 033	14 593	15 441
Radiographers	19 373	20 761	22 659
Nurses	11 295	9 376	11 196
Chiropractors	9 357	8 841	10 331
Optometrists	196 046	161 156	230 239
Audiologists [Note 2]	-	-	784
Clinical Psychologists [Note 2]	-	-	2
Dietitians [Note 2]	-	-	609
Speech Therapists [Note 2]	-	-	5
Sub-total (for Hong Kong):	**4 080 299**	**4 146 701**	**4 963 765**
University of Hong Kong - Shenzhen Hospital (HKU-SZH) [Note 3]	35 953	32 356	38 462
Total:	**4 116 252**	**4 179 057**	**5 002 227**

Amount of Vouchers Claimed (in $'000)

	2021	**2022**	**2023**[Note 1]
Medical Practitioners	1,027,990	1,059,052	1,270,495
Chinese Medicine Practitioners	788,617	854,324	1,140,988
Dentists	355,444	343,327	413,222
Occupational Therapists	7,503	4,518	4,455
Physiotherapists	19,238	17,743	22,726
Medical Laboratory Technologists	20,552	13,393	14,712
Radiographers	22,603	24,635	29,503
Nurses	11,049	9,878	11,168

Chiropractors	5,760	5,080	5,955
Optometrists	284,753	233,912	352,743
Audiologists Note 2	-	-	2,693
Clinical Psychologists Note 2	-	-	4
Dietitians Note 2	-	-	829
Speech Therapists Note 2	-	-	5
Sub-total (for Hong Kong):	**2,543,509**	**2,565,862**	**3,269,498**
HKU-SZH Note 3	12,103	10,949	11,883
Total:	**2,555,612**	**2,576,811**	**3,281,381**

Average Amount of Vouchers per Claim Transaction ($)

	2021	**2022**	**2023** Note 1
Medical Practitioners	536	542	546
Chinese Medicine Practitioners	511	519	580
Dentists	1,153	1,190	1,247
Occupational Therapists	1,039	1,082	1,053
Physiotherapists	400	472	498
Medical Laboratory Technologists	1,026	918	953
Radiographers	1,167	1,187	1,302
Nurses	978	1,054	997
Chiropractors	616	575	576
Optometrists	1,452	1,451	1,532
Audiologists Note 2	N/A	N/A	3,435
Clinical Psychologists Note 2	N/A	N/A	2,000
Dietitians Note 2	N/A	N/A	1,361
Speech Therapists Note 2	N/A	N/A	1,000
HKU-SZH Note 3	337	338	309

In addition, the table below shows the amount of unspent vouchers of elderly persons who had ever used vouchers in the past 3 years:

Unspent Balance of Voucher Recipients (in $'000)

	2021	**2022**	**2023** Note 1
Total amount of unspent vouchers of elderly persons who had ever used vouchers (as at end of the year)	3,963,000	4,097,000	3,883,000

Note 1: Starting from 28 July 2023, the EHVS allows shared use of vouchers between 2 eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts. Furthermore, to encourage more effective use of primary healthcare services by elderly persons, a three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) was launched under the EHVS on 13 November 2023. An eligible elderly person who has an accumulated use of vouchers of $1,000 or more on designated primary

healthcare services in a year will be allotted $500 reward to his or her voucher account for the same purposes.

Note 2: Since 28 April 2023, the coverage of the EHVS has been extended to include primary healthcare services provided by 4 categories of healthcare professions under the Accredited Registers Scheme for Healthcare Professions (namely audiologists, clinical psychologists, dietitians and speech therapists).

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 EHVS on a hospital basis. Starting from 17 April 2023, eligible elderly persons can use vouchers to pay for the outpatient healthcare services at the Huawei Li Zhi Yuan Community Health Center, an offsite medical institution set up by the HKU-SZH.

(6)

The table below shows the number of complaints (including media reports and relevant reports) against healthcare service providers enrolled under the EHVS received by the DH in the past 3 years (from 2021 to 2023):

	2021	**2022**	**2023**	**Total**
Number of complaints against healthcare service providers enrolled under the EHVS received by DH	105	45	54	**204**

These complaint cases, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges, were mainly against medical practitioners, Chinese medicine practitioners, optometrists and dentists. The DH would conduct investigation into every complaint received and take appropriate actions/measures when violation of the terms and conditions of the EHVS Agreement was found, 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 EHVS, and referring cases to the Police and the relevant professional regulatory boards/councils for follow-up as appropriate.

Among the complaint cases against healthcare service providers enrolled under the EHVS received by the DH in the past 3 years, as at end-December 2023, investigation of 38 cases was completed, of which 14 were found to be substantiated or partially substantiated. The DH has disqualified 3 healthcare service providers from participating in the EHVS.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2773)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is recommended in the Budget Speech that the duty on cigarettes be increased by 80 cents per stick and duties on other tobacco products by the same proportion with immediate effect. Since the Department of Health has mentioned in the Matters Requiring Special Attention in 2024-25 that it will strengthen the publicity and education programme and adopt a community approach on smoking prevention and cessation, will the Government please advise this Committee on:

(1) the measures implemented by the Government on smoking prevention and cessation, the staff establishment and the provision for the expenditure involved in the past 3 years;

(2) with respect to the implementation of smoking prevention and cessation work in 2024-25, the staff establishment and the estimated provision involved, and whether new measures will be implemented regarding the said work; if yes, the details;

(3) the staff establishment and actual expenditure of the Tobacco and Alcohol Control Office (TACO) in the past 3 years, as well as its respective staff establishment and estimated expenditure for 2024-25;

(4) the smoking prevalence among different age groups of men and women in Hong Kong and the respective average number of cigarettes smoked per day in the past 3 years; and

(5) the number of complaints received, inspections conducted, fixed penalty notices and summonses issued by the TACO regarding offences such as smoking, displaying or publishing of tobacco advertisements in each of the past 3 years?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 45)

Reply:

(1), (2) & (3)

Over the years, the Government has been actively promoting a tobacco-free environment through publicity for 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 healthcare professionals to promote smoking cessation, provide smoking cessation services and organise publicity programmes on smoking prevention.

Apart from operating an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, the DH coordinates the provision of smoking cessation services in Hong Kong. It arranges referrals for various smoking cessation services in the territory, including those provided by public clinics under the Hospital Authority (HA), and community-based cessation programmes operated by NGOs. There are a total of 15 full-time and 55 part-time centres operated by the HA which have been providing smoking cessation services to the general public since 2002, and there are 5 smoking cessation clinics for civil servants operated by the DH. Furthermore, the DH also collaborates with NGOs to provide a range of community-based smoking cessation services including counselling, consultations by doctors (including free postal delivery of smoking cessation drugs) or Chinese medicine practitioners, and designated services for smokers from different ethnicities, immigrant smokers and workplace smokers. For young smokers, the DH collaborates with local universities to operate a hotline to provide them with dedicated counselling services over the phone.

The DH subvents the COSH to organise publicity and education programmes in schools, such as health talks, training programmes and theatre programmes, to raise students' awareness on smoking hazards, including hazards from alternative smoking products. To prevent youngsters from picking up smoking, the DH collaborates with NGOs to organise health promotional activities at schools. By using interactive teaching materials and setting up mobile classrooms, the programmes enlighten students on the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up smoking due to peer pressure. The DH has also launched publicity campaigns through mass media to spread the message that smoking brings risks of serious illnesses. To encourage smokers to try quitting, it distributes free trial packs of smoking cessation drugs (nicotine replacement therapy) for one week at community pharmacies, smoking cessation clinics, District Health Centres (DHCs) and DHC Expresses during the Quit in June annual campaign starting from 2023. Furthermore, the DH also encourages and helps all healthcare professionals to provide support and treatment to smokers who are quitting by organising online and offline training courses, compiling the Practical Handbook for Smoking Cessation Treatments and providing related resources, etc.

Smoking cessation services and counselling for smokers are now available at all DHCs and DHC Expresses in the 18 districts, which collaborate with smoking cessation service providers in their respective districts to provide information or arrange referrals for smokers in need.

In 2021, 2022 and 2023, the quitlines operated by the DH and local universities handled 12 405, 9 216 and 11 051 enquiries respectively. During these 3 years, there were 25 965, 20 406 and 27 715 smokers receiving smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs.

Smokers who receive smoking cessation treatment receive 52-week follow-up services to assess their quit status. For smokers who receive smoking cessation services via quitlines,

at cessation clinics under the HA and through community-based programmes operated by NGOs, their 52-week quit rates, which refer to the percentage of service users self-reporting to have stayed quit in the past 7 days, range from 20% to 60%, which are comparable to those in overseas countries. Discrepancies in the quit rates concerning different smoking cessation programmes are due to differences in terms of their target groups and treatment methods (which include counselling, pharmacotherapy, and Chinese medicine with acupuncture). To become a successful quitter, smokers are encouraged to choose the cessation service that best caters for their personal needs.

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.

To further reduce smoking prevalence, the Government conducted the Vibrant, Healthy and Tobacco-free Hong Kong public consultation on tobacco control strategies last year. The Health Bureau is studying the phased implementation of tobacco control measures and will give an update of the next steps in due course.

The expenditures on and provision for tobacco control initiatives taken forward by the Tobacco and Alcohol Control Office (TACO) of the DH, as well as the approved establishment of the TACO from 2021-22 to 2024-25 are at **Annex 1**.

(4)
The Census and Statistics Department (C&SD) conducts Thematic Household Surveys (THS) from time to time to study the smoking prevalence in the population. The data from the THS in 2021 showed that the prevalence of daily cigarette smokers aged 15 and above was 9.5% as compared to 10.2% in 2019. Two rounds of THS on the pattern of smoking have been conducted and completed in the past 5 years, with smoking prevalence by age group and sex set out at **Annex 2**. Preliminary findings of the latest THS conducted by the C&SD in 2023 on the smoking pattern show that smoking prevalence has further dropped to 9.1%. Details of the survey results will be released in mid-2024.

(5)
The TACO of the DH is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The TACO will conduct inspections and investigation in response to smoking and related complaints. In general, the TACO will issue fixed penalty notices (FPNs) to smoking offenders without warning. Apart from smoking offences, the TACO also issued summonses for offences under Cap. 371 (including aiding and abetting smoking offences, offences relating to smoking product advertisements, the promotion, manufacture, sale, or possession for commercial purposes, of alternative smoking products (ASPs), obstruction of inspectors, etc.), and for the offence of importing ASPs under the Import and Export Ordinance (Cap. 60). The numbers of complaints / referrals received, inspections conducted, warning letters issued, and FPNs / summonses issued by TACO for the period from 2021 to 2023 for smoking and other offences are at **Annex 3.**

Annex 1

Expenditures on/Provision for the Department of Health's Tobacco and Alcohol Control Office

	2021-22 ($ million)	2022-23 ($ million)	2023-24 Revised Estimate ($ million)	2024-25 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	101.3	100.4	160.2	172.7
Health Education and Smoking Cessation				
Programme 3: Health Promotion	138.9	149.0	168.0	170.7
(a) General health education and promotion of smoking cessation				
TACO	*62.8*	*73.0*	*87.3*	*89.6*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*26.2*	*26.8*	*26.4*	*26.6*
Sub-total	***89.0***	***99.8***	***113.7***	***116.2***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations*				
Subvention to Tung Wah Group of Hospitals	*30.8*	*29.4*	*14.0*	*14.0*
Subvention to Pok Oi Hospital	*7.5*	*7.6*	*17.9*	*18.0*
Subvention to Po Leung Kuk	*0.7*	*-*	*-*	*-*
Subvention to Lok Sin Tong	*3.2*	*3.3*	*3.6*	*3.6*
Subvention to United Christian Nethersole Community Health Service	*4.9*	*5.8*	*8.9*	*8.9*
Subvention to Life Education Activity Programme	*2.8*	*2.8*	*2.9*	*3.0*
Subvention to Christian Family Service Centre	*-*	*-*	*7.0*	*7.0*
Subvention to The University of Hong Kong	*-*	*0.3*	*-*	*-*
Sub-total	***49.9***	***49.2***	***54.3***	***54.5***
Total	**240.2**	**249.4**	**328.2**	**343.4**

* The number of DH-subsidised non-governmental organisations providing community-based smoking cessation services with medication has increased from 2 to 4 since the 2023-24 financial year, bringing the number of target service recipients up by 39% on the 2022-23 financial year to 5 000 per year. The cost per quitter has been reduced accordingly.

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office

Rank	No. of Staff from 2021-22 to 2024-25
Head, TACO	
Consultant	1
Enforcement	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	125
Senior Executive Officer/ Executive Officer	13
Sub-total	***147***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
Sub-total	***24***
Total	**183**

Annex 2

Prevalence* of Daily Cigarette Smokers by Age Group and Sex in 2019 and 2021

Age group	Male		Female		Overall	
	2019	2021	2019	2021	2019	2021
15 - 19	#	#	#	#	#	#
20 - 29	9.0%	9.6%	2.4%	2.1%	5.7%	5.9%
30 - 39	19.3%	15.3%	5.0%	4.5%	11.6%	9.5%
40 - 49	23.2%	24.6%	5.6%	5.8%	13.4%	14.2%
50 - 59	25.1%	22.0%	3.3%	3.2%	13.5%	11.7%
≥60	17.5%	15.7%	1.5%	1.2%	9.1%	8.2%
Overall	18.1%	16.7%	3.2%	3.0%	10.2%	9.5%

* As a percentage of all persons in the respective age group. For example, among all males aged 20 to 29, 9.0% were daily cigarette smokers based on the survey conducted in 2019.
# Statistics are not released due to large sampling error.
Source: Thematic Household Survey Report Nos. 70 and 75, Census and Statistics Department.

Average Daily Consumption of Cigarettes (number of sticks of cigarettes) by Age Group and Sex in 2019 and 2021

	2019	2021
Age group		
15 - 19	#	#
20 - 29	11.7	11.2
30 - 39	12.0	11.5
40 - 49	12.9	12.7
50 - 59	13.7	13.7
≥60	12.4	13.0
Sex		
Male	13.2	13.2
Female	10.4	10.5
Overall	12.7	12.7

Statistics are not released due to large sampling error.
Source: Thematic Household Survey Report Nos. 70 and 75, Census and Statistics Department.

Annex 3

Numbers of complaints / referrals received, inspections conducted, warning letters issued, and FPNs / summonses issued by TACO for smoking and other offences under the Smoking (Public Health) Ordinance (Cap. 371), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) and the Import and Export Ordinance (Cap. 60)

		2021	2022	2023
Complaints/referrals received		13 424	14 805	20 116
Inspections conducted		41 225	35 281	28 817 (Note 4)
Warning letters issued (Note 1, 2)		16	21	10
FPNs issued (for smoking offences)		7 703	6 296	10 261 (Note 4)
Summonses issued	for smoking offences	40	35	48
	for other offences (Note 3)	115	130	657

Note

1 In general, the TACO will prosecute smoking offenders without prior warning. The TACO will only consider issuing warning letters if the smoking offenders are found to be persons under 15 years old.

2 During the 3-month grace period from 30 April to 31 July 2022, warning letters were issued to passengers carrying small quantity of ASPs. After the grace period, any person who imports any quantity of ASPs will be prosecuted when there is sufficient evidence.

3 Other offences include willful obstruction, failure to produce identity document, displaying smoking product advertisement, ASP related offences, and aiding and abetting another person committing a smoking offence, etc.

4 To effectively mitigate the impact of passive smoking on the public and enhance the deterrent effect against illegal smoking, new enforcement strategies were adopted in 2023, which included extending the time of surveillance and inspections in no smoking areas, deploying plain-clothes officers to take proactive enforcement actions, strengthening enforcement action in venues (such as bars and food premises) where waterpipes were offered for smoking, as well as prosecuting people aiding and abetting illegal smoking. The number of prosecutions against illegal smoking has surged due to the new enforcement strategies, reflecting their enhanced effectiveness. In addition, the TACO also deploys staff to strengthen enforcement actions against ASPs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2774)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the various vaccination programmes/schemes under the Department of Health, will the Government please advise on the estimated number of vaccine recipients, the actual number of vaccine recipients and the expenditure incurred in the past 3 years, with a breakdown of free or subsidised vaccination programmes/schemes?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 48)

Reply:

Details of the regularised vaccination schemes under the Department of Health (DH) (namely the seasonal influenza (SI) vaccination/Pneumococcal vaccination scheme and the Hong Kong Childhood Immunisation Programme (HKCIP)) are as follows –

(a) Programmes/schemes for SI vaccination/Pneumococcal vaccination

The DH has been implementing a package of vaccination programmes/schemes to provide free/subsidised SI/Pneumococcal vaccination to eligible persons:

- Vaccination Subsidy Scheme (VSS), which provides subsidised SI vaccination to eligible persons, including persons aged 50 or above, pregnant women and children aged between 6 months and below 18 years of age through private doctors participating in the VSS, as well as provides subsidised Pneumococcal vaccination to elderly aged 65 or above;

- Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP)/VSS School Outreach (Extra Charge Allowed) Scheme (VSS School Outreach Scheme), which provides free or subsidised SI vaccination to eligible school children through the public-private partnership outreach teams or the DH's outreach team; and

- Government Vaccination Programme (GVP), which provides free SI vaccination to eligible children, elderly and other target groups at clinics of the DH and the Hospital

Authority, as well as provides free Pneumococcal vaccination to eligible elderly aged 65 or above.

The target population eligible for SI vaccination under each vaccination programme/scheme, the relevant number of vaccine recipients, the uptake rates and the expenditure on subsidy in the past 3 seasons are detailed at **Annex**. As some target group members may have, at their own expense, received SI/Pneumococcal vaccination at private clinics outside the Government's vaccination programmes/schemes, they are not included in the statistics concerned.

(b) The HKCIP

The DH provides free vaccination services for eligible children under the HKCIP for the prevention of 11 communicable diseases, namely Tuberculosis, Hepatitis B (Hep B), Poliomyelitis, Tetanus, Pertussis, Measles, Diphtheria, Mumps, Rubella, Varicella and Pneumococcal Disease. With a view to preventing children from contracting communicable diseases, Bacillus Calmette-Guerin (BCG) vaccine and the first dose of Hep B vaccine are first given to newborn babies in hospitals under the current arrangement. Pre-school children (aged 0 to 5) then receive different types of vaccines and boosters at recommended ages of vaccination at the DH's Maternal and Child Health Centres (MCHCs). As for primary school children, vaccination is provided at schools by the DH's outreach School Immunisation Teams (SITs). The Student Health Service (SHS) of the DH also provides free mop-up vaccination at Student Health Service Centres (SHSCs) for eligible secondary school students. Apart from the DH's vaccination which is free-of-charge, parents may also arrange vaccination for their children in private healthcare facilities or clinics at their own expense.

The target population and actual number of vaccines administered under the HKCIP over the past 3 years are as follows:

<u>Eligible newborn babies to children aged 5</u>

Eligible newborn babies to children aged 5 can receive vaccination free-of-charge at the MCHCs. Over 90% of local newborn babies receive services including vaccination at MCHCs each year.

The number of vaccines administered at the MCHCs under the HKCIP for newborn babies to children aged 5 over the past 3 years (2021 to 2023) are tabulated below:

Calendar year	**Target population#**	**Doses of vaccines administered***
2021	38 684	385 000
2022	32 950	323 000
2023	33 288	315 000

Total registered live births

* The number only includes children who received vaccines under the HKCIP at the MCHCs (rounded to the nearest thousand)

The DH conducts territory-wide surveys on immunisation coverage on a regular basis to monitor the vaccination rates among pre-school children in Hong Kong (i.e. the percentage of children having received vaccination as recommended under the HKCIP) and carries out random inspections of children's immunisation records. The results of the latest survey conducted in 2021 on the overall immunisation coverage of vaccination under the HKCIP (among pre-school children born between 2015 and 2017) are tabulated below:

Type of vaccine^	Year of birth		
	2015	2016	2017
BCG vaccine	99.9%	99.5%	99.3%
Received Hep B vaccine	99.5%	99.2%	98.9%
Received Poliomyelitis vaccine	98.0%	97.9%	97.4%
Received Diphtheria-Pertussis-Tetanus vaccine	98.7%	98.0%	97.5%
Received Measles vaccine	99.9%	99.0%	99.1%
Received Mumps vaccine	99.9%	99.0%	99.1%
Received Rubella vaccine	99.9%	99.0%	99.1%
Received Varicella vaccine	99.1%	98.7%	98.7%
Received Pneumococcal vaccine	93.5%	94.7%	94.9%

^ includes vaccines received in private healthcare organisations and outside of Hong Kong

Eligible primary school children

The SITs of the DH provide free vaccination to eligible Primary 1 school children, Primary 5 school girls and Primary 6 school children across the territory under the HKCIP. In addition to administering vaccines to students through outreach programmes, the SITs have set up sub-offices to provide mop-up vaccination for primary school students who have not completed immunisation as recommended under the HKCIP.

The number of vaccines administered by the SITs under the HKCIP for school children over the past 3 years (2021 to 2023) are tabulated below:

Calendar year	**Target population#**	**Doses of vaccines administered***
2021	141 288	255 000
2022	139 560	201 000
2023	Not available	210 000

The number includes all Primary 1 and 6 students and all Primary 5 girls. The number of registered students is obtained from the student enrolment statistics as at the 2022/23 school year from the Education Bureau's website at https://www.edb.gov.hk/attachment/en/about-edb/publications-stat/figures/Enrol_2022.pdf

* rounded to the nearest thousand

The SITs will verify the immunisation records of the students while visiting schools. The overall immunisation coverage rates among primary school students based on these records are tabulated below:

Type of vaccine		School year		
		2020/21	2021/22	2022/23
Primary 1	Received Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus vaccine	96.1%	96.9%	97.2%
	Received Measles, Mumps, Rubella & Varicella vaccine	95.0%	95.8%	95.4%
Primary 5	Human Papillomavirus (HPV) vaccine (female students)*	88.5%	88.9%	93.5%
Primary 6	Received Diphtheria, Tetanus, acellular Pertussis (reduced dose) & Inactivated Poliovirus vaccine	96.4%	96.1%	96.0%
	Received Measles, Mumps & Rubella vaccine	97.6%	97.9%	98.5%
	Received Hep B vaccine	98.0%	98.8%	99.3%
	Received HPV vaccine (female students)*	86.1%	89.3%	91.9%

* School girls receive their first dose of the HPV vaccine under the HKCIP in Primary 5 and their second dose in Primary 6 starting from the 2019/20 school year. The interim target for the HPV vaccination coverage rate (completing 2 doses of the HPV vaccine) among the first batch of eligible girls was 70% as set out in the Hong Kong Cancer Strategy 2019 announced by the Government.

Eligible secondary school students

In addition to the above services, the SHS of the DH also provides free mop-up vaccination at SHSCs for eligible secondary school students who have yet to complete the recommended vaccination.

The number of mop-up vaccines administered by the SHS under the HKCIP for students over the past 3 years (2021 to 2023) are tabulated below:

Calendar year	Doses of mop-up vaccines administered^
2021	307
2022	447
2023	2 673

^ The number of students served by the SHS was higher in 2023 than those in 2021 and 2022 due to the SHS's limited services as a result of COVID-19 over the past 3 years.

The expenditure for the HKCIP, dispersed across multiple cost components, cannot be separately identified.

Annex

Target groups	Programmes/ schemes for provision of SI vaccination	2021/22			2022/23			2023/24 (as at 3 March 2024)		
		Target Population	No. of SI vaccine recipients	Subsidy claimed ($ million)	Target Population	No. of SI vaccine recipients	Subsidy claimed ($ million)	Target Population	No. of SI vaccine recipients	Subsidy claimed ($ million)
Elderly aged 65 or above	GVP	1 433 700	377 000	Not applicable	1 520 100	452 900	Not applicable	1 637 600	499 300	Not applicable
	VSS		201 700	48.4		281 300	73.1		324 100	84.3
Persons aged between 50 to 64	GVP	1 774 600	5 400	Not applicable	1 796 700	49 200	Not applicable	1 824 900	5 800	Not applicable
	VSS		193 300	46.4		271 000	70.5		335 300	87.2
Children aged between 6 months and under 18*	GVP	641 700	100	Not applicable	917 900	1 400	Not applicable	929 600	700	Not applicable
	VSS		73 700	19.9		104 700	30.3		164 400	48.3
	SIVSOP		268 100	28.6		259 200	28.8		322 000	36.1
Others ^	GVP/VSS	#	97 300	1.4	#	112 300	1.5	#	135 700	1.6
Total			**1 216 600**	**144.7**		**1 532 000**	**204.2**		**1 787 300**	**257.5**

* In 2022/23 and 2023/24, eligible groups under the SIV programmes were expanded to include secondary school students and Hong Kong residents less than 18 years of age.

^ Others include healthcare workers; poultry workers; pig farmers or pig slaughtering industry personnel; persons with intellectual disabilities; Disability Allowance recipients; and pregnant women, etc.

\# Detailed figures of population for this group are not available.

Programme/scheme for provision of Pneumococcal vaccination [@]	2021/22		2022/23		2023/24 (as at 3 March 2024)	
	No. of Pneumococcal vaccine recipients	Subsidy claimed ($ million)	No. of Pneumococcal vaccine recipients	Subsidy claimed ($ million)	No. of Pneumococcal vaccine recipients	Subsidy claimed ($ million)
GVP	26 100	Not applicable	44 100	Not applicable	46 900	Not applicable
VSS	27 400	12.5	37 800	20.2	45 700	24.3
Total	53 500	12.5	81 900	20.2	92 600	24.3

[@] Eligible groups: Aged 65 or above

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2775)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

According to the Budget Speech, the Department of Health will continue to promote the health promoting school model in Hong Kong during 2024-25. In this connection, please inform this Committee of:

(1) the details of the above work;

(2) the estimated expenditure on the above work; and

(3) the expected results of promoting the health promoting school model in Hong Kong.

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 49)

Reply:

(1) & (3)

The Department of Health (DH) launched the Health Promoting School (HPS) Programme as a pilot project in 30 local primary and secondary schools from 2019/20 to 2022/23 to explore the feasibility of extending the HPS model in Hong Kong. A consultant was commissioned by the DH to conduct a study to assess the feasibility of further promoting and implementing the HPS Programme in local schools. According to the study report, the HPS Framework promulgated jointly by the World Health Organization and the United Nations Educational, Scientific and Cultural Organization was considered applicable in Hong Kong, and its further promotion and implementation through a developmental approach was recommended.

Taking into consideration the opinions of stakeholders from various sectors and the results of the evaluation study, the DH has regularised the HPS Programme in the 2023/24 school year and renamed the programme "Whole School Health Programme" (WSHP). The DH provides professional guidance to participating schools in carrying out school-based health promotion work in a more comprehensive and effective manner under the HPS model. In 2023, the DH established a cross-sectoral multi-disciplinary Health Promoting School Advisory Committee (Advisory Committee) to advise the Government on the planning and implementation of the WSHP.

The WSHP covers 4 health themes: physical activity, healthy eating, mental health and social well-being. The DH has developed a set of guidelines, a checklist and an overall student health assessment report for participating schools so that individual schools may review and assess the health promotion measures in place in a systematic manner, as well as setting priorities and devising strategies for the development of school-based health promotion according to the school's actual circumstances and students' health needs.

According to both local and overseas studies, implementing the HPS will help students develop a healthy lifestyle, which includes an increase in physical activity, improvement in fruit and vegetable consumption, reduction in tobacco use, as well as an increase in the resilience of students and teachers.

The DH will regularly update the Advisory Committee on the progress of its work. Performance indicators will also be developed to facilitate evaluation of the progress and effectiveness of the initiative.

(2)
The financial provision for implementing the WSHP (formerly HPS Programme) for 2024-25 is about $17 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2779)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Department of Health provides promotive and preventive healthcare to primary and secondary school students and improves the oral health of primary school children. In this connection, will the Government advise this Committee of:

(1) the key measures and funding allocated for the provision of promotive and preventive healthcare to primary and secondary school students in the past 3 years;

(2) the key measures and funding allocated for the improvement of oral health of primary school children in the past 3 years;

(3) the estimated expenditure on the provision of promotive and preventive healthcare to primary and secondary school students and on improving oral health of primary school children in 2024-25;

(4) the actual number of primary and secondary school students participating in the Student Health Service and its percentage in the total number of primary and secondary school students in Hong Kong in each of the past 3 years;

(5) the attendance of primary school children at the School Dental Care Service programme and its percentage in the total number of primary school children in Hong Kong in the past 3 years; and

(6) measures to increase participation of primary and secondary school students in the Student Health Service?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 46)

Reply:

(1) to (3)

The Student Health Service Centres (SHSC) of the Department of Health (DH) provides free annual health assessment services for eligible primary and secondary school students with the aim of identifying students with health problems at an early stage for timely advice and intervention. Students are provided with a series of health services designed to cater for their health needs at various stages of their development. Those found to have health problems will be referred to a Special Assessment Centre under the Student Health Service (SHS), specialist clinics of the Hospital Authority or other appropriate organisations for further assessment and follow-up.

The actual expenditure of the SHSCs from 2021-22 to 2022-23, its revised estimate for 2023-24 and its estimate for 2024-25 are set out below:

Financial Year	Annual Expenditure ($ million)
2021-22 (Actual)	244.7
2022-23 (Actual)	254.5
2023-24 (Revised Estimate)	257.2
2024-25 (Estimate)	269.0

Regarding oral hygiene and health, the need for dental treatment or surgery due to tooth decay and gum diseases can be greatly reduced if good oral hygiene habits are maintained in general. The Government focuses particularly on nurturing good oral hygiene habits from an early age including providing the School Dental Care Service (SDCS) to children. Hong Kong primary school students, as well as students aged under 18 with intellectual disability (ID) and/or physical disability studying in special schools, can join the SDCS of the DH to receive annual check-ups at designated school dental clinics, which cover oral examination as well as basic treatment and preventive care services. Currently, there are 8 designated school dental clinics, namely Tang Shiu Kin School Dental Clinic, Argyle Street Jockey Club School Dental Clinic (1/F and 3/F), Lam Tin School Dental Clinic, Ha Kwai Chung School Dental Clinic, Pamela Youde School Dental Clinic, Tuen Mun School Dental Clinic and Fanling School Dental Clinic.

The actual expenditure of the SDCS from 2021-22 to 2022-23, its revised estimate for 2023-24 and its estimate for 2024-25 are set out below:

Financial Year	Annual Expenditure ($ million)
2021-22 (Actual)	270.8
2022-23 (Actual)	276.2
2023-24 (Revised Estimate)	279.1
2024-25 (Estimate)	282.6

The Government plans to launch the "Primary Dental Co-care Pilot Scheme for Adolescents" (Pilot Scheme) in 2025 as an interface with the SDCS for primary school students. By providing partial subsidies for private dental check-up services for adolescents aged between 13 and 17, it is aimed to foster a long-term partnership between the adolescents and dentists in the non-governmental organisations or the private sector, which promotes the adolescents' life-long habit of regular dental check-ups for prevention of dental diseases. Under the co-payment model, eligible adolescents will receive dental check-up services in the private

healthcare sector by shouldering certain co-payment amount with government subsidies. The co-payment amount will be determined by the respective dentists from non-governmental organisations and the private sector. At present, the Government is actively taking forward the relevant preparatory work and formulating the details of the scheme, particulars of which will be announced in due course.

In 2024-25, the DH has earmarked a provision of about $77 million for the enhancement of public dental services, including the improvement of the "Healthy Teeth Collaboration" programme and emergency dental services, and the implementation of the Pilot Scheme, for which the Government will allocate additional manpower to engage in its preparation.

(4)

The actual number of primary and secondary school students participating in the SHS and its percentage in the total number of primary and secondary school students in Hong Kong (participation rate) in the past 3 years are as follows:

School Year	Number of students participating in SHS and their participation rate					
	Primary school students		Secondary school students		Total	
	Number	Participation Rate	Number	Participation Rate	Number	Participation Rate
2020/21^	333 000	91.3%	52 000	15.9%	385 000	55.5%
2021/22^	322 000	92.2%	265 000	81.5%	587 000	87.0%
2022/23#	312 000	93.4%	149 000	46.4%	460 000	70.3%

Figures added up may not match the total due to rounding.
^ The SHS was only able to provide limited services in most of the time of school year 2020/21 to 2021/22 due to the COVID-19 pandemic. Services gradually resumed as the pandemic eased.
# Due to the backlog of cases caused by the epidemic and the ongoing shortage of healthcare staff, annual health assessment services were only provided to Primary 1 to Primary 6 and Secondary 1 to Secondary 3 students in school year 2022/23. In school year 2023/24, annual health assessment services were resumed for students of all grades of primary and secondary schools.

(5)

Over the past 3 service years, the numbers of primary school students participating in the SDCS are as follows:

Service Year @	No. of primary school students participating in the SDCS	Percentage of the total no. of primary school students in Hong Kong
2021-22	326 200	94%
2022-23	313 500	94%
2023-24	313 700	98%

@ A service year refers to the period from 1 November of the current year to 31 October of the following year.

(6)

All primary and secondary day school students in the territory are eligible for annual health assessment services by the SHS. To facilitate participation, the DH will invite all local students to join the SHS programmes through their schools in September each year and will arrange their annual health assessment at an appropriate SHSC according to the district in which their school is located. Parents can also enroll in the SHS directly for their children to participate in SHS. The DH will provide free school bus services to students to facilitate their visits to the SHSCs, and will send SMS and emails to parents as a reminder for their children to attend annual health assessments.

Apart from continuing regular health assessments for individual students, the SHS monitors the overall health condition and trends of all students in the territory through the data obtained from the annual health assessment service. The SHS will disseminate the information to the public to raise the awareness of the society (including parents and teachers) of students' health and to encourage parents to enroll their children in the annual health assessments. The DH will continue to review and implement other measures in a timely manner to enhance the participation rate of SHS.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3219)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Estimates that in 2024-25 the Department of Health will continue the work in prevention and control of Coronavirus Disease 2019 (COVID-19) as a type of respiratory tract infection. In this connection, will the Government please advise this Committee on:

(1) the key measures for the prevention and control of COVID-19; and

(2) the expenditure thus incurred?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 47)

Reply:

(1) & (2)

As society has returned to full normalcy, COVID-19 has been managed as a type of upper respiratory tract infection since early 2023 under the current new normal system. Our prevention and control efforts are as follows:

- The Centre for Health Protection (CHP) has been monitoring the situation of COVID-19 in Hong Kong through ways such as sewage surveillance, institutions and schools outbreak report, number of severe/death cases in public hospitals, and relevant laboratory figures on human infection cases, etc. The CHP has also been monitoring the development of COVID-19 variants to understand the activity of the virus in Hong Kong and whether emergence of new variant strains would lead to unusual situations. The latest surveillance data is published in the CHP's weekly COVID-19 & Flu Express.

- The CHP has formulated health guidelines for prevention and control of diseases like COVID-19 for the reference of different sectors. These include infection control guidelines for the prevention of seasonal influenza and COVID-19 to high-risk groups such as residential care homes (RCHs) for the elderly and persons with disabilities to reduce the risk of infection and transmission among RCH staff and residents. To prevent and respond to outbreaks in RCHs, the CHP regularly reviews and updates the guidelines, and

continues to provide systematic and in-depth infection control training and disease information for key personnel (such as healthcare workers and staff of RCHs for the elderly and persons with disabilities), adopting a train-the-trainers approach to enhance training effectiveness. In addition, the CHP continues to work with stakeholders to make thorough preparation for future epidemics and other emerging and re-emerging infectious diseases.

- The CHP continues to employ different channels such as websites, Announcements in the Public Interest on TV and radio, social media platforms and Health Education Infoline to strengthen dissemination of health messages about the prevention of COVID-19 and other communicable diseases as well as maintaining personal and environmental hygiene.

- The Government keeps in view the World Health Organisation's latest assessment of COVID-19, takes into account the recommendations from the CHP's Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on Emerging and Zoonotic Diseases (JSC) on COVID-19 vaccination in Hong Kong, and timely reviews the procurement of COVID-19 vaccines and vaccination arrangement so as to protect the public, in particular high-risk groups.

- To enhance the overall preparedness and response for the management of public health emergencies, the CHP will draw from the experience in combating COVID-19, make preparation for emerging communicable diseases, and enhance the local capacity in surveillance, early warning and prevention and control. The CHP will continue to organise and conduct exercises to test and enhance the readiness of relevant government departments and organisations to cope with the outbreak of major infectious diseases and public health emergencies.

The expenditure incurred, dispersed across multiple cost components, cannot be separately identified.

- End -

Examination of Estimates of Expenditure 2024-25 | Reply Serial No. **HHB229**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2318)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the preparatory work for the Primary Dental Co-care Pilot Scheme for Adolescents, will the Government please inform this Committee of:

1. the progress so far; and

2. the estimated expenditure of the Scheme this year?

Asked by: Hon CHAN Wing-yan, Joephy (LegCo internal reference no.: 19)

Reply:

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification, and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups defined by the Working Group, including persons with financial difficulties, persons with disabilities or special needs, and the high risk groups.

1. The Government's School Dental Care Service (SDCS) has laid a solid foundation for the oral health of primary school students in Hong Kong. As an interface with the SDCS for primary school students, the Chief Executive announced in the 2023 Policy Address the Government's plan to launch the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) in 2025. By providing partial subsidies for private dental check-ups services for adolescents aged between 13 and 17, as well as to foster the establishment of long-term partnership between adolescents and the dentists of non-governmental organisations or private sector, aims at promoting the life-long habit of regular dental check-ups for prevention of dental diseases. Under the co-payment model, eligible adolescents will receive dental check-ups services in the private healthcare sector by shouldering certain co-payment amount with government subsidies. NGOs and private dentists can determine the co-payment fee. At present, the Government is actively taking forward the relevant preparatory work and formulating the details of the scheme, particulars of which will be announced in due course.

2. In 2024-25, the Department of Health has earmarked about $77 million to enhance public dental services, including enhancement of the Healthy Teeth Collaboration and emergency dental service, and launch of the above PDCC. The Government will also deploy additional manpower to carry out the relevant preparatory work.

- End -

Examination of Estimates of Expenditure 2024-25 Reply Serial No.

HHB230

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2320)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Matters Requiring Special Attention that the Government Chinese Medicines Testing Institute (GCMTI) will continue to be operated at the temporary site to conduct research on reference standards and testing methods of Chinese medicines. In this connection, will the Government please inform this Committee of:

1. the number of Chemists, Scientific Officers, scientific research experts, technicians and administrative personnel of the GCMTI in each of the past 3 years; and

2. the number of ad hoc committees under the GCMTI currently responsible for monitoring the progress of its ad hoc studies, along with the number of work meetings held annually?

Asked by: Hon CHAN Wing-yan, Joephy (LegCo internal reference no.: 21)

Reply:

1.
The breakdown of the approved establishment of the Government Chinese Medicines Testing Institute (GCMTI) in the past 3 years is as follows:

Rank	**Number of post**		
	2021-22	**2022-23**	**2023-24**
Senior Chemist	1	1	1
Chemist	3	3	4
Pharmacist	1	1	1
Scientific Officer (Medical)	14	14	14
Science Laboratory Technologist	1	1	1
Science Laboratory Technician I	2	2	3
Science Laboratory	3	3	3

Rank	Number of post		
	2021-22	2022-23	2023-24
Technician II			
Senior Executive Officer	1	1	1
Executive Officer II	1	1	1
Assistant Clerical Officer	1	1	1
Laboratory Attendant	1	1	1
Total:	**29**	**29**	**31**

2.
The Department of Health set up the GCMTI Advisory Committee (AC) in 2017 for stakeholders to advise the GCMTI on long-term development strategies, measures and specific research proposals of the GCMTI. The AC is composed of members from the Government, Chinese medicine practitioners, Chinese medicines industry, testing sector, academia, etc. At present, the Chinese Herbal Medicines Task Force, the Proprietary Chinese Medicines Task Force and the Technical Support Group set up under the AC provide advice on relevant topics.

The AC, the Task Forces and the Technical Support Group keep abreast of and advise on the GCMTI's work by such means as meetings, circulation of papers and emails, depending on the actual needs. Over the past 3 years, the AC and the Task Forces have convened a total of 9 meetings, and advised the GCMTI on multiple occasions on different matters through circulation of papers, emails, etc.

The International Advisory Board (IAB) established by the DH for the Hong Kong Chinese Materia Medica Standards (HKCMMS) project is responsible for giving advice on the principles, methodologies, parameters and analytical methods for the development of the HKCMMS. The IAB is also responsible for formulating the content of the HKCMMS and selecting the target herbs for research. The Scientific Committee (SC) under the IAB monitors the progress of research and laboratory work, and is also tasked with resolving various technical issues arising during the research process and review research results.

The IAB and the SC advise on the HKCMMS by such means as meetings, circulation of papers and emails, depending on the actual needs. Over the past 3 years, the IAB and the SC have convened a total of 7 online and physical meetings, and provided advice by means of paper circulation and email for nearly 1 000 times.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2321)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the setting up of a preparatory office for the Hong Kong Centre for Medical Products Regulation, will the Government please advise this Committee on:

1. the estimated expenditure on setting up the preparatory office;

2. the estimated manpower establishment and average salary of the personnel?

Asked by: Hon CHAN Wing-yan, Joephy (LegCo internal reference no.: 22)

Reply:

1. & 2.

It was announced in the Chief Executive's 2023 Policy Address that the Government of the Hong Kong Special Administrative Region (HKSAR Government) would enhance the approval and registration mechanism for drugs and establish an internationally renowned regulatory authority of drugs and medical devices (medical products). The HKSAR Government will set up a preparatory office under the Department of Health (DH) in the first half of 2024 to review its current regulatory functions on Chinese and western medicines and medical devices, and to study the potential restructuring and strengthening of the current regulatory and approval regimes for medical products and medical technology. The preparatory office will also put forward proposals and steps for the establishment of the Hong Kong Centre for Medical Products Regulation (CMPR) which will be a step towards the transition to the "primary evaluation" approach in approving applications for registration of new medical products. This will help accelerate the launching of new medical products to the market, and foster the development of research and development (R&D) and testing of medical products and related industries. The HKSAR Government will also explore the upgrading of the CMPR as a standalone statutory body in the long run, which will help accelerate the launching of new medical products to the market, and foster the development of R&D and testing of medical products and related industries.

There will be 6 time-limited posts in the CMPR preparatory office. Its staff establishment and staff cost are set out in the **Annex**. The DH will continue to review its manpower

requirements. If necessary, the DH will seek resources and create additional posts in accordance with the established mechanism.

Annex

Staff Establishment of
the Hong Kong Centre for Medical Products Regulation Preparatory Office

Rank	Number of time-limited posts	Net annual recurrent cost of civil service post(s) (HK$)#
Senior Pharmacist	1	1,597,080
Pharmacist	2	2,077,800
Scientific Officer (Medical)	1	1,038,900
Senior Chemist	1	1,597,080
Senior Electronics Engineer	1	1,597,080
Total	**6**	**7,907,940**

Based on the Notional Annual Mid-point Salary value of each rank concerned

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2334)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Please advise on the reasons why the actual allocation for the Disease Prevention programme for 2023-24 is 41.9% lower than the original estimate for the same year.

Asked by: Hon CHAN Wing-yan, Joephy (LegCo internal reference no.: 35)

Reply:

Under Programme (2): Disease Prevention, the revised estimate for 2023-24 is $5.3267 billion or 41.9% lower than the original estimate. The reduction is mainly attributed to the fact that under a system of the "new normal" upon the full resumption of normalcy in society, COVID-19 has been managed as a type of upper respiratory tract infection since early 2023, hence the significant reduction in the actual expenditure on the prevention and control of COVID-19 comparing with the original estimate.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1549)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Since the Government will continue to implement the free human papillomavirus (HPV) vaccination programme for school girls, please inform this Committee of:

1. the number of students receiving the first dose of 9-valent HPV vaccine in Primary 5 for free via outreach by the School Immunisation Teams of the Department of Health and the second dose when they reached Primary 6 in the following school year, between the 2019/20 and 2023/24 school years, as well as the number of schools to which these students belong;

2. the number of students who have received the first dose of the HPV vaccine between the 2020/21 and 2023/24 school years but have yet to receive the second dose in the following school year;

3. as at the 2023/24 school year, the cumulative number of students who have not received the first and second doses of the HPV vaccine; and

4. whether the Government will provide catch-up vaccination as a one-off arrangement for students who have not received the HPV vaccine; if yes, the estimated expenditure; if not, the reasons.

Asked by: Hon CHU Kwok-keung (LegCo internal reference no.: 10)

Reply:

1.
The Department of Health (DH) has launched the human papillomavirus (HPV) vaccination programme for Primary 5 and Primary 6 school girls as part of the Hong Kong Childhood Immunisation Programme (HKCIP) since the 2019/20 school year. The first dose is given to Primary 5 students at their schools, and in accordance with the recommended vaccination schedule, they will receive the second dose after progressing to Primary 6 in the following school year. The number of schools visited by and students receiving the HPV vaccine from

the School Immunisation Teams (SIT) in each school year since the launch of the vaccination programme is tabulated as follows:

School year	**2019/20**	**2020/21**	**2021/22**	**2022/23**
Number of schools visited	598	620	625	629
Number of vaccine recipients	22 200#	46 300	48 400	53 600

Only Primary 5 female students received HPV vaccines in the 2019/20 school year.

2. & 3.
As at the 2022/23 school year, the HPV vaccination coverage rates among Primary 5 and Primary 6 school girls, which met the interim target (i.e. 70% coverage for completion of HPV vaccination) for female students as set out in the Hong Kong Cancer Strategy, are tabulated as follows:

	2020/21	2021/22	2022/23
Primary 5 (first dose)	88%	89%	94%
Primary 6 (second dose)	86%	89%	92%

According to the immunisation records of students, the number of Primary 6 school girls who have yet to receive the first and second doses of the HPV vaccine in the 2022/23 school year were 800 and 2 200 respectively.

In addition to visiting primary schools to provide students with vaccination, the SIT has also set up sub-offices to provide mop-up vaccination for primary school students who have not completed basic immunisation or received booster doses, so as to ensure that eligible girls receive the vaccination on time. The Student Health Service of the DH also provides free mop-up vaccination at Student Health Service Centres for eligible girls who have entered secondary schools but have not received any HPV vaccine. The DH will continue to disseminate information on immunisation to raise awareness of the vaccine among students, parents and school staff, thereby increasing the vaccination rate.

4.
After reviewing the scientific evidence, recommendations from the World Health Organization and overseas experience in relation to the efficacy and safety of HPV vaccine, as well as local studies on acceptability and cost-effectiveness in respect of HPV vaccination, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection of the DH recommended in November 2022 the extension of the HPV vaccination target group to include older girls who are under 18 years old. In response to the recommendations of the SCVPD, the Government is preparing for the implementation of a one-off catch-up vaccination programme to provide mop-up HPV vaccination for eligible female secondary school students or older girls, who were born in or after 2004 (i.e. those who were aged 18 years or below in 2022) and thus were not covered by the HPV vaccination programme under the HKCIP previously. The Government expects to commence the catch-

up vaccination programme in the 2024/25 school year and the implementation details will be announced in due course.

- End -

Examination of Estimates of Expenditure 2024-25 Reply Serial No.

HHB234

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2008)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Government subvents the Hong Kong Council on Smoking and Health (COSH) in promotional initiatives in support of tobacco control. It also provides community-based smoking cessation programmes and promotes smoking prevention in collaboration with non-governmental organisations. In this connection, will the Government please advise this Committee on:

1. the details of its subvention to the COSH in providing a focal point for promotional initiatives in support of tobacco control, and of its estimate for providing community-based smoking cessation programmes and promoting smoking prevention in collaboration with non-governmental organisations;

2. the staff establishment and expenditure breakdown of the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) regarding enforcement work against smoking, commercial sale and supply of alcohol to minors and related offences under 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) in the past 3 financial years;

3. in view of the enforcement, publicity and education efforts of the TACO and the COSH, and by the Government in collaboration with non-governmental organisations, the number of smokers along with the change in the smoking prevalence in Hong Kong over the past 3 years, broken down by age and gender; and

4. the methods employed by the relevant department for data collection and statistical analysis; ways to ascertain the accuracy of the data; and whether the number of illicit cigarette and e-cigarette smokers and users of heated tobacco products have been included in the data; if yes, the number of these people and their percentage in the smoking population in Hong Kong?

Asked by: Hon HO King-hong, Adrian Pedro (LegCo internal reference no.: 34)

Reply:

(1) & (2)

The Department of Health's Tobacco and Alcohol Control Office (TACO) is responsible for enforcing Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371), and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The expenditures on and provision/revised estimate for tobacco and alcohol control initiatives taken forward by the TACO from 2021-22 to 2024-25, broken down by type of activity and the approved establishment of the TACO, are at **Annex 1**. The manpower and resources for the implementation of alcohol and tobacco control initiatives cannot be separately identified.

(3)

The Census and Statistics Department (C&SD) conducts Thematic Household Surveys (THS) from time to time to study the smoking prevalence in the population. The data from the THS in 2021 showed that the prevalence of daily cigarette smokers aged 15 and above was 9.5% as compared to 10.2% in 2019. Two rounds of THS on the pattern of smoking have been conducted and completed in the past 5 years, with smoking prevalence by age group and sex set out at **Annex 2**. Preliminary findings of the latest THS conducted by the C&SD in 2023 on the smoking pattern show that smoking prevalence has further dropped to 9.1%. Details of the survey results will be released in mid-2024.

(4)

The C&SD adopts a scientific method to select a sample of quarters for participating in the Thematic Household Survey on Pattern of Smoking, covering different districts and housing types across Hong Kong. About 10 000 households encompassing all persons aged 15 and above (excluding foreign domestic helpers) are interviewed in each round of the THS with a specific questionnaire with a minimum response rate of 75% secured. The C&SD also adopts a data quality assurance mechanism to ensure that the process of data collection and processing meets the requirements.

The prevalence of daily smokers of heated tobacco products and electronic smoking products aged 15 and above in 2021 was 0.1% (around 8 400 smokers) and 0.3% (around 17 500 smokers) respectively. As questions regarding whether the tobacco or related products consumed by the respondents were illicit were not included in the above THS, relevant information is not available.

Annex 1

Expenditures on/Provision for the Department of Health's Tobacco and Alcohol Control Office

	2021-22 ($ million)	2022-23 ($ million)	2023-24 Revised Estimate ($ million)	2024-25 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	101.3	100.4	160.2	172.7
Health Education and Smoking Cessation				
Programme 3: Health Promotion	138.9	149.0	168.0	170.7
(a) General health education and promotion of smoking cessation				
TACO	*62.8*	*73.0*	*87.3*	*89.6*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*26.2*	*26.8*	*26.4*	*26.6*
Sub-total	***89.0***	***99.8***	***113.7***	***116.2***
(b) Expenditure on/Provision for smoking cessation and related services by Non-Governmental Organisations*				
Subvention to Tung Wah Group of Hospitals	*30.8*	*29.4*	*14.0*	*14.0*
Subvention to Pok Oi Hospital	*7.5*	*7.6*	*17.9*	*18.0*
Subvention to Po Leung Kuk	*0.7*	-	-	-
Subvention to Lok Sin Tong	*3.2*	*3.3*	*3.6*	*3.6*
Subvention to United Christian Nethersole Community Health Service	*4.9*	*5.8*	*8.9*	*8.9*
Subvention to Life Education Activity Programme	*2.8*	*2.8*	*2.9*	*3.0*
Subvention to Christian Family Service Centre	-	-	*7.0*	*7.0*
Subvention to The University of Hong Kong	-	*0.3*	-	-
Sub-total	***49.9***	***49.2***	***54.3***	***54.5***
Total	**240.2**	**249.4**	**328.2**	**343.4**

* The number of DH-subsidised non-governmental organisations providing community-based smoking cessation services with medication has increased from 2 to 4 since the 2023-24 financial year, bringing the number of target service recipients up by 39% on

the 2022-23 financial year to 5 000 per year. The cost per quitter has been reduced accordingly.

Approved Establishment of the Department of Health's Tobacco and Alcohol Control Office

Rank	No. of Staff from 2021-22 to 2024-25
Head, TACO	
Consultant	1
Enforcement	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	125
Senior Executive Officer/ Executive Officer	13
Sub-total	***147***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
Sub-total	***24***
Total	**183**

Annex 2

Prevalence of Daily Cigarette Smokers by Age Group and Sex in 2019 and 2021*

Age group	Male		Female		Overall	
	2019	2021	2019	2021	2019	2021
15 - 19	#	#	#	#	#	#
20 - 29	9.0%	9.6%	2.4%	2.1%	5.7%	5.9%
30 - 39	19.3%	15.3%	5.0%	4.5%	11.6%	9.5%
40 - 49	23.2%	24.6%	5.6%	5.8%	13.4%	14.2%
50 - 59	25.1%	22.0%	3.3%	3.2%	13.5%	11.7%
≥ 60	17.5%	15.7%	1.5%	1.2%	9.1%	8.2%
Overall	18.1%	16.7%	3.2%	3.0%	10.2%	9.5%

* As a percentage of all persons in the respective age group. For example, among all males aged 20 to 29, 9.0% were daily cigarette smokers based on the survey conducted in 2019.

The figures are not released due to large sampling error.

Source: Thematic Household Survey Report Nos. 70 and 75, Census and Statistics Department.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2594)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The revised estimate for 2023-24 of $13.5 billion is $7 billion lower than the actual total expenditure of $20.6 billion in 2022-23, whereas the estimated expenditure of $15.2 billion for this year is $1.7 billion higher than the revised estimate for last year. Please inform this Committee of the reasons for the changes in expenditure over the past 3 financial years, along with an analysis of such changes?

Asked by: Hon KONG Yuk-foon, Doreen (LegCo internal reference no.: 12)

Reply:

The reduction of $7.15 billion in the Department of Health (DH)'s revised estimate for 2023-24 from the actual expenditure for 2022-23 is mainly attributed to the fact that under a system of the "new normal" upon the full resumption of normalcy in society, COVID-19 has been managed as a type of upper respiratory tract infection since early 2023, hence the reduction in the expenditure on the prevention and control of COVID-19.

In fact, after deducting the DH's expenditure on the prevention and control of COVID-19 from the actual expenditure for 2022-23 and the revised estimate for 2023-24, the revised estimate for 2023-24 is $1.2 billion (i.e. 10%) higher than the actual expenditure for 2022-23.

The financial provision for 2024-25 is $1.75 billion (i.e. 13%) higher than the revised expenditure for 2023-24. The requirement for operating expenses is increased mainly for:

(1) meeting the expenses of the Elderly Health Care Voucher Scheme and other operating expenses;

(2) setting up a preparatory office for the Hong Kong Centre for Medical Products Regulation (CMPR) (which is established to enhance existing services in respect of Chinese and Western medicines and medical devices) to render support to the CMPR;

(3) strengthening public dental services, including the enhancement of the "Healthy Teeth Collaboration" programme and emergency dental services, as well as implementing the Primary Dental Co-care Pilot Scheme for Adolescents;

(4) implementing a sponsorship scheme for training of dental hygienists and dental therapists, as well as making preparations for the proposed arrangements for local dental graduates and non-locally trained dentists to undergo internship or period of assessment when the Dentists Registration Ordinance is amended;

(5) making payment and reimbursement of medical fees and hospital charges in respect of civil service eligible persons; and

(6) other items, including the anticipated increase in operating expenses for filling of vacancies.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2229)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

In recent years, colorectal cancer has become the second most common cancer in the territory. Since the launch of the Colorectal Cancer Screening Programme (CRCSP) by the Government in 2016, asymptomatic Hong Kong residents aged between 50 and 75 have been subsidised to undergo screening every 2 years in the private sector for early detection of colorectal polyps to prevent colorectal cancer. In this connection, will the Government inform this Committee of:

1. the respective numbers of new colorectal cancer cases and colorectal cancer deaths each year since the launch of the CRCSP, with a breakdown by the (i) sex and (ii) age group of the patients;

2. the percentage of colorectal cancer deaths in all deaths in the local population in Hong Kong each year since the launch of the CRCSP;

3. the cumulative number of primary care doctors enrolled in the CRCSP since its introduction, and of which the number of those who do not charge any additional payment for colonoscopy and polyp removal (if necessary); and

4. as studies have indicated a global downward trend in the age of colorectal cancer patients, whether the Health Bureau will consider expanding the CRCSP to a larger population to include, for example, Hong Kong residents aged between 40 and 50; if yes, the details and if not, the reasons?

Asked by: Hon KOON Ho-ming, Peter Douglas (LegCo internal reference no.: 4)

Reply:

The Colorectal Cancer Screening Programme (CRCSP) was launched by the Government in 2016 to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo regular screening. As at end-December 2023, more than 420 000 eligible persons have participated in the CRCSP. Among those participants who had undergone colonoscopy examination, over 33 000 were found to have colorectal adenomas and about 2 900 were

diagnosed with colorectal cancer. A preliminary analysis of about 1 900 colorectal cancer cases revealed that about 57% belonged to early-stage (stage II or below) with a more favourable prognosis. Such screenings can help in the early identification of those who have colorectal cancer before they present with symptoms, or those with higher risk of colorectal cancer, enabling them to receive early treatment, thus significantly improving the prognosis. The removal of colorectal adenomas in the course of colonoscopy also prevents them from turning into cancer.

1. The number of new colorectal cancer cases from 2016 to 2021, broken down by sex and age, is shown in the table below:

Year	Sex	<40 years old	40-49 years old	50-59 years old	60-69 years old	70+ years old	Total
2016	Male	54	151	543	994	1 427	3 169
	Female	48	152	424	583	1 061	2 268
	Total	102	303	967	1 577	2 488	5 437
2017	Male	46	137	536	1 103	1 481	3 303
	Female	60	137	412	651	1 072	2 332
	Total	106	274	948	1 754	2 553	5 635
2018	Male	42	159	475	1 098	1 485	3 259
	Female	56	164	387	648	1 120	2 375
	Total	98	323	862	1 746	2 605	5 634
2019	Male	59	161	502	1 030	1 484	3 236
	Female	62	155	370	616	1 117	2 320
	Total	121	316	872	1 646	2 601	5 556
2020	Male	45	121	461	967	1 311	2 905
	Female	48	149	347	570	1 068	2 182
	Total	93	270	808	1 537	2 379	5 087
2021	Male	50	155	502	1 132	1 588	3 427
	Female	63	170	422	687	1 130	2 472
	Total	113	325	924	1 819	2 718	5 899

Note: Statistics for 2022 and 2023 are being processed.
Source: Hong Kong Cancer Registry

The number of registered deaths for colorectal cancer from 2016 to 2022, broken down by sex and age, is shown in the table below:

Year	Sex	<40 years old	40-49 years old	50-59 years old	60-69 years old	70+ years old	Total
2016	Male	13	24	170	292	709	1 208
	Female	10	42	91	189	549	881
	Total	23	66	261	481	1 258	2 089
2017	Male	12	43	139	322	758	1 274
	Female	12	19	98	172	563	864
	Total	24	62	237	494	1 321	2 138
2018	Male	7	29	134	328	811	1 309
	Female	12	38	126	182	647	1 005
	Total	19	67	260	510	1 458	2 314
2019	Male	10	31	140	299	786	1 266
	Female	13	28	100	175	591	908*
	Total	23	59	240	474	1 377	2 174*
2020	Male	5	34	123	337	816	1 315
	Female	11	21	95	186	659	972

	Total	16	55	218	523	1 475	2 287
2021	Male	7	27	142	358	789	1 323
	Female	9	41	77	176	672	975
	Total	16	68	219	534	1 461	2 298
2022	Male	13	31	132	353	762	1 291
	Female	4	37	103	191	644	979
	Total	17	68	235	544	1 406	2 270

*Age unknown for one death case.
Note: Statistics for 2023 are being processed.
Source: Department of Health

2. The number of registered deaths for colorectal cancer and the percentage of such deaths among the overall number of registered deaths in Hong Kong from 2016 to 2022 are shown in the table below:

Year	Number of registered deaths for colorectal cancer	Overall number of registered deaths in Hong Kong	Percentage (%)
2016	2 089	46 662	4.5
2017	2 138	45 883	4.7
2018	2 314	47 478	4.9
2019	2 174	48 706	4.5
2020	2 287	50 653	4.5
2021	2 298	51 536	4.5
2022	2 270	61 557	3.7

Note: Statistics for 2023 are being processed.
Source: Department of Health

3. To tie in with the development of primary healthcare services, with effect from 6 October 2023, only doctors enlisted in the Primary Care Directory are allowed to enrol in the CRCSP. As at the end of 2023, about 1 040 primary care doctors (PCDs) have successfully enrolled in the CRCSP covering nearly 1 960 locations, and 97% of these PCDs will not charge any additional payment. In addition, about 240 colonoscopy specialists have joined the CRCSP to provide colonoscopy examination at about 770 service locations, and over 70% of these locations will not charge any additional payment for colonoscopy and polyp removal (if necessary).

4. The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) of the Cancer Coordinating Committee regularly reviews the local and international scientific evidence, with a view to making recommendations to the Government on evidence-based measures for cancer prevention and screening for the local population. Regarding colorectal cancer, according to the latest recommendations on colorectal cancer screening made by the CEWG in 2022, asymptomatic people at average risk aged between 50 and 75 are advised to undergo regular colorectal cancer screening upon consultation with their doctors. According to local data, the 40-49-year-old age group accounted for about 4.9% to 5.7% of new colorectal cancer cases from 2016 to 2021, showing no upward trend. Meanwhile, the Government is also aware that in most developed overseas countries (such as the United Kingdom, Australia, Canada), the colorectal cancer screening programmes rolled out by the government have a starting age for screening at 50 years old or above. The Government will continue to keep in view the relevant evidence and review the details and arrangements of services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0071)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Under this Programme, the Department of Health (DH) promotes health and increases health awareness in the community and among specific target groups. In this connection, will the Government inform this Committee of the following:

a. the number of schools joining the Adolescent Health Programme (AHP) for the past 3 years in a row; and whether any schools have ceased to participate during the period;

b. further to the above question, the number of schools which no longer joined (if any); and whether the DH will take follow-up action and explore the reasons behind; if yes, the details; if not, the reasons;

c. among the 320 secondary schools expected to join the AHP in 2024 according to the information provided, the estimated number of schools joining the programme for the first time; and

d. concerning the DH's mental health promotion and public education initiative, the types of activities to be organised, their estimated expenditure and the number of persons expected to be reached?

Asked by: Hon KWOK Ling-lai, Lillian (LegCo internal reference no.: 6)

Reply:

(a) to (c)
The number of schools joining the Adolescent Health Programme (AHP) for the past 3 years are set out as below:

School year	**2020/21**	**2021/22**	**2022/23**
Number of schools joining	130	220	280

Prior to COVID-19 pandemic, around 310 secondary schools joined the AHP each year. However, due to the impact of the pandemic, on-site services were suspended or limited for most of the time in the past 3 school years amid school, contributing to a decrease in the number of schools joining. The Department of Health (DH) has fully resumed its on-site services in the 2023/24 school year and extended invitations to around 500 secondary schools across the territory. As at the end of February 2024, there were around 320 secondary schools joining the AHP in the 2023/24 school year, slightly higher than the pre-pandemic figures, with at least 10 schools expected to join for the first time.

The DH sends invitations to all secondary schools across the territory each year to join the AHP. If a school is found to be no longer joining the programme, the DH will take follow-up action and explore the reasons behind. As at the end of February 2024, around 20 secondary schools no longer joined the AHP in the 2023/24 school year, mainly due to internal school policy adjustments.

(d)
For the promotion and public education of mental health, the Government has earmarked recurrent annual funding of $50 million for the implementation of "Shall We Talk", a mental health promotion and public education initiative launched in July 2020 under the auspices of the Advisory Committee on Mental Health. The programme aims to step up public engagement in promoting mental well-being, enhance public awareness of mental health with a view to encouraging prompt help-seeking and early intervention, and reduce stigma towards people with mental health needs. Besides conventional offline approaches, the initiative reaches out to people from all walks of life with the use of emerging online platforms. Such promotional efforts include the following:

1. A one-stop mental health thematic website at https://shallwetalk.hk has been launched to provide information and resources on mental health to the public and broadcast videos featuring the sharing of personal experience and feeling by different stakeholders (including celebrities and key opinion leaders) on social media platforms to encourage the public to face mental health issues. As at 31 December 2023 in the year 2023-24, the "Shall We Talk" thematic website has accumulated 851 784 page views;

2. The Mental Health Workplace Charter was implemented to promote mental well-being at workplace. As at 31 December 2023, over 1 200 organisations signed the Charter, benefiting more than 600 000 employees;

3. Announcements in the Public Interest are broadcast in TV, radio stations and other media, including television channels run by the Television Broadcasts Limited and the HK Television Entertainment Company Limited, the "Shall We Talk" YouTube channel, the MTR in-train television and digital motion network on its platforms, as well as free display channels run by the Government. The DH does not maintain statistics on the number of reaches; and

4. Tour activities are organised in different districts and tertiary institutions to promote mental health, which attracted over 25 000 participants in 2023-24.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0074)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Under this Programme, it is mentioned that the Department of Health (DH) provides comprehensive assessment for children with developmental problems and disabilities. In this connection, will the Government please inform this Committee:

a. of the number of children and parents receiving interim support over the past 3 years along with their average waiting time; and

b. whether DH will set a timetable for Child Assessment Centres to complete assessments within 6 months in order to achieve the target completion rate of 90%; if yes, the details; if not, the reasons?

Asked by: Hon KWOK Ling-lai, Lillian (LegCo internal reference no.: 7)

Reply:

a. The Child Assessment Service (CAS) provides comprehensive assessment and diagnosis, and formulates rehabilitation plan for children under 12 years of age who are suspected to have developmental problems. While the children are waiting for assessment and rehabilitation services, the CAS will provide interim support to the parents such as organising seminars, workshops and practical training, with the aim to increase parents' knowledge on child development and to provide them practical skills, to enhance their understanding of their children's conditions and of information about relevant community resources, so that the parents can put them into practice in their daily lives and conduct home-based training, to manage their children's conditions and develop their potential.

The CAS has organised 115 interim support activities in the past 3 years. In view that many parents have difficulty joining support activities in person or the online webinars at specific times, the CAS has gradually introduced pre-recorded online self-learning videos as an alternative so that parents can watch the videos online any time according to their own schedule. The number of participants for interim support activities and the viewership for self-learning videos are set out below:

	2021*	2022*	2023 (Provisional figures)#
No. of participants for interim support activities	6 403	6 787	4 757
Viewership for online self-learning videos	Not applicable	Not applicable	4 711

* The CAS continued to organise relevant interim support activities during the COVID-19 pandemic.

Since the introduction of online self-learning videos in 2023, some parents have switched to watching the videos online, thus the number of participants for interim support activities dropped in comparison to the previous year, while the overall participation rate (participating in activities in person and watching videos online) had shown an increase.

The CAS does not maintain statistics on the average waiting time for interim support activities.

b. The rate for completion of assessment for new cases within 6 months in the past 3 years is set out below:

	2021	2022	2023 (Provisional figures)
Rate for completion of assessment for new cases within 6 months (%)	73	61	70

Due to the ongoing shortage of and difficulties in recruiting doctors, the CAS was unable to achieve the target of completion of assessment for 90% of new cases within 6 months. However, all cases newly referred to the CAS were first seen by nurses within 3 weeks after registration. The CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded a higher priority for assessment upon preliminary assessment by nurses. The actual waiting time for assessment depends on the complexity and conditions of individual cases. The DH has also recruited part-time contract senior doctors to address the problem of shortage of doctors, and will continue to recruit suitable doctors to fill the vacancies.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1325)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Government provides free or subsidised seasonal influenza (SI) vaccination to designated target groups every year. With regard to enhancing the SI vaccination arrangements for better protection of high risk groups, will the Government please advise this Committee on:

1. the amount incurred by the Government for subsidising eligible individuals in the past 3 years;

2. the number of free SI vaccines provided by District Health Centres in the past 3 years and the number of people benefiting from them in each of the past 3 years;

3. the total expenditure incurred by the Government for procuring SI vaccines in each of the past 3 years?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 30)

Reply:

(1)
The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza (SI) vaccination to eligible persons:

- Vaccination Subsidy Scheme (VSS), which provides subsidised SI vaccination to eligible persons, including persons aged 50 or above, pregnant women and children aged between 6 months and below 18 years of age through private doctors participating in the VSS;

- Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP)/ VSS School Outreach (Extra Charge Allowed) Scheme (VSS School Outreach Scheme), which provides free or subsidised SI vaccination to eligible schoolchildren through the public-private partnership outreach teams or the DH's outreach team; and

- Government Vaccination Programme (GVP), which provides free SI vaccination to eligible children, elderly and other target groups at clinics of the DH and the Hospital Authority (HA).

The target population eligible for SI vaccination under each vaccination programme/scheme, the relevant number of vaccine recipients and the expenditure on subsidy in the past 3 seasons are detailed at **Annex**. The number of SI vaccine doses administered in 2023-24 has increased by approximately 20% compared to the same period last year. As some target group members may have, at their own expense, received SI vaccination at private clinics outside the Government's vaccination programmes/schemes, they are not included in the statistics concerned.

(2)
Regarding SI vaccination, the primary role of the District Health Centres (DHCs)/DHC Expresses in various districts is to advise the public on receiving vaccination annually or at different stages of life and make recommendations on various vaccination services according to their needs. To this end, the DHCs also collaborate with family doctors in their respective districts to organise educational activities regarding vaccination.

Meanwhile, the DHCs have been actively promoting SI vaccination in all districts since October 2023 by providing a list of private doctors participating in the VSS and assisting in the arrangement of appointments for SI vaccination when necessary. The DHCs also collaborate with private doctors in the districts to provide SI vaccination to their members at the core and satellite centres.

Furthermore, the Primary Healthcare Office (PHO) actively promotes the role of family doctors and encourages the public to establish partnership with family doctors, through which family doctors will act as personal health managers to develop personalised care plans for their patients with the support and assistance of the DHCs. The Hong Kong Reference Framework for Life Course Preventive Care in Primary Healthcare was also published by the PHO in September 2023 to provide guidance to healthcare professionals in addressing the comprehensive health needs of the public. This includes providing recommendations on SI vaccination, thus opening the way for family doctors to encourage the public to receive vaccination and enhance their awareness of disease prevention and a healthy lifestyle.

(3)
The quantities of SI vaccines procured by the Government for the GVP and the SIVSOP and the related cost in the past 3 years are as follows:

Vaccine	**2021/22 (Actual)**		**2022/23 (Actual)**		**2023/24 (Provisional figure)**	
	Number of doses	**Amount ($ million)**	**Number of doses**	**Amount ($ million)**	**Number of doses**	**Amount ($ million)**
Seasonal Influenza Vaccine	880 900	79.3	1 268 500	79.5	1 044 500	54.3

Annex

Target groups	Programmes/schemes for provision of SI vaccination	2021/22			2022/23			2023/24 (as at 3 March 2024)		
		Target Population	No. of SI vaccine recipients	Subsidy claimed ($ million)	Target Population	No. of SI vaccine recipients	Subsidy claimed ($ million)	Target Population	No. of SI vaccine recipients	Subsidy claimed ($ million)
Elderly aged 65 or above	GVP	1 433 700	377 000	Not applicable	1 520 100	452 900	Not applicable	1 637 600	499 300	Not applicable
	VSS		201 700	48.4		281 300	73.1		324 100	84.3
Persons aged between 50 and 64	GVP	1 774 600	5 400	Not applicable	1 796 700	49 200	Not applicable	1 824 900	5 800	Not applicable
	VSS		193 300	46.4		271 000	70.5		335 300	87.2
Children aged between 6 months and under 18*	GVP	641 700	100	Not applicable	917 900	1 400	Not applicable	929 600	700	Not applicable
	VSS		73 700	19.9		104 700	30.3		164 400	48.3
	SIVSOP		268 100	28.6		259 200	28.8		322 000	36.1
Others ^	GVP/VSS	#	97 300	1.4	#	112 300	1.5	#	135 700	1.6
Total			**1 216 600**	**144.7**		**1 532 000**	**204.2**		**1 787 300**	**257.5**

* In 2022/23 and 2023/24, eligible groups under the SIV programmes were expanded to include secondary school students and Hong Kong residents less than 18 years of age.

^ Others include healthcare workers; poultry workers; pig farmers or pig slaughtering industry personnel; persons with intellectual disabilities; Disability Allowance recipients; and pregnant women, etc.

\# There are no accurate population statistics for this group.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1326)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Budget Speech that the Government has proposed to incentivise the public to reduce and quit smoking by increasing the duty on cigarettes by 80 cents per stick. In this connection, will the Government inform this Committee of:

1. the staff establishment and the estimated operating expenditure incurred; and

2. whether the Government has allocated additional resources for the promotion and implementation of the relevant work; if yes, the details?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 31)

Reply:

Over the years, the Government has been actively promoting a tobacco-free environment through publicity for 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 healthcare professionals to promote smoking cessation, provide smoking cessation services and organise publicity programmes on smoking prevention.

Apart from operating an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, the DH coordinates the provision of smoking cessation services in Hong Kong. It arranges referrals for various smoking cessation services in the territory, including those provided by public clinics under the Hospital Authority (HA), and community-based cessation programmes operated by NGOs. There are a total of 15 full-time and 55 part-time centres operated by the HA which have been providing smoking cessation services to the general public since 2002, and there are 5 smoking cessation clinics for civil servants operated by the DH. Furthermore, the DH also collaborates with NGOs to provide a range of community-based smoking cessation services including counselling, consultations by doctors (including free postal delivery of smoking cessation drugs) or Chinese medicine practitioners, and designated services for smokers from different ethnicities, immigrant smokers and workplace smokers.

For young smokers, the DH collaborates with local universities to operate a hotline to provide them with dedicated counselling services over the phone.

The DH subvents the COSH to organise publicity and education programmes in schools, such as health talks, training programmes and theatre programmes, to raise students' awareness on smoking hazards, including hazards from alternative smoking products. To prevent youngsters from picking up smoking, the DH collaborates with NGOs to organise health promotional activities at schools. By using interactive teaching materials and setting up mobile classrooms, the programmes enlighten students on the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up smoking due to peer pressure. The DH has also launched publicity campaigns through mass media to spread the message that smoking brings risks of serious illnesses. To encourage smokers to try quitting, it distributes free trial packs of smoking cessation drugs (nicotine replacement therapy) for one week at community pharmacies, smoking cessation clinics, District Health Centres (DHCs) and DHC Expresses during the Quit in June annual campaign starting from 2023. Furthermore, the DH also encourages and helps all healthcare professionals to provide support and treatment to smokers who are quitting by organising online and face-to-face training courses, providing the Practical Handbook for Smoking Cessation Treatments and related resources, etc.

Smoking cessation services and counselling for smokers are now available at all DHCs and DHC Expresses in the 18 districts, which collaborate with smoking cessation service providers in their respective districts to provide information or arrange referrals for smokers in need.

The revised estimate and estimate for tobacco control initiatives taken forward by the TACO of the DH, and its approved establishment, in 2023-24 and 2024-25, are at **Annex**.

Annex

Revised Estimate/Estimate for the Department of Health's Tobacco and Alcohol Control Office

	2023-24 Revised Estimate ($ million)	2024-25 Estimate ($ million)
Enforcement		
Programme 1: Statutory Functions	160.2	172.7
Health Education and Smoking Cessation		
Programme 3: Health Promotion	168.0	170.7
(a) General health education and promotion of smoking cessation		
TACO	*87.3*	*89.6*
Subvention to Hong Kong Council on Smoking and Health	*26.4*	*26.6*
Sub-total	***113.7***	***116.2***
(b) Revised estimate/estimate for smoking cessation and related services by Non-Governmental Organisations		
Subvention to Tung Wah Group of Hospitals	*14.0*	*14.0*
Subvention to Pok Oi Hospital	*17.9*	*18.0*
Subvention to Lok Sin Tong	*3.6*	*3.6*
Subvention to United Christian Nethersole Community Health Service	*8.9*	*8.9*
Subvention to Life Education Activity Programme	*2.9*	*3.0*
Subvention to Christian Family Service Centre	*7.0*	*7.0*
Sub-total	***54.3***	***54.5***
Total	**328.2**	**343.4**

* The number of DH-subsidised non-governmental organisations providing community-based smoking cessation services with medication has increased from 2 to 4 since the 2023-24 financial year, bringing the number of target service recipients up by 39% on the 2022-23 financial year to 5 000 per year. The cost per quitter has been reduced accordingly.

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office

Rank	No. of Staff from 2023-24 to 2024-25
Head, TACO	
Consultant	1
Enforcement	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	125
Senior Executive Officer/ Executive Officer	13
Sub-total	***147***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
Sub-total	***24***
Total	**183**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1327)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Matters Requiring Special Attention that the Department of Health will continue to enforce the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance. Will the Government advise this Committee on:

1. the number of people fined for smoking offences and the amount of fines imposed in each of the past 3 years; and

2. whether there have been any changes to the tobacco control areas in the past 3 years; whether more outdoor areas will be designated as no smoking areas; if yes, the details; if no, the reasons?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 32)

Reply:

(1)
The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The TACO will conduct inspections and investigation in response to smoking and related complaints. In general, the TACO will issue fixed penalty notices (FPNs) to smoking offenders without warning. Apart from smoking offences, the TACO also issues summonses for offences under Cap. 371 (including aiding and abetting smoking offences, offences relating to smoking product advertisements, the promotion, manufacture, sale, or possession for commercial purposes, of alternative smoking products (ASPs), obstruction of inspectors, etc.), and for the offence of importing ASPs under the Import and Export Ordinance (Cap. 60).

Under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600), any person who does a smoking act in a statutory no smoking area commits an offence and is subject to a fixed penalty of $1,500. The TACO issued 7 703, 6 296 and 10 261 FPNs in 2021, 2022 and 2023 respectively to smoking offenders, resulting in respective fines of $11,554,500, $9,444,000 and $15,391,500. 40, 35

and 48 summonses were issued in 2021, 2022 and 2023 respectively, with fines ranging from $250 to $2,500 in each case.

(2)
According to the prosecution statistics of smoking offences over the past 3 years, the categories of statutory no smoking areas with the highest numbers of prosecution included shops and shopping malls, public transport facilities, amusement game centres and public pleasure grounds. Together, these accounted for approximately 60% of all prosecutions related to smoking offences. No substantial changes in the above trend have been observed. To effectively mitigate the impact of passive smoking on the public and enhance the deterrent effect against illegal smoking, new enforcement strategies were adopted in 2023, which included extending the time of surveillance and inspections in no smoking areas, deploying plain-clothes officers to take proactive enforcement actions, strengthening enforcement action in venues (such as bars and food premises) where waterpipes were offered for smoking, as well as prosecuting people aiding and abetting illegal smoking. The number of prosecutions against illegal smoking has surged due to the new enforcement strategies.

The Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of passive smoking on the public. To this end, the Government adopts a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation.

The Government has made reference to the World Health Organisation's target and is committed to achieve a smoking prevalence of 7.8% by 2025 as promulgated under the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong". Our ultimate aim is to make Hong Kong a tobacco-free, healthy and vibrant city.

To further reduce smoking prevalence, the Government conducted the Vibrant, Healthy and Tobacco-free Hong Kong public consultation on tobacco control strategies last year. The Health Bureau is exploring to roll out different tobacco control measures in a phased approach, and plans to give an account of the next step of work in due course.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1328)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Starting from the 2019/20 school year, eligible primary school girls of the relevant age cohort are provided with human papillomavirus vaccine (also known as HPV vaccine) under the Hong Kong Childhood Immunisation Programme. In this regard, will the Government please advise this Committee on:

1. the number of primary school girls receiving HPV vaccine by year since the implementation of the initiative; and

2. the expenditure incurred in the provision of the vaccination each year?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 33)

Reply:

1. & 2.

The Department of Health (DH) has launched the human papillomavirus (HPV) vaccination programme for Primary 5 and Primary 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 students at their schools, and in accordance with the recommended vaccination schedule, they will receive the second dose after progressing to Primary 6 in the following school year. In addition to visiting primary schools to provide students with vaccination, the School Immunisation Teams have also set up sub-offices to provide mop-up vaccination for students who have not completed basic immunisation or received booster doses, so as to ensure that eligible girls receive the vaccination on time. The Student Health Service of the DH also provides free mop-up vaccination at Student Health Service Centres for eligible girls who have entered secondary schools but have not received any HPV vaccine.

The number of Primary 5 and Primary 6 girls receiving HPV vaccine and the expenditure on the vaccine procurement in each school year since the launch of the vaccination programme are tabulated as follows:

School year	2019/20	2020/21	2021/22	2022/23
Number of vaccine recipients	22 200#	46 300	48 400	53 600
Expenditure on vaccine procurement ($ million)^	19.0	37.4	45.8	55.6

Only Primary 5 female students received HPV vaccines in the 2019/20 school year.

^ HPV vaccination usually begins in the second term of a school year, and the vaccine procurement expenses are calculated from December to November of the following year.

After reviewing the scientific evidence, recommendations from the World Health Organization and overseas experience in relation to the efficacy and safety of HPV vaccine, as well as local studies on acceptability and cost-effectiveness in respect of HPV vaccination, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection of the DH recommended in November 2022 the extension of the HPV vaccination target group to include older girls who are under 18 years old. In response to the recommendations of the SCVPD, the Government is preparing for the implementation of a one-off catch-up vaccination programme to provide mop-up HPV vaccination for eligible female secondary school students or older girls, who were born in or after 2004 (i.e. those who were aged 18 years or below in 2022) and thus were not covered by the HPV vaccination programme under the HKCIP previously. The Government expects to commence the catch-up vaccination programme in the 2024/25 school year and the implementation details will be announced in due course.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0130)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Department of Health (DH) established the Government Chinese Medicines Testing Institute (GCMTI) in 2017 pending the completion of its office building. The GCMTI specialises in the testing of, and scientific research on, Chinese medicines with a view to setting internationally recognised reference standards for the safety, quality and testing methods of Chinese medicines. In this connection, will the Government please advise this Committee on:

(1) the financial provision for the GCMTI in each of the past 5 years;
(2) the establishment, staff cost and total expenditure of the GCMTI in each of the past 5 years;
(3) research projects commenced by the GCMTI in the past 5 years, along with their commencement and completion dates, and the expenditure involved; and
(4) the number and names of Chinese Materia Medica for which the establishment of reference standards has been completed in the past 5 years?

Asked by: Hon LAI Tung-kwok (LegCo internal reference no.: 17)

Reply:

(1) & (2)
The financial provision, establishment and staff cost in respect of the Government Chinese Medicines Testing Institute (GCMTI) over the past 5 years are as follows:

Financial Year	Financial Provision ($ million)	Number of posts in the approved establishment	Net Recurrent Cost of Civil Service Post ($ million)
2019-20	around 47.9	29	around 23.5
2020-21	around 47.9	29	around 24.6
2021-22	around 36	29	around 24.6
2022-23	around 52.5	29	around 24.6

2023-24	around 63	31	around 26.9

Being a part of the Chinese Medicine Regulatory Office (CMRO), the operating expenditure and research project expenses are subsumed into the overall expenditure of the CMRO. Therefore, the total expenditure incurred by the GCMTI cannot be separately identified.

(3)
One of the major research activities of the GCMTI is to carry on the research work on the Hong Kong Chinese Materia Medica Standards (HKCMMS) project. So far, the GCMTI has published the reference standards for a total of 330 Chinese Materia Medica (CMM). The reference standards for 14 additional CMM have also been completed and will be published in due course. The actual expenditure involved in the HKCMMS project over the past 5 years is set out as follows:

Financial Year	2019-20	2020-21	2021-22	2022-23	2023-24 (Revised Estimate)
Expenditure ($ million)	4.9	2.9	5.6	6.3	7.3

Moreover, the Department of Health (DH) set up the GCMTI Advisory Committee in 2017, providing a platform for stakeholders to advise the GCMTI on the long-term development strategies, measures and specific research proposals of the GCMTI. With the support of the committee, the GCMTI has embarked on 14 research and thematic projects in the past 5 years, details of which are set out in **Annex**. Given that the majority of the research projects are funded by the internal resource allocation and that the expenditure on manpower and outsourced services, etc. are subsumed into the overall expenditure of the CMRO, breakdown of the total expenditure for the research projects is not available. The expenditure on the procurement of consumables such as chemicals, reagents and standard substances pertinent to the research projects in the past 5 years are set out below:

Financial Year	2019-20	2020-21	2021-22	2022-23	2023-24 (Revised Estimate)
Expenditure ($ million)	3.0	3.6	3.3	5.5	4.3

(4)
Over the past 5 years, the GCMTI has established and released reference standards for 31 CMM under the HKCMMS project, namely Ardisiae Japonicae Herba; Artemisiae Anomalae Herba; Catharanthi Rosei Herba; Commelinae Herba; Crotonis Fructus (unprocessed); Deinagkistrodon (Agkistrodon); Dendrobii Caulis; Dioscoreae Bulbiferae Rhizoma; Eupatorii Chinensis Radix et Rhizoma; Euphorbiae Hirtae Herba; Euphorbiae Pekinensis Radix; Fici Pumilae Receptaculum; Geranii Caroliniani Herba; Hyperici Ascyri Herba; Impatientis Caulis; Isodonis Herba; Leonuri Fructus; Nigellae Semen; Osmundae Rhizoma; Phyllanthi Urinariae Herba; Picrasmae Ramulus et Folium; Polygonati Rhizoma; Ranunculi Ternati Radix; Rhododendri Daurici Folium; Salviae Plebeiae Herba; Sambuci Williamsii Ramulus; Sargentodoxae Caulis; Saxifragae Herba; Sedi Herba; Tamaricis Cacumen and Valerianae Radix et Rhizoma. On the other hand, reference standards for the following 14

CMM have been established for release in due course: Caryophylli Flos; Changii Radix; Galangae Fructus; Hippophae Fructus; Lycii Fructus; Menthae Haplocalycis Herba; Myrrha; Perillae Folium; Pogostemonis Herba; Poria; Sauropi Folium; Stellariae Radix; Storax and Ziziphi Spinosae Semen.

Annex

Research and Thematic Projects Conducted by the GCMTI of the DH from 2019-20 to 2023-24

Research/Thematic Project	Commencement Date	Completion Date
DNA method for identification of Bulbus Fritillariae Ussuriensis – a common adulterant found in Bulbus Fritillariae Cirrhosae	October 2019	May 2022
Analysis of chemical markers of CMM in pCms for internal use (Pei Pa Koa)	June 2020	December 2021
Study on the identification of Ziziphi Spinosae Semen and its commonly confused species	June 2021	November 2022
Analysis of chemical markers of CMM in Baifeng Wan	December 2021	June 2023
Building of the Digitalised Chinese Medicines Information Platform (Phase II)	March 2022	December 2023
Consolidation of the Preliminary Index of CMM Resources in Hong Kong under the Fourth National Survey of CMM Resources	June 2022	December 2022
Collection of specimens of *Daodi* medicinal materials of China and South Eastern Asia herbal medicines for the CMs Herbarium of the GCMTI	June 2020	In progress
Establishment of reference DNA Sequence Library for CMM (Phase II)	June 2020	In progress
Identification of tiny seed and fruit types of CMM	April 2022	In progress
Building of 3D CMM Images for DHCM	March 2023	In progress
Survey of CMM Resources under the Fourth National Survey of CMM Resources (Phase II)	May 2023	In progress
Study on the identification of Ziziphi Spinosae Semen and its commonly confused species by DNA method	June 2023	In progress
Analysis of chemical markers in pCms containing Psoraleae and Ginseng	July 2023	In progress
Collection of specimens of Western herbal medicines and Lingnan herbal medicines for the CMs Herbarium of the GCMTI	September 2023	In progress

- End -

Examination of Estimates of Expenditure 2024-25 | Reply Serial No. **HHB244**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0146)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding public dental services, will the Government please advise this Committee on:

(1) the establishment, actual number of staff, vacancy rate, attrition rate and number of retirees in respect of the government dental clinics under the purview of the Department of Health (DH) in each of the past 3 years with a breakdown by grade;

(2) the staff cost of members from various grades and the total expenditure concerning DH's government dental clinics in each of the past 3 years; and

(3) the Government's plan to increase the number of dental healthcare staff to shorten the waiting time for dental services of the public?

Asked by: Hon LAI Tung-kwok (LegCo internal reference no.: 33)

Reply:

(1) to (3)

It has always been the Government's dental care policy to raise public awareness of oral hygiene and health through publicity and education, and to encourage the public to develop good oral hygiene habits. In pursuit of this policy, the Government mainly undertakes publicity, education and promotion of oral health, particularly with emphasis on nurturing good oral hygiene habits from an early age including providing the School Dental Care Service (SDCS) to children, among other initiatives. Generally speaking, the need for dental treatment or surgery due to tooth decay and gum diseases can be greatly reduced if good oral hygiene habits are maintained.

Public dental services currently provided by the Department of Health (DH) directly include:

(a) Various oral health promotion programmes by the Oral Health Education Division of the DH for different age groups, which aim to raise public awareness of oral hygiene and health and to encourage proper oral health habits;

(b) SDCS and treatment services for school children in Hong Kong provided through the 8 school dental clinics;
(c) Free emergency dental services for the public through designated sessions each week at 11 government dental clinics under the DH (generally referred to as General Public Sessions) made available by utilising a small portion of their service capacity;
(d) Oral maxillofacial surgery and specialist dental treatment for in-patients, patients with special oral health care needs and dental emergency needs provided through Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) in 7 public hospitals; and
(e) The Special Oral Care Service for preschool children under six years old with intellectual disability provided through collaboration with the Hospital Authority.

Apart from the above dental services directly provided by the DH, the Government also subsidises dental services provided by non-governmental organisations (NGOs) and private sector for persons with special dental care needs, especially the elderly persons with financial difficulties or persons who have difficulty in accessing general dental services. These services include:

(a) Special care dental services for adults with intellectual disability under the Healthy Teeth Collaboration (HTC);
(b) Free on-site dental check-up and dental treatment for elderly persons in residential care homes for the elderly, day care centres and similar facilities under the Outreach Dental Care Programme for the Elderly (ODCP);
(c) The Elderly Dental Assistance Programme (EDAP) funded by the Community Care Fund (CCF); and
(d) Subsidy to cover dental treatment expenses under the Comprehensive Social Security Assistance Scheme of the Social Welfare Department.

Eligible elderly persons can also receive dental services in the private sector with elderly health care vouchers.

The establishment, strength, vacancy rate, attrition figures and number of retirees in respect of the various grades in the 11 government dental clinics with General Public Sessions and the 7 OMS&DCs are at **Annex**. The operating expenses of these clinics are absorbed within DH's overall provision for dental services under Programme (4) and Programme (7) and there is no breakdown available.

The Government also utilises the capacity of dental professionals from NGOs and the private sector to provide subsidised services. There are more than 2 100 dentists in the NGOs and the private sector as at the end of 2023, nearly 1 500 of them have joined the Elderly Health Care Voucher Scheme and about 800 dentists have participated in the EDAP. Under the ODCP implemented by the DH, a total of 25 outreach dental teams from 11 NGOs will be set up in 2024-25. As for the HTC, each of the 5 NGO dental clinics currently participating in the programme has at least 1 qualified dentist and 1 dental surgery assistant.

Regarding dental training, the Government has increased the number of first-year-first-degree training places of University Grants Committee (UGC)-funded bachelor programme in dentistry on four occasions. The number increased from 50 in the 2009/10 academic year to 90 in the 2024/25 academic year, representing an increase of 80%. Given the lead time required for training local dentists, as well as the practical constraints in expanding the

teaching manpower and the facilities, the Government cannot solely rely on increasing the number of local training places to address the imminent shortage, particularly the acute shortage of dentists in the public sector. To ensure adequate manpower to support local public or subsidised dental care services, the Government proposes to create new pathways for the admission of qualified non-locally trained dentists to practise in specified institutions while maintaining professional standards and patient welfare. This will be achieved through the amendment to the Dentists Registration Ordinance. The Bill has been introduced into the Legislative Council (LegCo) and the Government will work closely with LegCo to facilitate the scrutiny of the Bill.

Separately, the Government will increase the provision of training places of dental hygienists and dental therapists to nearly double, from 95 in the 2023-24 academic year to 185 in the 2024/25 academic year. To attract more individuals to join the industry, the DH will offer full tuition fee sponsorship to students studying the dental hygienists and dental therapists courses.

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups defined by the Working Group.

In this connection, the CE announced in the 2023 Policy Address a series of measures to enhance the dental services for different age cohorts and target groups as follows:

(a) to collaborate with the NGOs to increase the emergency dental service for targeting at the underprivileged groups with financial difficulties in 2025 through expansion of service capacity, service points and service scope to promote early identification and timely intervention of dental diseases. The target is to provide a service capacity of at least 2 times the current capacity of GP Sessions arrangement;

(b) to launch the Primary Dental Co-care Pilot Scheme for Adolescents in 2025 as an interface with the SDCS for primary school students. By providing partial subsidies for private dental check-up services for adolescents aged between 13 and 17, as well

as to foster the establishment of a long-term partnership between the adolescents and the dentists in the NGOs or private sector and to promote the adolescents' life-long habit of regular dental check-ups for prevention of dental diseases;

(c) to strengthen in the third quarter of 2024 special care dental services for persons with disabilities or special needs currently provided by the DH by further extending the HTC to March 2027, expanding its scope to cover patients with autistic spectrum disorder, and adding 900 service quotas for new patients every year; and

(d) to enhance the EDAP funded by the CCF in the third quarter of 2024 by relaxing the mandatory requirement for elderly persons to receive dental services provided under the EDAP so that eligible elderly persons can still receive dental services such as dental check-ups, scaling, extraction and filling without having to apply for removable denture services.

Annex

Grade	2021-22					2022-23					2023-24 (as at 1 February 2024)				
	Establishment	Actual strength	Vacancy rate (%)	Attrition figure	Number of retirees	Establishment	Actual strength	Vacancy rate (%)	Attrition figure	Number of retirees	Establishment	Actual strength	Vacancy rate (%)	Attrition figure	Number of retirees
Dental Officer	83	76	8.4%	11	2	87	70	19.5%	8	4	87	74	14.9%	7	0
Dental Surgery Assistant	88	79	10.2%	8	7	91	83	8.8%	7	4	91	78	14.3%	7	5
Dental Hygienist	3	2	33.3%	0	0	3	2	33.3%	1	0	3	2	33.3%	0	0
Dental Technician	7	8#	0.0%	2	2	7	7	0.0%	1	1	7	7	0%	0	0
Clerical Officer	16	15	6.3%	1	0	16	15	6.3%	1	0	16	16	0%	0	0
Clerical Assistant	28	25	10.7%	2	2	29	21	27.6%	3	2	29	20	31.0%	1	1
Laboratory Attendant	8	4	50.0%	1	0	8	3	62.5%	0	0	8	2	75.0%	0	0
Workman II	24	24	0.0%	1	1	25	25	0.0%	2	1	25	25	0.0%	1	1
Total:	**257**	**233**	**9.3%**	**26**	**14**	**266**	**226**	**15.0%**	**23**	**12**	**266**	**224**	**15.8%**	**16**	**7**

Including 1 staff member on pre-retirement leave.

Note: In January 2024, a Laboratory Attendant was transferred from a hospital's OMS&DC to the Hong Kong Central Dental Laboratory.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0044)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Budget Speech that the Government will continue to step up enforcement against illicit cigarette trading and strengthen smoking cessation services, publicity and education. In this regard, will the Government inform this Committee of the total number of projects launched in relation to smoking cessation services, publicity and education in the past 3 years, as well as the expenditure on and concrete outcomes of each project?

Asked by: Hon LAM Shun-chiu, Dennis (LegCo internal reference no.: 3)

Reply:

Over the years, the Government has been actively promoting a tobacco-free environment through publicity for 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 healthcare professionals to promote smoking cessation, provide smoking cessation services and organise publicity programmes on smoking prevention.

Apart from operating an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, the DH coordinates the provision of smoking cessation services in Hong Kong. It arranges referrals for various smoking cessation services in the territory, including those provided by public clinics under the Hospital Authority (HA), and community-based cessation programmes operated by NGOs. There are a total of 15 full-time and 55 part-time centres operated by the HA which have been providing smoking cessation services to the general public since 2002, and there are 5 smoking cessation clinics for civil servants operated by the DH. Furthermore, the DH also collaborates with NGOs to provide a range of community-based smoking cessation services including counselling, consultations by doctors (including free postal delivery of smoking cessation drugs) or Chinese medicine practitioners, and designated services for smokers from different ethnicities, immigrant smokers and workplace smokers. For young smokers, the DH collaborates with local universities to operate a hotline to provide them with dedicated counselling services over the phone.

The DH subvents the COSH to organise publicity and education programmes in schools, such as health talks, training programmes and theatre programmes, to raise students' awareness on smoking hazards, including hazards from alternative smoking products. To prevent youngsters from picking up smoking, the DH collaborates with NGOs to organise health promotional activities at schools. By using interactive teaching materials and setting up mobile classrooms, the programmes enlighten students on the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up smoking due to peer pressure. The DH has also launched publicity campaigns through mass media to spread the message that smoking brings risks of serious illnesses. To encourage smokers to try quitting, it distributes free trial packs of smoking cessation drugs (nicotine replacement therapy) for one week at community pharmacies, smoking cessation clinics, District Health Centres (DHCs) and DHC Expresses during the Quit in June annual campaign starting from 2023. Furthermore, the DH also encourages and helps all healthcare professionals to provide support and treatment to smokers who are quitting by organising online and face-to-face training courses, providing the Practical Handbook for Smoking Cessation Treatments and related resources, etc.

Smoking cessation services and counselling for smokers are now available at all DHCs and DHC Expresses in the 18 districts, which collaborate with smoking cessation service providers in their respective districts to provide information or arrange referrals for smokers in need.

In 2021, 2022 and 2023, the quitlines operated by the DH and local universities handled 12 405, 9 216 and 11 051 enquiries respectively. During these 3 years, there were 25 965, 20 406 and 27 715 smokers receiving smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs.

Smokers who receive smoking cessation treatment receive 52-week follow-up services to assess their quit status. For smokers who receive smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs, their 52-week quit rates, which refer to the percentage of service users self-reporting to have stayed quit in the past 7 days, range from 20% to 60%, which are comparable to those in overseas countries. Discrepancies in the quit rates concerning different smoking cessation programmes are due to differences in terms of their target groups and treatment methods (which include counselling, pharmacotherapy, and Chinese medicine with acupuncture). To become a successful quitter, smokers are encouraged to choose the cessation service that best caters for their personal needs.

The expenditures on and provision for tobacco control initiatives taken forward by the TACO of the DH from 2021-22 to 2023-24, broken down by type of activity, are at **Annex**. Expenditure on individual publicity programmes cannot be separately identified.

Annex

Expenditures on/Provision for the Department of Health's Tobacco and Alcohol Control Office

	2021-22 ($ million)	2022-23 ($ million)	2023-24 Revised Estimate ($ million)
Enforcement			
Programme 1: Statutory Functions	101.3	100.4	160.2
Health Education and Smoking Cessation			
Programme 3: Health Promotion	138.9	149.0	168.0
(a) General health education and promotion of smoking cessation			
TACO	*62.8*	*73.0*	*87.3*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*26.2*	*26.8*	*26.4*
Sub-total	***89.0***	***99.8***	***113.7***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations*			
Subvention to Tung Wah Group of Hospitals	*30.8*	*29.4*	*14.0*
Subvention to Pok Oi Hospital	*7.5*	*7.6*	*17.9*
Subvention to Po Leung Kuk	*0.7*	*-*	*-*
Subvention to Lok Sin Tong	*3.2*	*3.3*	*3.6*
Subvention to United Christian Nethersole Community Health Service	*4.9*	*5.8*	*8.9*
Subvention to Life Education Activity Programme	*2.8*	*2.8*	*2.9*
Subvention to Christian Family Service Centre	*-*	*-*	*7.0*
Subvention to The University of Hong Kong	*-*	*0.3*	*-*
Sub-total	***49.9***	***49.2***	***54.3***
Total	**240.2**	**249.4**	**328.2**

* The number of DH-subsidised non-governmental organisations providing community-based smoking cessation services with medication has increased from 2 to 4 since the 2023-24 financial year, bringing the number of target service recipients up by 39% on the 2022-23 financial year to 5 000 per year. The cost per quitter has been reduced accordingly.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0531)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Elderly Health Care Voucher Greater Bay Area Pilot Scheme announced earlier by the Government is set to expand in its scope of service. Will the Government please advise this Committee on whether there is legislation governing cross-border medical disputes or even medical blunders arising from the use of health care vouchers by Hong Kong elderly in the Greater Bay Area to safeguard their rights; whether a regulatory mechanism will be established in this respect?

Asked by: Hon LAM So-wai (LegCo internal reference no.: 25)

Reply:

The Government attaches great importance to the service quality of the pilot medical institutions included under the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (the Pilot Scheme). To this end, the medical institutions for the Pilot Scheme were selected through a rigorous process. From November 2023 to early February 2024, the Health Bureau and the Department of Health (DH) conducted market research, sought opinions and recommendations from the Health Commission of Guangdong Province, conducted on-site visits of the medical institutions' facilities, equipment and operation, etc., and met with the senior management of those medical institutions to gain a thorough understanding of their management structures and models, as well as their operation. Having considered factors such as service quality, experience in terms of management and operation, as well as the fee schedules and levels, the Government subsequently selected 7 high-quality medical institutions for the Pilot Scheme.

The DH adopts a robust monitoring mechanism for checking and auditing voucher claims under the Elderly Health Care Voucher Scheme (EHVS) both in Hong Kong and Shenzhen (i.e. at the University of Hong Kong-Shenzhen Hospital) to ensure proper disbursement of public monies in the handling of reimbursement to healthcare service providers. The relevant measures and procedures include routine checking, monitoring and investigating in respect of aberrant transactions, and investigation into complaints. The DH adopts a risk-based approach to check voucher claims, targeting healthcare service providers who have records of non-compliance with the terms and conditions of the EHVS Agreement and those

whose voucher claims show aberrant patterns. The above measures will also be applicable to the medical institutions participating in the Pilot Scheme.

To ensure the sustainability of high-quality services at the pilot medical institutions, the Government is now working with each medical institution on the follow-up arrangements, and will further work out details of the monitoring mechanism for the Pilot Scheme so as to optimise the relevant arrangements, and will also liaise with the Mainland health authorities during the process.

- End -

Examination of Estimates of Expenditure 2024-25 Reply Serial No.

HHB247

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1777)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

In respect of the manpower change of Dental Officers of the Department of Health (DH), please inform this Committee in detail of:

the number of the post's new recruits (and their percentage in the total number of DH's Dental Officers) and attrition figures broken down by retirement and resignation in the past 3 years.

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 7)

Reply:

A Dental Officer is mainly deployed to provide dental care and perform administrative duties at dental clinics or other institutions under the Department of Health (DH). As at 1 February 2024, the strength of DH's Dental Officers stands at 269.

A breakdown of the establishment, strength, vacancies, wastage rates, number of new recruits and attrition figures in respect of DH's Dental Officer Grade is set out below:

Financial year	**Establishment**	**Strength**	**Vacancy**	**Wastage rate** [Note 1] **(%)**	**Number of new recruits** (Percentage in the total strength of Dental Officers in DH)	**Attrition figure**	
						Number of resignees (Percentage in the total attrition figure)	**Number of retirees** (Percentage in the total attrition figure)
2021-22 (as at 31 March 2022)	371	321	50	12.1%	11 (3.4%)	35 (89.7%)	4 (10.3%)
2022-23 (as at 31 March 2023)	370	294	76	12.9%	11 (3.7%)	32 (84.2%)	6 (15.8%)
2023-24 (as at 1 February 2024)	370	269	101	12.3%	8 (3.0%)	20 (60.6%)	13 (39.4%)

Note 1 The wastage rates are calculated by dividing the number of wastage during the financial year by the strength as at the end of that financial year or on 1 February 2024.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1778)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the admission of non-locally trained medical practitioners to Hong Kong, will the Government please advise this Committee on:

1) the number of non-locally trained medical practitioners admitted to practise in Hong Kong through the special registration scheme along with where they acquired their medical qualifications, broken down by specialty; and

2) whether the Government has any plans in 2024-25 to continue expanding the "List of Recognized Medical Qualifications" in Schedule 1A to the Medical Registration Ordinance, and the relevant details?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 8)

Reply:

1) According to the information provided by the Medical Council of Hong Kong (MCHK), since the passage of the Medical Registration (Amendment) Bill 2021 up to 29 February 2024, 66 medical practitioners (including 57 applicants holding recognized medical qualifications and 9 applicants transferred from limited registration) have been granted special registration to practise in Hong Kong. Of the 66 medical practitioners, 13 have had their names included in the Specialist Register of the MCHK at the time when they applied for special registration. Their respective specialties are tabulated as follows:

Specialty	Number of medical practitioners
Anaesthesiology	2
Emergency Medicine	1
Gastroenterology & Hepatology	3
General Surgery	1
Geriatric Medicine	1
Medical Oncology	1
Ophthalmology	1
Otorhinolaryngology	1
Radiology	2
Total:	**13**

The countries/places where the 66 medical practitioners acquired their medical qualifications are tabulated as follows:

Country/Place	Number of medical practitioners
China	2
United Kingdom	48
United States of America	3
Australia	8
Canada	2
South Africa	3
Total:	**66**

Note: The above figures only include medical practitioners granted special registration by the MCHK. Non-locally trained medical practitioners may also qualify for registration to practise in Hong Kong through participation in the Licensing Examination of the MCHK, the limited registration scheme or other means as stipulated in the Medical Registration Ordinance (MRO).

2) In November 2021, the Special Registration Committee (SRC) was established under the MCHK in accordance with the amended MRO (Cap. 161) to draw up the list of recognized medical qualifications upon review of non-local medical programmes of quality comparable to those run by the 2 medical schools in Hong Kong. The list will be submitted to the Registrar of Medical Practitioners for promulgation as a Legal Notice. To date, a total of 100 non-local medical qualifications have been promulgated as recognized medical qualifications in Hong Kong. The SRC is pressing ahead with assessment of other non-local medical programmes fulfilling the stipulated criteria in order to expand the "List of Recognized Medical Qualifications" in Schedule 1A to the MRO.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1802)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Will the government inform this committee of, since the enactment of the Smoking (Public Health) (Amendment) Ordinance 2021 on 30 April 2022, the respective numbers of prosecutions, convictions and penalties imposed regarding each new offence under the Ordinance; the respective numbers of electronic smoking product smokers and heated tobacco product smokers in Hong Kong each year since the enactment of the Ordinance, along with their age distribution?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 32)

Reply:

With effect from 30 April 2022, no person may import, promote, manufacture, sell, or possess for commercial purposes alternative smoking products (ASPs), including electronic smoking products, heated tobacco products and herbal cigarettes in accordance with the Smoking (Public Health) Ordinance (Cap. 371) and the Import and Export Ordinance (Cap. 60). The Tobacco and Alcohol Control Office (TACO) of the Department of Health will conduct investigation upon receiving complaints or referrals. Cases in relation to illegally imported ASPs intercepted by the Customs and Excise Department at boundary control points will be referred to the TACO for follow-up. Any person who contravenes the import ban will be prosecuted when there is sufficient evidence.

From 30 April to 31 December 2023, the TACO issued 572 summonses to offenders for importing ASPs, resulting in 262 convictions in court with fines ranging from $1,000 to $6,000. Over the same period, the Customs and Excise Department (C&ED) followed up on 26 cases that involved both offences under the purview of the C&ED and the illegal import of ASPs, among which 7 cases have resulted in conviction, with the maximum fine and sentence being $4,000 and two months' imprisonment respectively. Meanwhile, the TACO issued 18 summonses to offenders for suspected sale or possession for commercial purposes of ASPs. 11 cases (involving 17 summonses) were convicted by the court with a maximum penalty of two months' imprisonment.

According to the Thematic Household Survey Report No. 75 of the Census and Statistics Department, the prevalence of daily use of heated tobacco products and electronic smoking products aged 15 and above in 2021 was 0.1% (around 8 400 smokers) and 0.3% (around 17 500 smokers) respectively. Statistics of the latest thematic survey on the pattern of smoking, which was conducted in 2023 encompassing heated tobacco products and electronic smoking products, are still being analysed.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1115)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

According to the Government's Oral Health Survey in 2011, adults and the elderly persons in Hong Kong tended to ignore oral diseases. In this connection, please advise on:

(1) the amount of allocation for oral health education for the elderly persons and the nature of work in this area for the past 3 years;

(2) the provisions for the Outreach Dental Care Programme for the Elderly (ODCP), which has been implemented since October 2014 to provide free on-site oral check-up for elderly persons living in residential homes or receiving services in day care centres and similar facilities in Hong Kong, in each of the past 3 years, along with the attendances and nature of services of the ODCP by district in each year during the above period.

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 1)

Reply:

The Oral Health Education Division (OHED) of the Department of Health (DH) is responsible for implementing oral health promotion programmes targeting at different age groups and disseminating oral health information through different channels to raise public awareness of oral hygiene and health and encourage proper oral health habits. Generally speaking, the need for dental treatment or surgery due to tooth decay and gum diseases can be greatly reduced if good oral hygiene habits are maintained. The Government places particular emphasis on nurturing good oral hygiene habits from an early age and providing the School Dental Care Service (SDCS) to children.

Services for Young Children

The DH disseminates oral health care information on children aged 0 to 6 through websites and Maternal and Child Health Centres (MCHCs), and produces a series of pamphlets on oral care for young children, such as "Oral Health Care for Your Children", "Children's Diet and Dental Health" and "Brushing Teeth is What Children Can Do", which are distributed by healthcare personnel to parents during examination and development monitoring of new-born

babies at MCHCs, aiming to teach parents on how to take care of their babies' oral health as early as possible.

Over the past 3 years, the number of pamphlets distributed at MCHCs is as follows:

Year	2021	2022	2023
Number	36 840	23 890	28 500

In addition, the DH has been implementing the "Brighter Smiles for the New Generation" oral care activity at home and school targeting at children under 6 years old attending kindergartens and nurseries in Hong Kong. Provided with diverse learning and teaching materials such as cartoon animations and storybooks, teachers, parents and children can follow clear instructions while engaging in tooth brushing and practicing tooth-friendly diet at school and at home, fostering good habits of tooth brushing and tooth-friendly diet among children to prevent dental problems. Besides, the DH has also set up the "Brighter Smiles Playland" specifically designed for 4-year-old children, where local kindergartens and nurseries may apply for free visits for children to learn about a wealth of oral care knowledge in a fun way through interactive games and activities, such as singing nursery rhymes, brushing teeth on dental models, using different dental appliances in rotation and role-playing games, with a view to developing proper oral care habits. The DH will continue to encourage more kindergartens and nurseries to actively participate in its oral health education activities/programmes.

Over the past 3 school years, the number of participants of the "Brighter Smiles for the New Generation" oral care activity at home and school is as follows:

School Year [Note 1]	2020-2021	2021-2022	2022-2023
Number of participating schools	696	646	677
Number of participants	134 758	122 452	113 302

Over the past 3 school years, the number of participants of the "Brighter Smiles Playland" is as follows:

School Year [Note 1]	2020-2021	2021-2022	2022-2023
Number of participants	0 [Note 2]	15 385	32 090

Note 1: School year refers to the period from 1 September of one year to 31 August of the following year.
Note 2: Kindergarten students were unable to join the activity due to the COVID-19 pandemic.

The OHED of the DH launched a pilot programme named "Bright Smiles Baby Programme 2023-24 - Pilot Outreaching Oral Health Care and Promotion Programme for Pre-kindergarten Children" in some child care centres in June 2023. The programme is targeting at children aged 0 to 3 receiving child care services or studying in child care centres. It aims to increase parents' knowledge on oral health and improve parents' skills in cleaning their children's teeth, thereby helping children establish good habits of oral hygiene, dietary and oral check-up as early as possible. The two-school year programme (2023-2024) involved educational outreach and evaluation, under which free oral check-ups for assessing risk of tooth decay, application of topical fluoride for controlling tooth decay depending on the child's age and need, educational workshops for parents and caregivers, and pamphlets for the programme will be provided. For children with high risk of tooth decay, telephone follow-up for their parents will be arranged.

Over the past year, the number of participants of the "Bright Smiles Baby Programme 2023-24 - Pilot Outreaching Oral Health Care and Promotion Programme for Prekindergarten Children" is as follows:

Year	1 June 2023 to 31 March 2024
Number of participating organisations	9
Number of children receiving oral check-ups	491

The Faculty of Dentistry of the University of Hong Kong launched the Jockey Club Children Oral Health Project in 2019 with the support of the Hong Kong Jockey Club Charities Trust. The Government reviewed the data collected by the Faculty of Dentistry of the University of Hong Kong and noted that the Project was effective in slowing down tooth decay among preschool children. The Project will be supported by the Hong Kong Jockey Club Charities Trust up to the 2025-2026 school year. The Government will continuously monitor the effectiveness of this Project to determine the way forward for dental services for preschool children.

Services for Primary and Secondary School Students

The DH is currently providing various dental care and treatment services for students in Hong Kong, including the provision of SDCS for local primary school students and students aged under 18 years old with intellectual disability and/or physical disability (such as cerebral palsy) studying in special schools. Participating students will receive annual dental check-ups at designated school dental clinics, which cover oral examination as well as basic treatment and preventive care services. Meanwhile, the DH has also put in place a "Bright Smiles Mobile Classroom", a roving oral health education bus, tasked to promote oral health to primary school students by means of outreach and games.

Over the past 3 service years, the number of primary school students participating in the SDCS is as follows:

Service Year [Note 3]	2021-2022	2022-2023	2023-2024
Number of primary school students participating in the SDCS	326 200	313 500	313 700

Note 3: Service year refers to the period from 1 November of one year to 31 October of the following year.

Over the past 3 service years, the number of attendances for the "Bright Smiles Mobile Classroom" is as follows:

School Year [Note 4]	2020-2021	2021-2022	2022-2023
Number of attendances	4 213	14 613	12 023

Note 4: School year refers to the period from 1 September of one year to 31 August of the following year.

To sustain the efforts made in primary school level, the DH has been organising oral health promotion activities for secondary students, including the "Teens Teeth" oral health promotion programme and the annual "Love Teeth Campaign" (LTC). Since 2005, the DH has been implementing a school-based programme "Teens Teeth" (which was later renamed as "TEENS Teeth Award Scheme" in 2015) among local secondary schools. Under the programme, senior secondary school students are trained to promote and educate lower-form schoolmates about the importance of oral health care and hygiene with a peer-led approach (i.e. train-the-trainers). Starting from 2003, the DH has been organising the LTC annually with a specific theme to promote oral health through the mass media to all Hong Kong people. The theme of this year is "A HAPPY MOUTH IS…A HAPPY BODY".

Over the past 4 school years, the number of participants of the "TEENS Teeth Award Scheme" is as follows:

School Year [Note 5]	2019-2021 [Note 6]	2021-2022	2022-2023
Number of participating schools	9	17	26
Number of participants	81	229	355

Note 5: School year refers to the period from 1 September of one year to 31 August of the following year.
Note 6: It was a two-year programme in 2019-2021.

Over the past 3 years, the number of attendances for the LTC is as follows:

Year	2021	2022	2023
Number of attendances	22 100	19 000	28 000

As announced in the Chief Executive's 2023 Policy Address, the Government plans to launch the Primary Dental Co-care Pilot Scheme for Adolescents in 2025 as an interface with the SDCS for primary school students. By providing partial subsidies for private dental check-ups services for adolescents aged between 13 and 17, as well as to foster the establishment of a long-term partnership between adolescents and the dentists of non-governmental organisations (NGOs) or private sector aims at promoting the life-long habit of regular dental check-ups for prevention of dental diseases. Under the co-payment model, eligible adolescents will receive dental check-ups services in the private healthcare sector by shouldering certain co-payment amount with government subsidies. NGOs and private dentists can determine the co-payment fee. At present, the Government is actively taking forward the relevant preparatory work and formulating the details of the scheme, particulars of which will be announced in due course.

(1) Every year, the OHED of the DH organises the LTC, a year-round campaign, under the theme of the World Oral Health Day advocated by the FDI World Dental Federation. Through various publicity channels, the LTC aims at promoting the awareness among the public (including the elderly persons) towards oral health, desirable oral self-care and regular dental check-ups to prevent oral diseases.

The financial provision for oral health promotion for 2021-22, 2022-23 and 2023-24 is as follows:

Year	2021-22	2022-23	2023-24
Financial provision ($ million)	33.7	34.4	34.5

Dental professionals offering public or subsidised dental services for the elderly persons (through the Outreach Dental Care Programme for the Elderly (ODCP), the Elderly Dental Assistance Programme funded by the Community Care Fund, the Elderly Health Care Voucher Scheme, etc.) will provide oral health education when delivering such services.

(2) The ODCP has been implemented since October 2014 to provide free on-site oral check-up for elderly persons and oral care training to caregivers of residential care homes for the elderly (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 elderly person is considered suitable for further curative treatment, free dental treatment will be provided on-site or at a dental clinic. The outreach dental teams also design oral care plans for the elderly persons to suit their oral care needs and self-care abilities. A total of 23 outreach dental teams from 10 NGOs have currently been set up under the ODCP. Since the implementation of the ODCP in October 2014 up to end-January 2024, the number of attendances was about 378 300. Some 60% to 70% of the RCHEs/DEs are participating in the ODCP. However, we do not have the number of attendances broken down by district.

Over the past 3 years, the financial provision provided by the Government for implementing the ODCP, the number of attendances and the number of RCHEs/DEs participating in the ODCP are as follows:

Year	2021-22	2022-23	2023-24
Financial provision ($ million)	60.7	63.1	64.3
Number of attendances	25 011	37 245	42 628 (as at January 2024)
Number of RCHEs/DEs participating in the ODCP	630	690	760 (as at January 2024)

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2449)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is stated in the matters requiring special attention that the Department of Health will implement a sponsorship scheme in the coming year for training of dental hygienists and dental therapists to increase the manpower supply of ancillary dental workers for the development of primary dental services. In this regard, will the Government please advise this Committee on:

1. the number of trained and registered dental hygienists and dental therapists in each of the past 3 years and among them, how many pursued their studies locally and how many completed their training programme overseas;

2. the current enrolment capacity of training programmes for dental hygienists and dental therapists in Hong Kong, and whether there are plans to increase the enrolment capacity of such programmes in the coming 3 years; and

3. whether subsidies are provided to institutes for training dental hygienists and dental therapists at present; if yes, the details and if not, the way forward for such provision?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 114)

Reply:

At present, there are 2 types of ancillary dental workers who provide dental care services to patients in Hong Kong, namely dental hygienists and dental therapists –

(a) Dental hygienists are now required to enrol under the Ancillary Dental Workers (Dental Hygienists) Regulations (Cap. 156B) to work in the public or private sector to perform preventive dental care (e.g. oral examination, education, teeth cleaning and polishing, fluoride application and scaling) in accordance with the directions of a dentist who is available in the premises at all times when such work is being carried out; and

(b) Currently, there is no statutory registration or enrolment system for dental therapists. They only work under the Department of Health (DH) to provide the School Dental Care Service. They may perform preventive dental care and basic curative dental care (e.g. dental restoration and extraction) in accordance with the directions of a dentist who is available in the premises at all times when such work is being carried out.

The Prince Philip Dental Hospital (PPDH) and the School of Professional and Continuing Education of the University of Hong Kong (HKU SPACE) are co-organising a two-year Higher Diploma in Dental Hygiene programme, graduates of which or holders of non-local qualifications are eligible to apply to the Dental Council of Hong Kong for enrolment as a dental hygienist. In addition, the PPDH teams up with the DH and HKU SPACE to offer a one-year Advanced Diploma in Dental Therapy programme, graduates of which (or holders of equivalent qualifications) meet the professional requirement to apply for the post of dental therapist.

The number of enrolled dental hygienists and dental therapists serving under the DH in the past 3 years are shown in the table below:

	Number of enrolled dental hygienists (as at 31 December)			Number of DH's dental therapists
	With local qualifications	With non-local qualifications	Total	
2021	408	123	531	253
2022	435	123	558	243
2023	489	123	612	237

To enhance local training to meet the development needs of oral health and dental care, in addition to increasing training places for the current programmes of Higher Diploma in Dental Hygiene and Advanced Diploma in Dental Therapy, the Government is currently liaising with the Vocational Training Council for organising a new course for dental hygienists. The provision of training places of dental hygienists and dental therapists will increase to nearly double from 95 in the 2023/24 academic year to 185 in the 2024/25 academic year. To attract more individuals to join the industry, the DH will offer full tuition fee sponsorship to students studying the above diploma programmes. The number of sponsored places was 95 in the 2023/24 academic year. Dental hygienists and dental therapists who have received the sponsorship are required to work in dental clinics of the DH or other specified non-governmental organisations for 1 year after graduation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3185)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The "Healthy Teeth Collaboration" (HTC) programme, launched by the Department of Health in 2018 and further extended for 3 years as announced in 2021, aims to provide free oral check-ups, dental treatments and oral health education for adults with intellectual disability. In this connection, will the Government inform this Committee of:

1. the number of people enrolled in the HTC at the 5 non-governmental organisation (NGO) dental clinics since its launch;

2. the number of dental service sessions provided by the 5 NGO dental clinics each year since the launch of the HTC;

3. in relation to the provision of operating theatre services, the number of clinic referrals received by Evangel Hospital and Gleneagles Hospital Hong Kong each year respectively since the launch of the HTC;

4. the Government's annual expenditure on subsidising the HTC since its launch; and

5. the end date of the HTC according to the current plan; and whether the Government will consider further extending the programme in the light of its effectiveness?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 110)

Reply:

1. to 5.

To safeguard the oral health of the public, the Chief Executive (CE) announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups defined by the Working Group, including persons with financial difficulties, persons with disabilities or special needs, and the high risk groups.

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 adults aged 18 or above with intellectual disability (ID). In 2021, the programme was further extended for 3 years to July 2024. As at end-January 2024, about 5 230 adults with ID have registered under the HTC, of which about 5 040 have received their first consultation. In the past 5 service years, the number of dental service sessions provided by the 5 non-governmental organisation (NGO) dental clinics, as well as the number of referrals received by Evangel Hospital and Gleneagles Hospital Hong Kong are tabulated as follows:

Service Year [Note]	No. of dental service sessions provided by the 5 NGO dental clinics	No. of referrals received by Evangel Hospital	No. of referrals received by Gleneagles Hospital Hong Kong
2018-19	5 016	171	9
2019-20	2 252	96	27
2020-21	1 761	16	9
2021-22	3 926	59	26
2022-23	5 725	23	60
July 2023-January 2024	3 925	10	10

Note: A service year refers to the period from 16 July of the current year to 15 July of the following year.

The actual expenditures for implementing the HTC in 2018-19, 2019-20, 2020-21, 2021-22 and 2022-23 were $3.2 million, $12.8 million, $6.8 million, $11.1 million and $22.8 million respectively, and the revised estimate for 2023-24 is $32 million.

The CE announced in the 2023 Policy Address that the Government will strengthen in the third quarter of 2024 the special care dental services for persons with disabilities or special needs currently provided by the Department of Health (DH) by further extending the HTC to March 2027, extending its scope to cover patients with Autistic Spectrum Disorder, and providing services to 900 new cases every year. The Government will closely monitor the

effectiveness and conduct reviews of the programme in a timely manner. In 2024-25, the DH has earmarked about $77 million to enhance public dental services, including enhancement of the HTC and emergency dental service, and launch of the Primary Dental Co-care Pilot Scheme for Adolescents. The Government will also deploy additional manpower to carry out the relevant preparatory work.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2158)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

A majority of schools substituted in-class teaching for online classes during the pandemic, which has a grave impact on students' vision due to their habitual use of electronic screen products. The resulting myopia can increase the risk of eye diseases such as macular degeneration, glaucoma and cataracts, burdening medical expenses in the long run. According to the findings of the Annual Health Assessment conducted by the Department of Health, a rising trend was noted in the percentage of Primary 1 students wearing corrective lenses since 2020. Although the figures saw a slight drop in the 2022/23 school year, it still remained higher than the pre-increase levels. In this connection, will the Government please advise this Committee on:

1. the number of Primary 1 students wearing corrective lenses with a breakdown by reason in each of the past 5 years;

2. in tabular form, the number of primary students by school grade and dioptre of myopia (lower than -0.5 dioptres, -0.5 to -3.0 dioptres, -3.0 to -6.0 dioptres, and higher than -6.0 dioptres) in the past 3 years;

3. the existing health promotion and support measures for students' vision and the corresponding expenditure; and

4. whether the Government has any plans such as spectacles subsidy to prevent vision deterioration among students, given that severe myopia can increase the risk of eye diseases?

Asked by: Hon LEUNG Man-kwong (LegCo internal reference no.: 6)

Reply:

1. The number of Primary 1 students who were already wearing glasses by the time they took the visual acuity test at the Student Health Service Centres (SHSCs) of the Department of Health (DH) over the past 5 years is as follows:

Academic Year	Number of Primary 1 students with glasses (rounded to the nearest hundred)	Number of Primary 1 students receiving annual health assessment services (rounded to the nearest hundred)	Percentage of Primary 1 students with glasses among all Primary 1 students receiving annual health assessment services
2018/19	6 300	56 100	11.3%
2019/20^	1 300	12 000	10.9%
2020/21^	3 500	22 800	15.3%
2021/22^	4 800	32 000	14.9%
2022/23	6 000	40 800	14.8%

^ Due to service disruption by COVID-19, the data collected is not directly comparable to that of other academic years.

2. The annual health assessment service under the Student Health Service (SHS) of the DH provides visual acuity tests for primary and secondary school students, including the assessment of refractive errors (but not the assessment of the severity of myopia), with the aim to detect as early as possible visual acuity problems of the students and whether the problems so detected have already been properly corrected (for example, wearing suitable glasses). Those who fail the visual acuity test will be referred to optometrists of the Special Assessment Centres (SAC) of the SHS for further visual assessment. Optometrists at the SACs will assess the level of myopia for students. The number of primary students with myopia detected at the SACs over the past 3 years, broken down by dioptre, is as follows:

Academic Year	Number of primary school students					Number of primary school students assessed by optometrists at the SACs*
	<-0.5 dioptres	-0.5 to -2.99 dioptres	-3.0 to -5.99 dioptres	≥ -6.0 dioptres	Total	
2020/21^	204	4 072	920	72	**5 268**	**11 626**
2021/22^	350	8 196	1 214	100	**9 860**	**16 170**
2022/23	456	12 716	2 361	202	**15 735**	**26 239**

^ Due to service disruption by COVID-19, the data collected is not directly comparable to that of other academic years. The number of primary school students assessed at the SACs and found to have myopia prior to the epidemic was approximately 14 000 to 17 000.

* Myopia is the most common eye health issue among the primary school students assessed by optometrists at the SACs. While other refractive problems such as astigmatism and hyperopia are also prevalent, some students have other eye or vision-related problems, such as colour vision deficiency, strabismus and amblyopia.

3. & 4.

The SHS of the DH currently provides free annual health assessment service for eligible primary and secondary school students, which includes a visual screening test. Apart from evaluating refractive errors mentioned above, the annual health assessment also includes screening for other visual problems, such as amblyopia. The aim is to identify students with health problems at an early stage for timely advice and intervention. The SHS conducted annual health assessments for a total of 330 000 students in Primary 1 to Primary 6 and Secondary 1 to Secondary 3 in the 2022/23 academic year, among which 13% of them required referral to optometrists of the SHS for further visual evaluation (including those who failed the visual acuity test).

In addition, healthcare professionals will provide health advice and education to promote eye health, for example, healthy reading habits including proper use of electronic screen products, to individual students during the annual health assessment. Relevant information including the importance of regular eye check-ups will also be provided to those with high myopia and astigmatism.

Apart from continuing regular health assessments for individual students, the SHS monitors the overall health condition and trends (including the eye/vision health of students) of all students in the territory through the data obtained from the annual health assessment service. The SHS will disseminate the information to the public to raise the awareness of the society (including parents and teachers) of students' health.

Furthermore, the DH has been promoting vision and eye health through various channels. The SHS website of the DH provides relevant health information, including a series of recommendations and health tips on using the Internet and electronic screen products.

Meanwhile, the Government has set up District Health Centres (DHC) and smaller interim DHC Expresses across the territory in 2022 and achieved the interim goal of "coverage in all 18 districts". These DHCs and DHC Expresses aim to develop personalised health plans for the public, including children, based on factors such as age, gender and lifestyle. The DHCs provide health assessment services, organise health promotion activities (including health education on eye care), and serve as hubs for primary healthcare resources in the district, liaising with different healthcare professionals in the community to provide coordination and referrals for those in need.

The SHSCs of the DH provide a wide range of services, and the expenditure and manpower related to students' vision health work cannot be separately identified. Given that all eligible students can participate in the SHS programmes for free, the expenditure on the aforementioned assessments and promotion of vision health are subsumed into the overall expenditure of the SHS and cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2159)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the Elderly Health Care Voucher Scheme (EHVS), will the Government please inform this Committee of:

1 the number of attendances at the designated clinics/departments of the University of Hong Kong-Shenzhen Hospital for outpatient services under the EHVS in the past 3 years, broken down by age groups (65 to 69, 70 to 74, 75 to 79, 80 to 84 and 85 or above);

2 the number of attendances for primary healthcare services under the EHVS in the past 3 years, broken down by age groups (65 to 69, 70 to 74, 75 to 79, 80 to 84 and 85 or above);

3 the amount claimed for primary healthcare services and its percentage in the total amount claimed from the EHVS in the past 3 years;

4 the estimated number of persons eligible for and the estimated increase in expenditure on the EHVS in the next 3 years.

Asked by: Hon LEUNG Man-kwong (LegCo internal reference no.: 7)

Reply:

1.
The number of voucher claim transactions for designated outpatient services at the University of Hong Kong-Shenzhen Hospital (HKU-SZH) in the past 3 years, broken down by age group of the elderly persons receiving such services, is as follows:

Elderly age group	**Number of voucher claim transactions for designated outpatient services at the HKU-SZH** [Note]		
	2021	**2022**	**2023**
65-69	4 702	6 170	10 376

70-74	13 232	11 815	13 237
75-79	8 871	7 106	7 786
80-84	4 737	3 809	4 139
85+	4 411	3 456	2 924
Total:	**35 953**	**32 356**	**38 462**

Note: Designated Outpatient Medical Centers/Medical Service Departments of the HKU-SZH which accept the use of vouchers by elderly persons include the Family Medicine Clinic, Health Assessment and Management Center, Accident and Emergency Department, Orthopedic Clinic, Ophthalmology Clinic, Dental Clinic, Chinese Medicine Clinic, Medicine Clinic, Gynaecology Clinic, Surgery Clinic, Rehabilitation Clinic, Physiotherapy Department, Department of Medical Imaging, Department of Clinical Microbiology and Infection Control and the Department of Pathology. Starting from 17 April 2023, eligible elderly persons can use vouchers to pay for the outpatient healthcare services at the Huawei Li Zhi Yuan Community Health Center, an offsite medical institution set up by the HKU-SZH.

2. & 3.

The Government launched the Elderly Health Care Voucher Scheme (EHVS) in 2009 to provide financial incentive to encourage elderly persons to receive primary healthcare services such as preventive care, screening, and management of chronic diseases at private institutions. The aim is to change their health-seeking behaviour to achieve early detection and treatment for health protection, and to facilitate their choice of private primary healthcare services that best suit their health needs by providing them with additional healthcare choices on top of the existing public healthcare services. The number of elderly persons who had made use of vouchers in the past 3 years (by the end of each year), broken down by age group, is as follows:

	2021	**2022**	**2023**
	Number of elderly persons	**Number of elderly persons**	**Number of elderly persons**
Cumulative number of elderly persons who had made use of vouchers by end of the year	1 424 000	1 492 000	1 610 000
By elderly age group			
65-69	440 000	455 000	505 000
70-74	402 000	426 000	450 000
75-79	217 000	247 000	282 000
80-84	161 000	157 000	157 000
85+	204 000	207 000	216 000

Currently, the EHVS subsidises eligible Hong Kong elderly persons aged 65 or above with an annual voucher amount of $2,000 (accumulation limit of $8,000) for using private primary

healthcare services provided by private healthcare professionals. The amount of vouchers claimed and its percentage in the total amount claimed from the EHVS by type of healthcare service provider enrolled in the EHVS in the past 3 years are as follows:

Amount of Vouchers Claimed (in $'000)

	2021	2022	2023[Note 1]
Medical Practitioners	1,027,990 (40.4%)	1,059,052 (41.3%)	1,270,495 (38.9%)
Chinese Medicine Practitioners	788,617 (31.0%)	854,324 (33.3%)	1,140,988 (34.9%)
Dentists	355,444 (14.0%)	343,327 (13.4%)	413,222 (12.6%)
Occupational Therapists	7,503 (0.3%)	4,518 (0.2%)	4,455 (0.1%)
Physiotherapists	19,238 (0.8%)	17,743 (0.7%)	22,726 (0.7%)
Medical Laboratory Technologists	20,552 (0.8%)	13,393 (0.5%)	14,712 (0.4%)
Radiographers	22,603 (0.9%)	24,635 (0.9%)	29,503 (0.9%)
Nurses	11,049 (0.4%)	9,878 (0.4%)	11,168 (0.3%)
Chiropractors	5,760 (0.2%)	5,080 (0.2%)	5,955 (0.2%)
Optometrists	284,753 (11.2%)	233,912 (9.1%)	352,743 (10.8%)
Audiologists [Note 2]	-	-	2,693 (0.1%)
Clinical Psychologists [Note 2]	-	-	4 (0.0001%)
Dietitians [Note 2]	-	-	829 (0.03%)
Speech Therapists [Note 2]	-	-	5 (0.0002%)
Sub-total(for Hong Kong):	**2,543,509** (100%)	**2,565,862** (100%)	**3,269,498** (100%)
HKU-SZH [Note 3]	12,103	10,949	11,883
Total:	**2,555,612**	**2,576,811**	**3,281,381**

Note 1: Starting from 28 July 2023, the EHVS allows shared use of vouchers between 2 eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts. Furthermore, to encourage more effective use of primary healthcare services by elderly persons, a three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) was launched under the EHVS on 13 November 2023. An eligible elderly person who has an accumulated use of vouchers of $1,000 or more on designated primary healthcare services in a year will be allotted $500 reward to his or her voucher account for the same purposes.

Note 2: Since 28 April 2023, the coverage of the EHVS has been extended to include primary healthcare services provided by 4 categories of healthcare professions under the Accredited Registers Scheme for Healthcare Professions (namely audiologists, clinical psychologists, dietitians and speech therapists).

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 EHVS on a hospital basis. Starting from 17 April 2023, eligible elderly persons can use vouchers to pay for the outpatient healthcare services at the Huawei Li Zhi Yuan Community Health Center, an offsite medical institution set up by the HKU-SZH.

4.
According to the Hong Kong Population Projections for 2022-2046 of the Census and Statistics Department, it is projected that the number of elderly persons (aged 65 or above) eligible for vouchers will increase by 64 000, 146 000 and 218 000 in 2024, 2025 and 2026 respectively compared to 2023. The financial provision for the EHVS for 2024-25 is $3.96 billion, representing an increase of about $190 million over its provision in 2023-24. The Department of Health does not have the figures on the financial provision for the EHVS for 2025-26 and 2026-27.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2162)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the proposal in both the 2023-24 and 2024-25 Budget Speeches to increase tobacco duty, will the Government please advise this Committee on the following information since the duty increase last year:

(1) the number of smokers who have sought help with quitting;

(2) the change in the overall smoking prevalence in Hong Kong?

Asked by: Hon LEUNG Man-kwong (LegCo internal reference no.: 10)

Reply:

(1) & (2)

The Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of passive smoking on the public. To this end, the Government adopts a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation.

The Government has made reference to the World Health Organization's (WHO) target and is committed to achieve a smoking prevalence of 7.8% by 2025 as promulgated under the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong". Our ultimate aim is to make Hong Kong a tobacco-free, healthy and vibrant city.

Increasing tobacco duty is recognised internationally as the most effective means of reducing tobacco use. Raised costs of smoking provide a greater incentive for smokers to quit smoking, and the high prices of tobacco products will also dampen the eagerness of non-smokers, young people in particular, to try smoking. The WHO encourages its members to raise tobacco duty periodically and recommends that tobacco duty should account for at least 75% of the retail price of tobacco products.

As such, further to the increase of 60 cents per stick last year, the Government has announced in the Budget Speech this year an increase of the tobacco duty on cigarettes by 80 cents per stick to $3.306 per stick. It was the first time for tobacco duty to increase in 2 consecutive years over the past 20 years. This has served to ensure that the price of cigarettes can remain at a certain level which helps prevent a rebound of the smoking prevalence rate and demonstrate to the public the Government's commitment to protecting the health of the community as a whole.

Past experience in raising tobacco duty indicated that the greater the tax increase, the larger the increase in call volume of the Department of Health's (DH) Smoking Cessation Hotline and the drop in smoking prevalence. According to the DH's latest data, the number of calls received by the Smoking Cessation Hotline increased from about 7 400 in 2022 to about 9 700 in 2023, representing an increase of over 30%. Meanwhile, in the first week after the Budget Speech's announcement of the proposal to increase the duty on tobacco products this year, the Smoking Cessation Hotline received 542 calls, nearly five times the weekly number of calls in the preceding 3 months, indicating smokers' strong intention to quit smoking in the light of tobacco tax increases.

Preliminary findings of the Thematic Household Survey conducted by the Census and Statistics Department on the smoking pattern show that there are indeed signs of a decline in smoking prevalence after the increase in tobacco duty in 2023, with preliminary data indicating that the smoking prevalence has further dropped from 10.2% in 2019 and 9.5% in 2021 to 9.1%. It is evident from such decline that tobacco duty increase and the various tobacco control initiatives are effective. Details of the survey results will be released in mid-2024.

The Government's aim is to gradually implement the recommendation of the WHO so as to create more incentives for cessation of smoking and hence safeguard public health. The Government will continue to monitor the effect of tobacco duty increases and review the pace of further adjustments.

To further reduce smoking prevalence, the Government conducted the Vibrant, Healthy and Tobacco-free Hong Kong public consultation on tobacco control strategies last year. The Health Bureau is studying the phased implementation of tobacco control measures and will give an update of the next steps in due course.

- End -

Examination of Estimates of Expenditure 2024-25 Reply Serial No.

HHB256

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2185)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the free human papillomavirus (HPV) vaccination programme for school girls, please advise this Committee on:

1 the incidence and mortality figures of cervical cancer in each of the past 5 years;

2 the number of schools participating in the HPV vaccination programme in each of the past 5 years; and

3 among the school girls who have received the HPV vaccine under the Hong Kong Childhood Immunisation Programme, the number of school girls attending local schools and those attending non-local schools in each of the past 5 years.

Asked by: Hon LEUNG Man-kwong (LegCo internal reference no.: 34)

Reply:

1.
The annual number of new cases of cervical cancer from 2017 to 2021 is shown in the table below:

Year	Number of new cases #
2017	516
2018	582
2019	520
2020	556
2021	596

Source: Hong Kong Cancer Registry, Hospital Authority
Figures for 2022 and 2023 are not yet available.

The number of registered deaths for cervical cancer from 2018 to 2022 is shown in the table below:

Year	Number of registered deaths^
2018	163
2019	162
2020	159
2021	178
2022	167

Source: Department of Health (DH)
^ The figure for 2023 is not yet available.

2 & 3.
The DH has launched the human papillomavirus (HPV) vaccination programme for Primary 5 and Primary 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 students at their schools, and in accordance with the recommended vaccination schedule, they will receive the second dose after progressing to Primary 6 in the following school year. Students who have not received the vaccine at their schools and eligible girls who are not studying in Hong Kong can receive the vaccine at the sub-offices of the School Immunisation Team (SIT) by appointment. The Student Health Service of the DH also provides free mop-up vaccination at Student Health Service Centres for eligible girls who have entered secondary schools but have not received any HPV vaccine.

The number of schools visited by and students receiving the HPV vaccine from the SIT in each school year since the launch of the vaccination programme is tabulated as follows:

School year	2019/20	2020/21	2021/22	2022/23
Number of schools visited	598	620	625	629
Number of vaccine recipients	22 200*****	46 300	48 400	53 600

* Only Primary 5 female students received HPV vaccines in the 2019/20 school year.

The DH does not maintain the breakdown of HPV vaccine recipients by female student attending local schools and female student attending non-local schools.

After reviewing the scientific evidence, recommendations from the World Health Organization and overseas experience in relation to the efficacy and safety of HPV vaccine, as well as local studies on acceptability and cost-effectiveness in respect of HPV vaccination, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection of the DH recommended in November 2022 the extension of the HPV vaccination target group to include older girls who are under 18 years old. In response to the recommendations of the SCVPD, the Government is preparing for the implementation of a one-off catch-up vaccination programme to provide mop-up HPV vaccination for eligible female secondary school students or older girls, who were born in or after 2004 (i.e. those who were aged 18 years or below in 2022) and thus were not covered by the HPV vaccination programme under the HKCIP previously. The Government expects to commence the catch-up vaccination programme in the 2024/25 school year and the implementation details will be announced in due course.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3081)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

According to the financial provision for this Programme, the estimated expenditure for 2024-25 is 34.8% lower than the original estimate for 2023-24. Please advise on the reasons for the reduction in the estimate.

Asked by: Hon LEUNG Tsz-wing, Dennis (LegCo internal reference no.: 35)

Reply:

The reduction of $4.42 billion (34.8%) in the financial provision for disease prevention under Programme (2) in 2024-25 from the original estimate for 2023-24 is mainly attributed to the fact that under a system of the "new normal" upon the full resumption of normalcy in society, COVID-19 has been managed as a type of upper respiratory tract infections since early 2023, hence the reduction in the expenditure on the prevention and control of COVID-19.

If the Department of Health's expenditure on the prevention and control of COVID-19 for both 2023-24 and 2024-25 is deducted, the financial provision for Programme (2) for 2024-25 is 4.2% higher than the original estimate for 2023-24.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2637)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (4) Curative Care

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

1. The Government has stated that it will continue to oversee the implementation of the "Outreach Dental Care Programme for the Elderly" (ODCP) and the "Healthy Teeth Collaboration" (HTC) programme. With regard to the two programmes, will the Government advise this Committee on:

   (a) the number of people benefiting from the programmes in each of the past 3 years;

   (b) the average waiting time of the applicants;

   (c) the number of dentists participating in the programmes each year;

   (d) the estimates for the coming year and the expenditure and manpower involved each year in the expansion of services;

   (e) the amount of subventions provided to non-governmental organisations and the administrative costs incurred in each of the past 3 years; and

   (f) whether the Government will review the implementation and effectiveness of the programmes on a regular basis; if yes, the details; if not, the reasons?

2. Please advise on the number of residential care homes and day care centres for the elderly participating and not participating in the ODCP, and whether the Government has explored the reasons why they did not join.

3. Please advise on whether the Government has compiled any statistics on the application and approval for the escort and transport subsidies since the launch of the HTC programme.

Asked by: Hon LI Sai-wing, Stanley (LegCo internal reference no.: 18)

Reply:

1. to 3.

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups defined by the Working Group, including persons with financial difficulties, persons with disabilities or special needs, and the high risk groups.

The implementation details of the Outreach Dental Care Programme for the Elderly (ODCP) and the Healthy Teeth Collaboration (HTC) programme are as follows:

(A) The ODCP

The ODCP has been implemented since October 2014 to provide free on-site oral check-up for elderly persons 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). The timing for provision of such service is determined between the NGOs and RCHEs/DEs; basically, ODCP participants residing in those RCHEs/DEs receive the service once a year. If the elderly person 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 elderly persons to suit their oral care needs and self-care abilities. A total of 23 outreach dental teams from 10 NGOs have currently been set up under the ODCP. Each outreach dental team comprises at least 1 dentist and 1 dental surgery assistant. 6 civil service posts have been provided for implementing the ODCP.

Since the implementation of the ODCP in October 2014 up to end-January 2024, the number of attendances was about 378 300. In 2021-22, 2022-23 and 2023-24 (up to January 2024), the number of RCHEs/DEs participating in the ODCP and the number of attendances for the ODCP are set out below:

Year	2021-22	2022-23	2023-24 (up to January 2024)
Number of RCHEs/DEs participating in the ODCP	630	690	760
Number of attendances	25 011	37 245	42 628

A breakdown of the Government's actual expenditure and revised estimate in respect of the implementation of the ODCP is set out below:

Breakdown	Actual expenditure ($ million)		Revised estimate ($ million)
	2021-22	2022-23	2023-24
Subvention to NGOs for operating outreach dental teams	31.6	39.3	53.7
Administrative costs	10.0	9.3	5.2
Total:	41.6	48.6	58.9

In 2024-25, a total of 25 outreach dental teams from 11 NGOs will be set up under the ODCP with the Government's financial provision of $64.2 million. To encourage elderly persons' participation, the NGOs will meet with their assigned RCHEs/DEs to discuss further promotion efforts. At present, some 60% to 70% of the RCHEs/DEs are participating in the ODCP. The DH regularly reviews the implementation and effectiveness of the ODCP through questionnaire surveys, the results of which indicated that the RCHEs/DEs interviewed are satisfied with the ODCP. The Government also takes the initiative to learn about the situations faced by the RCHEs/DEs that have not participated in the ODCP, such as the area and manpower of the RCHEs, the health conditions of their residents, as well as the requests of the residents and/or their families, etc. The Government will continue to promote the programme and encourage participation.

(B) The HTC programme

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 adults aged 18 or above with intellectual disability (ID). In 2021, the programme was further extended for 3 years to July 2024. At present, 5 NGO dental clinics (with at least 1 qualified dentist and 1 dental surgery assistant) have participated in the programme. Applicants can register and make their first appointment at one of the NGO dental clinics. The earliest available time slot for new cases at the clinics is 2 to 3 weeks. As at end-January 2024, about 5 230 adults with ID have registered under the HTC, of which about 5 040 have received their first consultation. Eligible persons may also apply for escort subsidy and

transport subsidy. In 2023-24 (up to January 2024), the number of such applications was about 120.

In the service years 2021-22, 2022-23 and 2023-24 [Note] (up to January 2024), the number of attendances for the services provided under the HTC is set out below:

Service Year [Note]	2021-22	2022-23	2023-24 (up to January 2024)
Number of attendances	4 129	6 121	4 119

Note: A service year refers to the period from 16 July of the current year to 15 July of the following year.

A breakdown of the actual expenditure and revised estimate in respect of the implementation of the HTC is as follows:

Breakdown	Actual expenditure ($ million)		Revised estimate ($ million)
	2021-22	2022-23	2023-24
Subvention to NGOs for operating outreach dental teams	7.9	19.2	26.7
Administrative costs	3.2	3.6	5.3
Total:	11.1	22.8	32.0

The DH regularly reviews the implementation and effectiveness of the HTC through questionnaire surveys. The families of adults with ID interviewed in the survey were satisfied with the HTC and hoped that it could be further extended.

The CE announced in the 2023 Policy Address that the Government will strengthen in the third quarter of 2024 the special care dental services for persons with disabilities or special needs currently provided by the DH by further extending the HTC to March 2027, extending its scope to cover patients with Autistic Spectrum Disorder, and providing services to 900 new cases every year. In 2024-25, the DH has earmarked about $77 million to enhance public dental services, including enhancement of the HTC and emergency dental service, and launch of the Primary Dental Co-care Pilot Scheme for Adolescents. The Government will also deploy additional manpower to carry out relevant preparatory work.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2673)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the implementation of a mental health promotion and public education initiative in paragraph 15 of this Programme, will the Government please:

1. set out in a table the provision for this initiative and the allocation of funds across the portfolio;

2. set out in a table the means of promoting mental health and public education; and

3. advise on the number of clinical psychologists and social workers engaged in the programme and the staff cost incurred?

Asked by: Hon NG Chau-pei, Stanley (LegCo internal reference no.: 17)

Reply:

(1) & (2)
For the promotion and public education of mental health, the Government has earmarked recurrent annual funding of $50 million for the implementation of "Shall We Talk", a mental health promotion and public education initiative launched in July 2020 under the auspices of the Advisory Committee on Mental Health. The programme aims to step up public engagement in promoting mental well-being, enhance public awareness of mental health with a view to encouraging prompt help-seeking and early intervention, and reduce stigma towards people with mental health needs. Besides conventional offline approaches, the initiative reaches out to people from all walks of life with the use of emerging online platforms. The key promotion channels include:

Offline channels, for example:	
The Mental Health Workplace Charter	The Mental Health Workplace Charter was implemented jointly by the Department of Health (DH), the Labour Department and the Occupational Safety and Health Council to promote mental well-being at workplace.

	As at 31 December 2023, over 1 200 organisations signed the Charter, benefiting more than 600 000 employees.
Tour Activities	Tour activities (such as Community Mobile Game Station – "The Emotion Archive" and School Tour – "Talk with the Flow") are organised in different districts and tertiary institutions to promote mental health.
Announcements in the Public Interest (APIs)	APIs are broadcast in TV, radio stations and other media.
Online approaches, for example:	
The "Shall We Talk" Thematic Website	A one-stop mental health thematic website has been set up at https://shallwetalk.hk to provide information and resources on mental health to the public and broadcasts videos featuring the sharing of personal experience and feeling by different stakeholders (including celebrities and key opinion leaders) on social media platforms to encourage the public to face mental health issues. As at 31 December 2023 in the year 2023-24, the "Shall We Talk" thematic website has accumulated 851 784 page views.
Social Media	Videos featuring the sharing of personal experience and feeling by different stakeholders (including celebrities and key opinion leaders) are broadcast on social media platforms to encourage the public to face mental health issues.

(3)
The mental health promotion and public education initiative is undertaken by the Health Promotion Branch under the Centre for Health Protection of the DH. There are 4 posts in the Clinical Psychologist Grade but no social worker related grades in its approved establishment. The staff cost of mental health promotion, which is subsumed under the overall expenditure of the DH on health promotion, cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0764)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is stated by the Financial Secretary in paragraph 193 of the Budget Speech that "(i)ncreasing the tobacco duty is recognised internationally as the most effective means of reducing tobacco use. The Government now proposes to increase the duty on cigarettes by 80 cents per stick, with immediate effect. Duties on other tobacco products will be increased by the same proportion. The rate of increase is similar to that of last year." Following the increase of cigarette duty by 60 cents per stick since February last year, the advertising of suspected duty-not-paid cigarettes both online and offline (in the form of, for example, leaflets commonly known as "dim sum sheets" and website advertisements) has gone viral according to media reports. Under the Smoking (Public Health) Ordinance (Cap. 371), the enforcement of which is mainly the task of the Tobacco and Alcohol Control Office (TACO) of the Department of Health, no person shall display or cause to be displayed, or publish or distribute for the purpose of display, any tobacco advertisement in any form (including leaflets or advertisements on the Internet). Please then advise this Committee on the TACO's expenditure on and manpower for the enforcement of the legislation, the number of prosecutions and complaints handled (as well as the results) in 2023-24, and the following information for the last year:

(1) the number of complaints received about advertisements for suspected duty-not-paid cigarettes;

(2) the effectiveness of enforcement against advertisements for suspected duty-not-paid cigarettes;

(3) whether the TACO has taken the initiative to look into the barrage of advertisements for suspected duty-not-paid cigarettes; if yes, the findings; if not, the reasons.

Asked by: Hon NG Kit-chong, Johnny (LegCo internal reference no.: 33)

Reply:

(1), (2) & (3)

The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) (the Ordinance). Part 4 of the Ordinance sets out regulations on the advertising of smoking products, including prohibition on the display or distribution of smoking product advertisements (including leaflets) and the placing of smoking product advertisements on the Internet. Offenders are liable to a fine of $50,000. Upon receiving complaints or referrals concerning smoking product advertisements, the TACO will take follow-up action and investigate, prosecuting offenders when there is sufficient evidence. In 2023, the TACO received around 1 100 complaints/referrals concerning smoking product advertisements and issued 80 summonses and 2 warning letters for suspected violations.

Advertising of smoking products, both duty-paid and duty-not-paid, falls within the ambit of the Ordinance and the TACO's enforcement work. Any case that involves duty-not-paid smoking products will be referred to the Customs and Excise Department (C&ED) for follow-up investigation.

With a view to stepping up efforts in combating the distribution of smoking product advertisements in public housing estates, the TACO has been conducting joint operations with the Police, the Housing Department (HD) and the C&ED since January this year in public housing estates in different districts across Hong Kong. In addition, a collaboration mechanism has been established among the TACO, the Police and the HD. When smoking product advertisements are found to be distributed at public housing estates, housing estate staff will immediately contact the Police for assistance and subsequently refer the case to the TACO for further investigation. The DH will closely monitor the situation and continue to take stringent enforcement actions against any violation of the Ordinance. Since 2021, the TACO has prosecuted 12 offenders for distributing smoking product leaflets. Apart from joint operations with the relevant departments, the TACO also carries out regular online surveillance. Upon discovery of the smoking product advertisements on the Internet, the TACO will ask the relevant Internet service providers and social media platforms to remove such contents as soon as possible. The TACO has removed over 1 300 webpages and social media accounts/posts involving smoking product advertisements in 2023.

The expenditure, provision/revised estimate in respect of tobacco control work undertaken by the TACO from 2021-22 to 2023-24 and its approved establishment are at **Annex**.

Annex

Expenditure on/Provision of the Department of Health's Tobacco and Alcohol Control Office

	2021-22 ($ million)	2022-23 ($ million)	2023-24 Revised Estimate ($ million)
Enforcement			
Programme 1: Statutory Functions	101.3	100.4	160.2
Health Education and Smoking Cessation			
Programme 3: Health Promotion	138.9	149.0	168.0
(a) General health education and promotion of smoking cessation			
TACO	*62.8*	*73.0*	*87.3*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*26.2*	*26.8*	*26.4*
Sub-total	***89.0***	***99.8***	***113.7***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations*			
Subvention to Tung Wah Group of Hospitals	*30.8*	*29.4*	*14.0*
Subvention to Pok Oi Hospital	*7.5*	*7.6*	*17.9*
Subvention to Po Leung Kuk	*0.7*	-	-
Subvention to Lok Sin Tong	*3.2*	*3.3*	*3.6*
Subvention to United Christian Nethersole Community Health Service	*4.9*	*5.8*	*8.9*
Subvention to Life Education Activity Programme	*2.8*	*2.8*	*2.9*
Subvention to Christian Family Service Centre	-	-	*7.0*
Subvention to The University of Hong Kong	-	*0.3*	-
Sub-total	***49.9***	***49.2***	***54.3***
Total	**240.2**	**249.4**	**328.2**

* The number of DH-subsidised non-governmental organisations providing community-based smoking cessation services with medication has increased from 2 to 4 since the 2023-24 financial year, bringing the number of target service recipients up by 39% on the 2022-23 financial year to 5 000 per year. The cost per quitter has been reduced accordingly.

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office

Rank	From 2021-22 to 2023-24 No. of staff
Head, TACO	
Consultant	1
Enforcement	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	125
Senior Executive Officer/ Executive Officer	13
Sub-total	***147***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
Sub-total	***24***
Total	**183**

- End -

Examination of Estimates of Expenditure 2024-25 | Reply Serial No. **HHB261**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0110)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Government is committed to implementing promotional initiatives in support of tobacco control. It is stated in the Budget Speech that the Government will continue to step up enforcement against illicit cigarette trading and strengthen smoking cessation services, publicity and education. Please set out the number of smokers in Hong Kong (with a breakdown by age, gender and year of smoking), as well as the Government's manpower for and expenditure on work in relation to enforcement, publicity and health education and smoking cessation, in the past 3 years.

Asked by: Hon NG Wing-ka, Jimmy (LegCo internal reference no.: 52)

Reply:

The Census and Statistics Department (C&SD) conducts Thematic Household Surveys (THS) from time to time to study the smoking prevalence in the population. The data from the THS in 2021 showed that the prevalence of daily cigarette smokers aged 15 and above was 9.5% as compared to 10.2% in 2019. Two rounds of THS on the pattern of smoking have been conducted and completed in the past 5 years, with smoking prevalence by age group and sex set out at **Annex 1**. Preliminary findings of the latest THS conducted by the C&SD in 2023 on the pattern of smoking show that smoking prevalence has further dropped to 9.1%. Details of the survey results will be released in mid-2024.

The expenditures on and provision for tobacco control initiatives taken forward by the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH), as well as the approved establishment of TACO from 2021-22 to 2023-24 are at **Annex 2**.

Annex 1

Prevalence of Daily Cigarette Smokers by Age Group and Sex in 2019 and 2021*

Age group	Male		Female		Overall	
	2019	2021	2019	2021	2019	2021
15 - 19	#	#	#	#	#	#
20 - 29	9.0%	9.6%	2.4%	2.1%	5.7%	5.9%
30 - 39	19.3%	15.3%	5.0%	4.5%	11.6%	9.5%
40 - 49	23.2%	24.6%	5.6%	5.8%	13.4%	14.2%
50 - 59	25.1%	22.0%	3.3%	3.2%	13.5%	11.7%
≥ 60	17.5%	15.7%	1.5%	1.2%	9.1%	8.2%
Overall	18.1%	16.7%	3.2%	3.0%	10.2%	9.5%

* As a percentage of all persons in the respective age group. For example, among all males aged 20 to 29, 9.0% were daily cigarette smokers based on the survey conducted in 2019.
# The figures are not released due to large sampling error.
Source: Thematic Household Survey Report Nos. 70 and 75, Census and Statistics Department.

Annex 2

Expenditures on/Provision for the Department of Health's Tobacco and Alcohol Control Office

	2021-22 ($ million)	2022-23 ($ million)	2023-24 Revised Estimate ($ million)
Enforcement			
Programme 1: Statutory Functions	101.3	100.4	160.2
Health Education and Smoking Cessation			
Programme 3: Health Promotion	138.9	149.0	168.0
(a) General health education and promotion of smoking cessation			
TACO	*62.8*	*73.0*	*87.3*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*26.2*	*26.8*	*26.4*
Sub-total	***89.0***	***99.8***	***113.7***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations*			
Subvention to Tung Wah Group of Hospitals	*30.8*	*29.4*	*14.0*
Subvention to Pok Oi Hospital	*7.5*	*7.6*	*17.9*
Subvention to Po Leung Kuk	*0.7*	*-*	*-*
Subvention to Lok Sin Tong	*3.2*	*3.3*	*3.6*
Subvention to United Christian Nethersole Community Health Service	*4.9*	*5.8*	*8.9*
Subvention to Life Education Activity Programme	*2.8*	*2.8*	*2.9*
Subvention to Christian Family Service Centre	*-*	*-*	*7.0*
Subvention to The University of Hong Kong	*-*	*0.3*	*-*
Sub-total	***49.9***	***49.2***	***54.3***
Total	**240.2**	**249.4**	**328.2**

* The number of DH-subsidised non-governmental organisations providing community-based smoking cessation services with medication has increased from 2 to 4 since the 2023-24 financial year, bringing the number of target service recipients up by 39% on the 2022-23 financial year to 5 000 per year. The cost per quitter has been reduced accordingly.

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office

Rank	No. of Staff from 2021-22 to 2023-24
Head, TACO	
Consultant	1
Enforcement	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	125
Senior Executive Officer/ Executive Officer	13
Sub-total	***147***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
Sub-total	***24***
Total	**183**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3134)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

To effectively reduce tobacco use, the Government proposes to increase the duty on cigarettes by 80 cents per stick with immediate effect. In respect of the correlation between tobacco duty increase and the deduction in smoking prevalence, will the Government please inform this Committee of:

(1) whether the Government has, following the increase in tobacco duty by about 31.5% last year, conducted any study on the effectiveness of the said increase or tobacco control policy to prove that such increase can effectively lead to a significant decrease in smoking prevalence; if yes, the details and findings; if not, the reasons;

(2) given that the key performance indicator (KPI) set by the Government for the specified task under the tobacco control policy is to reduce the smoking prevalence to 7.8% in 2025, whether the Government has in place, apart from logging the number of calls received by the Smoking Cessation Hotline for assistance, other KPIs to assess the effectiveness of its tobacco control policies including duty increase; if yes, details of the KPIs; if not, the reasons;

(3) given that the smoking prevalence of 9.5% as announced by the Government at present is taken from statistics as at 2021 and that the Financial Secretary has mentioned a slight decrease in smoking prevalence after the tobacco duty increase last year, whether figures can be provided by the Government on smoking prevalence and the smoking population over the past 3 years?

Asked by: Hon NG Wing-ka, Jimmy (LegCo internal reference no.: 32)

Reply:

(1) & (2)

The Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of passive smoking on the public. To this end, the Government adopts a progressive and multi-pronged

approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation.

The Government has made reference to the World Health Organization's (WHO) target and is committed to achieve a smoking prevalence of 7.8% by 2025 as promulgated under the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong". Our ultimate aim is to make Hong Kong a tobacco-free, healthy and vibrant city.

Increasing tobacco duty is recognised internationally as the most effective means of reducing tobacco use. Raised costs of smoking provide a greater incentive for smokers to quit smoking, and the high prices of tobacco products will also dampen the eagerness of non-smokers, young people in particular, to try smoking. The WHO encourages its members to raise tobacco duty periodically and recommends that tobacco duty should account for at least 75% of the retail price of tobacco products.

As such, further to the increase of 60 cents per stick last year, the Government has announced in the Budget Speech this year an increase of the tobacco duty on cigarettes by 80 cents per stick to $3.306 per stick. It was the first time for tobacco duty to increase in 2 consecutive years over the past 20 years. This has served to ensure that the price of cigarettes can remain at a certain level which helps prevent a rebound of the smoking prevalence rate and demonstrate to the public the Government's commitment to protecting the health of the community as a whole.

Past experience in raising tobacco duty indicated that the greater the tax increase, the larger the increase in call volume of the Department of Health (DH)'s Smoking Cessation Hotline and the drop in smoking prevalence. According to the DH's latest data, the number of calls received by the Smoking Cessation Hotline increased from about 7 400 in 2022 to about 9 700 in 2023, representing an increase of over 30%. Meanwhile, in the first week after the Budget Speech's announcement of the proposal to increase the duty on tobacco products this year, the Smoking Cessation Hotline received 542 calls, nearly five times the weekly number of calls in the preceding 3 months, indicating smokers' strong intention to quit smoking in the light of tobacco tax increases.

Preliminary findings of the Thematic Household Surveys (THS) conducted by the Census and Statistics Department (C&SD) on the smoking pattern show that there are indeed signs of a decline in smoking prevalence after the increase in tobacco duty in 2023, with preliminary data indicating that the smoking prevalence has further dropped from 10.2% in 2019 and 9.5% in 2021 to 9.1%. It is evident from such decline that tobacco duty increase and the various tobacco control initiatives are effective. Details of the survey results will be released in mid-2024.

The Government's aim is to gradually implement the recommendation of the WHO so as to create more incentives for cessation of smoking and hence safeguard public health. The Government will continue to monitor the effect of tobacco duty increases and review the pace of further adjustments.

To further reduce smoking prevalence, the Government conducted the Vibrant, Healthy and Tobacco-free Hong Kong public consultation on tobacco control strategies last year. The

Health Bureau is studying the phased implementation of tobacco control measures and will give an update of the next steps in due course.

(3)
The C&SD conducts the THS from time to time to study the smoking prevalence in the population. The data from the THS in 2021 showed that the prevalence of daily cigarette smokers aged 15 and above was 9.5% as compared to 10.2% in 2019. Two rounds of THS on the pattern of smoking have been conducted and completed in the past 5 years, with smoking prevalence by age group and sex set out at **Annex**. As mentioned above, preliminary findings of the latest THS conducted by the C&SD in 2023 on the smoking pattern show that smoking prevalence has further dropped to 9.1%. Details of the survey results will be released in mid-2024.

Annex

Prevalence* of Daily Cigarette Smokers by Age Group and Sex in 2019 and 2021

Age group	Male		Female		Overall	
	2019	2021	2019	2021	2019	2021
15 - 19	#	#	#	#	#	#
20 - 29	9.0%	9.6%	2.4%	2.1%	5.7%	5.9%
30 - 39	19.3%	15.3%	5.0%	4.5%	11.6%	9.5%
40 - 49	23.2%	24.6%	5.6%	5.8%	13.4%	14.2%
50 - 59	25.1%	22.0%	3.3%	3.2%	13.5%	11.7%
≥60	17.5%	15.7%	1.5%	1.2%	9.1%	8.2%
Overall	18.1%	16.7%	3.2%	3.0%	10.2%	9.5%

* As a percentage of all persons in the respective age group. For example, among all males aged 20 to 29, 9.0% were daily cigarette smokers based on the survey conducted in 2019.

The figures are not released due to large sampling error.

Source: Thematic Household Survey Report Nos. 70 and 75, Census and Statistics Department.

- End -

Examination of Estimates of Expenditure 2024-25 | Reply Serial No. **HHB263**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0686)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Scientific Committee on Vaccine Preventable Diseases under the Centre for Health Protection of the Department of Health (DH) makes recommendations regarding the Hong Kong Childhood Immunisation Programme (HKCIP) from the public health perspective. Maternal and Child Health Centres provide immunisation to children from birth to 5 years according to the HKCIP. As for primary school children, vaccination is provided at schools by the DH's outreaching School Immunisation Teams. Will the Government advise this Committee on:

1. in tabular form, the estimated number of vaccine recipients, the actual number of people vaccinated, the uptake rate, the expenditure involved and the implementation details of the HKCIP over the past 3 years;

2. the uptake rate of children of the age cohort suitable for vaccination by type of vaccine including those available under the HKCIP and those not covered by it;

3. whether the Government has explored the feasibility of fully subsidising children under the HKCIP to receive vaccination at private healthcare facilities; and

4. whether the Government has taken any measures to ensure that children of the age cohort suitable for vaccination receive all necessary vaccines?

Asked by: Hon NGAN Man-yu (LegCo internal reference no.: 3)

Reply:

1. to 4.

The Department of Health (DH) provides free vaccination services for eligible children under the Hong Kong Childhood Immunisation Programme (HKCIP) for the prevention of 11 communicable diseases, namely Tuberculosis, Hepatitis B (Hep B), Poliomyelitis, Tetanus, Pertussis, Measles, Diphtheria, Mumps, Rubella, Varicella and Pneumococcal Disease. With a view to preventing children from contracting communicable diseases, Bacillus Calmette-Guerin (BCG) vaccine and the first dose of Hep B vaccine are first given to newborn

babies in hospitals under the current arrangement. Pre-school children (aged 0 to 5) then receive different types of vaccines and boosters at recommended ages of vaccination at the DH's Maternal and Child Health Centres (MCHCs). As for primary school children, vaccination is provided at schools by the DH's outreach School Immunisation Teams (SITs). The Student Health Service (SHS) of the DH also provides free mop-up vaccination at Student Health Service Centres (SHSCs) for secondary school students.

The estimated number of vaccine recipients, the number of doses administered, the vaccination coverage rate and the implementation details of the HKCIP in the past 3 years are as follows:

Eligible newborn babies to children aged 5

Eligible newborn babies to children aged 5 can receive vaccination free-of-charge at the MCHCs. Over 90% of local newborn babies receive services including vaccination at MCHCs each year.

The number of vaccines administered at the MCHCs under the HKCIP for newborn babies to children aged 5 over the past 3 years (2021 to 2023) are tabulated below:

Calendar year	**Target population#**	**Doses of vaccines administered***
2021	38 684	385 000
2022	32 950	323 000
2023	33 288	315 000

Total registered live births

* The number only includes children who received vaccines under the HKCIP at the MCHCs (rounded to the nearest thousand)

The DH conducts territory-wide surveys on immunisation coverage on a regular basis to monitor the vaccination rates among pre-school children in Hong Kong (i.e. the percentage of children having received vaccination as recommended under the HKCIP) and carries out random inspections of children's immunisation records. The results of the latest survey conducted in 2021 on the overall immunisation coverage of vaccination under the HKCIP (among pre-school children born between 2015 and 2017) are tabulated below:

Type of vaccine^	Year of birth		
	2015	2016	2017
BCG vaccine	99.9%	99.5%	99.3%
Received Hep B vaccine	99.5%	99.2%	98.9%
Received Poliomyelitis vaccine	98.0%	97.9%	97.4%
Received Diphtheria-Pertussis-Tetanus vaccine	98.7%	98.0%	97.5%
Received Measles vaccine	99.9%	99.0%	99.1%
Received Mumps vaccine	99.9%	99.0%	99.1%
Received Rubella vaccine	99.9%	99.0%	99.1%
Received Varicella vaccine	99.1%	98.7%	98.7%
Received Pneumococcal vaccine	93.5%	94.7%	94.9%

^ includes vaccines received in private healthcare organisations and outside of Hong Kong

The DH does not maintain data on vaccination coverage rates other than those under the HKCIP. There are at present no regulations requiring private healthcare service providers to store vaccination records in the Electronic Health Record Sharing System (eHealth system).

The DH follows up on cases where children have not been brought to the MCHCs for vaccination at the recommended age. This includes calling or reaching by other means their parents or caretakers to remind them of arranging vaccination under the HKCIP for the babies/young children under their care in a timely manner.

Eligible primary school children

The SITs of the DH provide free vaccination to eligible Primary 1 school children, Primary 5 school girls and Primary 6 school children across the territory under the HKCIP. In addition to administering vaccines to students through outreach programmes, the SITs have set up sub-offices to provide mop-up vaccination for primary school students who have not completed immunisation as recommended under the HKCIP.

The number of vaccines administered by the SITs under the HKCIP for school children over the past 3 years (2021 to 2023) are tabulated below:

Calendar year	**Target population#**	**Doses of vaccines administered***
2021	141 288	255 000
2022	139 560	201 000
2023	Not available	210 000

The number includes all Primary 1 and 6 students and all Primary 5 girls. The number of registered students is obtained from the Education Bureau's website at https://www.edb.gov.hk/attachment/en/about-edb/publications-stat/figures/Enrol_2022.pdf
* rounded to the nearest thousand

The SITs will verify the immunisation records of the students while visiting schools. The overall immunisation coverage rates among primary school students based on these records are tabulated below:

Type of vaccine		**School year**		
		2020/21	**2021/22**	**2022/23**
Primary 1	Received Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus vaccine	96.1%	96.9%	97.2%
	Received Measles, Mumps, Rubella & Varicella vaccine	95.0%	95.8%	95.4%
Primary 5	Human Papillomavirus (HPV)	88.5%	88.9%	93.5%

	vaccine (female students)*			
Primary 6	Received Diphtheria, Tetanus, acellular Pertussis (reduced dose) & Inactivated Poliovirus vaccine	96.4%	96.1%	96.0%
	Received Measles, Mumps & Rubella vaccine	97.6%	97.9%	98.5%
	Received Hep B vaccine	98.0%	98.8%	99.3%
	Received HPV vaccine (female students)*	86.1%	89.3%	91.9%

* School girls receive their first dose of the HPV vaccine under the HKCIP in Primary 5 and their second dose in Primary 6 starting from the 2019/20 school year. The interim target for the HPV vaccination coverage rate (completing 2 doses of the HPV vaccine) among the first batch of eligible girls was 70% as set out in the Hong Kong Cancer Strategy 2019 announced by the Government.

The DH does not maintain data on vaccination coverage rates other than those under the HKCIP. There are at present no regulations requiring private healthcare service providers to store vaccination records in the eHealth system.

During the suspension of face-to-face classes in schools due to the COVID-19 epidemic, the SITs arranged for vaccination of primary students in 6 sub-offices of the DH in replacement of the original outreach programme. To meet service demands, the service hours of these sub-offices were extended and the daily quota for vaccination increased to ensure timely vaccination of students under the HKCIP. The SITs also sent letters to schools via the Education Bureau, together with messages and telephone calls to parents of students yet to complete the vaccination under the HKCIP and to arrange mop-up vaccination at the sub-offices. The SITs will continue to promote health information relating to vaccination to students, school teaching staff, parents and other stakeholders to raise their awareness of vaccine preventable diseases.

Eligible secondary school students

In addition to the above services, the SHS of the DH also provides free mop-up vaccination at SHSCs for secondary school students who have yet to complete the recommended vaccination. The number of mop-up vaccines administered by the SHS under the HKCIP for students over the past 3 years (2021 to 2023) are tabulated below:

Calendar year	**Doses of mop-up vaccines administered^**
2021	307
2022	447
2023	2 673

^ The number of students served by the SHS was higher in 2023 than those in 2021 and 2022 due to the SHS's limited services as a result of COVID-19 in those 2 years.

Data shows that the overall immunisation coverage rates of most vaccines recommended for pre-school children and school children is maintained at a very high level, providing an effective barrier of protection for children. The Government will consider the recommendation of the Scientific Committee on Vaccine Preventable Diseases under the Centre for Health Protection of the DH, cost-effectiveness and other public health considerations to continuously assess the vaccination arrangements in Hong Kong.

The expenditure for the HKCIP, dispersed across multiple cost components, cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0690)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Student Health Service (SHS) provides comprehensive, promotive and preventive health programmes for primary and secondary school students according to their needs at various stages of development. It aims at promoting and maintaining the physical and psychological health of students. Its services include physical examination and health assessment, individual counselling and health education activities, as well as referring students with problems to Special Assessment Centre or specialties for further assessment and management. In this connection, please advise this Committee on:

1. the key findings and effectiveness assessment, related expenditure and manpower allocation in respect of the annual health assessment service in the 2022/23 school year, and the expenditure on and manpower allocation for such service for the next school year;

2. the number of students identified with health problems in the annual health assessment service in the 2022/23 school year, along with overall situation including changes in and development trends of health risks among students; and how the Department will follow up on the health risks among students in the future; and

3. whether the Department has considered expanding the scope of assessment services provided by SHS to include mental health and intellectual development assessment, etc., in the light of changes in health risks among students, to facilitate early therapeutic intervention and support for children with special needs to safeguard their physical and mental well-being and development?

Asked by: Hon NGAN Man-yu (LegCo internal reference no.: 7)

Reply:

The Student Health Service (SHS) of the Department of Health (DH) provides free annual health assessment for eligible primary and secondary school students with the aim of identifying students with health problems at an early stage for timely advice and intervention. Students are provided with a series of health services designed to cater for their health needs

at various stages of their development. Students found to have health problems will be referred to Special Assessment Centre (SAC) under the SHS, specialist clinics of the Hospital Authority, or other organisations as appropriate for further assessment or management.

The annual health assessment service of the SHS covers not only physical health but also mental health and intellectual development. Through clinical examinations and screening by questionnaires, healthcare workers assess students on aspects such as their psychosocial behaviour. Students will be referred to the SAC, specialist clinics or other organisations for follow up if needed.

In the 2022/23 school year, a total of 233 000 primary students and 97 000 secondary students attended the Student Health Service Centres (SHSCs) for annual health assessment services. Key assessment findings from the 2018/19 to 2022/23 school years are set out as below:

The number (to the nearest hundred) and percentage of overweight (including obese) students

School year	Primary school		Secondary school		Total	
	No. of students	Percentage	No. of students	Percentage	No. of students	Percentage
2018/19	52 300	17.4%	29 300	19.9%	81 600	18.3%
2019/20^	13 500	19.0%	9 200	21.3%	22 700	19.9%
2020/21^	5 900	18.6%	4 400	22.8%	10 200	20.2%
2021/22^	19 400	20.6%	13 800	22.1%	33 200	21.2%
2022/23#	45 400	19.5%	20 000	20.5%	65 400	19.8%

The number and percentage of Primary 1 students wearing glasses

School year	No. of students (to the nearest hundred)	Percentage
2018/19	6 300	11.3%
2019/20^	1 300	10.9%
2020/21^	3 500	15.3%
2021/22^	4 800	14.9%
2022/23	6 000	14.8%

The number and percentage of students who required a referral to the optometry service of the SHS for further visual assessment, including those who failed the preliminary visual acuity test

School year	No. of students (to the nearest hundred)	Percentage
2018/19	41 600	9.4%
2019/20^	10 200	9.1%
2020/21^	8 400	16.7%
2021/22^	22 400	14.4%
2022/23#	42 700	13.0%

The number and percentage of students requiring a referral to the SAC, specialist clinics or other appropriate organisations for follow-up due to psychological and behavioural problems

School year	No. of students (to the nearest hundred)	Percentage
2018/19	4 900	1.1%
2019/20^	1 200	1.1%
2020/21^	600	1.1%
2021/22^	2 400	1.5%
2022/23#	6 000	1.8%

Note:
Individual figures may not add up to the total due to rounding.
^ In view of serious service disruption during the COVID-19 pandemic, the number of attending students shall not be directly compared to the figures of other school years.
# Owing to the need to clear the backlog of cases caused by the pandemic and the ongoing shortage of healthcare professionals, annual health assessment services were only provided to Primary 1 to 6 and Secondary 1 to 3 students in the 2022/23 school year. The SHS has resumed the provision of annual health assessment services to primary and secondary school students of all grades in the 2023/24 school year.

During the COVID-19 pandemic, class suspension, online classes, reduced outdoor physical activities, together with increased screen time, all imposed higher risks of overweight/obesity and deteriorated vision. Looking ahead, besides continuing to provide regular health assessment service to individual students, the SHS will also monitor the overall health condition and related trends of students in the territory through the data obtained from annual health assessment services and disseminate related information to the public, so as to heighten the awareness of the public (including parents and teachers) of student health.

In addition, the SHS will conduct health promotion activities through outreach services, including the promotion of the school-based "Whole School Health Programme" (WSHP). The WSHP, a school health programme implemented in primary and secondary schools of Hong Kong, adopts the "Health Promoting School Framework" promulgated jointly by the World Health Organization and the United Nations Educational, Scientific and Cultural Organization, taking also in account the student health risks as indicated by the data from the health assessment of the particular year. It aims to build a school that constantly strengthens its capacity as a healthy setting for living, learning and working through a concerted effort of all its members in the school community. The WSHP covers 4 health themes: physical activity, healthy eating, mental health and social well-being. The DH has developed a set of guidelines, a checklist and an overall student health assessment report for participating schools so that individual schools may review and assess the health promotion measures in place in a systematic manner, as well as setting priorities and devising strategies for the development of school-based health promotion according to the school's actual circumstances and students' health needs. The DH will develop performance indicators to facilitate evaluation of the progress and effectiveness of the initiative. Taking the promotion of physical activity as an example, it is recommended that schools should provide a variety of equipment and facilities at schools and allow access to playgrounds, activity zones, and equipment and facilities at various time periods to encourage students to do physical activities. Schools are also advised to integrate physical activities into school curriculum and activities.

The actual expenditure and estimates for the SHS of the DH in 2022-23, 2023-24 and 2024-25 are set out as below:

Financial year	Annual expenditure ($ million)
2022-23 (Actual)	254.5
2023-24 (Revised estimate)	257.2
2024-25 (Estimate)	269.0

The financial provision for annual health assessment service is absorbed within the overall provision for the SHS of the DH and cannot be separately identified.

The approved establishment of the SHS in 2022-23, 2023-24 and 2024-25 are set out as below:

	2022-23	2023-24	2024-25
Doctors	40	40	40
Nurses	248	248	248
Allied health staff	22	22	22
Administrative and clerical staff	87	87	87
Supporting staff	40	40	39
Total	**437**	**437**	**436**

- End -

Examination of Estimates of Expenditure 2024-25 Reply Serial No.

HHB265

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0692)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Student Health Service of the Department of Health (DH) launched the Health Promoting School (HPS) Programme as a pilot project in 30 local primary and secondary schools from 2019 to 2023 to explore the feasibility of extending the HPS model in Hong Kong. Taking into consideration the opinions of stakeholders from various sectors and the results of the evaluation, DH continues to promote the HPS programme in the 2023/24 school year and renamed the programme as "Whole School Health Programme" (WSHP). DH aims to provide professional guidance to participating schools in carrying out school-based health promotion work in a more comprehensive and effective manner under the HPS model. In this connection, will the Government please advise this Committee on:

1. the implementation and effectiveness evaluation of the HPS Programme in brief, and the expenditure and manpower involved;

2. in the light of the persistent surge in student suicide cases in recent years, the measures in response, their implementation and effectiveness; and

3. whether there are plans to enhance the WSHP, including the incorporation of more mental health-related content for students?

Asked by: Hon NGAN Man-yu (LegCo internal reference no.: 9)

Reply:

1.
The Department of Health (DH) launched the Health Promoting School (HPS) Programme as a pilot project in 30 local primary and secondary schools from 2019/20 to 2022/23 to explore the feasibility of extending the HPS model in Hong Kong. A consultant was commissioned by the DH to conduct an evaluation study to assess the feasibility of further promoting and implementing the HPS Programme in local schools. According to the study report, the HPS Framework promulgated jointly by the World Health Organization and the United Nations Educational, Scientific and Cultural Organization was considered applicable in Hong Kong,

and its further promotion and implementation through a developmental approach was recommended.

Taking into consideration the opinions of stakeholders from various sectors and the results of the evaluation study, the DH has regularised the HPS Programme in the 2023/24 school year and renamed the programme "Whole School Health Programme" (WSHP). The DH provides professional guidance to participating schools in carrying out school-based health promotion work in a more comprehensive and effective manner under the HPS model. In 2023, the DH established a cross-sectoral multi-disciplinary Health Promoting School Advisory Committee (Advisory Committee) to advise the Government on the planning and implementation of the WSHP. The DH will regularly update the Advisory Committee on the progress of its work. Performance indicators will also be developed to facilitate evaluation of the progress and effectiveness of the initiative.

The financial provision of about $17 million has been made each year since 2019-20 for implementing the WSHP (formerly the HPS Programme). The manpower required has been subsumed under the existing resources.

2. & 3.
The WSHP covers 4 health themes: physical activity, healthy eating, mental health and social well-being. The DH has developed a set of guidelines, a checklist and an overall student health assessment report for participating schools so that individual schools may review and assess the health promotion measures in place in a systematic manner, as well as setting priorities and devising strategies for the development of school-based health promotion according to the school's actual circumstances and students' health needs.

In support of mental health, one of the four health themes of the WSHP, the DH promulgates mental health information, gives advice to participating schools and organises related activities such as talks for parents, workshops on mental health for teachers and joint school teacher sharing sessions on the promotion of mental health literacy at school. In addition to all this, the DH offers a wide array of assistance to participating schools:

- Distributing videos, infographics and other materials to schools on a regular basis to provide useful mental health information and advice for children, adolescents and parents in an engaging way, as well as encouraging schools to support and partake in students' emotional, mental and psychosocial well-being;
- introducing online mental health questionnaires to assist adolescents in understanding and caring for their mental health conditions (such as symptoms of depression and anxiety), as well as providing appropriate recommendations based on the questionnaire results (including channels to seek professional assistance);
- providing outreach services at secondary schools to promote physical, psychosocial and mental health, such as organising activities to facilitate emotion, anxiety and adversity management, as well as holding thematic discussions for parents and teachers on the prevention of student suicide, increasing their awareness of such risks and teaching them ways to handle such situations; and
- encouraging schools to enrol in the Student Health Service proactively and allow students to undergo annual health checks, which include physical examination, screenings for mental health, psychosocial health and behavioural issues, individual counselling, health

education. Students identified with physical and/or psychosocial health issues will be referred to Special Assessment Centres, specialist clinics, school social workers, the Social Welfare Department or other organisations as appropriate for follow-up.

The DH will continue to promote and introduce the WSHP to schools and the public with a view to encouraging school participation. Regular reviews of the content and services of the programme, including mental health promotion, will also be conducted to provide students with appropriate health education and information.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0708)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

At present, the Department of Health (DH) runs 7 Child Assessment Centres (CACs) for children under 12 years of age suspected or diagnosed to have developmental-behavioural problems or disorders, which formulate follow-up plans for them according to their individual needs. In this connection, will the Government please advise this Committee on the following information:

1. Normally, children are referred to the Child Assessment Service (CAS) for further assessment at a CAC as and when necessary after initial assessment by a registered medical practitioner. The CAS also accepts referrals from Maternal and Child Health Centres (MCHCs), registered medical practitioners and clinical or educational psychologists. Please provide in the table below details of the referral sources to the CAS in the past 5 years:

Means of Referral	Number of cases				
	2019	2020	2021	2022	2023
MCHCs and other specialties (DH)					
Paediatricians, General Out-Patient Clinics and other specialties (Hospital Authority(HA))					
Doctors in private practice					
Psychologists (including HA, Education Bureau & Social Welfare Department)					
Psychologists (non-governmental organisations)					
Psychologists (private practice)					
Others					
Total					

2. Regarding CACs under the DH, please provide in the table below the number of children assessed by the CAS, the rate for completion of assessment for new cases within 6 months, the waiting time for assessment of new cases, and the attendances at the 7 CACs in the past 5 years.

Number of children assessed by the CAS and completion rate of new case assessment within 6 months

	2019	2020	2021	2022	2023
Number of children assessed by CAS					
Rate for completion of assessment for new cases within 6 months (%)					

Waiting time for attendance at Child Assessment Centres under the DH (%)

	2019	2020	2021	2022	2023
Less than 3 months					
3 to less than 6 months					
6 to less than 9 months					
9 to less than 12 months					
12 to less than 15 months					
15 to less than 18 months					
18 months or above					

Attendances at the 7 Child Assessment Centres

Child Assessment Centre (CAC)	2019	2020	2021	2022	2023
Central Kowloon CAC					
Ha Kwai Chung CAC					
Pamela Youde CAC (Kwun Tong)					
Pamela Youde CAC (Sha Tin)					
Fanling CAC					
Tuen Mun CAC					
Ngau Tau Kok CAC					
Total:					

3. The CAS of the DH serves children who are under 12 years of age with developmental-behavioural problems or disorders. Please advise on the number of newly referred

cases received, the age distribution and the average age of the children involved, in the past 5 years.

4. Please set out the number of children diagnosed with developmental disorders by type of developmental condition in each of the past 3 years and the age distribution; and

5. Please advise on the expenditure and staff establishment of the CACs in the last financial year and in the coming year. What is the rough estimate of CACs' average expenses of each assessment? How does it compare with the assessment fees in the private sector?

Asked by: Hon NGAN Man-yu (LegCo internal reference no.: 25)

Reply:

1 & 3. The Child Assessment Service (CAS) of the Department of Health (DH) receives referrals from doctors and clinical psychologists for clinical assessment of children under the age of 12 years with suspected developmental problems. New cases are referred through different channels, including the Maternal and Child Health Centres (MCHCs), the Hospital Authority (HA), private practitioners and psychologists, etc. Details of the referral sources to the CAS in the past 5 years are as follows:

Means of Referral	**Number of cases**				
	2019	2020	2021	2022	2023 (Provisional figures
MCHCs and other service units of DH	6 872	5 357	8 817	7 589	6 639
Paediatricians, General Out-Patient Clinics and other specialties of HA	1 232	944	1 243	925	941
Doctors in private practice	1 064	753	1 173	860	843
Psychologists (including HA, Education Bureau, Social Welfare Department, non-governmental organisations and private psychologists)	622	472	929	778	902
Others	9	0	4	2	1
Total	**9 799**	**7 526**	**12 166**	**10 154**	**9 326**

We do not have the breakdown of number of new cases by age group.

2. The number of children assessed by the CAS, the rate for completion of assessment for new cases within 6 months and the number of attendances at the 7 Child Assessment Centres (CACs) in the past 5 years are as follows:

	2019	*2020	*2021	*2022	2023 (Provisional figures)
Number of children assessed by the CAS#	16 946	14 507	16 626	14 251	18 637
Rate for completion of assessment for new cases within 6 months (%)	53	65	73	61	70

The figure includes both newly registered referral cases and follow-up cases.

Number of attendances at CACs	2019	*2020	*2021	*2022	2023 (Provisional figures)
Central Kowloon CAC	5 492	3 583	4 258	3 672	4 567
Ha Kwai Chung CAC	5 827	4 290	5 954	4 870	5 529
Pamela Youde CAC (Kwun Tong)	6 577	4 879	6 199	4 753	5 028
Pamela Youde CAC (Sha Tin)	7 535	5 110	6 298	5 131	6 039
Fanling CAC	4 875	3 729	5 036	4 284	4 821
Tuen Mun CAC	5 186	4 121	5 780	4 665	5 270
Ngau Tau Kok CAC	2 513	1 569	1 853	1 427	1 576
Total:	38 005	27 281	35 378	28 802	32 830

* The figures (of 2020 and 2022 in particular) were affected by the COVID-19 pandemic. During the outbreak of the pandemic in 2020, even though the CAS services remained available many parents were reluctant to take their children out, thus postponing the registration of new cases or the assessment. As a result, there was an accumulation of children requiring assessment in 2021 when the epidemic situation slightly eased. The number dropped again in 2022 due to the outbreak of the fifth wave.

In the past 5 years, all cases newly referred to the CAS were first seen by nurses within 3 weeks after registration. The CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority for assessment upon preliminary assessment by nurses. The actual waiting time for assessment depends on the complexity and conditions of individual cases. The CAS does not maintain statistics on the waiting time for assessment of new cases.

4. The number of newly diagnosed cases of developmental conditions in the CAS in the past 3 years are as follows:

Developmental conditions	**Number of newly diagnosed cases**		
	2021	2022	2023 (Provisional figures)
Attention/Hyperactive Problems/Disorders	2 970	2 422	3 156
Autism Spectrum Disorder	1 960	1 861	2 415

Developmental conditions	Number of newly diagnosed cases		
	2021	2022	2023 (Provisional figures)
Borderline Developmental Delay	2 652	2 105	2 479
Developmental Motor Coordination Problems/Disorders	2 503	2 256	2 765
Dyslexia & Mathematics Learning Disorder	331	229	359
Hearing Loss (Moderate to profound grade)	63	50	58
Language Delay/Disorders and Speech Problems	5 401	4 147	5 441
Physical Impairment (i.e. Cerebral Palsy)	38	34	38
Significant Developmental Delay/Intellectual Disability	1 722	1 527	1 914
Visual Impairment (Blind to Low Vision)	11	6	46

Note: A child might have been diagnosed with more than one developmental condition.

We do not maintain statistics on the breakdown of children's developmental conditions by age group.

5. The revised estimate and the estimate for the CAS for 2023-24 and 2024-25 are $159.5 million and $178.2 million respectively. In 2023-24 and 2024-25, the approved establishment of the CAS stands at 183. Details are set out below:

Grade	Approved establishment	
	2023-24	2024-25
Medical and Health Officer	25	25
Registered Nurse	40	40
Scientific Officer (Medical)	5	5
Clinical Psychologist	22	22
Speech Therapist	16	16
Optometrist	2	2
Occupational Therapist	9	9
Physiotherapist	7	7
Hospital Administrator	1	1
Electrical Technician	1	1
Executive Officer	2	2
Clerical Officer	16	16
Clerical Assistant	23	23
Office Assistant	1	1
Personal Secretary	1	1
Workman II	12	12

Grade	Approved establishment	
	2023-24	2024-25
Total:	**183**	**183**

We do not have the estimated average expenses for each assessment.

- End -

Examination of Estimates of Expenditure 2024-25 | Reply Serial No. **HHB267**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1369)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The local population of women aged between 45 and 69 stands at 1.63 million. With regard to enhancing women health services in Hong Kong, will the Government please advise this Committee on the following:

1. regarding the Government's Breast Cancer Screening Pilot Programme implemented between 2021 and 2023, the numbers of women screened and participants who required further investigation and management, and whether the Government will continue to allocate resources in 2024-25 for the implementation of the Programme; if yes, details of the work plan and the estimated expenditure; if not, the reasons;

2. in respect of the osteoporosis screening services provided for women by the District Health Centre (DHC) in Kwai Tsing district at present to prevent fragility fractures, whether the Government will extend such services to other DHCs as regular services; if yes, the work plan and the estimated expenditure involved; if not, the reasons;

3. regarding the cervical smear examination, a regular gynecological examination for women, whether the Government will allocate resources in 2024-25 to increase its quotas for the examination provided by the public healthcare system, women health centres and DHCs to raise its prevalence among women; if yes, the work plan and the estimated expenditure involved; if not, the reasons;

4. the Government's work plan for and estimated expenditure on the promotion of women's mental health for 2024-25, and whether it will consider launching programmes targeting women's mental health; if yes, the work plan and the estimated expenditure involved; if not, the reasons; and

5. whether the Government will allocate more resources to strengthen public education and promotion related to women's health in 2024-25 and encourage more women to embrace a holistic approach to their physical and mental well-being; if yes, the work plan and the estimated expenditure involved and, if not, the reasons?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 37)

Reply:

1.
Since the launch of the Breast Cancer Screening Pilot Programme in the latter half of 2021, a total of 27 807 women aged between 44 and 69 have undergone breast cancer risk assessment at 3 Women Health Centres (WHCs), 4 Maternal and Child Health Centres (MCHCs) and 18 Elderly Health Centres (EHCs) as of 31 December, 2023. Among them, 7 820 women (around 28%) were referred for mammography (MMG) screening. Among those who received mammography screening, 646 (around 8%) were referred to specialist doctors for further tests and treatments. The relevant data are tabulated by quarter below:

Period	Number of recipients of breast cancer risk assessment	Number of people referred for MMG screening
Sep – Dec 2021	3 487	1 250
Q1 in 2022	2 448	796
Q2 in 2022	2 943	779
Q3 in 2022	3 572	944
Q4 in 2022	3 441	844
Q1 in 2023	3 396	862
Q2 in 2023	3 073	825
Q3 in 2023	2 741	726
Q4 in 2023	2 706	794
Total	**27 807**	**7 820**

Currently, the Department of Health (DH)'s Women Health Service still adopts a risk-based approach in its provision of breast cancer screening services for eligible women based on the recommendations of the Cancer Expert Working Group (CEWG) on Cancer Prevention and Screening established under the Cancer Coordinating Committee (CCC).

The CCC, chaired by the Secretary for Health and comprising cancer experts, academics, doctors in public and private sectors as well as public health professionals, has conducted a preliminary review of the first phase of the Breast Cancer Screening Pilot Programme. The Government is now studying the CCC's recommendations to decide on the implementation details of the next phase of the pilot programme, which will be announced in due course.

2.
There are no sufficient scientific evidence and public health basis to support territory-wide osteoporosis screening at present. People who are at risk of developing osteoporosis due to reasons such as underweight, previous history of bone fracture, premature menopause, smoking, heavy drinking, or a family history of osteoporosis or bone fracture, should take active control of the risk factors and seek medical advice on appropriate management options, such as bone mineral density assessment or treatment. The DH will regularly review the need for osteoporosis screening based on scientific evidence and public health considerations. In view of the above reasons, the District Health Centres (DHCs) have no plans to provide osteoporosis screening services to the public at the moment.

The DHCs will organise educational activities to promote prevention of osteoporosis in respect of health management and promotion. The DHCs and DHC Expresses will provide muscle strength and balance training, as well as offer advice on mobility aids and gadgets, home safety and home modification as appropriate for elderly persons at higher risks. Meanwhile, the DHCs and DHC Expresses will also collaborate with local community organisations and healthcare providers across different sectors to refer those who are in need.

Furthermore, to prevent osteoporosis, the DH provides health education through various service units including the Centre for Health Protection, the Elderly Health Service, and the Family Health Service which include ways to maintain bone health and prevent osteoporosis as well as falls to avoid fractures, and promote a healthy diet and lifestyle, such as doing regular weight-bearing exercise, maintaining optimal body weight, having a balanced diet for adequate calcium and vitamin D intake, having appropriate sunlight exposure for vitamin D synthesis, and refraining from smoking and excessive drinking. Information on the prevention and treatment of osteoporosis has been uploaded to websites under the purview of the DH for public reference. The DH also disseminates health education messages through health talks, individual counselling, and leaflets etc.

3.

The DH's Family Health Service provides government-subsidised cervical screening services through its MCHCs and WHC. Currently, the quota for such services at these centres are sufficient. The DH will continue to strengthen promotional education through various channels, including websites, printed materials, articles, promotional videos, social media, online promotion, telephone education hotlines and media interviews to encourage women to receive regular cervical screening services. The results of the Population Health Survey from 2020 to 2022 show that about 52% of women aged 25 to 64 have undergone cervical screening, among them 38% indicated that their last cervical screening was within the 5 years prior to the survey.

The financial provision for the services related to the Cervical Screening Programme is subsumed under the overall provision for the Family Health Service of the Department of Health, and therefore cannot be separately identified.

4. & 5.

The DH provides women health services through the WHCs and the MCHCs for women under the age of 64 according to their health needs at different stages of life, including health assessments and appropriate examinations and tests. Additionally, the women health services offer health education and individual counselling on aspects such as menstrual issues, sexual health, and mental health. They also promote a healthy lifestyle and educate women in breast awareness and cancer prevention. The MCHCs use professional assessment tools to identify mothers at risk of postpartum depression and will refer them to appropriate services as necessary.

Furthermore, the DH promotes a healthy lifestyle as a primary strategy for preventing cancer, including breast and cervical cancer. This includes avoiding tobacco and alcohol, maintaining a healthy diet, exercising regularly, and maintaining a healthy body weight and waist circumference. The DH has all along attached importance to the public education of women's cancer (including breast and cervical cancer) to raise awareness and prevention.

Information is disseminated through various channels, including websites, printed materials, articles, social media, online campaigns, telephone hotlines, and media interviews. The DH has released 4 sets of short video clips promoting cervical screening, breast awareness, and breast cancer prevention across various media platforms. They have also produced health information on cervical and breast cancer prevention and screening in 7 languages (including Hindi, Nepali, Urdu, Thai, Indonesian, Filipino, and Vietnamese) for ethnic minorities.

The Government will continue to make good use of existing resources to promote messages related to women's health through individual counselling, health education resources, and lectures at the MCHC and WHCs, and will strengthen promotion efforts when necessary.

The resources and manpower involved in women's health education activities are subsumed into the overall provision of the DH and cannot be separately identified.

As mentioned in the Primary Healthcare Blueprint, as the district-based, family-centric community health system evolves, the Government proposes a progressive and orderly migration of certain primary healthcare services under the DH to a primary healthcare system, with a view to developing a community healthcare system and facilitating the provision of comprehensive primary healthcare services, reducing service duplication and utilising resource effectively. The Health Bureau (HHB) has started discussions with the DH on prioritising the service consolidation of WHCs to integrate them to the DHCs progressively or to other private healthcare providers through strategic purchasing as appropriate.

Regarding mental health, the Government plans to introduce a variety of policies and initiatives related to mental health in 2024-25 (with women among the beneficiaries). Major initiatives and related expenditures are set out below:

(a) The Hospital Authority (HA) has earmarked additional funding of approximately $127 million in 2024-25 to enhance mental health services. Relevant initiatives include: (i) enhancing community psychiatric services by recruiting additional case managers; (ii) strengthening the nursing manpower and support from allied health workers and peer support workers for psychiatric inpatient and outpatient services; and (iii) strengthening treatment by long-acting injectable antipsychotics in psychiatry;

(b) The HHB has launched the "18111 - Mental Health Support Hotline" in December 2023 to provide one-stop, round-the-clock support for people with mental health needs, rendering them immediate mental health support and referral services. The time-limited recurrent expenditure for 2023-24, 2024-25 and 2025-26 is approximately $9.9 million;

(c) The HHB has set up a service centre in December 2023 to provide emotional support and counselling services for ethnic minorities. Supported by a multi-professional team comprising social workers, counsellors and support staff conversant in ethnic minority languages, the service centre provides mental health support and counselling services to ethnic minorities and refers cases to other service platforms for additional support and/or treatment if needed. The time-limited recurrent expenditure for the financial years 2023-24, 2024-25 and 2025-26 is approximately $8.1 million;

(d) The HHB will launch a pilot program in three DHCs in 2024 in collaboration with community organisations to provide mental health assessments for the public and to provide

early follow-up and referral for high-risk cases. The Government is currently formulating the implementation arrangements of the proposed initiative;

(e) The HHB will provide mental health support training (including mental health first aid training) for Care Team members in 2024 to allow them to assist in the early referral of persons in need in the local community for support. The Government is currently formulating the implementation arrangements of the proposed initiative;

(f) In 2023-24, the Social Welfare Department (SWD) increased the manpower of clinical psychologists at 24 Integrated Community Centres for Mental Wellness (ICCMW) to strengthen the professional support and training, and provided them with additional funding to enhance the application of information technology in service delivery, thereby strengthening the support for persons in mental recovery and their carers. The additional annual recurrent expenditure involved is around $23 million;

(g) The SWD will enhance the service of ICCMW in 2024, including stepping up the early identification of persons with mental health needs and early intervention, as well as enhancing the training of social workers in community mental health service units to elevate their competence in handling complicated cases. The additional annual recurrent expenditure involved exceeds $60 million; and

(h) The SWD will strengthen the peer support service in 2024 and set up 4 additional Parents/ Relatives Resource Centres specifically for carers of individuals in mental recovery in 2025 to support persons in mental recovery and their carers. The annual recurrent expenditure involved is around $26 million.

For the promotion and public education of mental health, the Government has earmarked recurrent annual funding of $50 million for the implementation of "Shall We Talk", a mental health promotion and public education initiative launched in July 2020 under the auspices of the Advisory Committee on Mental Health. The programme aims to step up public engagement in promoting mental well-being, enhance public awareness of mental health with a view to encouraging prompt help-seeking and early intervention, and reduce stigma towards people with mental health needs. Besides conventional offline approaches, the initiative reaches out to people from all walks of life with the use of emerging online platforms. Such promotional efforts include the following: (a) a one-stop mental health thematic website at https://shallwetalk.hk has been launched to provide information and resources on mental health to the public and broadcast videos featuring the sharing of personal experience and feeling by different stakeholders (including celebrities and key opinion leaders) on social media platforms to encourage the public to face mental health issues; (b) implementation of the Mental Health Workplace Charter to promote mental well-being at workplace; (c) Announcements in the Public Interest are broadcast in TV, radio stations and other media; and (d) tour activities are organised in different districts and tertiary institutions to promote mental health.

Meanwhile, the Labour and Welfare Bureau will continue to co-organise public education activities with non-governmental organisations (NGOs) in 2024-25, such as the annual "Mental Health Month" campaign in response to the "World Mental Health Day" to raise public awareness of mental health and the integration of people with disabilities. The SWD

will also continue to support NGOs through subsidy in setting up mobile publicity vehicles across Hong Kong to promote mental health in the community.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0209)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Budget Speech that the Government proposes to increase the duty on cigarettes by 80 cents per stick, with immediate effect. Duties on other tobacco products will be increased by the same proportion. It is expected that the proportion of tobacco duty in the retail price of cigarettes will rise to about 70%. In this connection, will the Government inform this Committee of:

1. the number of smoking cessation service recipients, the cessation rate and the expenditure incurred in each of the past 5 years; and

2. the expenditure allocated for publicity and education in respect of smoking cessation in each of the past 5 years?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 22)

Reply:

1. & 2.

Over the years, the Government has been actively promoting a tobacco-free environment through publicity for 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 healthcare professionals to promote smoking cessation, provide smoking cessation services and organise publicity programmes on smoking prevention.

Apart from operating an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, the DH coordinates the provision of smoking cessation services in Hong Kong. It arranges referrals for various smoking cessation services in the territory, including those provided by public clinics under the Hospital Authority (HA), and community-based cessation programmes operated by NGOs. There are a total of 15 full-time and 55 part-time centres operated by the HA which have been providing smoking cessation services to the general public since 2002, and there are 5 smoking cessation clinics for civil servants operated by the DH.

Furthermore, the DH also collaborates with NGOs to provide a range of community-based smoking cessation services including counselling, consultations by doctors (including free postal delivery of smoking cessation drugs) or Chinese medicine practitioners, and designated services for smokers from different ethnicities, immigrant smokers and workplace smokers. For young smokers, the DH collaborates with local universities to operate a hotline to provide them with dedicated counselling services over the phone.

The DH subvents the COSH to organise publicity and education programmes in schools, such as health talks, training programmes and theatre programmes, to raise students' awareness on smoking hazards, including hazards from alternative smoking products. To prevent youngsters from picking up smoking, the DH collaborates with NGOs to organise health promotional activities at schools. By using interactive teaching materials and setting up mobile classrooms, the programmes enlighten students on the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up smoking due to peer pressure. The DH has also launched publicity campaigns through mass media to spread the message that smoking brings risks of serious illnesses. To encourage smokers to try quitting, it distributes free trial packs of smoking cessation drugs (nicotine replacement therapy) for one week at community pharmacies, smoking cessation clinics, District Health Centres (DHCs) and DHC Expresses during the Quit in June annual campaign starting from 2023. Furthermore, the DH also encourages and helps all healthcare professionals to provide support and treatment to smokers who are quitting by organising online and face-to-face training courses, providing the Practical Handbook for Smoking Cessation Treatments and related resources, etc.

Smoking cessation services and counselling for smokers are now available at all DHCs and DHC Expresses in the 18 districts, which collaborate with smoking cessation service providers in their respective districts to provide information or arrange referrals for smokers in need.

From 2019 to 2023, the quitlines operated by the DH and local universities handled 8 184, 7 502, 12 405, 9 216 and 11 051 enquiries in each year respectively. During these 5 years, there were 25 375, 17 516, 25 965, 20 406 and 27 715 smokers receiving smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs.

Smokers who receive smoking cessation treatment receive 52-week follow-up services to assess their quit status. For smokers who receive smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs, their 52-week quit rates, which refer to the percentage of service users self-reporting to have stayed quit in the past 7 days, range from 20% to 60%, which are comparable to those in overseas countries. Discrepancies in the quit rates concerning different smoking cessation programmes are due to differences in terms of their target groups and treatment methods (which include counselling, pharmacotherapy, and Chinese medicine with acupuncture). To become a successful quitter, smokers are encouraged to choose the cessation service that best caters for their personal needs.

The expenditures on and provision for tobacco control initiatives taken forward by the TACO of the DH from 2019-20 to 2023-24, broken down by type of activity, are at **Annex**. Expenditure on individual publicity programmes cannot be separately identified.

Annex

Expenditures on/Provision for the Department of Health's Tobacco and Alcohol Control Office

	2019-20 ($ million)	2020-21 ($ million)	2021-22 ($ million)	2022-23 ($ million)	2023-24 Revised Estimate ($ million)
Enforcement					
Programme 1: Statutory Functions	93.4	102.2	101.3	100.4	160.2
Health Education and Smoking Cessation					
Programme 3: Health Promotion	132.1	141.2	138.9	149.0	168.0
(a) General health education and promotion of smoking cessation					
TACO	*55.9*	*64.5*	*62.8*	*73.0*	*87.3*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*28.3*	*26.0*	*26.2*	*26.8*	*26.4*
Sub-total	***84.2***	***90.5***	***89.0***	***99.8***	***113.7***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations*					
Subvention to Tung Wah Group of Hospitals	*30.6*	*30.6*	*30.8*	*29.4*	*14.0*
Subvention to Pok Oi Hospital	*7.3*	*7.4*	*7.5*	*7.6*	*17.9*
Subvention to Po Leung Kuk	*1.6*	*1.7*	*0.7*	-	-
Subvention to Lok Sin Tong	*2.9*	*3.0*	*3.2*	*3.3*	*3.6*
Subvention to United Christian Nethersole Community Health Service	*2.9*	*4.4*	*4.9*	*5.8*	*8.9*
Subvention to Life Education Activity Programme	*2.6*	*2.7*	*2.8*	*2.8*	*2.9*
Subvention to Christian Family Service Centre	-	-	-	-	*7.0*
Subvention to The University of Hong Kong	-	*0.9*	-	*0.3*	-
Sub-total	***47.9***	***50.7***	***49.9***	***49.2***	***54.3***
Total	**225.5**	**243.4**	**240.2**	**249.4**	**328.2**

* The number of DH-subsidised non-governmental organisations providing community-based smoking cessation services with medication has increased from 2 to 4 since the 2023-24 financial year, bringing the number of target service recipients up by 39% on the 2022-23 financial year to 5 000 per year. The cost per quitter has been reduced accordingly.

- End -

Examination of Estimates of Expenditure 2024-25 | Reply Serial No. **HHB269**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1397)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is stated in the Budget Speech that increasing the tobacco duty is recognised internationally as the most effective means of reducing tobacco use, and the Government proposed to raise the proportion of tobacco duty in the retail price of cigarettes so that it gradually approaches the 75 per cent level recommended by the World Health Organization, which will provide a greater incentive for the public to quit smoking, safeguarding public health. In this connection, will the Government please advise on whether resources have been deployed to study the correlation between the proportion of tobacco duty in retail price and smoking prevalence by way of, for example, analysing data from other countries or regions, to ascertain the inherent correlation between the two; if yes, the findings and expenditure involved; if no, the reasons?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 36)

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.

The Government has made reference to the World Health Organization's (WHO) target and is committed to achieve a smoking prevalence of 7.8% by 2025 as promulgated under the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong". Our ultimate aim is to make Hong Kong a tobacco-free, healthy and vibrant city.

Increasing tobacco duty is recognised internationally as the most effective means of reducing tobacco use. Raised costs of smoking provide a greater incentive for smokers to quit smoking, and the high prices of tobacco products will also dampen the eagerness of non-smokers, young people in particular, to try smoking. The WHO encourages its members to

raise tobacco duty periodically and recommends that tobacco duty should account for at least 75% of the retail price of tobacco products.

As such, further to the increase of 60 cents per stick last year, the Government has announced in the Budget Speech this year an increase of the tobacco duty on cigarettes by 80 cents per stick to $3.306 per stick. It was the first time for tobacco duty to increase in 2 consecutive years over the past 20 years. This has served to ensure that the price of cigarettes can remain at a certain level which helps prevent a rebound of the smoking prevalence rate and demonstrate to the public the Government's commitment to protecting the health of the community as a whole.

Past experience in raising tobacco duty indicated that the greater the tax increase, the larger the increase in call volume of the DH's Smoking Cessation Hotline and the drop in smoking prevalence. According to the DH's latest data, the number of calls received by the Smoking Cessation Hotline increased from about 7 400 in 2022 to about 9 700 in 2023, representing an increase of over 30%. Meanwhile, in the first week after the Budget Speech's announcement of the proposal to increase the duty on tobacco products this year, the Smoking Cessation Hotline received 542 calls, nearly five times the weekly number of calls in the preceding 3 months, indicating smokers' strong intention to quit smoking in the light of tobacco tax increases.

Preliminary findings of the Thematic Household Survey conducted by the Census and Statistics Department on the smoking pattern show that there are indeed signs of a decline in smoking prevalence after the increase in tobacco duty in 2023, with preliminary data indicating that the smoking prevalence has further dropped from 10.2% in 2019 and 9.5% in 2021 to 9.1%. It is evident from such decline that tobacco duty increase and the various tobacco control initiatives are effective. Details of the survey results will be released in mid-2024.

The WHO's Framework Convention on Tobacco Control (FCTC) is an international convention grounded in scientific evidence. Article 6 of the FCTC stipulates that all parties should recognise price and tax measures as effective and important means of reducing tobacco consumption in various segments of the population, particularly among young people. The parties should implement tax policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption. The People's Republic of China became a signatory party to the FCTC in 2005. Its scope of application has also been extended to the Hong Kong Special Administrative Region.

Extensive research and epidemiological data from regions around the world and countries with different income levels have confirmed the effectiveness of tobacco duty increase in reducing tobacco use. Pursuant to the Guidelines for Article 6 of the FCTC, implementing effective tobacco duty can significantly reduce tobacco use and smoking prevalence, thereby reducing mortality and morbidity rates and improving population health. Our local experience in increasing tobacco duty also confirms its significant effectiveness on reducing smoking prevalence.

The Government's aim is to gradually implement the recommendation of the WHO so as to create more incentives for cessation of smoking and hence safeguard public health. The

Government will continue to monitor the effect of tobacco duty increases and review the pace of further adjustments.

To further reduce smoking prevalence, the Government conducted the Vibrant, Healthy and Tobacco-free Hong Kong public consultation on tobacco control strategies last year. The Health Bureau is studying the phased implementation of tobacco control measures and will give an update of the next steps in due course.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2043)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding Elderly Health Centres (EHCs), will the Government please advise this Committee on:

1. the number of applicants aged 65 or above and the healthcare services they applied for in each of the 18 EHCs in Hong Kong in the past 3 years;

2. the number of women aged 65-69 who have received breast cancer screening services provided by the Government; and

3. whether the Government will consider enrolling all elderly persons in Hong Kong in the EHCs, given that the large number of applicants means a long wait for new applicants?

Asked by: Hon TANG Ka-piu (LegCo internal reference no.: 1)

Reply:

1.

The 18 Elderly Health Centres (EHCs) aim to address the multiple health needs of the elderly by providing integrated primary health care services to them. Elderly persons aged 65 or above are eligible for enrolling as members of the EHCs. Enrolled members are provided with services of health risk assessment, counselling, promotive and curative services.

The number of elderly people waiting for enrolment and the number of new enrolments in respect of the 18 EHCs in the past 3 years are as follows:

EHC	**Number of elderly on the waiting list (as at end of year)**		
	2021^	**2022^**	**2023***
Sai Ying Pun	1 252	1 830	1 933
Shau Kei Wan	1 172	1 439	1 530
Wan Chai	2 958	3 635	4 017
Aberdeen	971	1 401	1 440
Nam Shan	702	958	982

Lam Tin	1 300	1 780	1 730
Yau Ma Tei	1 209	1 305	1 682
San Po Kong	1 147	1 476	1 416
Kowloon City	1 040	1 875	1 784
Lek Yuen	3 440	4 515	5 228
Shek Wu Hui	1 181	1 608	1 613
Tseung Kwan O	1 397	2 029	2 195
Tai Po	2 075	2 254	2 399
Tung Chung	804	996	1 016
Tsuen Wan	1 430	1 393	1 403
Tuen Mun Wu Hong	2 643	3 076	3 009
Kwai Shing	671	705	633
Yuen Long	1 773	1 984	1 972
Overall	**27 165**	**34 259**	**35 982**

EHC	**Number of new enrolments**		
	2021^	**2022^**	**2023***
Sai Ying Pun	538	450	615
Shau Kei Wan	566	539	708
Wan Chai	740	729	585
Aberdeen	487	326	479
Nam Shan	613	458	551
Lam Tin	570	479	577
Yau Ma Tei	509	401	192
San Po Kong	578	28	560
Kowloon City	609	121	475
Lek Yuen	1 528	573	369
Shek Wu Hui	536	454	648
Tseung Kwan O	527	620	681
Tai Po	281	468	615
Tung Chung	413	398	515
Tsuen Wan	612	414	606
Tuen Mun Wu Hong	415	687	642
Kwai Shing	493	463	506
Yuen Long	481	399	534
Overall	10 496	8 007	9 858

^ The figures (especially of 2022) are affected by Coronavirus Disease 2019 (COVID-19).

* Provisional figures

2.

As one of the service providers under the Breast Cancer Screening Pilot Programme, the 18 EHCs have been providing breast cancer screening services for eligible female members aged 65-69 since 13 December 2021. As at 31 December 2023, 6 269 women (63.0%) among the 9 957 eligible female members who underwent health risk assessment received breast cancer risk assessment, of which 865 (13.8%) were referred for mammogram screening. 106 of those who underwent the screening were referred to specialist doctors for further examination and treatment.

3.

During the COVID-19 epidemic, the EHCs could only provide limited service. As a result, the number of attendances for health assessment and medical consultation at the EHCs had decreased, resulting in an increase in the accumulated number of elderly persons waiting for enrolment as members, hence the longer waiting time. Services of the EHCs have resumed normal since February 2023, but a substantial increase in service capacity has not been possible due to an ongoing shortage of doctors. The DH has recruited more contract doctors to address the shortage, and will closely monitor the situation.

The Health Bureau has set up the District Health Centres (DHCs) or DHC Expresses in 18 districts in 2022 to provide services including health risk assessment to members of the public, including the elderly. To address the keen demand for the EHCs' services, the EHCs are actively collaborating with the DHCs to implement joint protocols for referral of clients on the EHCs' waiting list to the DHCs for health assessment services.

As mentioned in the Primary Healthcare Blueprint, as the district-based, family-centric community health system evolves, the Government proposes a progressive and orderly migration of certain primary healthcare services under DH to a primary healthcare system, with a view to developing a community healthcare system and facilitating the provision of comprehensive primary healthcare services, reducing service duplication and utilising resource effectively. The Health Bureau has started discussions with the DH on prioritising the service consolidation of the EHCs and Woman Health Centers to integrate them to DHCs progressively or to other private healthcare providers through strategic purchasing as appropriate.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2075)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the implementation of a mental health promotion and public education initiative in paragraph 15 of this Programme, will the Government please:

1. set out in a table the provision for this initiative and the allocation of funds across the portfolio;

2. set out in a table the means of promoting mental health and public education; and

3. advise on the number of clinical psychologists and social workers engaged in the programme and the staff cost incurred?

Asked by: Hon TANG Ka-piu (LegCo internal reference no.: 33)

Reply:

(1) & (2)
For the promotion and public education of mental health, the Government has earmarked recurrent annual funding of $50 million for the implementation of "Shall We Talk", a mental health promotion and public education initiative launched in July 2020 under the auspices of the Advisory Committee on Mental Health. The programme aims to step up public engagement in promoting mental well-being, enhance public awareness of mental health with a view to encouraging prompt help-seeking and early intervention, and reduce stigma towards people with mental health needs. Besides conventional offline approaches, the initiative reaches out to people from all walks of life with the use of emerging online platforms. The key promotion channels include:

Offline channels, for example:	
The Mental Health Workplace Charter	The Mental Health Workplace Charter was implemented jointly by the Department of Health (DH), the Labour Department and the Occupational Safety and Health Council to promote mental well-being at workplace.

	As at 31 December 2023, over 1 200 organisations signed the Charter, benefiting more than 600 000 employees.
Tour Activities	Tour activities (such as Community Mobile Game Station – "The Emotion Archive" and School Tour – "Talk with the Flow") are organised in different districts and tertiary institutions to promote mental health.
Announcements in the Public Interest (APIs)	APIs are broadcast in TV, radio stations and other media.
Online approaches, for example:	
The "Shall We Talk" Thematic Website	A one-stop mental health thematic website has been set up at https://shallwetalk.hk to provide information and resources on mental health to the public and broadcasts videos featuring the sharing of personal experience and feeling by different stakeholders (including celebrities and key opinion leaders) on social media platforms to encourage the public to face mental health issues. As at 31 December 2023 in the year 2023-24, the "Shall We Talk" thematic website has accumulated 851 784 page views.
Social Media	Videos featuring the sharing of personal experience and feeling by different stakeholders (including celebrities and key opinion leaders) are broadcast on social media platforms to encourage the public to face mental health issues.

(3)
The mental health promotion and public education initiative is undertaken by the Health Promotion Branch under the Centre for Health Protection of the DH. There are 4 posts in the Clinical Psychologist Grade but no social worker related grades in its approved establishment. The staff cost of mental health promotion, which is subsumed under the overall expenditure of the DH on health promotion, cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1513)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2024-25 that the Department of Health will continue to provide comprehensive assessment services to children with developmental problems and disabilities. In this connection, will the Government please advise this Committee on:

1. the number of families benefiting from the services and the details of the interim support offered to them in the past 3 years; and

2. the total number of educational activities organised in the past 3 years?

Asked by: Hon WONG Kwok, Kingsley (LegCo internal reference no.: 4)

Reply:

The Child Assessment Service (CAS) of the Department of Health (DH) provides comprehensive assessments and diagnosis, and formulates rehabilitation plan for children under 12 years of age who are suspected to have developmental problems. While the children are waiting for assessment and rehabilitation services, the CAS will provide interim support to their parents, such as organising seminars, workshops and practical training with the aim to increase parents' knowledge on child development and to provide them practical skills, to enhance their understanding of their children's conditions and of information about relevant community resources, so that the parents can put them into practice in their daily lives and conduct home-based training, to manage their children's conditions and develop their potential.

The CAS has organised 115 interim support activities in the past 3 years. In view that many parents have difficulty joining support activities in person or the online webinars at specific times, the CAS has gradually introduced pre-recorded online self-learning videos as an alternative so that parents can watch the videos online any time according to their own schedule. The number of participants for interim support activities and the viewership for self-learning videos are set out below:

	2021*	2022*	2023 (Provisional figures)#
No. of participants for interim support activities	6 403	6 787	4 757
Viewership for online self-learning videos	Not applicable	Not applicable	4 711

* The CAS continued to organise relevant interim support activities during the COVID-19 pandemic.

Since the introduction of online self-learning videos in 2023, some parents have switched to watching the videos online, thus the number of participants for interim support activities dropped in comparison to the previous year, while the overall participation rate (participating in activities in person and watching videos online) had shown an increase.

The DH does not maintain the statistics on the number of participants on household basis.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1515)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Programme in the Controlling Officer's Report of the Health Bureau that it will enhance the Elderly Health Care Voucher Scheme (EHVS) in 2024-25. In this regard, will the Government inform this Committee of:

1. the number of voucher claim transactions and the total amount claimed in the past 3 years, broken down by healthcare service provider;

2. the estimated expenditure on the EHVS in 2024-25; and

3. whether there are any plans to increase the voucher amount; if yes, the details; if no, the reasons?

Asked by: Hon WONG Kwok, Kingsley (LegCo internal reference no.: 6)

Reply:

1.
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 (EHVS) in the past 3 years:

Number of Voucher Claim Transactions

	2021	**2022**	**2023**[Note 1]
Medical Practitioners	1 917 943	1 954 032	2 325 617
Chinese Medicine Practitioners	1 542 578	1 647 630	1 965 635
Dentists	308 343	288 532	331 342
Occupational Therapists	7 224	4 177	4 232
Physiotherapists	48 107	37 603	45 673
Medical Laboratory Technologists	20 033	14 593	15 441

Radiographers	19 373	20 761	22 659
Nurses	11 295	9 376	11 196
Chiropractors	9 357	8 841	10 331
Optometrists	196 046	161 156	230 239
Audiologists Note 2	-	-	784
Clinical Psychologists Note 2	-	-	2
Dietitians Note 2	-	-	609
Speech Therapists Note 2	-	-	5
Sub-total (for Hong Kong):	**4 080 299**	**4 146 701**	**4 963 765**
University of Hong Kong - Shenzhen Hospital (HKU-SZH) Note 3	35 953	32 356	38 462
Total:	**4 116 252**	**4 179 057**	**5 002 227**

Amount of Vouchers Claimed (in $'000)

	2021	**2022**	**2023** Note 1
Medical Practitioners	1,027,990	1,059,052	1,270,495
Chinese Medicine Practitioners	788,617	854,324	1,140,988
Dentists	355,444	343,327	413,222
Occupational Therapists	7,503	4,518	4,455
Physiotherapists	19,238	17,743	22,726
Medical Laboratory Technologists	20,552	13,393	14,712
Radiographers	22,603	24,635	29,503
Nurses	11,049	9,878	11,168
Chiropractors	5,760	5,080	5,955
Optometrists	284,753	233,912	352,743
Audiologists Note 2	-	-	2,693
Clinical Psychologists Note 2	-	-	4
Dietitians Note 2	-	-	829
Speech Therapists Note 2	-	-	5
Sub-total (for Hong Kong):	**2,543,509**	**2,565,862**	**3,269,498**
HKU-SZH Note 3	12,103	10,949	11,883
Total:	**2,555,612**	**2,576,811**	**3,281,381**

Note 1: Starting from 28 July 2023, the EHVS allows shared use of vouchers between 2 eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts. Furthermore, to encourage more effective use of primary healthcare services by elderly persons, a three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) was launched under the EHVS on 13 November 2023. An eligible elderly person who has an accumulated use of vouchers of $1,000 or more on designated primary healthcare services in a year will be allotted $500 reward to his or her voucher account for the same purposes.

Note 2: Since 28 April 2023, the coverage of the EHVS has been extended to include primary healthcare services provided by 4 categories of healthcare professions under the Accredited Registers Scheme for Healthcare Professions (namely audiologists, clinical psychologists, dietitians and speech therapists).

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 EHVS on a hospital basis. Starting from 17 April 2023, eligible elderly persons can use vouchers to pay for the outpatient healthcare services at the Huawei Li Zhi Yuan Community Health Center, an offsite medical institution set up by the HKU-SZH.

2.
The financial provision for 2024-25 for the EHVS is $3.96 billion.

3.
Hong Kong has one of the most rapidly ageing of population in the world and the speed of ageing will peak in the upcoming decade. The population aged 65 and above will increase from 1.45 million in 2021 to 2.74 million by 2046. Both the number of elderly persons using vouchers and the financial commitments involved will continue to increase substantially. When considering whether to further increase the voucher amount, we have to fully consider the effectiveness of the EHVS in achieving our health policy objectives, the situation of Hong Kong's public and private primary healthcare services, and the long-term implications on public finance. To improve elderly health and ensure the sustainability of the healthcare system, the Government must ensure the optimised use of resources invested in the EHVS so that elderly persons can make good use of their vouchers for primary healthcare services for disease prevention and health management. Simply continuing to increase the voucher amount would not be sustainable from policy and financial perspectives, which the Government has no plans to do at this stage.

In accordance with the Primary Healthcare Blueprint (Blueprint) launched in December 2022, the Government will strive to direct resources towards primary healthcare services with an emphasis on strengthening chronic disease management and reinforcing different levels of disease prevention. To tie in with the directions set out in the Blueprint, the 3-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) was launched in November 2023 to further incentivise elderly persons by offering rewards to them to make better use of vouchers for continuous preventive healthcare, chronic disease management, etc. It is hoped that the policy objective of the EHVS can be achieved through such optimised use of resources to promote primary healthcare and support the healthcare needs of elderly persons.

Under the Pilot Reward Scheme, an eligible elderly person who has an accumulated use of vouchers of $1,000 or more for designated primary healthcare purposes such as disease prevention and health management in a year (from January to December) will be allotted $500 reward automatically to his or her voucher account by the eHealth System (Subsidies) for the same purposes. No further registration is needed. In other words, for elderly persons who have been allotted the reward on meeting the criterion, the amount of vouchers they will receive in that year increases from $2,000 to $2,500.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1516)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the Outreach Dental Care Programme for the Elderly (ODCP), will the Government inform this Committee of:

1. the estimated expenditure for 2024-25 and the details of the preparation work; and

2. the promotion plan of the ODCP and the estimated number of elderly people benefiting from it?

Asked by: Hon WONG Kwok, Kingsley (LegCo internal reference no.: 7)

Reply:

1.&2.
To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups

defined by the Working Group, including persons with financial difficulties, persons with disabilities or special needs, and the high risk groups.

The Outreach Dental Care Programme for the Elderly (ODCP) has been implemented since October 2014 to provide free on-site oral check-up for elderly persons 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 elderly person 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 elderly persons to suit their oral care needs and self-care abilities. A total of 23 outreach dental teams from 10 NGOs have currently been set up under the ODCP.

Since the implementation of the ODCP in October 2014 up to end-January 2024, the number of attendances was about 378 300. In 2021-22, 2022-23 and 2023-24 (up to January 2024), the number of RCHEs/DEs participating in the ODCP and the number of attendances for the ODCP are set out below:

Year	2021-22	2022-23	2023-24 (up to January 2024)
Number of RCHEs/DEs participating in the ODCP	630	690	760
Number of attendances	25 011	37 245	42 628

In 2024-25, a total of 25 outreach dental teams from 11 NGOs will be set up under the ODCP with the Government's financial provision of $64.2 million.

At present, some 60% to 70% of the RCHEs/DEs are participating in the ODCP. To encourage elderly persons' participation, the NGOs will meet with their assigned RCHEs/DEs to discuss further promotion efforts. The Government, meanwhile, will approach RCHEs/DEs which have not yet joined the ODCP to promote the programme and encourage participation.

Apart from the ODCP, the Government currently subsidises elderly persons to use private healthcare services, including dental services, through the Elderly Health Care Voucher. At the same time, the Government provides subsidies covering dental services to elderly persons with financial difficulties, including the Elderly Dental Assistance Programme funded by the Community Care Fund and the dental grant under the Comprehensive Social Security Assistance Scheme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1518)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The estimated provision for Disease Prevention under Programme (2) of the Department of Health is over $8.2 billion, representing a 12.2% increase from the revised estimate for 2023-24. As one of the targets of this Programme is enhancing the vaccination arrangements, please advise this Committee on the following:

1. hundreds of thousands of Hong Kong residents are currently living long-term in cities within the Guangdong-Hong Kong-Macao Greater Bay Area (GBA) in the Mainland. These residents, if they wish to benefit from preventive vaccination or subsidies under the subsidised vaccination programmes, need to endure a long journey back to Hong Kong. Some elderly people are unable to return for vaccination due to poor health. How will the Government enhance the disease prevention efforts for these residents?

2. will the Government conduct a feasibility study to explore the expansion of subsidised vaccination programmes to GBA cities in the Mainland to provide vaccination services to Hong Kong residents living in these areas? If yes, what are the details? If not, what are the reasons?

3. will the Government conduct statistical analysis based on the age and gender of Hong Kong residents living in GBA cities in the Mainland to assess their demand for various preventive vaccinations? If yes, what are the details? If not, what are the reasons?

4. some types of vaccine currently covered by the subsidised vaccination programmes have not yet been registered in the Mainland, while others, even if registered, have not been included in the local subsidised vaccination programmes. In this connection, will the Government liaise with related Mainland authorities to allow the importation of these vaccines to designated healthcare institutions in the 9 GBA cities through measures such as allowing Hong Kong registered drugs and medical devices used in Hong Kong public hospitals to be used in GBA, and provide such vaccines under the subsidised vaccination programmes to Hong Kong residents living in Guangdong Province? If yes, what are the details? If not, what are the reasons?

Asked by: Hon WONG Kwok, Kingsley (LegCo internal reference no.: 9)

Reply:

1 to 3.

As the public health authority in Hong Kong, the Department of Health (DH) has been formulating vaccination programmes based on the recommendations of the Scientific Committee on Vaccine Preventable Diseases under the Centre for Health Protection. To safeguard public health and the well-being of Hong Kong people, vaccination programmes are developed in accordance with the local epidemiology and scientific evidence applicable to the situation in Hong Kong as far as the prevention and control of epidemics are concerned. Under the various vaccination programmes rolled out by the DH, eligible Hong Kong residents can receive free vaccination at the clinics under the DH or the Hospital Authority, or receive subsidised vaccination at private medical practitioner clinics participating in the Vaccination Subsidy Scheme. Eligible Hong Kong residents living abroad may also receive vaccination upon their return to Hong Kong. Different regions in the Mainland China have vaccine recommendations and services suitable for their local situations, and Hong Kong residents living in the Mainland China are advised to follow the advice of local health authorities to take appropriate disease prevention measures.

Currently, the public or subsidised healthcare services provided by the Hong Kong Government are based on catering to the needs of local Hong Kong residents. In recent years, the Government has actively promoted medical collaboration in Guangdong-Hong Kong-Macao Greater Bay Area (GBA), providing additional choices for Hong Kong residents commuting to and from the GBA for work or living purposes. These measures aim to provide additional convenience and choices for Hong Kong people while alleviating the burden on the public healthcare system in Hong Kong to a certain extent. These measures are not intended to comprehensively address the healthcare needs of Hong Kong residents who choose to settle in the Mainland China. Any policies or measures to subsidise the medical needs of Hong Kong residents residing in the Mainland, including the GBA cities, represents a huge financial commitment. The Government currently has no plans to subsidise the provision of medical services, including vaccination, to Hong Kong residents living in the Mainland.

4.

The National Medical Products Administration announced the Work Plan for Regulatory Innovation and Development of Pharmaceutical and Medical Device in the Guangdong-Hong Kong-Macao Greater Bay Area in November 2020. It allows designated healthcare institutions operating in the GBA to use Hong Kong-registered drugs with urgent clinical use, and medical devices used in Hong Kong public hospitals with urgent clinical use.

The Government will continue to maintain close ties with the Mainland authorities concerned on the above measure and will actively collaborate with them to allow a wider use of eligible Hong Kong drugs and medical devices in designated healthcare institutions operating in GBA cities in the Mainland.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2200)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the implementation of the Colorectal Cancer Screening Programme (CRCSP) and the Breast Cancer Screening Pilot Programme (BCSPP), will the Government inform this Committee of:

1. the number of participants, the screening results, the number of cancer patients identified by screening (with a breakdown of cancer stages) and the expenditure involved each year since the launch of the above two programmes;

2. whether the RCCSP has met its target, and whether publicity and promotion efforts will be stepped up to encourage eligible persons to join the programme; if yes, the details; if not, the reasons; and

3. whether the effectiveness of the BCSPP has been evaluated, and whether there has been any progress of late on Phase 2 of the BCSPP; if yes, the details; if not, the reasons?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 5)

Reply:

1.

Colorectal Cancer Screening Programme (CRCSP)

The CRCSP has been implemented by the Government since 2016 to subsidise regular colorectal cancer screening tests for asymptomatic Hong Kong residents aged between 50 and 75. As at end-December 2023, more than 420 000 eligible persons have participated in the CRCSP. Among those participants who had undergone colonoscopy examination, over 33 000 were found to have colorectal adenomas and about 2 900 were diagnosed with colorectal cancer. A preliminary analysis of about 1 900 colorectal cancer cases revealed that about 57% were earlier-stage cases (stage II or below) with a more favourable prognosis. Such screenings can identify people who have colorectal cancer before symptoms are shown, or people with a higher risk of colorectal cancer, enabling them to receive early treatment and significantly improving the prognosis. The removal of colorectal adenomas in the course of colonoscopy prevents them from turning into cancer.

The CRCSP's expenditure for 2021-22 and 2022-23 and its revised estimate for 2023-24 are set out below:

Financial year	Expenditure ($ million)
2021-22 (Actual)	175.5
2022-23 (Actual)	151.6
2023-24 (Revised estimate)	264.7

Breast Cancer Screening Pilot Programme (BCSPP)

Since the implementation of Phase 1 of the BCSPP in the latter half of 2021, as at 31 December 2023, 27 807 women aged between 44 and 69 have received breast cancer risk assessment in 3 Women Health Centres (WHCs), 4 Maternal and Child Health Centres and 18 Elderly Health Centres (EHCs). 7 820 women (about 28%) of them were referred for mammogram (MMG) screening. Relevant figures by quarter are tabulated as below:

Period	**No. of women receiving breast cancer risk assessment**	**No. of women referred for MMG screening**
Sep – Dec 2021	3 487	1 250
Q1 in 2022	2 448	796
Q2 in 2022	2 943	779
Q3 in 2022	3 572	944
Q4 in 2022	3 441	844
Q1 in 2023	3 396	862
Q2 in 2023	3 073	825
Q3 in 2023	2 741	726
Q4 in 2023	2 706	794
Total	**27 807**	**7 820**

With the consent of the women participating in the BCSPP, the Department of Health (DH) has been collecting input from the specialists following up the referred cases and the Hong Kong Cancer Registry (HKCR) on the number of breast cancer detected and the relevant data. The data collection process is still on-going and no data is available yet.

As the expenditure for the BCSPP is subsumed under the overall provision for WHCs and EHCs, a breakdown of such expenditure is not available.

2.
According to the HKCR's case analysis data, about 57% of diagnosed colorectal cancer cases were earlier-stage cases (stage II or below) with a more favourable prognosis. Screenings can identify people who have colorectal cancer before symptoms are shown, or people with a higher risk of colorectal cancer, enabling them to receive early treatment and significantly improving the prognosis.

To enhance public awareness of the CRCSP, the DH has been conducting publicity campaigns through various channels. Health education information and publicity materials are disseminated on different media platforms such as the website (www.colonscreen.gov.hk), television, radio, newspapers, magazines and social media. The DH has also produced Announcements in the Public Interest for broadcast and posters for display on television and public transportation (such as trains, buses, ferries, trams) to promote healthy lifestyle among the public for preventing colorectal cancer and encourage eligible persons to participate in the CRCSP. The health education information on the thematic website is available in different languages (including Bahasa Indonesia, Hindi, Nepali, Tagalog, Thai and Urdu) to help ethnic minorities understand colorectal cancer screening and prevention. The DH will continue to step up its publicity efforts for CRCSP on various media platforms to encourage participation of those eligible for screening to maximise its effectiveness.

3.
The Cancer Coordinating Committee (CCC), which is chaired by the Secretary for Health, and comprises members including cancer experts, academics, doctors in public and private sectors, as well as public health professionals, has conducted a preliminary review on Phase 1 of the BCSPP. The Government is deliberating on the CCC's recommendations to devise the implementation details of the next phase of the BCSPP. Further details will be announced in due course.

- End -

Examination of Estimates of Expenditure 2024-25 | Reply Serial No. **HHB277**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2202)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the administration of seasonal influenza vaccines (SIVs) to schoolchildren, will the Government please advise this Committee on:

1. the number of severe cases of and fatalities caused by seasonal influenza among people aged under 18 in each of the past 3 years, with a breakdown by age group;

2. the uptake rate of SIVs among children and adolescents aged under 18 in each of the past 3 years, with a breakdown by age group;

3. the estimated quantities and contract amounts for the purchase of injectable and nasal SIVs for 2024-25; and whether more nasal SIVs will be made available to schoolchildren to address concerns of parental resistance due to panic or pain at the injection site encountered by their children; if yes, the related work plan and estimated expenditure and, if not, the reasons;

4. whether the Government will consider setting up a one-stop platform to provide parents, schoolchildren and schools with information regarding seasonal influenza and enhance public education on that platform; if yes, the related work plan and estimated expenditure and, if not, the reasons; and

5. as schools are required to arrange for SIV administration for their students, which creates additional workload for teachers, whether the Government will consider digitalising the administrative procedures, such as the distribution of electronic forms to schools to enable parents to apply for in-school vaccination through an online platform; if yes, details of the work plan and the estimated expenditure and, if not, the reasons?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 7)

Reply:

The Department of Health (DH) has been implementing various vaccination programmes/schemes to provide free/subsidised seasonal influenza (SI) vaccination to

eligible persons. To increase seasonal influenza vaccine (SIV) uptake among school students, the DH has fully regularised the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP) since the 2020/21 season to cover all primary schools, kindergartens and childcare centres (KG/CCCs), and has expanded the eligible groups under the SIVSOP to include secondary school students and Hong Kong residents less than 18 years of age in the 2022/23 season.

(1)
The number of severe cases of and fatalities caused by SI among people aged under 18 in each of the past 3 years, with a breakdown by age group, is set out in the table below:

Age group	Total no. of cases (Fatalities among the total)			
	2021	2022	2023	2024*
0-5	0	1 (0)	10 (3)	5 (0)
6-11	0	0	7 (0)	4 (0)
12-17	0	1 (0)	11 (2)	1 (0)
Total	0	2 (0)	28 (5)	10 (0)

* As at 9 March 2024

(2)
The uptake rate of SIVs among children and adolescents aged under 18 in each of the past 3 years, with a breakdown by age group, is set out in the table below:

Age group	2021/22		2022/23		2023/24 (as at 3 March 2024)	
	No. of SIV recipients	The uptake rate within the age group	No. of SIV recipients	The uptake rate within the age group	No. of SIV recipients	The uptake rate within the age group
Between 6 months and under 6*	107 400	37.6%	93 000	37.88%	111 300	47.3%
Between 6 and under 12	234 500	65.8%	209 700	60.2%	234 100	67.7%
Between 12 and under 18*	Not applicable	Not applicable	62 600	19.3%	141 700	40.6%

* In 2022/23 and 2023/24, eligible groups under the SIV programmes were expanded to include secondary school students and Hong Kong residents less than 18 years of age.

As some people may have, at their own expense, received SIV at private clinics outside the Government's vaccination programmes/schemes, they are not included in the statistics concerned.

(3)
In general, the Government will, before ordering SIVs each year, make an estimate based on the recommendations of the World Health Organization and the number of persons covered by the eligible groups in a particular year, as well as making reference to the past uptake rates. As the Government is planning on the procurement of SIVs for use under various vaccination

programmes/schemes in 2024/25, the quantities and estimated costs of SIVs to be procured are currently unavailable.

The DH conducts survey annually to gather feedback from enrolled doctors and schools on the school outreach programmes/schemes. According to the findings of the survey conducted in 2023, among the doctors and schools planning to participate in outreach activities in 2023/24 season, the majority of respondents preferred injectable inactivated influenza vaccines (IIV) to nasal live attenuated influenza vaccines (LAIV); more specifically, nasal LAIVs was only preferred by 1% to 7% of doctors providing services in various school outreach settings, 7% of secondary schools, 9% of primary schools and 26% of KG/CCCs.

Under the current arrangement, KG/CCCs can choose between injectable IIVs or nasal LAIVs. While primary and secondary schools are provided with injectable IIVs under the SIVSOP, schools can also arrange outreach vaccination activities through the Vaccination Subsidy Scheme (VSS) School Outreach (Extra Charge Allowed) Scheme during which participating schools can discuss with doctors their preference for injectable IIVs or nasal LAIVs for vaccination of eligible students. Private doctors under the VSS may also decide whether they would use injectable IIVs or nasal LAIVs at their practices depending on their preference and stock. In the 2023/24 season, the DH procured 25 700 doses of LAIV for KG/CCCs, of which 21 400 doses were administered for 16 500 students.

In the 2022/23 season, the Government procured 22 500 doses of nasal LAIV for various SIV programmes/schemes, of which 17 400 doses were administered for students. The remainder of around 5 100 doses were unused and disposed of, resulting in vaccine wastage of around 22.7%, which was higher than the 13.1% vaccine wastage for IIVs.

(4) & (5)
The Centre for Health Protection (CHP) disseminates information in a transparent and timely manner to ensure that up-to-date information is made available to the public. Influenza surveillance data is summarised in the weekly on-line publication "COVID-19 and Flu Express" and uploaded to the CHP's website every week. The CHP also issues letters to doctors, hospitals, kindergartens, child care centres, primary and secondary schools, as well as residential care homes for the elderly and persons with disabilities, informing them of the latest SI situation and reminding them to take preventive measures.

The CHP has created thematic webpages about SI (https://www.chp.gov.hk/tc/features/14843.html) and vaccination programmes/schemes (https://www.chp.gov.hk/tc/features/17980.html) to provide the general public, parents and schools with the latest information. The CHP has also been promoting health messages on personal and environmental hygiene as well as prevention of respiratory diseases including seasonal influenza through various channels, including thematic webpages, Announcements in the Public Interest on television and radio stations, social media, and newspapers. The CHP produces various health education materials, such as leaflets, posters, infographics and guidelines, to enhance promotion. Relevant information is disseminated to parents and students through various channels, such as schools and parent-teacher associations. In addition, key health information is also available in ethnic minority languages for relevant parties' reference.

A strong advocate for digitalization, the DH has been actively assisting the Health Bureau in implementing the Electronic Health Record Sharing System (eHealth). In the 2023/24 school year, registration consent forms for eHealth were distributed together with that for SI vaccination at schools. Students could then sign up for eHealth in one go and start building up an electronic health record from an early age. Members of the public can store and access the vaccination record of various government vaccination programmes via the eHealth mobile application, saving the trouble of handling paper records.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3796)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Hong Kong is well-equipped to develop into an international life and health technology centre. In this connection, will the Government inform this Committee of the estimated expenditure and timetable for setting up the Greater Bay Area International Clinical Trial Institute?

Asked by: Hon CHAN Kapui, Judy (LegCo internal reference no.: 36)

Reply:

The Greater Bay Area International Clinical Trial Institute (GBAICTI) will be established in the Hetao area by the end of this year to provide one-stop clinical trial support service and perform key functions including: (a) co-ordinating clinical trial resources in the public and private healthcare sectors in Hong Kong; (b) establishing clinical trial collaboration network and training programmes; (c) working continuously with stakeholders to review and improve various clinical trial processes; and (d) advising on the long-term planning for clinical trial infrastructure and resources required to support clinical trial development. A total time-limited provision of $140 million will be provided for 5 years from 2024-25 to 2028-29 to support the establishment and operation of the GBAICTI.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3788)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Since 2018, the Food and Environmental Hygiene Department (FEHD) has implemented various administrative measures to facilitate the handling of abortuses. The FEHD has also been actively examining proposals to further improve the arrangements in a holistic manner, including the establishment of 2 abortus keeping facilities, Gardens of Forever Love at Wo Hop Shek and Cape Collinson. In this connection, will the Government please inform this Committee of:

(1) the numbers of stillbirths (i.e. a baby born with no signs of life at or after 24 weeks of gestation) in public hospitals in each of the past 5 years; and

(2) whether it has maintained the annual figures on abortuses (i.e. abortuses other than "stillbirths") in public hospitals; if yes, the figures in the past 5 years; if not, the reasons?

Asked by: Hon LAI Tung-kwok (LegCo internal reference no.: 27)

Reply:

For public hospitals, doctors of the Hospital Authority (HA) will issue a Certificate of Still-birth under section 18 of the Births and Deaths Registration Ordinance (Cap. 174) for a still-born baby. According to the guidelines issued by the Hong Kong College of Obstetricians and Gynaecologists, "stillbirth" is defined as a baby born with no signs of life at or after 24 weeks of gestation, or with a birth weight of more than 500 grams when the gestation age is uncertain. The HA currently adopts this definition. According to the HA, the numbers of stillbirths in public hospitals in each of the past 5 years are set out in the table below:

Year	Number of Stillbirths in Public Hospitals
2019	106
2020	102
2021	94
2022	67
2023 [Provisional figure]	79

The HA does not maintain statistics on the number of cases of miscarriage before the 24th week of gestation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3563)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: Not Specified

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The arrival of healthcare personnel from Grade A tertiary hospitals in the Mainland for exchanges has made significant contribution to the improvement of our healthcare services. The arrangement will also enable our healthcare personnel to have a better understanding of Mainland's healthcare system and gain valuable working experience. In this connection, will the Government inform this Committee of the following:

- the numbers of Mainland and Hong Kong healthcare personnel interested in the exchange programme;
- the written examination passing rate of the Mainland healthcare personnel participating in the exchange programme;
- whether any action has been taken to avoid conflicts between Mainland and Hong Kong healthcare personnel at work; if so, of the details; if not, the reasons for that;
- whether it has established a penalty mechanism for Hong Kong healthcare personnel who insult or discriminate against Mainland healthcare personnel; if so, of the details; if not, the reasons for that;
- the exchange duration of Hong Kong and Mainland healthcare personnel at the hospitals and regions (Hong Kong and the Mainland) where they stay; whether they will be employed by the hospitals participating in the exchange programme; and
- whether the Government will provide subsidies to the healthcare personnel participating in the exchange programme; if so, of the details; if not, the reasons for that.

Asked by: Hon LEE Tsz-king, Dominic (LegCo internal reference no.: 48)

Reply:

The Hospital Authority (HA) has all along been actively promoting the exchange of healthcare talents. Amongst the initiatives, with support from the Health Commission of Guangdong Province (GDHC) and the Health Bureau of the HKSAR Government, the HA rolled out the Greater Bay Area (GBA) Healthcare Talents Visiting Programmes in the fourth quarter of 2022. The first phase of the Programmes covers various clinical healthcare professions on a pilot basis. Details are set out below.

GBA Visiting Doctors Programme

This programme aims to establish a mechanism for doctors working in the public healthcare system in the Guangdong Province and Hong Kong to undergo exchanges in public hospitals of the other place. There are 10 doctors nominated by the GDHC under the first batch. They are at the rank of Associate Chief Physician or Attending Physician serving in Tier III Class A hospitals in the Mainland with over 7 years of clinical experience. Their specialties include Respiratory Medicine, Infectious Disease, Nephrology, Cardiology, Anaesthesiology, and Radiology.

After obtaining Limited Registration with approval from the Medical Council of Hong Kong, the 10 visiting doctors came to Hong Kong in April 2023 to commence a year of clinical practice and experience exchange in the HA. To enable visiting doctors to adapt to the work of public hospitals as soon as possible, they were provided with support by local doctors upon joining the HA for integrating into the cluster healthcare teams to deliver clinical services to patients.

Since its implementation, the programme has been operating smoothly in general and achieved the anticipated outcomes of exchange.

GBA Chinese Medicine Visiting Scholars Programme

This programme aims to enhance the professional competency of Chinese medicine (CM) practitioners in Hong Kong and foster the development of Integrated Chinese-Western Medicine (ICWM). Visiting scholars provide clinical training at selected HA hospitals under limited registration granted by the Chinese Medicine Council of Hong Kong. The programme also offers hospital-based CM training in the "master-apprentice" model, the first of its kind in Hong Kong, to provide clinical mentorship and professional exchange for local CM practitioners. Apart from providing inpatients with ICWM treatment, the programme also explores new models for the development of ICWM services.

The first phase of the programme commenced in November 2022. Two visiting scholars from the Guangdong Provincial Hospital of Traditional Chinese Medicine came to Hong Kong for exchange and ICWM clinical training for COVID-19 cases in selected public hospitals. Subsequently, the programme focused on ICWM development. So far, 9 CM experts from the Guangdong Province had come to Hong Kong in phases and offered training to about 90 local CM practitioners.

Visiting scholars must be at the rank of Associate Chief Physician or above and nominated by the GDHC with solid clinical experience in renowned hospitals or institutions. Their specialties include Respiratory Medicine, Neurology, Oncology, Orthopedics & Traumatology, and Acupuncture. Depending on the future development of the programme, more specialties may be included.

The healthcare personnel of the relevant HA hospitals and the CM practitioners of the 18 CM clinics are all very supportive to the programme and are pleased to see the outcomes achieved. The HA will continue to maintain close liaison and collaboration with CM hospitals in the GBA to dovetail with the development of ICWM for training of talents and extension to various types of diseases.

GBA Specialty Nursing Knowledge-Exchange Programme

The HA recruits a total of 300 experienced nurses in 3 cohorts from the Guangdong Province to join the exchange programme within the 2 years starting from 2023, providing them with, among other things, online learning followed by 45-week on-site clinical practicum at selected service areas of HA hospitals. All exchange visitors must hold a Bachelor Degree in Nursing and possess at least 3 years of post-registration nursing experience in related specialty area. Priority are given to those currently working in Tier III Class A hospitals in the Mainland.

In addition to the online briefings by specialty tutors on nursing care in the relevant specialty areas organised by the HA for the exchange nurses before their departure, the practicum hospitals will also provide induction training for exchange nurses after their arrival to help them understand the organisation structure and daily operation of the hospitals. Cluster coordinators and clinical tutors will also be arranged to provide exchange nurses with support in adaption to life in Hong Kong and clinical practicum.

The first cohort of 70 nurses completed clinical practicum in Geriatric Nursing in February 2024. The programme has achieved desirable outcomes of collaboration and received wide recognition.

Besides, the HA also sent a delegation to visit 4 Tier III Class A hospitals in the Guangdong Province in January 2024 for a 3-day study tour to help its nursing leaders to get a deeper understanding of the mode of operation of Mainland hospitals.

GBA Visiting Radiographer (Diagnostic) Programme

This programme aims to foster mutual understanding between diagnostic radiographers of Hong Kong and the Mainland and lay a solid foundation for future exchange in the radiography profession between the two places.

There were 5 diagnostic radiographers nominated by the GDHC at the rank of Radiographer In-charge, Deputy Chief Radiographer or Radiographer from Tier III Class A hospitals with 2 to 30 years of clinical experience. They came to Hong Kong in early August 2023 for a 2-week technical exchange with the radiographers of the HA and were assigned to the Radiology Departments of Tuen Mun Hospital and North District Hospital, as well as the Central Government-Aided Emergency Hospital.

In view of the successful experience and positive response of the visiting programme, in mid-January 2024, the HA sent 14 radiographers and 5 medical physicists to several Tier III Class A hospitals in the Guangdong Province for an exchange visit of 1 to 2 weeks under the "Guangdong-Hong Kong Radiographer and Physicist Talent Exchange Programme". Both the radiographer and physicist teams from the HA and the participating healthcare teams from the Guangdong Province expressed positive feedback on the technical exchange for mutual benefits.

Work Ahead

The first phase of the GBA Healthcare Talents Visiting Programmes was well received by participating healthcare professionals of both places. Having worked in concerted efforts, the healthcare professionals interacted with their counterparts to achieve the anticipated

outcomes. Based on the successful implementation of talent exchange and co-operation with the Guangdong Province under the first phase, the HA has already rolled out the second batch of exchange programmes with the GDHC and over 100 healthcare professionals from different cities of the Guangdong Province came to Hong Kong for exchange in batches in the first quarter of 2024. Among them, 2 ophthalmologists nominated by the GDHC came to Hong Kong in March this year for exchange. The HA is also exploring the extension of the programme to cover more specialties and to gradually enhance talent exchange across regions in terms of depth and breadth. As to nursing professionals, about 100 nurses from the Guangdong Province came to Hong Kong in batches in the first quarter of 2024 for clinical exchange, and their specialties include Geriatric Care, Peri-operative Nursing, Critical Care, Cardiac Critical Care, Ophthalmology and Endoscopy, etc.

Meanwhile, the HA is also planning and actively exploring with other regions/cities of the Mainland, such as Beijing and Shanghai, to establish two-way talent exchange, including short-term observation exchange, medium-to-long term clinical practice exchange and sending outstanding healthcare professionals from Hong Kong to the Mainland for learning and exchange in the latter's public healthcare system. At present, 1 endoscopic doctor from Shanghai has obtained limited registration with approval from the Medical Council of Hong Kong and has already commenced a 6-month clinical exchange in Hong Kong from March this year. The HA is now actively exploring the exchange arrangements with the Health Commissions and relevant authorities of Beijing and Shanghai, with a view to gradually implementing two-way exchange of suitable doctors within this year.

As for allied health professionals, in view of the successful experience and positive response of "Guangdong-Hong Kong Radiographer and Physicist Talent Exchange Programme", the HA is actively preparing for the implementation of the next phase with the GDHC, including inviting the second batch of diagnostic radiographers and radiation therapists from the Guangdong Province for exchange in Hong Kong. The HA is also exploring the feasibility of in-depth exchange for the second batch of radiographers and medical physicists of the HA at Tier III Class A hospitals in the Guangdong Province so that they can have a fuller understanding of the scope of work and service model in the Mainland.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3567)

Head: (140) Government Secretariat: Health Bureau

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

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

On overseeing the setting up of a preparatory office for the Hong Kong Centre for Medical Products Regulation (CMPR) and enhancements to the regulatory regime, will the Government inform this Committee: 1. of how the preparations for the CMPR are going, as well as the manpower and expenditure involved in the current year; and 2. as the changes in the drug approval mechanism will alter the application process for drugs and medical devices in Hong Kong, whether the Government has examined the impact on manufacturers of drugs and medical devices under the new mechanism as compared with the "secondary evaluation" approach under the old mechanism?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 11)

Reply:

(1)&(2)

The "secondary evaluation" approach adopted in the HKSAR is the process to approve applications for registration of drugs containing new chemical or biological entities (NCEs). It relies on the approvals from recognised competent drug regulatory authorities which have conducted primary evaluation. Primary evaluation involves the assessment of primary data and information of all pre-clinical studies (i.e. animal testing), clinical studies, manufacturing and quality control in order to fully evaluate the safety, efficacy and quality of a medicine. In general, applicants for registration of pharmaceutical product containing NCEs are required to provide necessary information including documentary proof for registration issued by at least two drug regulatory authorities of reference places in accordance with the Guidance Notes on Registration of Pharmaceutical Products Containing a New Chemical or Biological Entity as promulgated by the Board, in order to provide supporting evidence that the product has been rigorously evaluated before placing in the market.

As announced in the Chief Executive's 2023 Policy Address, the HKSAR Government will enhance the current evaluation and registration mechanism for drugs, and establish an internationally renowned regulatory authority of drugs and medical devices. The HKSAR Government is determined to leverage Hong Kong's medical strengths and establish the

"Hong Kong Centre for Medical Products Regulation" (CMPR), with the long-term objective of establishing an internationally recognised authority that registers drugs and medical devices under the "primary evaluation" approach, i.e. to directly approve applications for registration of drugs and medical devices based on clinical trial data. This will help accelerate the clinical application of new drugs and medical devices, and foster the development of emerging industries related to the research and development (R&D) and testing of medical products.

The preparatory office for the CMPR will create 6 time-limited posts. The relevant staff establishment and remuneration expenditure are at **Annex**. The Department of Health (DH) will regularly review the staffing requirements, and seek necessary resources and create additional posts through the established mechanism.

In addition, as an initiative to further enhance the existing drug registration system under the "secondary evaluation" approach, the Chief Executive's 2023 Policy Address announced the new "1+" mechanism for registration of new drugs, which came into effect on 1 November 2023. Under the newly established "1+" mechanism, applicants could apply for registration of new drugs that are beneficial for the treatment of life-threatening or severely debilitating diseases that are supported with local clinical data and scope of application recognised by local expert, if they submit approval from one reference drug regulatory authority (instead of two).

The "1+" mechanism could attract more drug development and clinical trials to be conducted in the Hong Kong SAR. The requirements for local clinical data and recognition by relevant experts for application for registration (the "+" under the "1+" mechanism) will ensure that all the drugs approved for registration fulfil the stringent requirements of safety, efficacy and quality. It will also strengthen the local capacity of drug evaluation and enhance the development of relevant software, hardware and expertise for progressing towards the primary evaluation approach.

Pharmaceutical companies have reacted positively to the HKSAR Government's plan to introduce the "1+" mechanism and progression towards the "primary evaluation" approach. The DH has promulgated the "1+" arrangement to the trade (including pharmaceutical companies) and issued letter to notify the relevant stakeholders (including relevant pharmaceutical associations and holders of certificate of drug registration) on the implementation details of the "1+" mechanism, and to handle relevant enquiries and potential applications. Since the commencement of the "1+" mechanism, the DH has received and followed up about 130 enquiries involving about 60 companies (as of 24 March 2024). The DH has also proactively approached the pharmaceutical trade and invited the submission of applications for registration under the "1+" mechanism for suitable products, and organised 4 online seminars (with attendance of 175 participants) to explain the arrangements for the "1+" mechanism. Under the "1+" mechanism, two new drugs for cancer treatment have already been approved for registration in Hong Kong, which are oral target therapy products with different strengths indicated for metastatic colorectal cancer, bringing new hope for treatment to patients for whom conventional chemotherapy has been ineffective or inapplicable. In addition, several pharmaceutical companies have expressed interest in applying for registration under the "1+" mechanism. Applications would be submitted to the Board once the necessary information is available.

Annex

Establishment of the Preparatory Office for the Hong Kong Centre for Medical Products Regulation

Rank	Number of time-limited posts	Net annual recurrent cost of civil service posts (HK$)[#]
Senior Pharmacist	1	1,597,080
Pharmacist	2	2,077,800
Scientific Officer (Medical)	1	1,038,900
Senior Chemist	1	1,597,080
Senior Electronics Engineer	1	1,597,080
Total	**6**	**7,907,940**

[#] Based on the notional annual mid-point salary value of each rank concerned.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3568)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the healthcare manpower, will the Government inform this Committee of the following:

1. Over the past few years, manpower wastage has been a major social concern in Hong Kong. In particular, the problem of manpower shortage in public hospitals occurs from time to time. Please set out, by district, the numbers of staff leaving the service (non-retirement) and newly recruited staff in each hospital of the Hospital Authority in the past 2 years.

2. Has the Government conducted any planned studies on the problem of manpower wastage to ensure that members of the public can receive healthcare services? If so, what are the details; if not, what are the reasons?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 12)

Reply:

1.

The table below sets out the numbers of staff, intake and full-time attribution (wastage) of doctors, nurses and allied health professionals by cluster under the Hospital Authority (HA) from 2022-23 to 2023-24 (from April to December 2023):

Cluster	Staff Group	No. of staff (As at 31 March 2023) (including full- and part-time)	No. of intake (including full- and part-time)	Full-time attrition (wastage) number		
				Retire-ment	Non-retirement	Total
HKEC	Doctors	651	74	6	52	58
	Nurses	3 018	268	42	252	294
	Allied health professionals	928	91	12	53	65
HKWC	Doctors	666	63	8	46	54

Cluster	Staff Group	No. of staff (As at 31 March 2023) (including full- and part-time)	No. of intake (including full- and part-time)	Full-time attrition (wastage) number		
				Retire-ment	Non-retirement	Total
	Nurses	2 899	252	68	266	334
	Allied health professionals	1 032	118	19	78	97
KCC	Doctors	1 383	111	16	65	81
	Nurses	6 184	546	116	531	647
	Allied health professionals	1 937	197	36	142	178
KEC	Doctors	796	64	6	45	51
	Nurses	3 562	271	27	250	277
	Allied health professionals	1 007	93	15	56	71
KWC	Doctors	1 110	108	14	59	73
	Nurses	5 038	442	98	408	506
	Allied health professionals	1 482	166	23	101	124
NTEC	Doctors	1 045	87	8	52	60
	Nurses	4 865	387	81	404	485
	Allied health professionals	1 479	134	15	89	104
NTWC	Doctors	881	72	10	47	57
	Nurses	3 992	339	50	342	392
	Allied health professionals	1 192	136	23	83	106

2023-24 (from April to December 2024)

Cluster	Staff Group	No. of staff (As at 31 March 2023) (including full and part-time)	No. of intake (including full- and part-time)	Full-time attrition (wastage) number		
				Retire-ment	Non-retirement	Total
HKEC	Doctors	685	80	7	24	31
	Nurses	3 038	253	35	169	204
	Allied health professionals	970	106	11	43	54
HKWC	Doctors	682	60	4	35	39
	Nurses	2 916	275	46	167	213
	Allied health professionals	1 064	88	20	41	61
KCC	Doctors	1 460	143	12	49	61
	Nurses	6 136	504	76	363	439
	Allied health professionals	2 001	183	28	89	117

Cluster	Staff Group	No. of staff (As at 31 March 2023) (including full and part-time)	No. of intake (including full- and part-time)	Full-time attrition (wastage) number		
				Retire-ment	Non-retirement	Total
KEC	Doctors	823	64	7	32	39
	Nurses	3 627	264	35	119	154
	Allied health professionals	1 045	100	8	41	49
KWC	Doctors	1 151	89	14	29	43
	Nurses	5 033	464	73	252	325
	Allied health professionals	1 540	133	10	68	78
NTEC	Doctors	1 094	92	3	30	33
	Nurses	4 863	381	48	220	268
	Allied health professionals	1 552	149	16	67	83
NTWC	Doctors	933	99	10	25	35
	Nurses	4 081	320	37	181	218
	Allied health professionals	1 245	128	8	63	71

Note:

1. The above number of staff is calculated on full-time equivalent basis, including permanent, contract and temporary of the HA.
2. The intake number refers to the total number (on headcount basis) of permanent and contract staff joining the HA during the period. Transfer, promotion and staff movement within the HA are not regarded as intake.
3. Attrition (Wastage) includes all types of cessation of service from the HA (including retirement) for permanent and contract staff on headcount basis.
4. The manpower figures above regarding Doctors exclude Interns and Dental Officers, while the intake number of Doctors includes the number of Interns appointed as Residents.
5. The "Allied health professionals" group includes Radiographers, Medical Technologists/ Medical Laboratory Technicians, Occupational Therapists, Physiotherapists, Pharmacists, Medical Social Workers, etc.
6. The above intake and attrition numbers do not exclude the staff under the arrangement of Extending Employment Beyond Retirement (EER). From 2024 onwards, the HA will first exclude the number of staff under the EER arrangement when compiling the relevant statistics.

2.

The Government systematically projects the future healthcare manpower required to meet the relevant service demand primarily through the triennial healthcare manpower projection exercise. The projection takes into account comprehensively factors such as local population and demographic changes, prevalence of chronic diseases, as well as known and

planned services and development directions. The latest round of Healthcare Manpower Projection 2023 has already been completed, and the results will be announced within this year. The Government will make reference to the projection result in making long-term manpower planning for the supply of local healthcare professionals. Concurrently, the Government will also conduct a comprehensive review on various strategies to increase manpower supply to meet the future healthcare service demand.

On the other hand, as Hong Kong's largest public healthcare body, the HA has been closely monitoring over the years its manpower situation and introduced a range of measures to attract, develop and retain talents. The HA has in place various ongoing measures under the overall budget, including increasing the number of Resident Trainee posts to recruit local medical graduates, recruitment of non-locally trained doctors to supplement local recruitment, improving promotion prospects to retain staff, hiring part-time healthcare staff (e.g. via recruitment of locum staff), offering flexible work arrangements, offering further employment to suitable staff beyond retirement, enhancing Home Loan Interest Subsidy Scheme and providing better training opportunities to various grades by establishing the HA Academy.

In December 2019, the HA established a Task Group (TG) on Sustainability to review, among other things, strategies for retaining staff. In line with the key directions recommended by the TG, the HA has been gradually rolling out further staff retention measures and will continue to do so in 2024-25. These measures include:

(a) creating opportunities for Associate Consultants to be promoted to the Consultant rank, so as to retain experienced medical personnel to address the service, manpower and training needs in the HA;
(b) providing Specialty Nurse Allowance to eligible registered nurses, so as to retain manpower and encourage professional development of nurses through recognising their specialty qualifications; and
(c) continuing efforts in Extending Employment Beyond Retirement to attract more retired staff who are willing to stay after retirement.

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

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3569)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the efforts to take forward to develop and roll out eHealth+, will the Government inform this Committee of the following:

1. According to government information, the current number of eHealth registrants are 6 million, accounting for 80% of the total population. Will the Government please inform this Committee of the percentage of public and private healthcare institutions to which eHealth is currently applicable?

2. According to the Government's estimate, about $1.4 billion will be required for the development of eHealth+ in the next 5 years. Please inform this Committee of the detailed expenditure, manpower and timetable involved in the development of this project.

3. As announced earlier by the Government, the current rate of uploading to eHealth by private hospitals is low. How will the Government motivate private hospitals to participate in eHealth+ in the future; if so, what are the details, if not, the reasons for that?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 13)

Reply:

(1) The Electronic Health Record Sharing System (eHealth), which came into operation in 2016, is a territory-wide electronic health record sharing platform developed by the Government since 2009. Participants can authorise healthcare providers (HCPs) in both public and private sectors to view and upload their electronic health records (eHRs) through eHealth. eHealth has undergone two stages of development. As of the end of February 2024, it recorded about 6 million registered users, accounting for nearly 80% of the population in Hong Kong.

In accordance with the Electronic Health Record Sharing System Ordinance (Cap. 625) (the eHR Ordinance), the Hospital Authority (HA), the Department of Health (DH), Government departments providing healthcare services; private healthcare facilities, clinics, dental clinics, residential care homes for the elderly and residential care homes for persons with disabilities,

or any specified entity that engages a healthcare professional to perform healthcare at one or more service locations in Hong Kong may register as HCP. At present, all public hospitals and public clinics in Hong Kong have registered with eHealth. For private HCPs, all 13 private hospitals and over 3 000 organisations (including clinics, residential care homes for the elderly and welfare organisations providing healthcare) have registered with eHealth with over 5 000 service locations, which is estimated to cover most of the private healthcare facilities in Hong Kong [Note 1].

Note 1: The Private Healthcare Facilities Ordinance (Cap. 633) regulates premises where registered medical practitioners and registered dentists practise. The Government is implementing the ordinance in phases according to the risk level of various types of private healthcare facilities. As at 31 March 2024, all private hospitals, 262 day procedure centres and 9 scheduled nursing homes under the ordinance are issued with licences or letters of exemption by DH. DH is making preparations and arranging manpower for processing applications for clinic licences and letters of exemption for small practice clinics, which are estimated to involve 5 000 premises. The data does not include all HCPs who can join eHealth, such as residential care homes for the elderly and residential care homes for persons with disabilities.

(2) Building on the current strengths of eHealth, the 2023 Policy Address announced the Government's initiative to roll out a five-year plan of eHealth+ to develop eHealth into a comprehensive healthcare information infrastructure that integrates multiple functions of data sharing, service support and care journey management. We will take forward the eHealth+ development under four strategic directions, namely "One Health Record", "One Care Journey", "One Digital Front Door to Empowering Tool" and "One Health Data Repository" in the next 5 years (i.e. 2024-25 to 2028-29). eHealth+ aims to better serve citizens in obtaining optimal healthcare services and support the Government's overall healthcare agenda, including primary healthcare and cross-boundary healthcare.

We plan to seek the Finance Committee's funding approval for a capital funding of about $1,395.8 million this year to support the implementation of "eHealth+". A breakdown of the estimated expenditure by key cost item is set out in the table below:

Items	**Expenditure ($'000)**
(a) Hardware	44,495
(b) Software	80,194
(c) Communication network	19,291
(d) Development team	
(i) Programme Office, project management and external engagement	92,188
(ii) Product, clinical services design and architect	115,236
(iii) Product development and implementation	115,235
(iv) Security and quality assurance	138,283
(e) Implementation services	

(i) Technical consultancy and services	63,232
(ii) Software development services	252,930
(iii) Cybersecurity and quality assurance	126,465
(iv) Rollout, engagement and implementation	189,697
(f) Training	1,784
(g) Others	29,895
Sub-Total	1,268,925
(h) Contingency	126,893
Total	1,395,818

"eHealth+" will be developed and implemented by HA's dedicated team (including health informatics staff, information technology staff and project management staff). Estimated manpower is set out in the table below:

Financial Year	**Estimated Manpower (Number of Posts in the HA)**
2024-25	58
2025-26	58
2026-27	60
2027-28	60
2028-29	60

Note 2: In addition to the support of the above HA staff, "eHealth+" will be supplemented by separately procured technical outsourcing agent, professional and consultancy services to assist in the implementation and quality assurance work.

As for the Health Bureau, eHealth-related work is only part of the relevant staff's duties. A breakdown on the manpower is not available.

(3) Currently, there are over 3.85 billion eHRs shared on eHealth, the vast majority of which (more than 99%) come from public HCPs. Despite the high level of eHealth participation and usage by private HCPs, as well as system readiness of these HCPs especially private hospitals and imaging centres, health data contribution by private HCPs has remained extremely low. One key objective of "eHealth+" development is to significantly increase the uploading of eHRs by the private sector with a view to providing continuity of care for patients.

The Government has rolled out the eHealth Adoption Sponsorship Pilot Scheme by partnering with solution vendors of clinical management systems and medical groups for system enhancements to facilitate seamless data upload from the clinical management systems of private doctors to eHealth. The pilot scheme has been progressing well. As of the end of February 2024, around 400 private doctors have connected with eHealth and uploaded more than 160 000 eHRs. The Government will continue to boost data connectivity between

eHealth and the electronic medical management systems in the community through the provision of technical and financial support.

The Government will progressively require all private HCPs participating in all government funded or subsidised health programmes to upload eHRs of relevant service users onto eHealth, so as to assist members of the public to build and maintain a complete health profile. In the future, we will launch an "eHealth+" certification scheme to facilitate the public to identify the capability of HCPs in uploading medical records and the extent of information involved, in order to support their choice of suitable healthcare service providers.

The Government will also consider amending the eHR Ordinance so as to empower the Secretary for Health to require HCPs to deposit specified essential health data in the personalised eHealth accounts of the public, thereby manifesting their right to access and manage their personal health records.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3570)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding the review and revision of public medical fees and charges, will the Government inform this Committee:

1. given that it has indicated earlier that public medical fees and charges are subject to review and revision this year, of the current progress of the review; and
2. given that fee revision will have considerable impact on the public amid economic downturn and the issue of imbalanced allocation of resources in respect of public medical fees and charges has also aroused public concern, whether it has considered conducting a public consultation to gauge the views of different stakeholders during the review; if so, of the details; if not, the reasons for that?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 14)

Reply:

(1) and (2)

To ensure effective utilisation of the resources in the healthcare system, the Government and the Hospital Authority (HA) has in place a mechanism for reviewing the fees and charges of public healthcare services regularly according to the applicable guiding principles. The principles include considering factors such as costs, affordability of the citizens, appropriate use of services, resources prioritisation, support for the disadvantaged groups and public acceptance, etc.

The HA is now conducting a new round of review of service fees and charges. When considering the review proposal, the Government will take into account the impact of the suggestions on citizens with different levels of affordability. The Government will also look into services with relatively distinct imbalance of resource allocation and those with wastage of resources, and assess whether it is necessary to guide proper use of public healthcare services among citizens through adjustment of charging arrangements, while at the same time further supporting those with genuine needs so as to ensure proper use of limited resources.

The Government and the HA will collect the views of stakeholders through various channels for consideration during the review process. The Government and the HA will announce the review outcome in due course.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3572)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Cancer is the top killer in Hong Kong. Among all, lung, colorectal and liver cancers make up more than half of the total cancer deaths. Regarding the prevention and control of cancer, would the Government provide this Committee with the following information in the past 3 years:

1. What are the resources allocated by the Government to address lung, colorectal and liver cancers?
2. Is there any assessment on the effectiveness of the Colorectal Cancer Screening Programme? Will the Government extend the screening coverage to other types of cancer based on the experience to achieve early identification and early treatment? If so, what are the details? If not, what are the reasons?
3. In view of the long process and high costs of treating cancer, introducing overseas or Mainland drugs and treatments to Hong Kong, specifically to the Drug Formulary, helps lower patient expenses and provide more treatment options. Are relevant studies included in the Government's work plan this year? If so, what are the details? If not, what are the reasons?
4. Will the Government's plan to review public medical fees this year affect the funding allocation for cancer treatment, particularly the introduction of new drugs and treatment approaches? If so, what are the details? If not, what are the reasons?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 16)

Reply:

1.

The Hospital Authority (HA) strives to provide all patients (including cancer patients) with sustainable, affordable and optimal treatments and care while ensuring the proper use of public resources to protect public health and patients' interests. It has put in place mechanisms to provide support for patients in various aspects, including provision of clinical diagnosis and assessment, multi-disciplinary specialist care and rehabilitation services, as well as introduction of new drugs and drug subsidies.

Over the past 3 years, the HA has been strengthening its cancer services through measures including streamlining the cancer diagnostic process, enhancing the provision of cancer investigations and management of cancer services, providing additional day inpatient attendances and specialist out-patient clinic (SOPC) attendances in various clusters, and enhancing the services of chemotherapy and those of clinical oncology and medical oncology at SOPCs. The HA has also provided additional operating theatre sessions and built service capacity for additional laboratory tests to ensure timely and appropriate treatment for cancer patients. As the HA provides comprehensive diagnostic service, treatment and care for cancer patients through an integrated and multi-disciplinary approach while the healthcare professionals providing the related services also have to serve other patients at the same time, the manpower, resources and expenditures involved in treating different cancers cannot be separately quantified.

Moreover, primary prevention (i.e. reducing exposure to cancer risk factors) is the most important strategy for reducing the risk of developing cancer. The Department of Health (DH) has all along been encouraging members of the public to adopt a healthy lifestyle, including avoiding smoking and alcohol, having a healthy diet, doing regular physical activities and maintaining of a healthy body weight and waist circumference, in order to reduce the risk of non-communicable diseases including cancer. The resources and manpower involved in health promotion are subsumed into the overall provision of the DH and cannot be separately identified.

2.

For cancer screening, the Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) under the Cancer Coordinating Committee chaired by the Secretary for Health regularly reviews local and international scientific evidence, with a view to making recommendations to the Government on evidence-based measures for cancer prevention and screening suitable for the local population.

Asymptomatic persons at average risk aged between 50 and 75 are advised by the CEWG to undergo regular colorectal cancer screening. In view of the local epidemiological situation, as well as the local and overseas scientific evidence and relevant practices, the CEWG does not recommend routine screening for lung and liver cancer for asymptomatic persons at average risk. For asymptomatic persons at higher risk, they should seek advice from doctors to determine the need for and approach of lung and liver cancer surveillance.

The Government has launched the Colorectal Cancer Screening Programme (CRCSP) based on the recommendations of the CEWG since 2016 to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo regular colorectal cancer screening. As at end December 2023, over 420 000 eligible persons have participated in the CRCSP. Among those who underwent colonoscopy examination, over 33 000 were found to have colorectal adenomas and about 2 900 were diagnosed with colorectal cancer. A preliminary analysis of about 1 900 colorectal cancer cases revealed that about 57% belonged to earlier-stage cases (stage II or below) with a more favourable prognosis. Such screenings can identify, before symptoms are present, people who have colorectal cancer or people with a higher risk of colorectal cancer, enabling them to receive early treatment and significantly improving the prognosis. The removal of colorectal adenomas in the course of colonoscopy can also prevent them from turning into cancer.

The expenditure of the CRCSP's for 2021-22 and 2022-23 and its revised estimate for 2023-24 are set out below:

Financial year	**Expenditure ($ million)**
2021-22 (Actual)	175.5
2022-23 (Actual)	151.6
2023-24 (Revised estimate)	264.7

Apart from the CRCSP, the Government has also implemented the Cervical Screening Programme and the risk-based Breast Cancer Screening Pilot Programme as recommended by the CEWG.

When considering suggestions for any disease screening, the Government will refer to the evidence-based risk assessment and views of relevant experts from the perspective of public health. A number of factors will be carefully assessed, such as local prevalence of the cancer, accuracy and safety of the screening tests, effectiveness of screening in reducing incidence and mortality rates, as well as feasibility of implementation of a screening programme. The perspective of appropriate utilisation of healthcare resources will be taken into account to determine the priority for such screening. Excessive screening under public health programmes not only wastes resources devoted to the overall public health which may otherwise be available for other projects of greater need, but may also pose unnecessary health risks to individuals, thereby often causing more harm than good.

3.

Evaluation of new drugs is an on-going process driven by evolving medical evidence, the latest clinical developments and market dynamics. The HA will continue to keep abreast of the latest development of clinical and scientific evidence of different cancer drugs from the Mainland and overseas, listen to the views and suggestions of patient groups, and review the Drug Formulary (HADF) and coverage of the safety net under the principle of appropriate use of limited public resources while providing adequate medical care to the largest number of patients in need. Regarding new drugs and treatments for cancer, the HA has listed the treatment with autologous chimeric antigen receptor T cells, i.e. Tisagenlecleucel on the HADF since 10 April 2021 for clinical use for two indications, namely:
(a) patients up to 25 years of age with B-cell acute lymphoblastic leukaemia that is refractory, in relapse post-transplant or in second or later relapse; and
(b) adult patients with relapsed or refractory diffuse large B-cell lymphoma after two or more lines of systemic therapy.

The HA has in place an established mechanism under which it keeps closely in view the development of medical technology and experts study and review regularly treatment options for patients, as well as the latest development of clinical and scientific evidence of relevant technology. Moreover, the HA will consider the views of healthcare professionals and overseas development in planning for the introduction of medical technology. At the same time, the HA will take into account the availability of expertise, manpower and facilities.

The HA will continue to keep abreast of the latest development of cancer drugs and treatments, and review the clinical services through the established mechanisms under the principle of making appropriate use of limited public resources to provide optimal treatments for cancer patients.

4.

Under the principle of ensuring that all patients would not be prevented, through lack of means, from obtaining adequate medical services, the Government and the HA have put in place a mechanism to regularly review the fees and charges of public healthcare services in accordance with the applicable guiding principles, so as to utilise resources within the healthcare system effectively. The guiding principles include considering factors such as costs, affordability of the citizens, appropriate use of services, resources prioritisation, support for the disadvantaged groups and public acceptance. When considering the review proposals, the Government will take into account the impact of the suggestions on citizens with different levels of affordability, and also look into services with relatively distinct imbalance of resource allocation and those with wastage of resources, and assess whether it is necessary to guide appropriate use of public healthcare services among citizens through adjustment of charging arrangements, while at the same time further supporting those with genuine needs, so as to ensure appropriate use of limited resources. The Government and the HA will announce the review outcome in due course.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3601)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The Government indicated that it will actively study the setting up of cross-boundary ambulance service with hospitals in other cities in the Greater Bay Area. There have been views from multiple parties pointing out that cross-boundary ambulance service involves, among others, the issue of the difference in medical qualifications between the two regions. In this regard, has the Government conducted any studies on such issues, including the funding, manpower, details and timetable involved in the initiative? If so, please inform this Committee of the details.

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 100)

Reply:

The Health Bureau is discussing with the Shenzhen Municipal Government and the Macao Special Administrative Region Government on the detailed arrangements to roll out the "Pilot Scheme for Direct Cross-boundary Ambulance Transfer in the Greater Bay Area" (Pilot Scheme) to enable direct point-to-point transfer of patients with specific needs between hospitals of two places without the need to change ambulances. The cross-boundary ambulances will be provided and operated by The Hong Kong University - Shenzhen Hospital (HKU-SZH) and the Macao Fire Services Bureau. The Pilot Scheme is planned to be launched in mid-2024 for a period of one year. The relevant government departments will review the effectiveness of the arrangement and operational experience in due course to consider whether and how to expand the scheme, for example, by including more pilot hospitals and/or extending the scheme to a two-way arrangement.

To ensure the safety of cross-boundary transfer, the HKU-SZH and Conde S. Januario Hospital in Macao will deploy their doctors to escort the patients on board the ambulances to hospitals in Hong Kong if necessary. The Hong Kong Special Administrative Region Government will ensure that the practice of these doctors are in compliance with the relevant laws of Hong Kong, so that they can continue to carry out the necessary medical procedures for the patients on board the ambulances upon entry into Hong Kong, and provide continuous medical care for the patients until they arrive at the receiving hospitals. In particular, the Medical Council of Hong Kong has published a new promulgation regarding limited

registration in accordance with the relevant provisions of the Medical Registration Ordinance (Cap. 161), so as to facilitate Mainland and Macao medical practitioners providing support to cross-boundary ambulances to apply for and obtain limited registration, to ensure that the transfer process is safe and legally in order.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3604)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

The Hong Kong Genome Institute (HKGI) officially launched the Hong Kong Genome Project (HKGP) in 2021 to promote the long-term development of local genomic medicine. Will the Government inform this Committee of the following:

1. the number of cases in which whole genome sequencing has been conducted by the HKGI every year since the implementation of the HKGP and the number of families involved;
2. the number of cases in which disease-causing genes have been identified since the implementation of the HKGP and the success rate;
3. the current size of the interdisciplinary team to be established under the HKGP and the number of professionals to be engaged locally;
4. the organisations through which participants are recruited and referred at present; whether the HKGI will conduct open recruitment or has plans to extend recruitment to and accept referral from all public and private hospitals in Hong Kong.

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 109)

Reply:

1. The rapid advancement in genomic medicine has presented huge potential in accurate diagnosis, personalised treatment and efficient surveillance of diseases, to which it may contribute substantially. In view of the importance of genomic medicine to future medical development, the Government accepted the recommendations of the Steering Committee on Genomic Medicine and launched the Hong Kong Genome Project (HKGP) in 2021 to promote the development of genomic medicine in Hong Kong. The HKGP is the first large-scale genome sequencing project in Hong Kong. It aims to serve as a catalyst for accelerating the development of genomic medicine and anchor for showcasing the clinical benefits, piloting related new policy measures, building up talent pool and testing clinical protocols. With reference to international experiences, such a project can also provide the necessary data for researchers to conduct genomic researches focusing on local population, bringing benefits to patients of our community. The HKGP currently covers undiagnosed diseases, hereditary cancers and cases related

to genomics and precision health. As of 15 March 2024, a total of 25 569 participants have been recruited, involving 17 483 families.

2. For cases of undiagnosed diseases, the HKGP has achieved a diagnostic yield of 28% for identifying disease-causing genes, which is higher than the rate of around 25% from other international genome projects. This enables local patients who have been seeking medical consultation for years to identify causes of their conditions and receive appropriate treatments. The Hong Kong Genome Institute (HKGI) has been invited by international institutions to share its experience and promote research in related fields, which is conducive to future medical development.

   In addition, the HKGP covers various disease cohorts. Depending on factors such as the progress of medical development of specific diseases, the HKGP could even record higher success rate for identifying disease-causing genes. For instance, the cohort of retinitis pigmentosa, which can cause loss of vision, demonstrated a diagnostic yield of 35%, while the yield for the cohort of polycystic kidney disease, a hereditary disease which may lead to chronic kidney failure, was as high as 70%.

3. The HKGI has established a multi-disciplinary team in genomic medicine with more than 90 members, including clinical geneticists, genetic counsellors, genome curators, bioinformaticians, psychologists and laboratory professionals. Currently, all team members are locally recruited, including those who have received professional training in places such as Mainland China, Singapore, Canada, the United Kingdom, the United States of America and Australia that could bring international experience in genomic medicine to Hong Kong.

4. The suitability and necessity for patients to undergo whole genome sequencing must be assessed by their clinicians upon referral. In this connection, the HKGP team has been actively collaborating with local hospitals, and will, upon receipt of referral cases, provide genetic counselling to the patients and their families to obtain their informed consent before arranging them to participate in the HKGP.

   The HKGI set up 3 partnering centres, namely Hong Kong Children's Hospital, Prince of Wales Hospital and Queen Mary Hospital, back when the HKGP commenced in 2021, and has gradually expanded the referring network to include 4 other hospitals, namely Duchess of Kent Children's Hospital at Sandy Bay, Grantham Hospital, Tung Wah Hospital and Alice Ho Miu Ling Nethersole Hospital. Looking ahead, the HKGI will strive to explore collaboration with other hospitals to benefit more patients.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3801)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Will the Government review local hardware infrastructure on an ongoing basis to dovetail with the development of the Northern Metropolis into a "Greater Bay Area Smart Healthcare Research Base", which will serve as a research base for smart healthcare industries, medical diagnosis and treatment, disease prevention and health management? If yes, what are the details? If no, what are the reasons?

Asked by: Hon LO Wai-kwok (LegCo internal reference no.: 21)

Reply:

Hong Kong possesses high-quality medical care services and an efficient healthcare system. The Government will capitalise on the excellent quality and international standard of local healthcare service, clinical research and clinical trials, and the experience of international co-operation, together with the rich resources of the Greater Bay Area (GBA) and other parts of the Mainland in terms of healthcare research and development (R&D) talents, number of cases and scale of pharmaceutical enterprises, so as to develop Hong Kong into a regional hub of health and medical innovation through synergised collaboration and mutual complementation of advantages between Hong Kong and the Mainland. This will attract more local and overseas pharmaceutical and medical device enterprises to conduct R&D and clinical trials in the Hong Kong Special Administrative Region and other network organisations in the GBA. As one means to this end, the Government is formulating plans for the development of healthcare infrastructure in the Northern Metropolis to tie in with its development focus on innovation and technology (I&T), including exploring the development of healthcare facilities to provide public healthcare services with emphasis also placed on supporting healthcare training, R&D and clinical research and trials. Taking good advantage of the geographical proximity of the Northern Metropolis to the GBA, the Government will leverage on Hong Kong's unique strengths to promote development in health and medical innovation.

The Hospital Authority (HA) mentioned in its Strategic Plan 2022-2027 entitled "Towards Sustainable Healthcare" that to "provide Smart Care" and "develop Smart Hospitals" are among its key development strategies for public hospital services. Specifically, the strategy

for Smart Care is to leverage on the advances in data analytics and digital technology for predicting and stratifying health risks so that proactive and tailored regimens could be provided to reduce the complications of chronic diseases and ameliorate treatment outcomes. In respect of hardware, the strategic goal of developing Smart Hospitals is to harness the HA's buildings and facilities, digital technology and devices, IT systems and data together to drive efficient patient-centred care. These strategies are being implemented in most public hospitals, including existing, as well as planned, public hospitals and clinic facilities in New Territories West and North District (covering the Northern Metropolis). In addition, the HA will carry out measures to support staff participation in healthcare research partnership projects such as clinical research and trials, and provide a clinical data experimental platform for the I&T industry to facilitate the transformation of clinical data into life-saving biomedical and medical innovation technologies.

Furthermore, developing Hong Kong into a health and medical innovation hub by fully leveraging its medical strengths and promoting health and medical innovation will spur the growth of industries in pharmaceutical and medical device R&D and testing. To this end, the Government is working with the Shenzhen Municipal Government on the establishment of a clinical trial co-operation platform in the Shenzhen Park and the Hong Kong Park of the Hetao Shenzhen-Hong Kong Science and Technology Innovation Co-operation Zone adjacent to the future Northern Metropolis, with a view to promoting the co-ordinated development of clinical trials, co-operation with the clinical trial networks in the Mainland (especially the GBA) through the establishment of the Greater Bay Area International Clinical Trial Institute (GBAICTI), and co-ordination of clinical trial work in the two places with the aim of meeting national and international standards. The GBAICTI will be set up in the Hetao Shenzhen-Hong Kong Science and Technology Innovation Co-operation Zone by the end of the year to provide a one-stop clinical trial support platform for medical research institutions. Key functions to be performed by the GBAICTI include: (a) co-ordinating clinical trial resources in the public and private healthcare sectors in Hong Kong; (b) establishing clinical trial collaboration network and training programmes; (c) working continuously with stakeholders to review and improve different clinical trial processes; and (d) advising on the long-term planning for clinical trial infrastructure and resources required to support clinical trial development.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3328)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Please provide the following figures in respect of Siu Lam Hospital for the past 3 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 staffing 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 TIK Chi-yuen (LegCo internal reference no.: 98)

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 central waiting list (active cases), the number of new applications and number of withdrawals/ineligible applications, the number of patients with severe and profound intellectual disability on the central waiting list (inactive cases), the number of inpatient admissions; and the median and 90th percentile waiting time for the infirmary and rehabilitation inpatient services in SLH for the past 3 financial years.

	2021-22		2022-23		2023-24 (up to 31 December 2023) [Provisional figures]	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**
Number of patients on central waiting list (active cases) (as of 31 March)	4	7	8	9	5	2
Number of new applications	11	10	10	6	8	5
Number of withdrawals/ineligible applications	3	3	2	1	1	0
Number of patients on central waiting list (inactive cases) (as of 31 March)	19	8	19	7	22	7
Number of inpatient admissions*	281	200	277	199	242	197
Median waiting time (months)	3.6		6.3		6.9	
90th percentile waiting time (months)#	25.63		15.67		17.06	

Note:
* Including patients admitted from general hospital after treatment of physical problems.
# HA uses the 90th percentile to denote the longest waiting time.

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

(3)

SLH, which is part of the New Territories West Cluster (NTWC) of the HA, provides infirmary and rehabilitation services for adult patients with severe and profound intellectual disability through 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 manpower to cope with service needs and operational requirements. As healthcare professionals in the HA usually provide support for a variety of psychiatric services, the manpower for supporting psychiatric services of SLH 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 NTWC in the past 3 financial years.

Financial Year	Psychiatric Doctors[1, 2]	Psychiatric Nurses[1, 3] (including Community Psychiatric Nurses)	Allied Health Professionals	
			Clinical Psychologists[1, 4]	Occupational Therapists[1, 4]
2021-22	76	774	16	59
2022-23	81	763	17	51
2023-24 (as of 31 December 2023)	87	774	17	60

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, 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 psychiatric departments of other non-psychiatric hospitals, as well as all nurses in psychiatric stream.
4. Clinical psychologists and occupational therapists working in psychiatric stream include those working in mental hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), those working in psychiatric departments of other non-mental hospitals, as well as those engaging in psychiatric-related work.

The table below sets out the average cost of each inpatient per patient day in the mentally handicapped service in SLH from 2021-22 to 2022-23. Since the 2023-24 financial year has just ended and related costing report is not yet completed, the corresponding cost information is not available.

	2021-22	2022-23
Average cost of each inpatient per patient day ($)	2,078	2,270

The cost of inpatient services 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, as well as repair and maintenance of medical equipment). The average cost per patient day represents an average of the total cost of the respective services and activities (in terms of patient days) provided.

(5)

The table below sets out the number of patients on the central waiting list who have received time-limited respite services in SLH in the past 3 financial years. The HA does not have a breakdown by district of residence.

	2021-22		2022-23	2023-24 (up to 31 December 2023) [Provisional figures]
Age group/ gender	Aged below 18/ male	Aged above 18/ male	0	0
Number of patients who have received respite care	1	1		

No patient application for respite services in SLH was rejected in the past 3 financial years.

Remark:

In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures. As the costing information for 2019-20 to 2022-23 has reflected the impact of the epidemic outbreak on costs (if any), the costing information for different years may not be directly comparable.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3329)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Please provide the following information for the past 3 years:
(1) the numbers of vehicles used for Non-emergency Ambulance Transfer Service (NEATS) in each hospital and cluster under the Hospital Authority, and the staff establishment and staff vacancy situation 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 NEATS and the number of people whose requests for NEATS were rejected.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 99)

Reply:

The non-emergency ambulance transfer service (NEATS) of the Hospital Authority (HA) provides point-to-point transfer service primarily for patients who are unable to use public transport (such as bus, taxi or Rehabus) due to mobility disability or mental/sensory impairment. The clinical conditions of the patients using this service should meet certain criteria such as being bed-ridden or requiring constant oxygen supply. Patients who are assessed by clinical staff to be eligible for the service may use it for hospital admission, transfer, discharge, medical follow-ups, etc, and generally such requests will not be rejected. Eligible patients can make booking for NEATS on a first-come-first-served basis. The HA will schedule the vehicles and make suitable arrangements to meet patients' needs as far as possible.

The HA constantly assesses its manpower and vehicle requirements and flexibly deploys its resources having regard to the service and operational needs. Among its initiatives, the HA added 8 non-emergency ambulances and 160 NEATS posts in 2023-24. The table below sets out the number of non-emergency ambulances and staff involved in the past 3 years:

Year	Number of non-emergency ambulances	Number of staff
2021-22	276	1 019
2022-23	276	1 045
2023-24	284	1 205

The usage rates of NEATS vary among clusters and hospitals. The table below sets out the number of patient trips using NEATS for out-patient appointments (including specialist out-patient clinics and day rehabilitation services) and discharge from hospitals in the past 3 years:

Year	**Number of patient trips served for out-patients**	**Number of patient trips served for discharge patients**
2021-22 (Note)	172 040	211 427
2022-23 (Note)	181 180	224 690
2023-24	248 111 (projection as at 31 December 2023)	245 089 (projection as at 31 December 2023)

Note:
In view of the emergence of the COVID-19 epidemic in Hong Kong in early 2020, the HA adjusted its services in response to the epidemic. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures. This should be taken into account when comparing the throughput of services provided by the HA across the years.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3331)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

Regarding each hospital cluster of the Hospital Authority, please provide the following information for the past 3 years in table form:

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

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 101)

Reply:

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach involving doctors, nursing staff, allied health professionals and care-related support staff. The HA Head Office will work in tandem with human resources departments of various clusters to coordinate the recruitment and selection of healthcare professionals, and

regularly monitors the manpower situation in various clusters and flexibly deploys its staff to meet service and operational needs.

The tables below set out the intake and attrition number of doctors, nursing staff, allied health professionals and care-related support staff in 2020-21 to 2023-24 (April – December 2023).

Staff Group / Major Grades		2020-21			2021-22			2022-23			2023-24 (April to December 2023)		
		Intake Number	Attrition (Wastage) Number		Intake Number	Attrition (Wastage) Number		Intake Number	Attrition (Wastage) Number		Intake Number	Attrition (Wastage) Number	
			FT	PT		FT	PT		FT	PT		FT	PT
Doctor		582	256	42	555	510	67	582	436	50	630	281	33
Nursing		2 537	1 557	47	2 559	2 573	82	2 506	2 940	51	2 462	1 826	30
Allied Health Professionals	Medical Laboratory Technologist	157	71	0	175	113	1	164	151	2	162	100	1
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	94	56	0	77	107	1	95	96	1	81	48	1
	Social Worker	46	30	0	56	39	4	53	35	9	56	33	3
	Occupational Therapist	118	49	1	123	107	1	134	119	3	127	79	1
	Physiotherapist	129	55	1	125	169	1	186	152	1	213	120	3
	Pharmacist	51	24	0	54	37	0	79	37	0	57	21	1
	Speech Therapist	29	15	1	20	11	1	14	11	0	8	9	1
Care-related Support Staff		2 657	1 838	6	3 052	2 539	13	2 663	2 630	15	2 246	2 119	12

Note:

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

(2) Intake number of Doctors includes number of Interns appointed as Residents. (3) Attrition (Wastage) on headcount basis includes all types of cessation of service from the HA (including retirement) for permanent and contract staff. Temporary staff such as Pharmacy Interns and Trainee Nurses are not included.

(4) Doctors exclude Interns and Dental Officers.

(5) The number of Pharmacists includes Interns appointed as Resident Pharmacists.

(6) "Care-related support staff" includes health care assistants, ward attendants, patient care assistants. Supporting jobs in the 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) The above figures have not excluded those staff under the Extending Employment Beyond Retirement (EER) arrangement. From 2024 onwards, the HA would first exclude those staff and the EER arrangement when computing the relevant statistics.

The full-time equivalent (FTE) strength of doctors, nurses, allied health professionals and care-related support staff of the HA from 2020-21 to 2023-24 (as at 31 December 2023) is tabulated as follows:

Cluster	Staff Group / Major Grades		2020-21 (As at 31.3.2021)	2021-22 (As at 31.3.2022)	2022-23 (As at 31.3.2022)	2023-24 (As at 31.12.2023)
HKEC	Doctor		662	653	651	685
	Nursing		3 076	3 045	3 018	3 038
	Allied Health Professionals	Medical Laboratory Technologist	136	143	143	150
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	135	125	126	131
		Social Worker	49	49	50	54
		Occupational Therapist	93	98	98	106
		Physiotherapist	129	128	144	156
		Pharmacist	86	87	89	91
		Speech Therapist	16	17	17	16
	Care-related Support Staff		1 797	1 852	1 833	1 803
HKWC	Doctor		663	662	666	682
	Nursing		3 041	2 974	2 899	2 916
	Allied Health Professionals	Medical Laboratory Technologist	265	263	262	272
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	145	133	130	135
		Social Worker	56	55	55	61
		Occupational Therapist	91	94	93	98
		Physiotherapist	127	116	119	122
		Pharmacist	78	76	82	92
		Speech Therapist	17	17	18	18
	Care-related Support Staff		1 384	1 417	1 398	1 408
KCC	Doctor		1 351	1 351	1 383	1 460
	Nursing		6 203	6 228	6 184	6 136
	Allied Health Professionals	Medical Laboratory Technologist	440	466	467	487
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	260	252	248	252
		Social Worker	89	89	93	97
		Occupational Therapist	161	165	176	175
		Physiotherapist	270	259	259	282
		Pharmacist	150	151	158	163
		Speech Therapist	22	24	26	23
	Care-related Support Staff		3 602	3 655	3 710	3 797

Cluster	Staff Group / Major Grades		2020-21(As at 31.3.2021)	2021-22(As at 31.3.2022)	2022-23 (As at 31.3.2022)	2023-24 (As at 31.12.2023)
KEC	Doctor		771	767	796	823
	Nursing		3 428	3 505	3 562	3 627
	Allied Health Professionals	Medical Laboratory Technologist	173	179	177	186
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	109	112	112	113
		Social Worker	54	58	57	64
		Occupational Therapist	108	113	115	117
		Physiotherapist	162	160	165	171
		Pharmacist	77	79	85	89
		Speech Therapist	16	17	16	17
	Care-related Support Staff		1 967	2 058	2 101	2 122
KWC	Doctor		1 086	1 099	1 110	1 151
	Nursing		5 023	5 044	5 038	5 033
	Allied Health Professionals	Medical Laboratory Technologist	244	249	253	260
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	188	192	196	198
		Social Worker	64	67	72	67
		Occupational Therapist	201	205	200	217
		Physiotherapist	184	171	181	200
		Pharmacist	132	132	140	146
		Speech Therapist	20	21	21	22
	Care-related Support Staff		2 626	2 848	2 818	2 886
NTEC	Doctor		1 033	1 039	1 045	1 094
	Nursing		4 853	4 863	4 865	4 863
	Allied Health Professionals	Medical Laboratory Technologist	277	294	300	309
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	211	208	210	215
		Social Worker	38	39	42	44
		Occupational Therapist	171	166	171	184
		Physiotherapist	213	215	211	241
		Pharmacist	118	117	119	125
		Speech Therapist	20	22	22	23
	Care-related Support Staff		2 946	3 068	3 107	3 182

Cluster	Staff Group / Major Grades		2020-21 (As at 31.3.2021)	2021-22 (As at 31.3.2022)	2022-23 (As at 31.3.2022)	2023-24 (As at 31.12.2023)
NTWC	Doctor		881	874	881	933
	Nursing		4 069	4 029	3 992	4 081
	Allied Health Professionals	Medical Laboratory Technologist	194	199	203	214
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	169	166	173	183
		Social Worker	40	42	42	48
		Occupational Therapist	149	141	142	149
		Physiotherapist	162	153	162	171
		Pharmacist	97	98	101	107
		Speech Therapist	23	25	26	24
	Care-related Support Staff		2 905	2 989	3 026	3 047

Note:

1. The manpower figures are calculated on FTE basis including permanent, contract and temporary staff in the HA.
2. Doctors exclude Interns and Dental Officers.
3. The strength of nurses includes senior nursing officers, department operations managers, nurse consultants, associate nurse consultants, ward managers, nursing officers, advanced practice nurses, registered nurses, enrolled nurses, nursing trainees, etc.
4. The number of Pharmacists includes Interns appointed as Resident Pharmacists.
5. "Care-related support staff" includes health care assistants, ward attendants, patient care assistants. Supporting jobs in the 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.

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

(Question Serial No. 3336)

Head: (140) Government Secretariat: Health Bureau

Subhead (No. & title): ()

Programme: (3) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health (Thomas CHAN)

Director of Bureau: Secretary for Health

Question:

1. How many cases of intersex people were there in each of the past 10 years?

2. How many intersex people have undergone gender reassignment surgery in each of the past 10 years? What are their ages and reassigned sex?

3. How many intersex infants did not receive gender reassignment surgery in the past 10 years? How to handle the gender marker on their birth certificates?

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 106)

Reply:

Intersex people generally refer to people with reproductive or sexual organs who cannot be boldly classified as male or female. Ambiguous genitalia can be caused by many different underlying clinical conditions such as genetic or metabolic diseases.

If ambiguous genitalia is found on a baby upon birth, the multidisciplinary team of the Hospital Authority (HA) will discuss with the baby's parents and assess the sex and sexual function which the baby may develop in the future. Treatment decision will be made in the baby's best interests with the consent of parents. In the process of sex assignment, factors to be taken into consideration include diagnostic results, masculinisation of external genitalia secondary to prenatal androgen exposure, response to exogenous androgen stimulation, sexual function and fertility potential. Although early surgical treatment for gender determination may reduce the risks of surgery, the treatment plan should be determined on a case-by-case basis. When studying whether to conduct surgery, the team will consider factors like whether the condition of ambiguous genitalia may induce any serious or life-threatening medical complications, etc. and act according to the best interest of the baby.

The table below shows the number of cases of indeterminate sex and pseudohermaphroditism diagnosed in the HA in the past 10 years:

Year	Number of babies with indeterminate sex or pseudohermaphroditism[Note] diagnosed at birth
2014-15	9
2015-16	7
2016-17	4
2017-18	2
2018-19	5
2019-20	8
2020-21	9
2021-22	6
2022-23	2
2023-24 (as of 31 December 2023) [provisional figure]	5

Note: Intersex babies can be a result of various underlying clinical conditions such as indeterminate sex or pseudohermaphroditism. Hence, the figures are for general reference only.

As ambiguous genitalia can be caused by many different underlying clinical conditions and is not a specific disease, the HA does not maintain separate statistical data on ambiguous genitalia. Therefore, the numbers of cases and gender reassignment surgeries performed are not available.

Regarding the gender marker on the birth certificates for intersex babies, the medical team will generally advise parents to register their child's birth affect the gender assignment has been confirmed. If birth registration cannot be completed within the specified time for application for registration (i.e. 42 days after the birth) due to special circumstances, parents may contact the birth registry and provide relevant information for consideration for making relevant arrangements.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3521)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the Breast Cancer Screening Pilot Programme (BCSPP), please advise this Committee on:

1. the expenditure summary related to the BCSPP since its launch in September 2021;

2. the number of women who have undergone breast cancer risk assessment under the BCSPP, and among them, the number of referrals for mammogram screening, the rate of diagnosed breast cancer cases detected by such screening, the age distribution of these cancer patients and the clinical stage (0 to 4) of the cancer among these cases, with a breakdown by quarter;

3. in the absence of progress, details of the next phase of the BCSPP planned to be launched by the end of 2023 for a period of 3 years as announced earlier by the Department of Health; whether it will consider expanding and regularising the BCSPP, or implementing population-wide breast cancer screening; if yes, the details; if no, the reasons.

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

Reply:

(1) & (2)

As at 31 December 2023, 27 807 women aged between 44 and 69 received breast cancer risk assessment in Woman Health Centres (WHCs), 4 Maternal and Child Health Centres and 18 Elderly Health Centres (EHCs), of which 7 820 women (around 28%) were referred for mammography (MMG) screening. Relevant figures by quarter are tabulated below:

Period	**Number of women received breast cancer risk assessment**	**Number of women referred for MMG screening**
Sep - Dec 2021	3 487	1 250

Q1 of 2022	2 448	796
Q2 of 2022	2 943	779
Q3 of 2022	3 572	944
Q4 of 2022	3 441	844
Q1 of 2023	3 396	862
Q2 of 2023	3 073	825
Q3 of 2023	2 741	726
Q4 of 2023	2 706	794
Total	**27 807**	**7 820**

With the consent of the women participating in the Breast Cancer Screening Pilot Programme (BCSPP), the Department of Health has been collecting input from the specialists following up the referred cases and the Hong Kong Cancer Registry on the number of breast cancer detected and the relevant data. The data collection is still on-going and information could not be provided at this moment.

The expenditure for the BCSPP is absorbed under the overall provision for WHCs and EHCs and cannot be separately identified.

(3)
The Cancer Coordinating Committee (CCC), chaired by the Secretary for Health, comprising members who are cancer experts, academics, doctors in public and private sectors as well as public health professionals, has conducted preliminary review of BCSPP Phase 1. The Government is now studying the suggestion of the CCC to decide on the implementation details for the next phase of pilot programme. Relevant details will be announced in due course.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3301)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

For 3 consecutive years, the Government has conducted 34 000 annual inspections for commercial sale and supply of alcohol to minors and related offences. In this connection, will the Government please advise this Committee on:

1. the number of violations, prosecutions and convictions regarding the sale and supply of alcohol to minors in the past 3 years in the following table:

Contravention	2021	2022	2023
Number of violations related to the sale of alcohol to minors			
Number of violations related to the supply of alcohol to minors			
Number of prosecutions for the sale of alcohol to minors			
Number of prosecutions for the supply of alcohol to minors			
Number of convictions for the sale of alcohol to minors			
Number of convictions for the supply of alcohol to minors			

2. whether the Government has assessed the effectiveness of the enforcement and inspection efforts; if yes, the details and, if not, the reasons?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 47)

Reply:

(1) & (2)
The sale and supply of intoxicating liquor to minors in the course of business is prohibited under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B). Tobacco and

Alcohol Control Inspectors conduct inspections and carry out enforcement actions upon receipt of intelligence or complaints. They may conduct inspections, either randomly or targeted, to check whether vendors have complied with the relevant requirements. The Tobacco and Alcohol Control Office (TACO) of the Department of Health received 58 complaints from 2021 to 2023 regarding the sale or supply of intoxicating liquor to minors in the course of business or the sale of such liquor from vending machines. No violation was found upon investigation.

Apart from the stipulation above, Cap. 109B also requires vendors which sell or supply intoxicating liquor in face-to-face distributions to display a prescribed notice in a prominent position at the premises in the course of business. The Tobacco and Alcohol Control Inspectors will conduct inspections at these premises to ensure that vendors comply with this requirement. The TACO issued 5 summonses to offenders in this respect between 2021 and 2023.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3770)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Estimates that the Department of Health will continue to operate the Government Chinese Medicines Testing Institute (GCMTI) at the temporary site to conduct research on reference standards and testing methods of Chinese medicines in 2024-25. In this connection, will the Government please advise this Committee on:

(1) the respective staff establishment and estimated expenditure concerning the GCMTI and its Hong Kong Chinese Materia Medica Standards project, laboratories, Chinese Medicines Herbarium and training and technology transfer centre for 2024-25;
(2) the research projects carried out by the GCMTI at the temporary site, the results of the research projects and the expenditure involved in the past 3 years;
(3) the key focus of the GCMTI's work in 2024-25; and
(4) the progress of the GCMTI's construction so far as the Government is pressing ahead with its construction according to the Budget Speech?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 56)

Reply:

(1)
The financial provision for the Government Chinese Medicines Testing Institute (GCMTI) for 2024-25 is about $60.6 million. Its approved establishment is 31, with a breakdown according to the section as follows:

Section/Unit	Rank	Number of Post
Hong Kong Chinese Materia Medica Standards Section	Scientific Officer (Medical)	9
Research and Development Section (including Chemistry Laboratory and DNA Laboratory)	Senior Chemist	1
	Chemist	4
	Science Laboratory Technologist	1
	Science Laboratory Technician I	3
	Science Laboratory Technician II	3

	Laboratory Attendant	1
Macroscopic and Microscopic Identification Laboratory	Scientific Officer (Medical)	1
Chinese Medicines Herbarium Section	Scientific Officer (Medical)	4
Collaboration and Training Unit	Pharmacist	1
Administration Section	Senior Executive Officer Executive Officer II Assistant Clerical Officer	1 1 1
Total:		**31**

(2) & (3)
One of the major research activities of the GCMTI is to carry on the research work on the Hong Kong Chinese Materia Medica Standards (HKCMMS) project. So far, the GCMTI has published the reference standards for a total of 330 Chinese Materia Medica (CMM). The reference standards for 14 additional CMM have been completed and will be published in due course. The actual expenditure involved in the HKCMMS project over the past 3 years is set out as follows:

Financial Year	2021-22	2022-23	2023-24 (Revised Estimate)
Expenditure ($ million)	5.6	6.3	7.3

Moreover, the Department of Health (DH) set up the GCMTI Advisory Committee in 2017, providing a platform for stakeholders to advise the GCMTI on the long-term development strategies, measures and specific research proposals of the GCMTI. With the support of the committee, the GCMTI has completed 9 projects in the past 3 years with another 8 projects underway, details of which are set out in the **Annex**. Given that the majority of the research projects are funded by the internal resource allocation and that the expenditure on manpower and outsourced services, etc., are subsumed into the overall expenditure of the Chinese Medicine Regulatory Office, breakdown of the total expenditure for the research projects is not available. The expenditure on the procurement of consumables such as chemicals, reagents and standard substances pertinent to the research projects in the past 3 years are set out below:

Financial Year	2021-22	2022-23	2023-24 (Revised Estimate)
Expenditure ($ million)	3.3	5.5	4.3

The GCMTI will carry on the HKCMMS project and other ongoing research and thematic projects in 2024-25.

(4)
The design and construction of the permanent GCMTI building commenced in June 2021 and is expected to be commissioned in phases alongside the adjoining Chinese Medicine Hospital starting from end-2025. The DH is now finalising the detailed design of the permanent

GCMTI building with the Architectural Services Department and the contractor. Preparations are underway for various aspects, such as manpower and the procurement of furniture and equipment, to support the commissioning of the permanent GCMTI building.

Annex

Completed and Ongoing Research and Thematic projects of the GCMTI of the DH

(i) Projects completed between 2021-23 and 2023-24

Research/Thematic Projects	Completion Date	Achievements
Identification of easily confused species of Chinese Materia Medica (CMM) in Hong Kong by macroscopic and microscopic characteristics	June 2021	Published digital and printed copies of monographs on 100 CMM (in Chinese and English)
Analysis of chemical markers of CMM in proprietary Chinese medicines (pCms) for internal use (Pei Pa Koa)	December 2021	Published 4 analytical methods for the 7 CMM in Pei Pa Koa
Collection of specimens of commonly used CMM for the Chinese Medicines Herbarium of the GCMTI	December 2021	Completed the collection, data organisation and digitalisation of 1 800 specimens of commonly used CMM, as well as setting up an exhibition and producing a pamphlet for the exhibition
Building of the Digitalised Chinese Medicines Information Platform (Phase I)	March 2022	Completed the system analysis and design of the platform
DNA method for identification of Bulbus Fritillariae Ussuriensis – a common adulterant found in Bulbus Fritillariae Cirrhosae	May 2022	Published the analytical method of the real time PCR of Bulbus Fritillariae Ussuriensis
Study on the identification of Ziziphi Spinosae Semen and its commonly confused species	November 2022	Published 5 monographs on Ziziphi Spinosae Semen and its commonly confused CMM species
Consolidation of the Preliminary Index of CMM Resources in Hong Kong under the Fourth National Survey of CMM Resources	December 2022	A series of tasks (such as literature reviews, surveys, consultations, fieldwork and the consolidation of the Preliminary Index of CMM Resources in Hong Kong) were completed at the request of the National Administration of Traditional Chinese Medicine
Analysis of chemical markers of CMM in Baifeng Wan	June 2023	Published a total of 12 analytical methods for the 8 CMM in Baifeng Wan
Building of the Digitalised Chinese Medicines Information Platform (Phase II)	December 2023	Built a platform and a public website featuring 220 commonly used CMM, 3-Dimensional (3D)

		images, virtual reality tour and special topics on knowledge related to CMs

(ii) Ongoing projects

- Identification of tiny seed and fruit types of CMM
- Collection of specimens of Daodi medicinal materials of China and South Eastern Asia herbal medicines for the CMs Herbarium of the GCMTI
- Collection of specimens of Western herbal medicines and Lingnan herbal medicines for the CMs Herbarium of the GCMTI
- Building of 3D CMM Images for DHCM
- Establishment of reference DNA Sequence Library for CMM (Phase II)
- Study on the identification of Ziziphi Spinosae Semen and its commonly confused species by DNA method
- Analysis of chemical markers in pCms containing Psoraleae and Ginseng
- Survey of CMM Resources under the Fourth National Survey of CMM Resources (Phase II)

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3784)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

One aspect of work undertaken by the Department of Health is to ensure the safety, quality and efficacy of pharmaceutical products through product registration and licensing control. In this connection, will the Government please advise this Committee on:

(1) the establishment of and the expenditure on the personnel responsible for vetting and approving the registration applications of proprietary Chinese medicines (pCms) or providing assistance for the trade concerning their registration;
(2) the number of registration applications of pCms received by the Chinese Medicines Board under the Chinese Medicine Council of Hong Kong, the number of applications rejected/withdrawn, as well as the respective numbers of pCms issued with "Notice of confirmation of transitional registration of pCm" and "Certificate of registration of pCm", in the past 3 years; and
(3) whether the Government will deploy additional resources and manpower in 2024-25 to expedite the vetting and approval of the registration applications of pCms or provide assistance for the trade concerning their registration?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 57)

Reply:

(1)
The Chinese Medicine Council of Hong Kong (the Council) is a statutory body established under the Chinese Medicine Ordinance (Cap. 549) implementing regulatory measures for Chinese medicine. The manpower for the registration of proprietary Chinese medicines (pCms) in the Council Secretariat cannot be separately identified as the staff members discharging such duties are also responsible for other matters related to Chinese medicines. On the other hand, the Chinese Medicine Regulatory Office (CMRO) of the Department of Health (DH) provides professional and administrative support to the Council, which includes handling matters related to the registration of pCms, licensing of Chinese medicines traders, import and export control, Certificate for Clinical Trial and Medicinal Test of pCms and Certificate for Manufacturer (Good manufacturing practice in respect of proprietary Chinese medicines) (GMP). The Chinese Medicines Management Division of the CMRO is

responsible for such work, and its approved establishment for the registration of pCms as broken down by rank is set out below:

Rank	**No. of posts**
Senior Pharmacist	1
Pharmacist	4
Scientific Officer (Medical)	10
Clerical Officer	3
Assistant Clerical Officer	5
Total:	**23**

As for the breakdown of expenditure, the DH does not maintain such data as the relevant expenditure on the registration of pCms are subsumed under the CMRO's overall provision.

(2)
As at 29 February 2024, the Chinese Medicines Board has received a total of 18 765 applications for the registration of pCms, among which 525 applications were received between 2021 and 2023. Of all the applications, 10 324 were withdrawn or rejected due to various reasons.

Out of the remaining 8 441 applications, 2 929 and 5 217 pCms have been issued with the still valid "Notice of confirmation of transitional registration of pCm" (HKP) and "Certificate of registration of pCm" (HKC) respectively, and 295 new applications of HKC are being processed.

(3)
The DH has reserved a provision of about $13.1 million for 2024-25 to recruit additional personnel to expedite the processing of applications for the conversion of HKP to HKC.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3868)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in paragraph 193 of the Budget Speech that the Government will continue to step up enforcement against illicit cigarette trading and strengthen smoking cessation services, publicity and education. In this connection, will the Government advise this Council on:

(1) the detailed breakdown of expenditure on smoking cessation services in the past 3 years; and

(2) the detailed breakdown of expenditure on the publicity and education on smoking cessation in the past 3 years?

Asked by: Hon LAM Shun-chiu, Dennis (LegCo internal reference no.: 32)

Reply:

Over the years, the Government has been actively promoting a tobacco-free environment through publicity for 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 healthcare professionals to promote smoking cessation, provide smoking cessation services and organise publicity programmes on smoking prevention.

Apart from operating an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, the DH coordinates the provision of smoking cessation services in Hong Kong. It arranges referrals for various smoking cessation services in the territory, including those provided by public clinics under the Hospital Authority (HA), and community-based cessation programmes operated by NGOs. There are a total of 15 full-time and 55 part-time centres operated by the HA which have been providing smoking cessation services to the general public since 2002, and there are 5 smoking cessation clinics for civil servants operated by the DH. Furthermore, the DH also collaborates with NGOs to provide a range of community-based smoking cessation services including counselling, consultations by doctors (including free postal delivery of smoking cessation drugs) or Chinese medicine practitioners, and designated

services for smokers from different ethnicities, immigrant smokers and workplace smokers. For young smokers, the DH collaborates with local universities to operate a hotline to provide them with dedicated counselling services over the phone.

The DH subvents the COSH to organise publicity and education programmes in schools, such as health talks, training programmes and theatre programmes, to raise students' awareness on smoking hazards, including hazards from alternative smoking products. To prevent youngsters from picking up smoking, the DH collaborates with NGOs to organise health promotional activities at schools. By using interactive teaching materials and setting up mobile classrooms, the programmes enlighten students on the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up smoking due to peer pressure. The DH has also launched publicity campaigns through mass media to spread the message that smoking brings risks of serious illnesses. To encourage smokers to try quitting, it distributes free trial packs of smoking cessation drugs (nicotine replacement therapy) for one week at community pharmacies, smoking cessation clinics, District Health Centres (DHCs) and DHC Expresses during the Quit in June annual campaign starting from 2023. Furthermore, the DH also encourages and helps all healthcare professionals to provide support and treatment to smokers who are quitting by organising online and face-to-face training courses, providing the Practical Handbook for Smoking Cessation Treatments and related resources, etc.

Smoking cessation services and counselling for smokers are now available at all DHCs and DHC Expresses in the 18 districts, which collaborate with smoking cessation service providers in their respective districts to provide information or arrange referrals for smokers in need.

In 2021, 2022 and 2023, the quitlines operated by the DH and local universities handled 12 405, 9 216 and 11 051 enquiries respectively. During these 3 years, there were 25 965, 20 406 and 27 715 smokers receiving smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs.

Smokers who receive smoking cessation treatment receive 52-week follow-up services to assess their quit status. For smokers who receive smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs, their 52-week quit rates, which refer to the percentage of service users self-reporting to have stayed quit in the past 7 days, range from 20% to 60%, which are comparable to those in overseas countries. Discrepancies in the quit rates concerning different smoking cessation programmes are due to differences in terms of their target groups and treatment methods (which include counselling, pharmacotherapy, and Chinese medicine with acupuncture). To become a successful quitter, smokers are encouraged to choose the cessation service that best caters for their personal needs.

The expenditures on and provision for tobacco control initiatives taken forward by the TACO of the DH from 2021-22 to 2023-24, broken down by type of activity, are at **Annex**. Expenditure on individual publicity programmes cannot be separately identified.

Annex

Expenditures on/Provision for the Department of Health's Tobacco and Alcohol Control Office

	2021-22 ($ million)	2022-23 ($ million)	2023-24 Revised Estimate ($ million)
Enforcement			
Programme 1: Statutory Functions	101.3	100.4	160.2
Health Education and Smoking Cessation			
Programme 3: Health Promotion	138.9	149.0	168.0
(a) General health education and promotion of smoking cessation			
TACO	*62.8*	*73.0*	*87.3*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*26.2*	*26.8*	*26.4*
Sub-total	***89.0***	***99.8***	***113.7***
(b) Expenditures on/Provision for smoking cessation and related services by Non-Governmental Organisations*			
Subvention to Tung Wah Group of Hospitals	*30.8*	*29.4*	*14.0*
Subvention to Pok Oi Hospital	*7.5*	*7.6*	*17.9*
Subvention to Po Leung Kuk	*0.7*	-	-
Subvention to Lok Sin Tong	*3.2*	*3.3*	*3.6*
Subvention to United Christian Nethersole Community Health Service	*4.9*	*5.8*	*8.9*
Subvention to Life Education Activity Programme	*2.8*	*2.8*	*2.9*
Subvention to Christian Family Service Centre	-	-	*7.0*
Subvention to The University of Hong Kong	-	*0.3*	-
Sub-total	***49.9***	***49.2***	***54.3***
Total	**240.2**	**249.4**	**328.2**

* The number of DH-subsidised non-governmental organisations providing community-based smoking cessation services with medication has increased from 2 to 4 since the 2023-24 financial year, bringing the number of target service recipients up by 39% on the 2022-23 financial year to 5 000 per year. The cost per quitter has been reduced accordingly.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3869)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It has been commented that the duty increase on cigarettes by 80 cents per stick as announced in the Budget Speech may fuel sales of illicit cigarettes in the territory. In this connection, please advise this Committee on the envisaged change in the smoking prevalence of the public after the said duty increase.

Asked by: Hon LEE Chun-keung (LegCo internal reference no.: 5)

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.

The Government has made reference to the World Health Organization's (WHO) target and is committed to achieve a smoking prevalence of 7.8% by 2025 as promulgated under the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong". Our ultimate aim is to make Hong Kong a tobacco-free, healthy and vibrant city.

Increasing tobacco duty is recognised internationally as the most effective means of reducing tobacco use. Raised costs of smoking provide a greater incentive for smokers to quit smoking, and the high prices of tobacco products will also dampen the eagerness of non-smokers, young people in particular, to try smoking. The WHO encourages its members to raise tobacco duty periodically and recommends that tobacco duty should account for at least 75% of the retail price of tobacco products.

As such, further to the increase of 60 cents per stick last year, the Government has announced in the Budget Speech this year an increase of the tobacco duty on cigarettes by 80 cents per stick to $3.306 per stick. It was the first time for tobacco duty to increase in 2 consecutive years over the past 20 years. This has served to ensure that the price of cigarettes can remain

at a certain level which helps prevent a rebound of the smoking prevalence rate and demonstrate to the public the Government's commitment to protecting the health of the community as a whole.

Past experience in raising tobacco duty indicated that the greater the tax increase, the larger the increase in call volume of the Department of Health's (DH) Smoking Cessation Hotline and the drop in smoking prevalence. According to the DH's latest data, the number of calls received by the Smoking Cessation Hotline increased from about 7 400 in 2022 to about 9 700 in 2023, representing an increase of over 30%. Meanwhile, in the first week after the Budget Speech's announcement of the proposal to increase the duty on tobacco products this year, the Smoking Cessation Hotline received 542 calls, representing an approximately five-fold increase in the weekly number of calls over the preceding 3 months, indicating smokers' strong intention to quit smoking in the light of tobacco tax increases.

Preliminary findings of the Thematic Household Survey conducted by the Census and Statistics Department on the smoking pattern show that there are indeed signs of a decline in smoking prevalence after the increase in tobacco duty in 2023, with preliminary data indicating that the smoking prevalence has further dropped from 10.2% in 2019 and 9.5% in 2021 to 9.1%. It is evident from such decline that tobacco duty increase and the various tobacco control initiatives are effective. Details of the survey results will be released in mid-2024.

The Government's aim is to gradually implement the recommendation of the WHO so as to create more incentives for cessation of smoking and hence safeguard public health. The Government will continue to monitor the effect of tobacco duty increases and review the pace of further adjustments.

To further reduce smoking prevalence, the Government conducted the Vibrant, Healthy and Tobacco-free Hong Kong public consultation on tobacco control strategies last year. The Health Bureau is studying the phased implementation of tobacco control measures and will give an update of the next steps in due course.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3571)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the implementation of health promotion and preventive programmes, will the Government inform this Committee of the following information for the past 3 years:

1. the number of people receiving seasonal influenza vaccination annually, broken down by age group (under 6; 6 to 12; 13 to 17; 18 to 64; and 65 or above);

2. the number of severe and fatal cases of influenza recorded in public hospitals, broken down by gender and age; and whether the Government has assessed the relationship between vaccination and severe and fatal cases of influenza; if yes, the details; if not, the reasons;

3. the expenditure incurred and the manpower involved for implementing the Vaccination Subsidy Scheme (VSS);

4. the usage and popularity of the 316 000 doses of inactivated influenza vaccine and 21 000 doses of live-attenuated influenza nasal vaccine procured under the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP) in 2023;

5. whether the Government will consider raising the procurement ratio of nasal vaccines under the SIVSOP to encourage more children or parents to receive vaccination, as some parents have expressed that their children show higher acceptance towards nasal vaccines; if yes, the details; if not, the reasons; and

6. whether a study of the VSS subsidy rate will be included in the review of fees and charges for public healthcare services, given that the Government has recently indicated that the review is underway, and that increasing the VSS subsidy rate can further encourage the public to receive vaccination; if yes, the details; if not, the reasons?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 15)

Reply:

1.

The DH has been implementing a package of vaccination programmes/schemes to provide free/subsidised SI/Pneumococcal vaccination to eligible persons:

- Vaccination Subsidy Scheme (VSS), which provides subsidised SI vaccination to eligible persons, including persons aged 50 or above, pregnant women and children aged between 6 months and below 18 years of age through private doctors participating in the VSS, as well as provides subsidised Pneumococcal vaccination to elderly aged 65 or above;

- Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP)/VSS School Outreach (Extra Charge Allowed) Scheme (VSS School Outreach Scheme), which provides free or subsidised SI vaccination to eligible school children through the public-private partnership outreach teams or the DH's outreach team; and

- Government Vaccination Programme (GVP), which provides free SI vaccination to eligible children, elderly and other target groups at clinics of the DH and the Hospital Authority (HA), as well as provides free Pneumococcal vaccination to eligible elderly aged 65 or above.

The number of vaccine recipients under the above programmes and the uptake rate by age group in the past 3 years are tabulated below. As some target group members may have, at their own expense, received SI vaccination at private clinics outside the Government's vaccination programmes/schemes, they are not included in the statistics concerned.

Target group	**2021/22**		**2022/23**		**2023/24 (as at 3 March 2024)**	
	No. of SIV recipients	**The uptake rate within the age group**	**No. of SIV recipients**	**The uptake rate within the age group**	**No. of SIV recipients**	**The uptake rate within the age group**
Between 6 months and under 6*	107 400	37.6%	93 000	37.8%	111 300	47.3%
Between 6 and under 12	234 500	65.8%	209 700	60.2%	234 100	67.7%
Between 12 and under 18*	Not applicable	Not applicable	62 600	19.3%	141 700	40.6%
Between 50 and 64	198 700	11.2%	320 200	17.8%	341 100	18.7%
65 or above	578 700	40.4%	734 200	48.3%	823 400	50.3%
Others^	97 300	Not applicable	112 300	Not applicable	135 700	Not applicable
Total	**1 216 600**	**Not applicable**	**1 532 000**	**Not applicable**	**1 787 300**	**Not applicable**

* In 2022/23 and 2023/24, eligible groups under the SIV programmes were expanded to include secondary school students and Hong Kong residents less than 18 years of age.

^ Others include healthcare workers; poultry workers; pig farmers or pig slaughtering industry personnel; persons with intellectual disabilities; Disability Allowance recipients; and pregnant women, etc.

2.
Since 2018, the Centre for Health Protection (CHP) has collaborated with the HA and private hospitals to regularly monitor severe and fatal cases with laboratory confirmation of influenza.

The number of severe (including fatal) cases of influenza over the past 3 years are as follows:

Age group	Number of cases (male : female)			
	2021 Note 1	2022 Note 2	2023 Note 3	2024 (week 1-10) Note 4
Under 6	0 (0 : 0)	1 (1 : 0)	10 (3 : 7)	5 (2 : 3)
Between 6 and 12	0 (0 : 0)	0 (0 : 0)	7 (3 : 4)	4 (3 : 1)
Between 13 and 17	0 (0 : 0)	1 (0 : 1)	11 (8 : 3)	1 (0 : 1)
Between 18 and 64	0 (0 : 0)	3 (2 : 1)	232 (149 : 83)	99 (59 : 40)
65 or above	0 (0 : 0)	2 (0 : 2)	681 (411 : 270)	219 (123 : 96)

Note 1 From 27 December 2020 to 25 December 2021
Note 2 From 26 December 2021 to 31 December 2022
Note 3 From 1 January 2023 to 30 December 2023
Note 4 From 31 December 2023 to 9 March 2024

SI vaccines have been used for many years and are very safe. Except for people who have developed severe allergic reactions, there is no scientific evidence indicating that SI vaccination will cause severe illness or death. On the contrary, SI vaccination is an effective means to prevent SI and its complications, reducing the risk of influenza-related hospitalisation and death.

3.
The approved establishment for the implementation of the VSS (including SI and Pneumococcal vaccination) was 22 for the past 3 years. The expenditure on VSS subsidy over the past 3 years is tabulated below:

VSS	**2021/22**	**2022/23**	**2023/24 (as at 3 March 2024)**
	Subsidy claimed ($ million)	**Subsidy claimed ($ million)**	**Subsidy claimed ($ million)**
SI vaccination*	116.1	175.4	221.4
Pneumococcal vaccination @	12.5	20.2	24.3
Total	**128.6**	**195.6**	**245.7**

* Includes the VSS School Outreach Scheme
@ Eligible groups: Aged 65 or above

4.
The number of SI vaccines procured by the Government for the ongoing 2023/24 season's SIVSOP and their uptake rate are as follows:

Type of vaccine	Number of doses (Provisional figure)	Number of doses administered (Provisional figure) and uptake rate
Injectable inactivated influenza vaccines (IIV)	347 400	323 800 (93.2%)
Nasal live attenuated influenza vaccines (LAIV)	25 700	21 400 (83.3%)

5.
The DH conducts survey annually to gather feedback from enrolled doctors and schools on the school outreach programmes/schemes. According to the findings of the survey conducted in 2023, among the doctors and schools planning to participate in outreach activities in 2023/24 season, the majority of respondents preferred injectable IIV to nasal LAIV; more specifically, nasal LAIVs was only preferred by 1% to 7% of doctors providing services in various school outreach settings, 7% of secondary schools, 9% of primary schools and 26% of kindergartens and childcare centres (KG/CCC).

Under the current arrangement, KG/CCC can choose between injectable IIVs or nasal LAIVs. While primary and secondary schools are provided with injectable IIVs under the SIVSOP, schools can also arrange outreach vaccination activities through the VSS School Outreach Scheme during which participating schools can discuss with doctors their preference for injectable IIVs or nasal LAIVs for vaccination of eligible students. Private doctors under the VSS may also decide whether they would use injectable IIVs or nasal LAIVs at their practices depending on their preference and stock.

In the 2022/23 season, the Government procured 22 500 doses of nasal LAIV for various SI vaccination programmes/schemes, of which 17 400 doses were administered for students. The remainder of around 5 100 doses were unused and disposed of, resulting in vaccine wastage of around 22.7%, which was higher than the 13.1% vaccine wastage for IIVs.

For 2024/25 season, the DH will take into account the survey result of 2024 and the updated recommendations and experience of overseas health authorities in drawing up the implementation plan, so as to come up with the best mode of operation and type of vaccine (injectable IIV or nasal LAIV) to be provided.

6.
The Government subsidises part of the VSS's cost in line with the principles of the scheme. The Government will take into consideration factors such as the costs of vaccine and injection and the affordability of the groups under the VSS when deciding on the amount of subsidy provided to these groups. It will also review the amount of subsidy for each vaccine from time to time.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3602)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Colorectal Cancer Screening Programme (CRCSP) launched by the Government in 2016 subsidises Hong Kong residents within a specific age range to receive screening service in the private sector for the prevention of colorectal cancer. Will the Government advise this Committee on:

1. the number of eligible persons who have participated in the CRCSP and undergone faecal immunochemical tests since the launch of the programme in 2016;

2. the number of colorectal cancer cases diagnosed under the CRCSP since its launch in 2016, and among them the number of cases in earlier stages with a more favourable prognosis;

3. the number of deaths for colorectal cancer in Hong Kong in the past 3 years;

4. the number of enrolment in the CRCSP in each of the past 3 years;

5. the number of enrolment in the CRCSP via the Health Bureau's website each year;

6. the number of enrolment in the CRCSP via the District Health Centres or District Health Centre Expresses across the territory each year; and

7. the staff establishment and the administrative costs of the CRCSP each year?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 107)

Reply:

1. & 2.
Since the launch of the Colorectal Cancer Screening Programme (CRCSP) in 2016, asymptomatic Hong Kong residents aged between 50 and 75 are subsidised to undergo regular screening tests. As at end December 2023, over 420 000 eligible persons have participated in the CRCSP. Among those who underwent a colonoscopy examination, over 33 000

persons had colorectal adenomas and around 2 900 persons had colorectal cancer. According to the data analysis of the Hong Kong Cancer Registry, a preliminary analysis of about 1 900 colorectal cancer cases revealed that about 57% belonged to early-stage (stage II or below), representing a more favourable prognosis. Such screenings can help in the early identification of those who have colorectal cancer before they present with symptoms, or those with higher risk of colorectal cancer, enabling them to receive early treatment, thus significantly improving the prognosis. The removal of colorectal adenomas in the course of colonoscopy also prevents them from turning into cancer.

3.
The number of registered deaths for colorectal cancer from 2020 to 2022 by year is as follows:

Year	**Number of registered deaths for colorectal cancer**
2020	2 287
2021	2 298
2022	2 270

Source: Department of Health

4.
The number of persons enrolled in the CRCSP* from 2021 to 2023 by year is as follows:

Year	**Number of persons enrolled in the CRCSP (to the nearest hundreds)**
2021	71 900
2022	72 600
2023	71 900

* The number of persons enrolled in the CRCSP refers to the number of new enrolments per year, excluding those participating in the CRCSP who undergo regular screening test.
Source: Department of Health

5. & 6.
CRCSP enrolment is not processed on the Health Bureau's website or at the District Health Centres (DHC) / DHC Expresses across the territory. Eligible persons intending to participate in the CRCSP, which is operated under a public-private partnership model, can make appointments directly with enrolled primary care doctors for assessment without referral for a faecal immunochemical test. Members of the public can access the list of primary care doctors on the Department of Health (DH)'s thematic website www.colonscreen.gov.hk, or call the hotline on 3565 6288 for more details about the CRCSP.

7.
The DH's civil service establishment for the CRCSP is 25. The expenditure incurred by the CRCSP from 2021-22 to 2022-23 and its revised estimate for 2023-24 are as follows:

Financial Year	**Annual Expenditure ($ million)**
2021-22 (Actual)	175.5
2022-23(Actual)	151.6
2023-24 (Revised estimate)	264.7

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3603)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the two-year Breast Cancer Screening Pilot Programme (BCSPP) launched in 2021, will the Government please advise this Committee on:

1. the number of women receiving breast cancer risk assessment under the BCSPP each year;

2. the number of women referred for mammography screening under the BCSPP;

3. the number of breast cancer cases diagnosed through the BCSPP and, among them, the number of early-stage cases with a higher cure rate;

4. the number of breast cancer deaths in Hong Kong in the past 3 years;

5. whether the BCSPP has ended, as the Department of Health indicated in 2021 that it would last for 2 years;

6. whether the BCSPP will be extended in the light of its effectiveness; if not, the referral services or programmes available to members of the public in need when they seek breast cancer screening services at District Health Centres (DHCs) or DHC Expresses?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 108)

Reply:

(1), (2) & (3)
As at 31 December 2023, 27 807 women aged between 44 and 69 received breast cancer risk assessment in Woman Health Centres, 4 Maternal and Child Health Centres and 18 Elderly Health Centres, of which 7 820 women (around 28%) were referred for mammography (MMG) screening. Relevant figures by quarter are tabulated below:

Period	Number of women received breast cancer risk assessment	Number of women referred for MMG screening
Sep - Dec 2021	3 487	1 250
Q1 of 2022	2 448	796
Q2 of 2022	2 943	779
Q3 of 2022	3 572	944
Q4 of 2022	3 441	844
Q1 of 2023	3 396	862
Q2 of 2023	3 073	825
Q3 of 2023	2 741	726
Q4 of 2023	2 706	794
Total	**27 807**	**7 820**

With the consent of the women participating in the Breast Cancer Screening Pilot Programme (BCSPP), the Department of Health (DH) has been collecting input from the specialists following up the referred cases and the Hong Kong Cancer Registry on the number of breast cancer detected and the relevant data. The data collection is still on-going and information could not be provided at this moment.

(4)
The number of registered female deaths for breast cancer in 2020, 2021 and 2022 is as follows:

Year	Number of registered deaths
2020	751
2021	791
2022	792

(5) & (6)
Currently, the Woman Health Service under the DH is still adopting a risk-based approach to provide breast cancer screening service to eligible women based on the recommendations of the Cancer Expert Working Group on Cancer Prevention and Screening under the Cancer Coordinating Committee (CCC).

The CCC, chaired by the Secretary for Health, comprising members who are cancer experts, academics, doctors in public and private sectors as well as public health professionals, has conducted preliminary review of BCSPP Phase 1. The Government is now studying the suggestion of the CCC to decide on the implementation details for the next phase of pilot programme. Relevant details will be announced in due course.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3605)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Child Assessment Centres (CACs) under the Department of Health (DH) provide professional assessments and follow-up services for children under 12 years of age with developmental-behavioural problems or disorders. In this connection, will the Government please inform this Committee of:

1. the current number of CACs across Hong Kong, the number of attendances at CACs and the number of new case referrals in each of the past 3 years;

2. given that the CACs' target rate for completion of assessment for new cases within 6 months is over 90% but the actual rates in the last 2 years were only 60% and 71%, the reasons for falling short of the target;

3. in view of the above reasons, the measures in place to address the issue, and whether support should be given in order to achieve a higher completion rate;

4. regarding children with developmental-behavioural problems or disorders, whether the progress and effectiveness of their future recovery would be affected should the new case assessment fail to be completed within 6 months; and

5. whether the Government has any plans to establish new sites for CACs and increase the capacity of service; if yes, the details; if not, the reasons?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 115)

Reply:

1. The Child Assessment Service (CAS) of the Department of Health (DH) currently operates 7 Child Assessment Centres (CACs) in the territory. The table below sets out the number of attendances at the CACs in the past 3 years.

Child Assessment Centre	2021*	2022*	2023 (Provisional figures)
Central Kowloon CAC	4 258	3 672	4 567
Ha Kwai Chung CAC	5 954	4 870	5 529
Pamela Youde CAC (Kwun Tong)	6 199	4 753	5 028
Pamela Youde CAC (Sha Tin)	6 298	5 131	6 039
Fanling CAC	5 036	4 284	4 821
Tuen Mun CAC	5 780	4 665	5 270
Ngau Tau Kok CAC	1 853	1 427	1 576
Total	35 378	28 802	32 830

* The figures (of 2022 in particular) were affected by the COVID-19 pandemic. During the outbreak of the pandemic in 2020, even though the CAS services remained available, many parents were reluctant to take their children out, thus postponing the registration of new cases or the assessment. As a result, there was an accumulation of children requiring assessment in 2021 when the epidemic situation slightly eased. The number dropped again in 2022 due to the outbreak of the fifth wave.

New cases are referred through different channels, including the Maternal and Child Health Centres, the Hospital Authority, private practitioners and psychologists, etc. The number of newly referred cases received by the CAS in the past 3 years is as follows. The statistics for individual CACs are not readily available.

	2021	2022	2023 (Provisional figures)
Number of newly referred cases received by the CAS	12 166	10 154	9 326

2. The rate for completion of assessment for new cases within 6 months in the past 2 years is set out below:

	2022	2023 (Provisional figures)
Rate for completion of assessment for new cases within 6 months (%)	61	70

During the fifth wave of the pandemic in 2022, even though the CAS services remained available, many parents were reluctant to take their children out, thus postponing the assessment of new cases. In addition, due to the ongoing shortage of and difficulties in recruiting doctors, the CAS was unable to achieve the target of completion of assessment for 90% of new cases within 6 months.

3. & 4.

In the past 3 years all cases newly referred to the CAS were first seen by nurses within 3 weeks after registration. The CAS has adopted a triage system to ensure that children

with urgent and more serious conditions are accorded a higher priority for assessment upon preliminary assessment by nurses.

While the children are waiting for assessment and rehabilitation services, the CAS will provide interim support to the parents such as organising seminars, workshops and practical training, with the aim to increase parents' knowledge on child development and to provide them practical skills, to enhance their understanding of their children's conditions and of information about relevant community resources, so that the parents can put them into practice in their daily lives and conduct home-based training, to manage their children's conditions and develop their potential.

The CAS has organised 115 interim support activities in the past 3 years. In view that many parents have difficulty joining support activities in person or the online webinars at specific times, since 2023 the CAS has gradually introduced pre-recorded online self-learning videos as an alternative so that parents can watch the videos online any time according to their own schedule.

In addition, with the regularisation of the "Project on Tier-1 Support Services in Kindergartens/Kindergarten-cum-Child Care Centres" by the Social Welfare Department (SWD) in 2023, the project is providing early intervention services for children awaiting assessment by the CACs or who are assessed by the CACs to have borderline developmental problems.

At the same time, the DH has recruited part-time contract doctors to address the problem of manpower shortage and will continue to make efforts to recruit suitable doctors to fill the vacancies. The DH will continue to monitor closely the service demand and review the situation of the waiting time at the 7 CACs from time to time, for flexible deployment of manpower as necessary.

5. In view of the increasing demand for the services provided by the CAS, the DH will set up a new CAC in a health centre and social welfare facilities building to be completed shortly, in Siu Sai Wan, to handle the increasing number of cases. The building is expected to be completed for operation in 2025.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3853)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding public dental services, please advise this Committee on:

1. in respect of the 11 government dental clinics providing free emergency dental services to the public through general public (GP) sessions, the respective quotas on the GP session service and the attendances for such service broken down into age groups (0-18, 19-40, 41-60, 60-64 and 65 or above) of each clinic over the past 3 years; and

2. given that the Government will strengthen the 3-year "Healthy Teeth Collaboration" programme currently implemented in collaboration with non-governmental organisations, the estimated increase in the manpower involved, expenditure incurred and number of people benefiting from the programme.

Asked by: Hon LEUNG Man-kwong (LegCo internal reference no.: 23)

Reply:

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups defined by the Working Group, including persons with financial difficulties, persons with disabilities or special needs, and the high risk groups.

Besides, free emergency dental service (generally referred to as General Public (GP) Sessions) are provided by the Department of Health (DH) through designated sessions each week in its 11 government dental clinics. Dental service under the GP Sessions only include treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists will also provide professional advice based on individual needs of patients. Under the civil service terms of appointment, the Government is obliged to provide dental benefits for civil servants/pensioners and their eligible dependents. Dental clinics under the DH are established primarily for fulfilling this obligation. That said, the Government uses a small fraction of the service capacity of the dental clinics to provide supplementary emergency dental service to the general public.

1. Under Programme (4), the GP Sessions and the actual maximum numbers of discs for allocation per GP Session of the said 11 government dental clinics are tabulated as follows:

Dental clinic with GP Sessions	**Service session**	**Actual max. no. of discs for allocation per session**
Kowloon City Dental Clinic	Monday (AM)	42
	Thursday (AM)	21
Kwun Tong Dental Clinic	Wednesday (AM)	42
Kennedy Town Community Complex Dental Clinic	Monday (AM)	42
	Friday (AM)	42
Fanling Health Centre Dental Clinic	Tuesday (AM)	25
Mona Fong Dental Clinic	Thursday (PM)	21
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	21
Tsuen Wan Dental Clinic	Tuesday (AM)	42
	Friday (AM)	42
Yan Oi Dental Clinic	Wednesday (AM)	21
Yuen Long Government Offices Dental Clinic	Tuesday (AM)	21
	Friday (AM)	21
Tai O Dental Clinic	2nd Thursday (AM) of each month	16

Dental clinic with GP Sessions	Service session	Actual max. no. of discs for allocation per session
Cheung Chau Dental Clinic	1st Friday (AM) of each month	16

The numbers of attendances for the GP Session service at each dental clinic in 2021-22, 2022-23 and 2023-24 (as at 31 January 2024) are tabulated by age group as follows:

Dental clinic with GP Sessions	Age group	Number of attendances in 2021-22 (Percentage)	Number of attendances in 2022-23 (Percentage)	Number of attendances in 2023-24 (as at 31 January 2024) (Percentage)
Kowloon City Dental Clinic	0-18	59 (1.4%)	39 (1.2%)	28 (1.2%)
	19-42	652 (15.8%)	506 (16.0%)	369 (15.8%)
	43-60	1 250 (30.2%)	912 (28.9%)	604 (25.8%)
	61 or above	2 172 (52.6%)	1 700 (53.8%)	1 340 (57.2%)
	Sub-total	4 133 (100.0%)	3 157 (100.0%)	2 341 (100.0%)
Kwun Tong Dental Clinic	0-18	31 (1.2%)	17 (0.8%)	11 (0.6%)
	19-42	430 (16.2%)	247 (11.6%)	221 (12.4%)
	43-60	723 (27.2%)	640 (30.0%)	474 (26.7%)
	61 or above	1 471 (55.4%)	1 232 (57.7%)	1 071 (60.3%)
	Sub-total	2 655 (100.0%)	2 136 (100.0%)	1 777 (100.0%)
Kennedy Town Community Complex Dental Clinic	0-18	55 (1.0%)	29 (0.7%)	21 (0.7%)
	19-42	1 257 (23.2%)	954 (24.4%)	712 (23.1%)
	43-60	1 475 (27.2%)	1 413 (36.1%)	1 071 (34.8%)
	61 or above	2 633 (48.6%)	1 513 (38.7%)	1 277 (41.4%)
	Sub-total	5 420 (100.0%)	3 909 (100.0%)	3 081 (100.0%)
	0-18	16 (0.9%)	12 (1.0%)	9 (0.9%)

Dental clinic with GP Sessions	Age group	Number of attendances in 2021-22 (Percentage)	Number of attendances in 2022-23 (Percentage)	Number of attendances in 2023-24 (as at 31 January 2024) (Percentage)
Fanling Health Centre Dental Clinic	19-42	280 (16.2%)	169 (14.2%)	116 (11.3%)
	43-60	469 (27.2%)	323 (27.1%)	250 (24.4%)
	61 or above	962 (55.7%)	688 (57.7%)	649 (63.4%)
	Sub-total	1 727 (100.0%)	1 192 (100.0%)	1 024 (100.0%)
Mona Fong Dental Clinic	0-18	15 (1.1%)	4 (0.4%)	5 (0.6%)
	19-42	243 (17.1%)	151 (14.2%)	76 (9.6%)
	43-60	387 (27.3%)	297 (27.9%)	170 (21.4%)
	61 or above	775 (54.6%)	613 (57.6%)	543 (68.4%)
	Sub-total	1 420 (100.0%)	1 065 (100.0%)	794 (100.0%)
Tai Po Wong Siu Ching Dental Clinic	0-18	18 (1.3%)	10 (0.9%)	8 (0.9%)
	19-42	231 (16.3%)	159 (14.8%)	142 (16.7%)
	43-60	370 (26.1%)	237 (22.1%)	175 (20.6%)
	61 or above	801 (56.4%)	665 (62.1%)	524 (61.7%)
	Sub-total	1 420 (100.0%)	1 071 (100.0%)	849 (100.0%)
Tsuen Wan Dental Clinic	0-18	59 (1.0%)	44 (1.1%)	29 (0.9%)
	19-42	908 (15.8%)	609 (14.8%)	452 (13.4%)
	43-60	1 589 (27.7%)	1 160 (28.3%)	874 (26.0%)
	61 or above	3 190 (55.5%)	2 291 (55.8%)	2 011 (59.7%)
	Sub-total	5 746 (100.0%)	4 104 (100.0%)	3 366 (100.0%)
Yan Oi Dental Clinic	0-18	16 (1.2%)	9 (0.8%)	2 (0.2%)
	19-42	230	111	95

Dental clinic with GP Sessions	Age group	Number of attendances in 2021-22 (Percentage)	Number of attendances in 2022-23 (Percentage)	Number of attendances in 2023-24 (as at 31 January 2024) (Percentage)
		(16.8%)	(10.5%)	(11.2%)
	43-60	358 (26.1%)	259 (24.4%)	215 (25.3%)
	61 or above	769 (56.0%)	683 (64.3%)	538 (63.3%)
	Sub-total	1 373 (100.0%)	1 062 (100.0%)	850 (100.0%)
Yuen Long Government Offices Dental Clinic	0-18	37 (1.3%)	26 (1.3%)	21 (1.3%)
	19-42	491 (17.1%)	343 (16.8%)	280 (17.0%)
	43-60	851 (29.6%)	621 (30.4%)	443 (26.9%)
	61 or above	1 493 (52.0%)	1 051 (51.5%)	903 (54.8%)
	Sub-total	2 872 (100.0%)	2 041 (100.0%)	1 647 (100.0%)
Tai O Dental Clinic	0-18	2 (1.5%)	1 (0.8%)	0 (0.0%)
	19-42	25 (18.2%)	17 (13.1%)	20 (18.7%)
	43-60	41 (29.9%)	33 (25.4%)	29 (27.1%)
	61 or above	69 (50.4%)	79 (60.8%)	58 (54.2%)
	Sub-total	137 (100.0%)	130 (100.0%)	107 (100.0%)
Cheung Chau Dental Clinic	0-18	4 (2.4%)	6 (3.6%)	0 (0.0%)
	19-42	28 (17.1%)	15 (8.9%)	6 (4.7%)
	43-60	46 (28.0%)	45 (26.8%)	27 (20.9%)
	61 or above	86 (52.4%)	102 (60.7%)	96 (74.4%)
	Sub-total	164 (100.0%)	168 (100.0%)	129 (100.0%)
Total	0-18	312 (1.2%)	197 (1.0%)	134 (0.8%)
	19-42	4 775 (17.6%)	3 281 (16.4%)	2 489 (15.6%)

Dental clinic with GP Sessions	Age group	Number of attendances in 2021-22 (Percentage)	Number of attendances in 2022-23 (Percentage)	Number of attendances in 2023-24 (as at 31 January 2024) (Percentage)
	43-60	7 559 (27.9%)	5 940 (29.6%)	4 332 (27.1%)
	61 or above	14 421 (53.3%)	10 617 (53.0%)	9 010 (56.4%)
	Sub-total	27 067 (100.0%)	20 035 (100.0%)	15 965 (100.0%)

Note: Percentages may not add up to 100 due to rounding.

2. 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 adults aged 18 or above with intellectual disability (ID). In 2021, the programme was further extended for 3 years to July 2024. As at end-January 2024, about 5 230 adults with ID have registered under the HTC, of which about 5 040 have received their first consultation.

The CE also announced in the 2023 Policy Address that the Government will strengthen in the third quarter of 2024 the HTC by providing services to 900 new cases every year, expanding its scope to cover adults (aged 18 or above) with Autistic Spectrum Disorder in addition to adults with ID and further extending the HTC to March 2027.

In 2024-25, the DH has earmarked about $77 million to enhance public dental services, including enhancement of the HTC and emergency dental service, and launch of the Primary Dental Co-care Pilot Scheme for Adolescents. The Government will also deploy additional manpower to carry out the relevant preparatory work.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3330)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

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

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 100)

Reply:

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups defined by the Working Group, including persons with financial difficulties, persons with disabilities or special needs, and the high risk groups.

The dental services currently provided by the Government to persons with disabilities are outlined below.

School Dental Care Service (SDCS)

Primary school students in Hong Kong, as well as students aged under 18 with intellectual disability (ID) and/or physical disability studying in special schools, can join the SDCS of the Department of Health (DH) to receive annual check-ups at 8 designated school dental clinics, which cover oral examination as well as basic restorative and preventive treatment. The 8 designated school dental clinics are Tang Shiu Kin School Dental Clinic, Argyle Street Jockey Club School Dental Clinic (1/F and 3/F), Lam Tin School Dental Clinic, Ha Kwai Chung School Dental Clinic, Pamela Youde School Dental Clinic, Tuen Mun School Dental Clinic and Fanling School Dental Clinic. 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]	2021-22	2022-23	2023-24
Number of participants	6 328	6 429	6 907

Note1: A service year refers to the period from 1 November of the current year to 31 October of the following year.

Figures of the expenditure on providing the SDCS to persons with ID, absorbed within the overall provision for dental services under its Programme, are not available.

Dandelion Oral Care Action

Noting that concerted efforts from parents and schools are necessary to facilitate children with ID to maintain personal oral hygiene, the Oral Health Education Division (OHED) of the DH has been conducting since 2005 a special oral health promotion programme named the "Dandelion Oral Care Action" (the Dandelion Programme) in a train-the-trainer approach whereby the school nurses, teachers and parents of the participating special schools are trained to equip special tooth cleaning skills. Under the Dandelion Programme, oral care skill has become part of the self-care curriculum of the participating schools, and the OHED trains at least 1 school nurse or teacher nominated by each school to be the Oral Health Trainer (OHT) equipped with certain basic oral care knowledge/techniques. The OHTs, in turn, will train all the teachers in the school and conduct workshops to train the parents to take care of their children at home using the same oral care techniques. The long-term goal of the Dandelion Programme is for the children with ID to brush and floss their own teeth competently and independently by the time they leave school. As per the DH's understanding, 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 joined the Dandelion Programme.

The number of participants (including school nurses, teachers, parents and students) in the past 3 school years is set out below:

School Year [Note2] :	2020-2021	2021-2022	2022-2023
Number of participants	5 124	5 288	5 396

Note2: A school year refers to the period from 1 September of the current year to 31 August of the following year.

Figures of the expenditure on the Dandelion Programme, absorbed within the provision for dental services under its Programme, are not available.

Oral Maxillofacial Surgery & Dental Clinics (OMS&DCs) and Special Oral Care Service (SOCS)

The DH set up the OMS&DCs in 7 public hospitals (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) to provide oral maxillofacial surgery and specialist dental treatment to in-patients and patients with special oral health care needs and dental emergency. Such specialist services are provided through referral by the Hospital Authority (HA) or private practitioners, etc.

The number of attendances of patients with ID and/or severe physical disability in the past 3 years is set out below:

Year	2021	2022	2023
Number of attendances	534	366	375

In order to improve the oral health of children with ID, the DH set up a SOCS in September 2019 in collaboration with the HA 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. The SOCS has also implemented an outreach dental service since September 2019 to provide free onsite dental check-up and oral health education for 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.

The number of children with ID receiving services over the past 3 service years is as follows:

Service Year [Note3]	2021-22	2022-23	2023-24 (as at January 2024)
Number of attendances for dental check-ups by the SOCS teams	1 292	1 580	484
Number of referrals to the HKCH	242	232	72

Note3: A service year refers to the period from 1 November of the current year to 31 October of the following year.

Figures of the expenditure for providing services to persons with ID and/or severe physical disability under the DH's OMS&DCs and SOCS, absorbed within the provision for dental services under its Programme, are not available.

Dental Service for Adult Patients with ID

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 adults aged 18 or above with ID. In 2021, the programme was further extended for 3 years to July 2024. At present, 5 NGO dental clinics (with at least 1 qualified dentist and 1 dental surgery assistant) have participated in the HTC. Among them, 2 are located on Hong Kong Island, 1 in Kowloon and the remaining 2 in the New Territories. As at end-January 2024, about 5 230 adults with ID have registered under the HTC, of which about 5 040 have received their first consultation.

The number of attendances over the past 3 service years is set out below:

Service Year [Note4]	2021-22	2022-23	2023-24 (up to January 2024)
Number of attendances	4 129	6 121	4 119

Note4: A service year refers to the period from 16 July of the current year to 15 July of the following year.

The actual expenditures in 2021-22 and 2022-23 and the revised estimate for 2023-24 are as follows:

Year	2021-22	2022-23	2023-24
Annual expenditure ($ million)	11.1 (actual)	22.8 (actual)	32.0 (revised estimate)

The CE announced in the 2023 Policy Address that the Government will strengthen in the third quarter of 2024 the special care dental services for persons with disabilities or special needs currently provided by the DH by further extending the HTC to March 2027, extending its scope to cover patients with Autistic Spectrum Disorder, and providing services to 900 new cases every year.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3334)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Will the Government advise on the number of non-locally trained allied health professionals registered under the Supplementary Medical Professions Ordinance in the past 5 years, with a breakdown by healthcare profession, including but not limited to physiotherapists, occupational therapists, optometrists, radiographers and medical laboratory technologists?

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 104)

Reply:

The number of allied health professionals (namely physiotherapists, occupational therapists, optometrists, radiographers and medical laboratory technologists) registered under the Supplementary Medical Professions Ordinance (SMPO) in the past 5 years is tabulated below:

Position as at 31 December of the year	**Type** Note(1)	**Healthcare profession**				
		Physiotherapist	Occupational therapist	Optometrist	Radiographer	Medical laboratory technologist
2019	New registration (locally-trained)	158	149	38	96	107
	New registration (non-locally trained)	110	36	4	9	29
	Name removed from register Note(2)	13	9	15	23	49
	Application for restoration of name to register Note(3)	5	3	3	4	8
	Total number of registrants	**3 510**	**2 403**	**2 250**	**2 479**	**3 862**
2020	New registration	110	135	34	101	121

Position as at 31 December of the year	Type [Note(1)]	Healthcare profession				
		Physiotherapist	Occupational therapist	Optometrist	Radiographer	Medical laboratory technologist
	(locally-trained)					
	New registration (non-locally trained)	83	49	5	3	51
	Name removed from register [Note(2)]	21	17	29	29	68
	Application for restoration of name to register [Note(3)]	3	1	6	0	17
	Total number of registrants	**3 685**	**2 571**	**2 266**	**2 554**	**3 983**
2021	New registration (locally-trained)	180	178	34	121	210
	New registration (non-locally trained)	107	51	2	9	54
	Name removed from register [Note(2)]	30	20	36	18	43
	Application for restoration of name to register [Note(3)]	12	3	7	7	20
	Total number of registrants	**3 954**	**2 783**	**2 273**	**2 673**	**4 224**
2022	New registration (locally-trained)	176	146	39	127	104
	New registration (non-locally trained)	70	55	3	9	44
	Name removed from register [Note(2)]	34	21	36	21	57
	Application for restoration of name to register [Note(3)]	4	3	4	2	11
	Total number of registrants	**4 170**	**2 966**	**2 283**	**2 790**	**4 326**
2023	New registration (locally-trained)	245	187	45	132	292
	New registration (non-locally trained)	202	78	14	13	81
	Name removed from register [Note(2)]	34	32	46	31	50

Position as at 31 December of the year	Type Note(1)	Healthcare profession				
		Physiotherapist	Occupational therapist	Optometrist	Radiographer	Medical laboratory technologist
	Application for restoration of name to register Note(3)	6	6	10	3	9
	Total number of registrants	**4 589**	**3 205**	**2 306**	**2 907**	**4 658**

Notes:

(1) The number of persons who have their names removed from the register, who have applied for restoration of their names to the register and the total number of registrants include the number of both locally-trained and non-locally trained persons.

(2) According to sections 10 and 22 of the SMPO, the names of registered allied health professionals may be removed from the register for various reasons, e.g. they have requested voluntarily that their names be so removed; they are deceased; they have not renewed their practising certificates for a period exceeding 6 months; or their names are ordered to be removed from the register after due disciplinary inquiry.

(3) A person whose name has been removed from a register under section 10 or 22 of the SMPO may apply to the board for the restoration of his name to the register.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3335)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Will the Government please inform this Committee of the staff establishment and total expenditure of the Supplementary Medical Professions Council in the past 5 years and its current processing time of registration applications submitted by allied health professionals?

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 105)

Reply:

The Boards and Councils Office (B&C Office) provides secretariat support to 15 healthcare-related statutory Boards and Councils, including the Supplementary Medical Professions Council (the Council). As at 1 February 2024, there were 79 civil service posts in the B&C Office, including 8 posts mainly responsible for providing support to the Council. The expenditure for the Council secretariat has been subsumed under the overall expenditure for the B&C Office and hence could not be separately listed.

The applications of registration for professions specified in the Schedule to the Supplementary Medical Professions Ordinance (Cap. 359) (Ordinance) (including medical laboratory technologists, radiographers, physiotherapists, occupational therapists and optometrists) are processed by the Council in accordance with sections 12 and 13 of the Ordinance and its subsidiary legislation.

For applicants holding professional qualifications prescribed in section 12(1)(a) of the Ordinance and its subsidiary legislation, the application procedure will generally be completed within 1 month upon submission of the duly completed application form and the requisite documents.

For applicants holding professional qualifications not prescribed in section 12(1)(a) of the Ordinance and its subsidiary legislation, the application procedure will generally be completed within 3 months upon submission of the duly completed application form and the requisite documents, as time is needed to examine the education, training, professional experience and skill of individual applicants in detail. For applications involving overseas

qualifications or clinical training, additional processing time may be required to contact overseas institutions for verification.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3463)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Please advise on the breakdown of the number of people from most-at-risk populations for HIV requesting post-exposure prophylaxis (PEP), the number of PEP recipients and the expenditure involved in the past 5 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 235)

Reply:

The number of clients prescribed with HIV post-exposure prophylaxis (PEP) by the Integrated Treatment Centre of the Department of Health (DH), including but not limited to those with post-sexual exposure, is as follows:

Financial year	Number of clients prescribed with PEP
2019-20	140
2020-21	155
2021-22	140
2022-23	172
2023-24*	169

* Figure as at 29 February 2024

Subsumed into the HIV care services provided by the DH, the expenditure involved cannot be separately identified.

- End -

Examination of Estimates of Expenditure 2024-25 Reply Serial No.

HHB308

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3464)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Please advise on the breakdown of the research expenditure on HIV pre-exposure prophylaxis (PrEP) in the past 5 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 236)

Reply:

The Council for the AIDS Trust Fund approved a sum of $1.5 million from 2019-20 to 2023-24 to support the following research projects:

(a) Perception of pre-exposure prophylaxis (PrEP) use and its monitoring mechanism in men who have sex with men (MSM) - a qualitative study; and

(b) A simplified approach to PrEP service delivery in real-world setting in Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3465)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Please advise on the estimated expenditure if the Government proposes the introduction of pre-exposure prophylaxis (PrEP) drugs to the Drug Formulary to subsidise the prevention of HIV infection among the most-at-risk populations.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 237)

Reply:

The Department of Health (DH) has implemented a programme called "The Commons" since 5 February 2024 to provide one-stop sexual health service for sexual minorities such as men who have sex with men with risk behaviours. The services provided under the programme include test for HIV and viral hepatitis, viral hepatitis vaccination, sexual health assessment, test and treatment for sexually transmitted infection and counselling. The programme further provides monitoring and counselling services for PrEP users to ensure that they receive medication in an appropriate and safe manner. A bundle of individualised preventive measures is also offered to optimise the effectiveness of PrEP use.

The DH will study the demand for PrEP and the need for related services through "The Commons" newly in place, with a view to establishing an appropriate mode of service provision and operation.

Subsumed into the DH's overall provision for disease prevention, the expenditure of the resources involved in the implementation of "The Commons", the one-stop sexual health service programme mentioned above, cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3466)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Please provide the number of people requesting and obtaining post-exposure prophylaxis (PEP) and the expenditure and financial provision for the past 5 years in this respect.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 238)

Reply:

The number of clients prescribed with HIV post-exposure prophylaxis (PEP) by the Integrated Treatment Centre of the Department of Health (DH), including but not limited to those with post-sexual exposure, is as follows:

Financial year	Number of clients prescribed with PEP
2019-20	140
2020-21	155
2021-22	140
2022-23	172
2023-24*	169

* Figure as at 29 February 2024

Subsumed into the HIV care services provided by the DH, the expenditure involved cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3467)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Please advise on the estimated expenditure for 2023-24 if the Government relaxes the stringent requirement for access to post-exposure prophylaxis.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 239)

Reply:

The post-exposure prophylaxis (PEP) is one of the prevention strategies targeting individuals with risk of exposure to HIV. The eligibility for PEP and its prescription is a clinical decision based on individual risk assessment and stratification. The Scientific Committee on AIDS and Sexually Transmitted Infections under the Centre for Health Protection of the Department of Health (DH) will regularly review the application of PEP (including both occupational and non-occupational exposure) and disseminate relevant guidelines/recommendations for reference by frontline healthcare providers and relevant stakeholders.

The number of clients prescribed with HIV PEP by the Integrated Treatment Centre of the DH, including but not limited to those with post-sexual exposure, is as follows:

Financial year	Number of clients prescribed with PEP
2019-20	140
2020-21	155
2021-22	140
2022-23	172
2023-24*	169

* Figure as at 29 February 2024

Subsumed into the HIV care services provided by the DH, the expenditure involved cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3468)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Please advise on the breakdown of the expenditure per head on the prevention of HIV infection in the most-at-risk populations in the past 5 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 240)

Reply:

The Government has been allocating resources for the prevention and control of HIV/AIDS. The major initiatives include:

(a) setting up the Hong Kong Advisory Council on AIDS (ACA) in 1990 to review the local and international trends and development in respect of HIV infection and AIDS; to advise the Government on policies relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to provide advice on the co-ordination and monitoring of programmes for prevention of HIV infection and on the services provided for people with HIV/AIDS in Hong Kong;

(b) setting up the AIDS Trust Fund (ATF) in April 1993 with a commitment of $350 million approved by the Finance Committee (FC) of the Legislative Council to provide assistance for HIV infected haemophiliacs; to strengthen medical and support services; and to enhance public education about AIDS. An additional injection of $350 million was approved by the FC in 2013-14 to continue supporting the funding applications submitted by non-governmental organisations set up in response to AIDS and other organisations under the ATF. From 2019-20 to 2023-24, $142.4 million was approved under the ATF for 67 projects targeting high-risk groups, with a breakdown as follows:

High-risk groups	**Funding approved ($ million)**
Men who have sex with men	64.8
People living with HIV	27.5
Female sex workers and their male clients	30.6

People who inject drugs	8.3
Ethnic minorities	8.7
Transgenders	2.5
Total	**142.4**

(c) providing resources for the Department of Health's (DH) services, including the Special Preventive Programme (SPP), the Social Hygiene Service, the Methadone Treatment Programme and the Student Health Service (SHS), for HIV prevention and care. The DH has been delivering sex education information and conducting promotional programmes for primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based activities about sex education under the Adolescent Health Programme, life-skill-based education about HIV and sex through the SPP, as well as online resources about sex education.

Subsumed into the DH's overall provision for disease prevention, the expenditure of the overall resources for prevention of HIV/AIDS for high-risk individuals cannot be separately identified.

- End -

Examination of Estimates of Expenditure 2024-25 | Reply Serial No. **HHB313**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3469)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Please advise on the breakdown of expenditure on HIV prevention research in the past 5 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 241)

Reply:

From 2019-20 to 2023-24, the AIDS Trust Fund approved a total of $12.5 million for conducting 21 research projects on HIV prevention with a breakdown as follows:

High risk groups	**Funding approved ($ million)**
Men who have sex with men	7.5
People living with HIV	3.7
More than 1 high risk group*	1.3
Total	**12.5**

* $1.3 million was granted to fund 2 research projects targeting more than 1 high-risk group.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3470)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Please advise on the reasons why the Government does not consider allocating more resources to HIV prevention (including the provision of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), legislation against discrimination on the grounds of sexual orientation and the provision of sex education catering for present-day circumstances) to minimise the number of infected people, thereby reducing the lifetime HIV treatment cost and the economic loss arising from the reduction in the workforce.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 242)

Reply:

The Government has been allocating resources for the prevention and control of HIV/AIDS. The major initiatives include:

(a) setting up the Hong Kong Advisory Council on AIDS (ACA) in 1990 to review the local and international trends and development in respect of HIV infection and AIDS; to advise the Government on policies relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to provide advice on the co-ordination and monitoring of programmes for prevention of HIV infection and on the services provided for people with HIV/AIDS in Hong Kong. The key strategic areas of the latest "Recommended HIV/AIDS Strategies for Hong Kong (2022-2027)" include (i) enhancing the accessibility of HIV prevention tools (including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)), (ii) promoting sex education, and (iii) reducing HIV-related stigma and discrimination;

(b) setting up the AIDS Trust Fund (ATF) in April 1993 with a commitment of $350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance for HIV infected haemophiliacs; to strengthen medical and support services; and to enhance public education about AIDS. An additional injection of $350 million was approved by the FC in 2013-14 to continue supporting the funding applications submitted by non-governmental organisations

set up in response to AIDS and other organisations under the ATF. From 2019-20 to 2023-24, $142.4 million was approved under the ATF for 67 projects targeting high-risk groups;

(c) providing resources for the Department of Health's (DH) services, including the Special Preventive Programme (SPP), the Social Hygiene Service, the Methadone Treatment Programme and the Student Health Service (SHS), for HIV prevention and care. The DH has been delivering sex education information and conducting promotional programmes for primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based activities about sex education under the Adolescent Health Programme, life-skill-based education about HIV and sex through the SPP, as well as online resources about sex education. The DH will continue the promotion endeavours and regularly review and update the content and approaches in respect of sex education so as to address the needs of adolescents;

(d) the PEP is one of the prevention strategies targeting individuals with risk of exposure to HIV. The eligibility for PEP and its prescription is a clinical decision based on individual risk assessment and stratification. The Scientific Committee on AIDS and Sexually Transmitted Infections under the Centre for Health Protection will regularly review the application of PEP (including both occupational and non-occupational exposure) and disseminate relevant guidelines/recommendations for reference by frontline healthcare providers and relevant stakeholders; and

(e) the DH has implemented a programme called "The Commons" since 5 February 2024 to provide one-stop sexual health service for sexual minorities such as men who have sex with men with risk behaviours. The services provided under the programme include test for HIV and viral hepatitis, viral hepatitis vaccination, sexual health assessment, test and treatment for sexually transmitted infection and counselling. The programme further provides monitoring and counselling services for PrEP users to ensure that they receive medication in an appropriate and safe manner. A bundle of individualised preventive measures is also offered to optimise the effectiveness of PrEP use.

The Government will keep in view the service demand in the coming years for resource allocation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3471)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Please advise on the breakdown of the expenditure on the promotion of U=U in the past 5 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 243)

Reply:

The Government has been allocating resources for the prevention and control of HIV/AIDS. The major initiatives include:

(a) setting up the Hong Kong Advisory Council on AIDS (ACA) in 1990 to review the local and international trends and development in respect of HIV infection and AIDS; to advise the Government on policies relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to provide advice on the co-ordination and monitoring of programmes for prevention of HIV infection and on the services provided for people with HIV/AIDS in Hong Kong. Promoting the idea of "Undetectable = Untransmittable (U=U)" can reduce the public's stigma and discrimination against people with HIV, alleviate the fear of undergoing HIV test, and enhance treatment adherence of people with HIV. In the latest "Recommended HIV/AIDS Strategies for Hong Kong (2022-2027)", "U=U" is listed as a key message for promotion;

(b) setting up the AIDS Trust Fund (ATF) in April 1993 with a commitment of $350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance for HIV infected haemophiliacs; to strengthen medical and support services; and to enhance public education about AIDS. An additional injection of $350 million was approved by the FC in 2013-14 to continue supporting the funding applications submitted by non-governmental organisations (NGOs) set up in response to AIDS and other organisations under the ATF. The NGOs funded by the Government have been promoting the idea of "U=U"; and

(c) providing resources for the Department of Health's (DH) services, including the Special Preventive Programme (SPP), the Social Hygiene Service, and the Student Health

Service (SHS), for HIV prevention and care. The DH has been delivering sex education information and conducting promotional programmes for primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based activities about sex education under the Adolescent Health Programme, life-skill-based education about HIV and sex through the SPP, as well as online resources about sex education. The idea of "U=U" has already been incorporated into the SPP's publicity work, including online promotion, mass media promotion and health talks. Moreover, the DH has been collaborating with NGOs to organise events for promoting the idea of "U=U" and fostering the public's acceptance of people with HIV/AIDS.

Resources for the "U=U" promotion have been subsumed into the DH's overall provision for disease prevention and cannot be separately identified.

The Government will keep in view the service demand in the coming years for resource allocation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3472)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Please advise on the expenditure incurred in preventing HIV infection in the past 5 years broken down into the following groups: heterosexual population, men who have sex with men, ethnic minorities, sex workers and injecting drug users.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 244)

Reply:

Based on the "Recommended HIV/AIDS Strategies for Hong Kong" issued by the Hong Kong Advisory Council on AIDS, the AIDS Trust Fund (ATF) accords higher funding priority to applications for projects targeting 6 high-risk groups, namely men who have sex with men, people living with HIV, female sex workers and their male clients, people who inject drugs, ethnic minorities and transgenders.

From 2019-20 to 2023-24, $142.4 million was approved under the ATF for 67 projects targeting high-risk groups, with a breakdown as follows:

High-risk groups	**Funding approved ($ million)**
Men who have sex with men	64.8
People living with HIV	27.5
Female sex workers and their male clients	30.6
People who inject drugs	8.3
Ethnic minorities	8.7
Transgenders	2.5
Total	**142.4**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3884)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in paragraph 227 of the Budget Speech that relevant bureaux have been requested to review the mode of operation of the Government Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities (the $2 Scheme) and the Public Transport Fare Subsidy Scheme, in the light that both schemes have incurred higher expenditure with a rapid growth rate. In this connection, will the Government inform this Committee on:

1. the expenditure and its year-on-year growth in respect of the Elderly Health Care Voucher Scheme (EHVS) in each of the past 5 years; and

2. whether the Government will also ask the bureaux concerned to review the EHVS and/or other allowance/subsidy schemes which have incurred higher expenditure with rapid growth rate and are purportedly prone to abuse; if not, the reasons?

Asked by: Hon TSE Wai-chuen, Tony (LegCo internal reference no.: 51)

Reply:

1.

The Government launched the Elderly Health Care Voucher Scheme (EHVS) in 2009. It aims at providing financial incentives for elderly persons to choose private primary healthcare services that best suit their health needs and providing them with additional healthcare choices on top of the existing public healthcare services. Launched in 2009, the EHVS initially provided eligible Hong Kong elderly persons aged 70 or above with $250 vouchers annually (5 vouchers worth $50 each, for covering part of their medical fees to encourage co-payment). The EHVS has been extended to cover eligible Hong Kong elderly persons aged 65 or above[1] and the annual amount of vouchers provided for them has been increased to $2,000 (there is no limit on the voucher amount that can be used each time of receiving healthcare service; co-payment is not mandated and the accumulation limit of vouchers is $8,000) for subsidising their use of private primary healthcare services provided by 14 types of healthcare professionals[2].

1 Since 1 July 2017, the eligibility age for the EHVS has been lowered from 70 to 65.

2 They are medical practitioners, Chinese medicine practitioners, dentists, nurses, physiotherapists, occupational therapists, radiographers, medical laboratory technologists, chiropractors and optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359), as well as audiologists, dietitians, clinical psychologists and speech therapists under the Accredited Registers Scheme for Healthcare Professions (AR Scheme).

The number of elderly persons eligible for the EHVS from 2009 to 2023 is tabulated below:

Year	**Eligible elderly persons (i.e. elderly persons aged 65/70[Note] or above)***
2009	671 000
2010	688 000
2011	707 000
2012	714 000
2013	724 000
2014	737 000
2015	760 000
2016	775 000
2017	1 221 000
2018	1 266 000
2019	1 325 000
2020	1 377 000
2021	1 450 000
2022	1 526 000
2023	1 638 000

Note: Since 1 July 2017, the eligibility age for the EHVS has been lowered from 70 to 65.

* Source: "Hong Kong Population Projections 2010-2039", "Hong Kong Population Projections 2012-2041", "Hong Kong Population Projections 2015-2064", "Hong Kong Population Projections 2017-2066", "Hong Kong Population Projections 2020-2069" and "Hong Kong Population Projections 2022-2046" of the Census and Statistics Department.

The actual/estimated expenditure and its year-on-year growth in respect of the EHVS from the financial year 2008-09 to 2023-24 are tabulated below:

Year	Actual expenditure on the EHVS ($ million)	Year-on-year growth
2008-09 (January to March 2009)	6.6	--
2009-10	49.0	+642%
2010-11	72.0	+47%
2011-12[Note 1]	104.1	+45%
2012-13[Note 2]	196.0	+88%
2013-14[Note 3]	341.0	+74%
2014-15[Note 4]	682.2	+100%
2015-16	914.5	+34%
2016-17	1,102.3	+21%
2017-18[Note 5]	1,697.5	+54%
2018-19[Note 6]	2,930.2	+73%
2019-20[Note 7]	2,569.7	-12%
2020-21	2,150.7	-16%
2021-22	2,554.7	+19%
2022-23	2,785.9	+9%

2023-24[Note 8]	3,343.6 (revised estimate)	+20%

Note 1: The voucher amount has increased from the original $250 to $500 since 1 January 2012.
Note 2: The voucher amount has increased to $1,000 since 1 January 2013.
Note 3: The EHVS has been regularised since 1 January 2014.
Note 4: The voucher amount has increased to $2,000 with the accumulation limit revised upward from $3,000 to $4,000 since 7 June 2014. Starting from 1 July 2014, the face value of each voucher has been lowered from $50 to $1.
Note 5: Since 1 July 2017, the eligibility age for the EHVS has been lowered from 70 to 65.
Note 6: On 8 June 2018, each eligible elderly person was provided with an additional voucher amount of $1,000 on a one-off basis. The accumulation limit of the vouchers was also increased to $5,000.
Note 7: 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 vouchers was further increased to $8,000. Starting from the same day, the voucher amount that can be spent on optometry services has been set at $2,000 every 2 years.
Note 8: Starting from 17 April 2023, eligible elderly persons can use vouchers to pay for the outpatient healthcare services at the 15 designated Outpatient Medical Centers/Medical Service Departments of the University of Hong Kong - Shenzhen Hospital (HKU-SZH), as well as the Huawei Li Zhi Yuan Community Health Center, an offsite medical institution set up by the HKU-SZH. Since 28 April 2023, the coverage of the EHVS has been extended to include primary healthcare services provided by 4 categories of healthcare professions under the AR Scheme (namely audiologists, clinical psychologists, dietitians and speech therapists). Starting from 28 July 2023, the EHVS allows shared use of vouchers between 2 eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts. Furthermore, to encourage more effective use of primary healthcare services by elderly persons, a three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) was launched under the EHVS on 13 November 2023. An eligible elderly person who has an accumulated use of vouchers of $1,000 or more on designated primary healthcare services in a year will be allotted $500 reward to his or her voucher account for the same purposes.

2.
The Department of Health (DH) adopts a robust monitoring mechanism for checking and auditing voucher claims made by healthcare service providers for voucher users both in Hong Kong and Shenzhen (i.e. at the HKU-SZH) under the EHVS. The relevant measures and procedures include routine checking, monitoring and investigating in respect of aberrant transactions, and investigation into complaints. The DH adopts a risk-based approach to check voucher claims, targeting healthcare service providers who are suspected of non-compliance with the terms and conditions of the EHVS Agreement and those whose voucher claims show aberrant patterns. To prevent abuse, misuse or fraud, the DH will also investigate cases where healthcare service providers are suspected to have made false voucher claims in collusion with EHVS users. The DH will take appropriate actions/measures when violation of the terms and conditions of the EHVS Agreement is found, 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 EHVS, and referring cases to the Police or the relevant professional regulatory boards/councils for follow-up as appropriate.

Apart from close monitoring of suspected abuse/misuse of vouchers, the DH regularly issues guidelines to healthcare service providers participating in the EHVS to remind them of the scheme's requirements. Besides, the DH has strengthened its efforts in empowering elderly persons to make informed choices and use vouchers wisely through reaching out to elderly persons more proactively and enhancing the mechanism for checking voucher balance and voucher transaction records. The DH will also continue to provide updated key statistics on the EHVS and voucher usage on the websites of the DH and the EHVS to help both elderly persons and the general public better understand the EHVS.

The Government launched the EHVS in 2009 to provide elderly persons with financial incentives to choose private primary healthcare services that best suit their healthcare needs. However, the EHVS does not mandate that elderly persons must use their vouchers on designated primary healthcare services, nor are healthcare service providers enrolling in the EHVS required to furnish details of the healthcare services provided or register with the eHealth system. The elderly, therefore, have not been directed towards the optimal use of vouchers for primary healthcare services under the EHVS, nor has the EHVS provided comprehensive data for assessing its overall cost-effectiveness and effectiveness in improving the overall health of the elderly. According to the information available on the voucher claim transactions in the past years, vouchers were mainly (over 40%) used for services related to the treatment of acute episodic illnesses while only about 20% were used for preventive care services.

In accordance with the Primary Healthcare Blueprint launched by the Government in December 2022, the Government will strive to direct resources towards primary healthcare services with an emphasis on strengthening chronic disease management and reinforcing the different levels of prevention. To this end, through providing rewards, the Government launched the three-year Pilot Reward Scheme in November 2023 to further incentivise elderly persons by guiding them to make better use of vouchers for continuous preventive healthcare and chronic disease management services, etc., so as to achieve the original policy objectives of the EHVS by optimising the use of resources to promote primary healthcare and supporting the healthcare needs of elderly persons. Meanwhile, the Government will continue to review the effectiveness of the EHVS and put forward enhacement measures as and when necessary to ensure the effective use of public resources.

Hong Kong has one of the most rapidly ageing of population in the world and the speed of ageing will peak in the upcoming decade. The population aged 65 and above will increase from 1.45 million in 2021 to 2.74 million by 2046. Both the number of elderly persons using vouchers and the financial commitments involved will continue to increase substantially. To improve elderly health and ensure the sustainability of the healthcare system, the Government must ensure the optimised use of resources invested in the EHVS so that elderly persons can make good use of their vouchers for primary healthcare services for disease prevention and health management. Continuing to increase the voucher amount or expand the coverage of the EHVS for undesignated and unguided use of unmonitored healthcare services, and allowing use of vouchers for secondary/tertiary healthcare services will not be sustainable policy-wise and financially. Thus, the further increase of voucher amount or expansion of the coverage of EHVS without designating the use of primary healthcare services is not on our policy agenda. We will continue to review the health benefits brought by the EHVS in planning for the future development of primary healthcare.

- End -