

**Replies to initial written questions raised by Finance Committee Members
in examining the Estimates of Expenditure 2007-08**

**Director of Bureau : Secretary for Health, Welfare and Food
Session No. : 16**

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Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)001

Question Serial No.

0013

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

Subhead (No. & title):

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

In view of government provision of medical benefits for civil servants and their eligible dependents, in working out the amount of subvention for the Hospital Authority (HA), has the Government provided a special breakdown of expenses on services provided by HA to civil servants? If yes, please give the details; if not, when will a detailed breakdown be provided?

Asked by: Hon. LI Kwok-ying

Reply:

The Hospital Authority (HA) has an agreement with the Government to provide civil service eligible persons with all necessary services and facilities and such costs have been subsumed in Government's subvention to the HA. The provision of medical services to civil service eligible persons is not separately accounted for in working out the amount of subvention to the HA.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 12.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)002

Question Serial No.

0014

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please state separately the amount of money for the medical benefits of civil servants in the subvention to the Hospital Authority (HA) in the past three years and 2007-08. What percentages do these amounts account for in the subvention to HA? What percentages do these amounts account for in the overall medical benefits for civil servants?

Asked by: Hon. LI Kwok-ying

Reply:

The total costs for provision of medical services to serving and retired civil servants, their eligible dependants and other eligible persons (civil service eligible persons) by the Hospital Authority (HA) for the past three years and 2007-08, its percentage against government subvention to HA and that against overall government expenditure on provision of medical benefits to civil service eligible persons, are as follows:

	2004-05	2005-06	2006-07	2007-08
	<u>Actual</u>	<u>Actual</u>	Revised <u>Estimate</u>	<u>Estimate</u>
	\$Billion	\$Billion	\$Billion	\$Billion
Total costs for provision of				
(a) medical services to civil service eligible persons by HA*	1.83	1.86	1.97	2.01
(b) % of (a) against government subvention to HA	6.5%	6.7%	7.0%	7.0%
(c) % of (a) against overall government expenditure on provision of medical benefits to civil service eligible persons	80.7%	80.3%	80.4%	79.6%

* Based on average unit cost X attendances by civil service eligible persons

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 12.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)003

Question Serial No.

0036

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Regarding "inpatient services", the number of hospital beds for the mentally ill in 2007 Revised Estimate are 4 622 while in 2008 are 4 500. What are the reasons for the reduction? Does it involve manpower cut? Will the reduction in hospital beds affect services?

Asked by: Hon. CHAN Yuen-han

Reply:

The reduction in hospital beds for the mentally ill patients in 2007-08 is mainly due to the effects of a change in the mode of treatment from in-patient care to community and day services which has been in practice for a number of years. Provision of community psychiatric services and community residential facilities (e.g. half-way houses and long-stay care homes) enable those more suitable psychiatric patients to return to or receive treatment in the community.

The Hospital Authority (HA) has also implemented programmes such as the Early Assessment Service for Young People with Psychosis ("EASY") Programme to identify young patients suffering from psychotic problems for early treatment; the Extended-care Patients Intensive Treatment, Early Diversion & Rehabilitation Stepping-stone (EXITERS) Project to facilitate the re-integration of patients receiving extended care into the community; and the wider use of new psychiatric drugs. In 2007-2008, the HA will also collaborate with the Social Welfare Department to roll out a new Community Mental Health Intervention Project.

Despite the reduction in hospital beds, there will be an increase of seven nurses in the overall provision of manpower for psychiatric services in 2007-08.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)004

Question Serial No.

0037

Head: 140 Government Secretariat : Health, Subhead (No. & title):
Welfare and Food Bureau (Health and
Welfare Branch)

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Regarding the total financial provision :

The total provision for 2006-07 has been revised from the original estimate of \$174.7 million to \$159.7 million, representing a decrease of 8.6%. What are the reasons for the decrease?

Asked by: Hon. CHAN Yuen-han

Reply:

The decrease of \$15 million (8.6%) in 2006-07 revised estimate for Programme (2) : Health, as compared with the 2006-07 original estimate, is mainly due to lower cashflow requirements for the departmental expenses and a non-recurrent expenditure item, i.e. the Research Fund for the Control of Infectious Diseases (RFCID). The RFCID has a well-established two-tiered peer review mechanism to assess research applications. The number of applications in 2005-06 that were assessed to meet the funding requirements was less than expected and thus the estimated cashflow requirements for 2006-07 was reduced.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health,
Welfare and Food (Health and
Welfare)

Date _____ 13.3.2007

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)005

Question Serial
No.

0038

Head: 140 Government Secretariat: Health, Subhead (No. & title):
Welfare and Food Bureau (Health and
Welfare Branch)

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Regarding the continuation of setting up more Chinese medicine clinics in the public sector, please advise:

1. What are the details of this item? What is the number of additional Chinese medicine clinics expected to be set up? In which public health care institutions will the clinics be established? What is the schedule?
2. What is the estimated expenditure required for this item?
3. How many training opportunities are expected to be provided for graduates of Chinese medicine degree programmes?

Asked by: Hon. CHAN Yuen-han

Reply:

1. The Government has committed to establishing a total of 18 public Chinese medicine clinics (CMCs) to develop "evidence-based" Chinese medicine and to provide better training opportunities for local Chinese medicine degree programme graduates. We have so far set up a total of nine CMCs with six of them having commenced operation in 2006-07. We are now examining the feasibility of setting up two to five more CMCs. Depending on the outcome of the feasibility studies, we plan to seek funding approval from the Finance Committee in mid 2007. CMCs which provide mainly out-patient services are operationally separate entities and it is not necessary for the clinics to be set up in or near any public health care institutions. The choice of their location have to depend on availability of the requisite floor area and accessibility for patients.
2. The estimated expenditure for the item includes capital and recurrent expenditure. Based on the cost of setting up the last batch of six CMCs in 2006-07, the estimated average capital cost of setting up one CMC, which mainly includes renovation of existing premises and necessary furniture and equipment items, is about \$5.85 million. A more accurate estimate of the total expenditure required for this batch of clinics will only be available on completion of the feasibility studies. As regards the recurrent provision for Chinese medicine clinic service, the earmarked provision in 2007-08 is about \$64 million covering mainly the maintenance of the Toxicology Reference Laboratory, quality assurance and central procurement of Chinese medicine herbs, the development of and provision of training in "evidence-based" Chinese medicine, maintenance of the Chinese Medicine Information System and part of the expenses for the operation of the clinics.

3. Each new clinic will be required to employ and provide training for at least five graduates of local Chinese medicine degree programmes. Experience with NGOs running the CMCs has been encouraging in that some of them have employed more than the required number of graduates to support their services and/or research. A tailor-made training program has been developed for the new graduates working in the CMCs and a total of 63 graduates have been trained so far. The Government has also been encouraging Chinese medicine practitioners in private practice to offer training opportunities to new graduates.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health,
Welfare and Food (Health and
Welfare)

Date 10.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)006

Question Serial No.

0039

Head: 140 Government Secretariat: Health, Subhead (No. & title):
Welfare and Food Bureau (Health and
Welfare Branch)

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Concerning the review of strategies on health care financing with a view to formulating options for public consultation, would the authorities advise:

1. When the public consultation of the options will be conducted?
2. What is the estimated expenditure required for this item?

Asked by: Hon. CHAN Yuen-han

Reply:

- (1) We currently plan to initiate further public consultations on health care reform including financing arrangements around mid-2007.
- (2) The review and planned public consultation exercise is part of the day-to-day operations of the Bureau and we have no separate estimates on the expenditure required.

Signature _____

Name in block
letters _____ Ms Sandra LEE _____

Post Title _____ Permanent Secretary for Health, Welfare and Food
(Health and Welfare) _____

Date _____ 13.3.2007 _____

Examination of Estimates of Expenditure 2007-08
**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)007

Question Serial No.

0040

Head: 140 Government Secretariat: Health, Subhead(No. & title):
Welfare and Food Bureau (Health and
Welfare Branch)

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

On overseeing the development of an organ donation computer database in consultation with relevant organizations, please advise:

1. the details of the project and the background and composition of the relevant organizations;
2. when is the computer database expected to be commissioned;
3. how to protect the information in the computer database from being leaked out; and
4. the estimated expenditure of the project.

Asked by: Hon. CHAN Yuen-han

Reply:

(1) The Centralised Organ Donation Register (CODR) project involves setting up a computerised database for storing organ donation details of prospective organ donors to make it more convenient for them to voluntarily register their wish to donate organs after their death, and for such wish to be more reliably kept and retrieved by authorised persons such as the Transplant Co-ordinators of the Hospital Authority (HA) to facilitate arrangement of possible organ donation. The project will be developed by the Department of Health (DH) in collaboration with the Hong Kong Medical Association (HKMA), a professional association of medical practitioners which has the successful experience of setting up a similar register since 1994, as well as HA, the statutory public body set up to manage public hospitals where most organ transplant operations take place. The CODR will be operated and maintained by DH.

(2) The CODR project is tentatively planned for completion by end of this year.

(3) The CODR will be developed, operated and maintained by DH strictly in accordance with government guidelines on information system security. The design of the CODR will incorporate features such as data encryption to protect confidentiality and security of data. Only persons authorized by DH such as organ transplant coordinators of HA will be allowed access to the database, and appropriate means of authentication including password and digital token will be implemented to ensure access only by authorized persons.

(4) We estimate that the capital expenditure of the project will be about \$6.8 million.

Signature	_____
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Health, Welfare and Food (Health and Welfare)
Date	10.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)008

Question Serial No.

0103

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

What is the rationale for lengthening the “median waiting time for first appointment at specialist clinics” of “first priority patients” and “second priority patients” from less than 1 week and 5 weeks respectively in 2006 to 2 weeks and 8 weeks respectively in 2007? Did the Administration assess its impact on patients?

Asked by: Hon. CHAN Yuen-han

Reply:

It has always been the Hospital Authority's (HA's) targets to keep the median waiting time for first appointment at specialist outpatient (SOP) clinics of “first priority” (i.e. urgent cases) and “second priority” (i.e. semi-urgent cases) patients to within 2 weeks and 8 weeks respectively. These are reflected in the 2006-07 Revised Estimate and 2007-08 Estimate. The relevant figures in 2005-06 (i.e. < 1 week and 5 weeks respectively) are HA's actual performance in the year.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)009

Question Serial No.

0169

Head: 37 Department of Health
Programme: (1) Statutory Functions

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The provision for 2007-08 amounts to \$308 million, representing an increase of 13.8% over the revised estimate of \$270.7 million for 2006-07. What are the reasons for the increase?

Asked by: Hon. CHAN Yuen-han

Reply:

The increase is mainly due to additional provision for carrying out enforcement duties as required under the Smoking (Public Health) Ordinance, implementing temperature screening measures at new Immigration Control Points, and strengthening port health measures in relation to the revised International Health Regulations.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)010

Question Serial No.

0170

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The financial provision for Government sector has been revised from the original estimate of \$1,341.5 million to \$1,239.7 million for 2006-07, representing a decrease of 7.6%. What are the reasons for the decrease?

Asked by: Hon. CHAN Yuen-han

Reply:

The decrease is mainly due to two reasons. First, the delivery of certain consignments of antivirals for influenza pandemic was advanced to 2005-06, hence advancing the payments to 2005-06 and reducing the cashflow requirements in 2006-07. Also, it has taken longer time than anticipated to introduce the new childhood immunisation programme. As a result, only part of the funding earmarked in 2006-07 for the purchase of the new vaccines will be used.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)011

Question Serial No.

0171

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The total financial provision for subvented sector has been revised from the original estimate of \$32.9 million to \$31.4 million for 2006-07, representing a decrease of 4.6%. What are the reasons for the decrease?

Asked by: Hon. CHAN Yuen-han

Reply:

There is only one subvented organisation under this Programme, namely the Family Planning Association of Hong Kong. The decrease in provision reflects the requirements of the organisation.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)012

Question Serial No.

0243

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

It is mentioned under Matters Requiring Special Attention in 2007-08 that a new childhood immunisation programme will be introduced in phases starting from 2007. Please inform this Committee of the respective cost of switching from a 3-in-1 formulation vaccine to a 4-in-1 combined formulation vaccine. What are the details of the provision under this programme?

Asked by: Hon. KWOK Ka-ki

Reply:

The vaccine cost for the former childhood immunisation programme (involving the use of the 3-in-1 formulation) was \$1.3 million a year. The provision for the new programme in 2007 which will use the 4-in-1 formulation is \$30.7 million.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)013

Question Serial No.

0255

Head: 37 Department of Health
Programme: (1) Statutory Functions

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

As revealed by the Central Registry of Drug Abuse (CRDA), there is a rising trend of the abuse of cough preparations containing codeine (commonly called cough medicine) recently. It was indicated at the LegCo Panel on Health Services in June 2005 that the Administration was aware of the situation and was closely monitoring the sale of pharmaceutical products containing codeine and would step up enforcement actions to curb their illegal sale. However, the number of inspection of licensed retail drug premises conducted by the Department of Health in 2005, 2006 and 2007 (Estimate) remained/remains as 6 700. As such, will the Administration advise this Committee how to effectively curb the rising trend of abuse of cough medicine with the same number of inspection?

Asked by: Hon. KWOK Ka-ki

Reply:

The Department of Health adopts a risk-based approach in inspection. While the target of inspection of licensed retail drug premises is an average of twice a year per premises, those with a poor track record of law compliance are inspected more frequently than others. On top of inspections of licensed retail drug premises, the Department of Health has stepped up test-purchases to detect illegal sale of cough medicines and prosecution of offenders. The number of test-purchases increased from 679 in 2004 to 1 657 in 2006, and the number of prosecutions from 11 to 27.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)014

Question Serial No.

0256

Head: 37 Department of Health
Programme: (1) Statutory Functions

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

As revealed by the Central Registry of Drug Abuse (CRDA), there is a rising trend of the abuse of cough preparations containing codeine (commonly called cough medicine) recently. It was indicated at the LegCo Panel on Health Services in June 2005 that the Administration was aware of the situation and was closely monitoring the sale of pharmaceutical products containing codeine and would step up enforcement actions to curb their illegal sale. However, the number of inspection of licensed retail drug premises conducted by the Department of Health in 2005, 2006 and 2007 (Estimate) remained/remains as 6700. As such, will the Administration advise this Committee what were/are the resources and manpower involved for the above work in the past three years and the coming financial year?

Asked by: Hon. KWOK Ka-ki

Reply:

In the Pharmaceutical Service of the Department of Health, the professional staff involved in law enforcement duties (including inspections of retail drug premises, investigations on receipt of complaints, test-purchases to detect illegal sale of cough medicines and prosecution of the offenders) comprise four Senior Pharmacists and 24 Pharmacists. The staff cost in 2004-05, 2005-06 and 2006-07 was \$18.1 million, \$17.4 million and \$17.4 million respectively, and the estimated staff cost for 2007-08 is \$17.4 million.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)015

Question Serial No.

0368

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The number of community psychiatric nurses has increased by two in 2007-08 estimate when compared with 2006-07 revised estimate. Would the Administration inform us to which cluster will the additional staff belong and the details of the expenses involved?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The additional two community psychiatric nurses in 2007-08 estimate are in the Kowloon West (KW) Cluster. The two nurse posts are redeployed internally from within the KW Cluster and hence no additional staff cost is involved.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)016

Question Serial No.

0369

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The problem of Mainland women giving births in Hong Kong has exposed the fact that there is a shortage of resources in obstetric and gynaecology services in local public hospitals. Has the Government allocated additional resources (including healthcare personnel, hospital beds and antenatal check-up services) for obstetric and gynaecology services in 2007-08? If yes, please give a breakdown of the items and the amount of expenditure involved; if not, please state the reasons.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Government has not earmarked any specific amount of resources out of the additional \$670.2 million subvention to be allocated to the Hospital Authority (HA) in 2007-08 for the purpose of expansion of obstetric services in public hospitals. The new obstetric service measures taken by the HA since 1 February 2007 are absorbed from within existing resources. Given that the new measures have been implemented for a short period of time only, the HA is closely monitoring the situation and assessing the likely increase in demand for obstetric services.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)017

Question Serial No.

0384

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Regarding the 2006-07 Revised Estimate and the 2007-08 Estimate, please provide in details the information on the manpower of health care staff, attendances as well as expenditure of the obstetric and gynaecology services in each hospital cluster.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

Detailed estimates on the manpower of doctors and nurses, inpatient bed-days and outpatient attendances, and expenditure of obstetric and gynaecology (O&G) services in each hospital cluster for 2007-08 are not available at this stage. Relevant actual figures for 2005-06 and the first 10 months of 2006-07 are set out below:

Doctors and Nurses in O&G Departments

	HKW	HKE	KC	KE	KW	NTE	NTW	Total
Manpower (as at 31.3.2006)								
- Doctors	19	18	23	27	45	31	26	189
- Nurses	133	83	131	122	220	191	98	978
Manpower (as at 31.1.2007)								
- Doctors	18	20	24	26	42	32	29	191
- Nurses	135	84	129	115	214	191	105	973

O&G Inpatient Bed-days and Specialist Outpatient Attendances

	HKW	HKE	KC	KE	KW	NTE	NTW	Total
2005-06								
Inpatient Bed-days	27 906	20 554	28 429	32 032	67 385	36 425	27 440	240 171
Outpatient Attendances	71 455	59 916	67 269	61 717	144 419	77 934	52 184	534 894
Apr 06 - Jan 07								
Inpatient Bed-days	23 985	18 740	24 189	27 396	55 418	32 466	22 135	204 329
Outpatient Attendances	59 326	50 991	52 292	50 985	110 246	65 397	38 519	427 756

Cost of O&G Services (\$ million)

	HKW	HKE	KC	KE	KW	NTE	NTW	Total
2005-06								
Inpatient and Outpatient Services	\$199	\$152	\$206	\$192	\$399	\$262	\$189	\$1,600
Apr 06 – Jan 07 Estimate (note)								
Inpatient and Outpatient Services	\$167	\$127	\$172	\$161	\$333	\$219	\$158	\$1,337

Note : The estimated cost of service for the period from April 06 to January 07 is 10-month effect of the total projected cost for O&G services for the year 2006-07. The total cost of O&G service for 2006-07 is estimated based on 2005-06 service cost plus projected increase resources required for increased activities for the year. The breakdown by cluster is estimated based on 2005-06 cluster cost profile.

HKE = Hong Kong East Cluster
 HKW = Hong Kong West Cluster
 KE = Kowloon East Cluster
 KC = Kowloon Central Cluster
 KW = Kowloon West Cluster
 NTE = New Territories East Cluster
 NTW = New Territories West Cluster

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Date 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)018

Question Serial No.

0385

Head: 140 Government Secretariat: Health, Subhead (No. & title):
Welfare and Food Bureau (Health &
Welfare Branch)

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

In 2007-08, the Administration will continue to explore with the Hospital Authority and relevant parties the feasibility of introducing an electronic medical record system in Hong Kong. Please provide the details, timetable and expenditure involved in relation to the plan.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

To further assess the technical feasibility and stakeholders' acceptance of the sharing of electronic medical records between public and private sectors, the Hospital Authority (HA) plans to expand its on-going "Electronic Patient Record Sharing Pilot Project" in 2007-08 to allow more private hospitals, practitioners, old-aged homes and other relevant institutions to view their patients' medical records kept at HA upon the patients' consent. The estimated expenditure on this project in 2007-08 is about \$2.5 million. The Administration will also continue to explore with other relevant parties including the Department of Health, private hospitals and private practitioners the feasibility of introducing an electronic medical record system within their respective purview. As these are still being explored, there is no timetable or expenditure involved at this stage.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare and Food
(Health and Welfare)

Date _____ 12.3.2007

Examination of Estimates of Expenditure 2007-08
**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)019

Question Serial No.

0386

Head: 140 Government Secretariat: Health, Subhead(No. & title):
Welfare and Food Bureau (Health and
Welfare Branch)

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

In 2007-08, the Administration will oversee the development of an organ donation computer database in consultation with relevant organizations. Please provide the timetable of this project and the expenditure involved for 2007-08.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Centralised Organ Donation Register (CODR) project is tentatively planned for completion by end 2007. We estimate that the capital expenditure of the project will be about \$6.8 million.

Signature	_____
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Health, Welfare and Food (Health and Welfare)
Date	12.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)020

Question Serial No.

0480

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The Administration will continue to enhance the preparedness for influenza pandemic and other public health emergencies in 2007-08. Please inform this Committee of the details of the relevant measures and the expenditure involved.

Asked by: Hon. CHAN Wai-yip, Albert

Reply:

Enhancing preparedness for influenza pandemic and other public health emergencies is part and parcel of the Department of Health's work on prevention and control of infectious diseases, which is mainly undertaken by the Centre for Health Protection (CHP) and the Port Health Office (PHO). In 2007-08, total allocation to the CHP and PHO for their overall functions, which include prevention and control of infectious diseases, is \$1,006.1 million.

In 2007-08, the CHP will continue to work towards its three strategic directions, namely real-time surveillance, rapid intervention and responsive risk communication in enhancing the preparedness for influenza pandemic and other public health emergencies. For example, the CHP has drawn up and will regularly update preparedness plans for major infectious disease outbreaks with public health significance, including influenza pandemic. It will continue to strengthen its disease surveillance system; stockpile antivirals; build surge capacity and collaborate with regional and international partners on the prevention and control of infectious diseases. It will also conduct exercises and drills for emergency response against major infectious disease outbreaks. Temperature screening measures for inbound passengers at immigration control points will continue.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)021

Question Serial No.

0508

Head: 140 Government Secretariat: Subhead (No. & title): 000 Operational expenses
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please provide information on the lower quartile, median and upper quartile of the waiting time, the longest waiting time as well as the average unit cost for first consultation appointments at specialist out-patient clinics under the Hospital Authority as a whole and in each hospital cluster for 2006-07.

Asked by: Hon. LEE Cheuk-yan

Reply:

The lower quartile, median, upper quartile, and the 99th percentile waiting time (in weeks) for first appointment at Specialist Outpatient (SOP) Clinics of the Hospital Authority (HA) in 2006-07 (figures up to January 2007 only) broken down by hospital clusters are given in the table below.

Cluster	SOP waiting time for first appointment (in weeks)			
	Lower quartile	Median	Upper quartile	99 th percentile
Hong Kong East	1	5	14	132
Hong Kong West	<1	4	16	106
Kowloon Central	<1	5	19	113
Kowloon East	1	7	48	151
Kowloon West	1	7	31	155
New Territories East	1	11	41	171
New Territories West	1	8	42	134
HA Overall	1	7	30	171

Figures for the average cost per SOP attendance by hospital clusters for 2006-07 are not yet available. The relevant figures for 2005-06 are given in the table below.

Cluster	Average Cost per SOP Attendance (\$)
Hong Kong East	650
Hong Kong West	780
Kowloon Central	690
Kowloon East	650
Kowloon West	700
New Territories East	760
New Territories West	670
HA Overall	700

Variation in the average cost per SOP attendance amongst hospital clusters is mainly due to the varying complexity of the cases treated. For instance, the Hong Kong West Cluster and the New Territories East Cluster are providing a larger share of unique tertiary and quaternary specialised services than other clusters. Since they handle more complex cases, their average costs per SOP attendance are also higher as a result.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)022

Question Serial No.

0509

Head: 140 Government Secretariat: Subhead (No. & title): 000 Operational expenses
Health, Welfare and Food Bureau (Health and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Would the Administration please set out the occupancy rate of general beds and beds in various specialties under the Hospital Authority as a whole and in each hospital cluster, as well as the length of stay of the patients for 2006-07?

Asked by: Hon. LEE Cheuk-yan

Reply:

The occupancy rate of general beds and those of the major specialties of the Hospital Authority and the average length of stay (ALOS) of inpatients (IP) in 2006-07 (up to January 2007) are set out in the table below –

	Cluster							All clusters
	HKE	HKW	KE	KC	KW	NTE	NTW	
General beds (overall)								
Bed occupancy rate	84%	73%	84%	84%	81%	86%	85%	82%
IP ALOS (days)	5.8	7.0	5.8	7.8	5.8	6.3	5.5	6.2
Ear, Nose and Throat								
Bed occupancy rate	69%	60%	56%	47%	61%	61%	55%	58%
IP ALOS (days)	2.4	3.7	3.1	2.3	3.5	3.2	2.8	3.1
Gynaecology								
Bed occupancy rate	89%	67%	75%	74%	86%	71%	79%	77%
IP ALOS (days)	2.6	2.7	3.3	3.0	2.6	2.7	2.2	2.7
Obstetrics								
Bed occupancy rate	77%	71%	90%	70%	68%	103%	72%	76%
IP ALOS (days)	3.2	3.0	3.4	2.9	3.1	2.3	2.5	2.9
Medicine								
Bed occupancy rate	87%	83%	88%	91%	87%	94%	98%	89%
IP ALOS (days)	5.3	6.8	6.3	7.1	6.4	6.5	6.3	6.4

	Cluster							All clusters
	HKE	HKW	KE	KC	KW	NTE	NTW	
Ophthalmology								
Bed occupancy rate	55%	69%	54%	66%	87%	58%	88%	68%
IP ALOS (days)	3.6	3.0	3.6	4.4	4.7	2.3	3.2	3.5
Orthopaedics & Traumatology								
Bed occupancy rate	85%	76%	91%	84%	84%	86%	98%	86%
IP ALOS (days)	6.6	9.7	7.5	11.7	7.4	9.1	8.9	8.5
Paediatrics and Adolescent Medicine								
Bed occupancy rate	86%	64%	70%	81%	63%	83%	78%	72%
IP ALOS (days)	3.8	6.2	3.4	5.7	3.1	3.8	3.9	3.9
Surgery								
Bed occupancy rate	76%	74%	74%	84%	82%	85%	89%	80%
IP ALOS (days)	3.8	6.2	4.2	5.2	4.4	5.9	3.9	4.8

Note:

HKE = Hong Kong East Cluster

HKW = Hong Kong West Cluster

KE = Kowloon East Cluster

KC = Kowloon Central Cluster

KW = Kowloon West Cluster

NTE = New Territories East Cluster

NTW = New Territories West Cluster

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)023

Question Serial No.

0510

Head: 140 Government Secretariat: Subhead (No. & title): 000 Operational expenses
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please provide details of the numbers of doctors, nurses and allied health staff under the Hospital Authority as a whole, their distribution among the various hospital clusters, and their ratios to the total population and persons aged 65 or above in individual clusters in 2006-07.

Asked by: Hon. LEE Cheuk-yan

Reply:

The number and ratio of health care professionals per 1 000 population in the Hospital Authority in 2006-07 (as at 31 January 2007) are as follows:

Cluster	No. of healthcare professionals and ratio per 1 000 population								
	Doctors	Ratio to the overall population	Ratio to people aged 65+	Nurses	Ratio to the overall population	Ratio to people aged 65+	Allied health	Ratio to the overall population	Ratio to people aged 65+
Hong Kong East	540	0.66	4.75	2 014	2.47	17.69	569	0.70	5.00
Hong Kong West	503	0.93	7.36	2 344	4.35	34.33	679	1.26	9.94
Kowloon Central	597	1.19	8.12	2 726	5.45	37.07	726	1.45	9.86
Kowloon East	545	0.57	4.49	1 915	2.02	15.80	502	0.53	4.14
Kowloon West	1 102	0.58	4.21	4 659	2.44	17.80	1 070	0.56	4.09
New Territories East	777	0.59	5.96	3 190	2.43	24.46	848	0.65	6.50
New Territories West	573	0.53	6.38	2 379	2.22	26.50	527	0.49	5.87
Total	4 637	0.65	5.41	19 227	2.71	22.43	4 921	0.70	5.78

It should be noted that the ratio of health care professionals per 1 000 population varies among clusters and the variance do not necessarily correspond to the difference between the population of the clusters because:

- (a) patients can receive care in hospitals other than those in their own residential districts. There is currently a notable cross-cluster utilization of services; and
- (b) some specialized services are centered in one or a few hospitals. Thus the healthcare professionals concerned and patients using these services are also centered in these hospitals.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)024

Question Serial No.

0511

Head: 140 Government Secretariat: Subhead (No. & title): 000 Operational expenses
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

What are the manpower and administrative expenses involved in the recovery of defaulted medical payment by the Hospital Authority in the years 2004-05, 2005-06 and 2006-07 respectively?

Asked by: Hon. LEE Cheuk-yan

Reply:

The manpower and administrative expenses incurred by the Hospital Authority (HA) in recovering debts for 2005-06 and 2006-07 (projected) is summarized below. As relevant information was not collated by the HA prior to 2005-06, information for 2004-05 is not available.

	2005-06	2006-07 (Projected)
Manpower ^{Note}	35	51
Administrative Expenses	\$12.1 Million	\$17.7 Million

Note : Represents the full time equivalent headcount involved in recovering debts at both HA Head Office and hospitals.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)025

Question Serial No.

0512

Head: 140 Government Secretariat: Subhead (No. & title): 000 Operational expenses
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Among cases of defaults on payment of medical fees by patients in the years 2004-05, 2005-06 and 2006-07, how many involve local residents and how many involve non-local residents in each of the three years?

Asked by: Hon. LEE Cheuk-yan

Reply:

The number of cases/attendances of which the medical fees for services provided by the Hospital Authority was written-off for the years 2004-05, 2005-06 and the first 10 months ending 31 January 2007 is summarized below. Statistics for February and March 2007 is not yet available.

No. of cases / Attendances*	Year	2004-05	2005-06	2006-07 (for the 10 months ending 31 January 2007)
Eligible person		37 577	31 905	23 012
Non-eligible person		11 790	10 918	8 951
Total		49 367	42 823	31 963

* An eligible person means a holder of Hong Kong Identity Card or children who are Hong Kong residents and under 11 years of age. Any other person is a non-eligible person.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)026

Question Serial No.

0513

Head: 140 Government Secretariat: Subhead (No. & title): 000 Operational expenses
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

In respect of non-local pregnant mothers who defaulted on payment of medical fees in the years 2004-05, 2005-06 and 2006-07, what are the numbers of those mothers whose spouses are local residents and whose spouses are non-local residents?

Asked by: Hon. LEE Cheuk-yan

Reply:

The Hospital Authority does not collate information on the resident status of the spouses of pregnant women who used its services and it does not specifically categorise the payment default cases of non-eligible persons (NEPs) by their origin and resident status of spouses. Information on the total number of write-off cases for non-local pregnant women for the past 3 years is as follows:

	No. of cases written off
2004-05	1 577
2005-06	1 919
2006-07 (for the 10 months ending 31 January 2007)	2 385

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)027

Question Serial No.

0514

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please provide breakdowns by item categories the numbers of applications approved under the Samaritan Fund and the expenditure incurred in 2006-07.

Asked by: Hon. LEE Cheuk-yan

Reply:

The estimated number of approved applications and the corresponding amount of expenditure of the Samaritan Fund in 2006-07 are set out in the following table –

Items	No. of approved applications	Amount (\$ million)
Cardiac Pacemakers	472	17.6
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	1 817	61.7
Intraocular Lens	1 133	1.8
Home use equipment, appliances and consumables	131	1.2
Drugs (excluding Imatinib)	134	6.1
Imatinib (Glivec)	197	36.8
Gamma Knife Surgeries in private hospital	25	1.7
Cost for harvesting bone marrow in foreign countries	11	1.3
Myoelectric prosthesis / custom-made prosthesis / appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	163	1.1
Total	4 083	129.3

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)028

Question Serial No.

0603

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please inform this Committee of the following:

What is the expenditure on the development of family medicine specialist service in 2006-07? Are the manpower involved and resources available for this service expected to increase or decrease in 2007-08 when compared with 2006-07? Discounting the cost of pharmacists and specialist training in family medicine, what is the cost per general outpatient attendance?

Asked by: Hon. YEUNG Sum

Reply:

The amount of expenditure by the Hospital Authority (HA) for the development of Family Medicine (FM) that can be readily identifiable for 2006-07 is around \$93 million which is the cost of providing FM training. In 2007-08, the manpower involved or resources available for the development of FM remain largely at the same level as that in 2006-07, with specific manpower provision for training in FM as follows –

- Recruitment of about 45 medical graduates for basic FM training;
- Provision of around 30 full-time equivalent of FM trainers; and
- Employ all graduating basic FM residents, subject to satisfactory performance, for one more year to fill vacancies in general outpatient (GOP) related services.

No separate unit cost per GOP attendance excluding the cost of pharmacists and specialist training in FM is available.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)029

Question Serial No.

0604

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please explain why the cost per patient day of inpatient services and the costs per accident and emergency attendance, specialist outpatient attendance and geriatric day attendance in the estimate for 2007-08 are higher than those in the revised estimate for 2006-07 while the costs of some of the services such as the costs per psychiatric outreach attendance and outreach visit by community nurse remain unchanged.

Asked by: Hon. YEUNG Sum

Reply:

The unit costs are calculated by dividing the total cost of each service by the service volume. For 2007-08, the HA has planned to open new facilities (i.e. Pok Oi Hospital, Princess Margaret Infectious Disease and Oncology Blocks, Tuen Mun Rehabilitation Centre) to provide and enhance a range of services including Inpatient, Accident and Emergency and Specialist Outpatient services etc. The additional fixed costs incurred for setting up of the new facilities in 2007-08, which will be reflected in the calculation of the unit costs, accounts for the main reason for the increase in unit costs of these services.

As regards outreach activities, the projected increase in Psychiatric Outreach services attendances from 86 400 in 2006-07 to 86 700 in 2007-08 will proportionally increase the corresponding total cost, resulting in no changes to the unit cost. Since the projected service demand for Community Nursing services in 2007-08 will remain stable, there is therefore no consequential change to the unit cost.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)030

Question Serial No.

0605

Head: 140 Government Secretariat: Health, Subhead (No. & title):
Welfare and Food Bureau (Health and
Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

According to the indicators under this programme, the number of general outpatient attendances decreased from 5 179 203 in 2005-06 to 4 906 000 in 2006-07 and is estimated to fall further in 2007-08 to 4 838 000, representing a cumulative decline of 6.6% in two years. Will the Administration advise this Committee of the reasons for the decline? Please provide also the actual and estimated expenditures on general outpatient services from 2005-06 to 2007-08.

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

The Hospital Authority (HA) has implemented over the past few years, *inter alia*, the following improvement measures to enhance its out-patient and community health services:

- (1) adjust the prescription duration and follow-up intervals for patients with chronic diseases having regard to their medical conditions to ensure appropriate frequency of follow-up consultations;
- (2) introduce family medicine practices in GOPCs to provide more holistic care to patients; and
- (3) develop other community health and alternative treatment services (e.g. community nurse, geriatric outreach teams, Chinese medicine clinics) to supplement existing services including GOPCs.

These improvements have the effect of reducing the frequency of patients' attendance at GOPCs while maintaining broadly the same number of patients served. The reduction in attendance has also provided room for longer consultations and better care to patients.

The actual and estimated expenditure from 2005/06 to 2007/08 on HA general out-patient services is as follows:

2005/06 (actual)	\$1.3 billion
2006/07 (revised estimate)	\$1.3 billion
2007/08 (original estimate)	\$1.3 billion

Signature _____

Name in block letters _____

Ms Sandra LEE

Post Title _____

Permanent Secretary for Health, Welfare and Food
(Health and Welfare)

Date _____

13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)031

Question Serial No.

0736

Head: 48 Government Laboratory
Programme: (1) Statutory Testing

Subhead (No. & title):

Controlling Officer: Government Chemist

Director of Bureau: Secretary for Health, Welfare and Food

Question:

In the Matters Requiring Special Attention in 2007-08, the Administration mentions its participation in the development of the Hong Kong Chinese Materia Medica Standards. Would the Administration inform this Committee of the progress in the respect and the estimated manpower and expenditure involved in 2007-08?

Asked by: Hon. LI Kwok-ying

Reply:

The Government Laboratory (GL) has been participating in the development of Hong Kong Chinese Materia Medica Standards (HKCMMS) through conducting inter-laboratory comparison studies for verifying the reproducibility of the chemical methods developed by the participating research institutions. It is also engaged in trial run studies by testing herb samples purchased from local retailers to verify the limits and acceptance criteria proposed by the research institutions.

All the laboratory work for Phase I (which covers 8 herbs) of the HKCMMS was completed. For the 24 herbs under Phase II of the project, the inter-laboratory comparison studies and majority of the related trial run studies have been completed. The work for Phase III (which covers 28 herbs) commenced in December 2006 and is expected to be completed in 2008-09.

Two Chemical Analysts and four Laboratory Technical Assistants will be engaged in the work for HKCMMS. The estimated expenditure in 2007-08 is \$1.6 million.

Signature _____

Name in block letters Dr T L TING

Post Title Government Chemist

Date 14.3.2007

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)032

Question Serial
No.

0839

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

Subhead (No. & title):

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Will the Administration advise on how to provide better employment opportunities for graduates of local Chinese medicine degree programmes, the relevant measures to be rolled out and the resources expected to be involved in 2007-08?

Asked by: Hon. LI Kwok-ying

Reply:

The Government has committed to establishing a total of 18 public Chinese medicine clinics (CMCs) to develop "evidence-based" Chinese medicine and to provide better training opportunities for local Chinese medicine degree programmes graduates. We have so far set up a total of nine CMCs with six of them having commenced operation in 2006-07. To provide more training and employment opportunities for graduates of local Chinese medicine degree programmes, each CMC is now required to engage five graduates as junior Chinese medicine practitioners and a tailor-made training program has been developed for them. Experience with NGOs running the CMCs has been encouraging in that some of them have employed more than the required number of graduates to support their services and/or research. A total of 63 graduates have been employed and trained so far. The Government has also been encouraging Chinese medicine practitioners in private practice to offer employment and training opportunities to new graduates.

We are now examining the feasibility of setting up two to five more CMCs. Depending on the outcome of the feasibility studies, we plan to seek funding approval from the Finance Committee in mid 2007. The estimated expenditure for the item includes capital and recurrent expenditure. Based on the cost of setting up the last batch of six CMCs in 2006-07, the estimated average capital cost of setting up one CMC, which mainly includes renovation of existing premises and necessary furniture and equipment items, is about \$5.85 million. A more accurate estimate of the total expenditure required for this batch of clinics will only be available on completion of the feasibility studies. As regards the recurrent provision for Chinese medicine clinic service, the earmarked provision in 2007-08 is about \$64 million covering mainly the maintenance of the Toxicology Reference

Laboratory, quality assurance and central procurement of Chinese medicine herbs, the development of and provision of training in “evidence-based” Chinese medicine, maintenance of the Chinese Medicine Information System and part of the expenses for the operation of the clinics.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for
Health, Welfare and Food
(Health and Welfare)

Date 12.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)033

Question Serial No.

0843

Head: 140 Government Secretariat: Health, Subhead (No. & title):
Welfare and Food Bureau (Health &
Welfare Branch)

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Regarding the exploration into the feasibility of setting up multi-partite medical centres of excellence in Hong Kong, what is the progress made so far? When is it expected to complete? What is the manpower involved? And what is the estimated expenditure for 2007-08?

Asked by: Hon. LI Kwok-ying

Reply:

The Government has just commenced an initial examination on the feasibility of setting up multi-partite medical centres of excellence in Hong Kong and is yet to come up with a timetable on the completion of the initial study. At the current stage of initial study of the feasibility of setting up such centres, no dedicated manpower and resources have been provided for separately in 2007-08 and all resources are absorbed from within the current provision.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 13.3.2007

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)034

Question Serial
No.

0846

Head: 140 Government Secretariat: Health, Welfare and Food Bureau (Health and Welfare Branch) Subhead (No. & title):

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

In 2006-07, what is the number of Chinese medicine clinics established in the public sector; the amount of provision for, the number of health care staff and the attendance rate of these clinics; and the training opportunity provided for the graduates of local Chinese medicine degree programmes? How much resources are expected to be spent on the setting up of Chinese medicine clinics in 2007-08?

Asked by: Hon. LI Kwok-ying

Reply:

The Government has committed to establishing a total of 18 public Chinese medicine clinics (CMCs) to develop “evidence-based” Chinese medicine and to provide better training opportunities for local Chinese medicine degree programme graduates. There are now a total of nine CMCs in operation. Six of them were set up in 2006-07 at a cost of \$35.1 million. The recurrent provision earmarked in 2006-07 is about \$55 million covering mainly the maintenance of the Toxicology Reference Laboratory, quality assurance and central procurement of Chinese medicine herbs, the development of and provision of training in “evidence-based” Chinese medicine, maintenance of the Chinese Medicine Information System and part of the expenses for the operation of the clinics.

The service of CMC has been provided on a tripartite model in which the Hospital Authority collaborates with a non-governmental organization (NGO) and a university in each of the clinics. The NGOs which are responsible for the day to day operation of the clinics are allowed the flexibility of determining the number of health care staff having regard to operational needs. Notwithstanding this, each clinic is required to engage at least four senior Chinese medicine practitioners and five graduates of local Chinese medicine degree programmes as junior Chinese medicine practitioners. With the setting up of six new CMCs in 2006-07, an additional 30 training opportunities have been provided for the graduates. In 2006-07 (up to end January 2007), a total of 123,561 visits to the CMCs were recorded.

We are currently examining the feasibility of setting up two to five more CMCs. Depending on the outcome of the feasibility studies, we plan to seek funding approval from the Finance Committee in mid 2007. Based on the cost of setting up the last batch of six CMCs in 2006-07, the estimated average capital cost of setting up one CMC, which mainly includes renovation of existing premises and necessary furniture and equipment items, is about \$5.85 million. A more accurate estimate of the total expenditure required for this batch of clinics will only be available on completion of the feasibility studies. A recurrent provision of \$64 million has been earmarked in 2007-08 for Chinese medicine clinic service.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____
Permanent Secretary for
Health, Welfare and Food
(Health and Welfare)

Date _____ 12.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)035

Question Serial No.

0847

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Regarding the median waiting time for first appointment at specialist clinics, the figure for second priority patients has increased from 5 weeks in 2006 to 8 weeks in 2007. What are the reasons? Is it related to a shortage of manpower? If so, will additional staff be recruited and what is the estimated expenditure involved?

Asked by: Hon. LI Kwok-ying

Reply:

It has always been the Hospital Authority's (HA's) targets to keep the median waiting time for first appointment at specialist outpatient (SOP) clinics of "first priority" (i.e. urgent cases) and "second priority" (i.e. semi-urgent cases) patients to within 2 weeks and 8 weeks respectively. These are reflected in the 2006-07 Revised Estimate and 2007-08 Estimate. The relevant figures in 2005-06 (i.e. < 1 week and 5 weeks respectively) are HA's actual performance in the year.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)036

Question Serial No.

1479

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)
Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Will the Administration provide, in respect of public health services, information on the reserves, operating costs, provisions from the Treasury, medical expenses met by patients, cost of drugs purchased by patients and other expenses, external donations and the percentage of public subsidy in the cost of public health services in 2004-05, 2005-06 and 2006-07?

Asked by: Hon. YEUNG Sum

Reply:

The requested information is as follows:

	2004-05 (Actual) \$ (Billion)	2005-06 (Actual) \$ (Billion)	2006-07 (Projection) \$ (Billion)
Hospital Authority (HA) reserve (on accrual basis)	0.68	(0.55)	The actual amount of reserve balance will be available only after finalization of HA's accounts for 2006-07
Operating expenditure of HA	29.6	29.5	29.5
HA's provision from the Government (including capital account items)	28.2	27.6	28.0
Medical fee paid by patients for public medical services	1.17	1.26	1.34
Patients' expenditure on self-financed drugs (Note 1)	Not available (Note 2)	0.13	0.34
Patients' expenditure on privately purchased medical items (Note 1)	0.21	0.29	Information for 2006-07 is not yet available.
Donation to the HA	0.17	0.22	0.15

	2004-05 (Actual) \$ (Billion)	2005-06 (Actual) \$ (Billion)	2006-07 (Projection) \$ (Billion)
Subsidy rate of public funds for public health services	96.1%	95.7%	95.4%

- Note 1 Patients may purchase the self-financed drugs and privately purchased medical items (PPMIs) from sources other than the HA. The expenditure figures in the table only refer to the expenditure on self-financed drugs and PPMIs of patients who purchased the drugs and PPMIs through the HA.
- Note 2 The HA Drug Formulary has been implemented in public hospitals and clinics since July 2005. The HA thus does not have the complete information on patients' expenditure on self-financed drugs in 2004-05.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)037

Question Serial No.

1480

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Will the Administration provide the following information:

In 2004-05, 2005-06 and 2006-07, what were the average monthly expenses of the Samaritan Fund in subsidizing patients' drug and the number of cases involved? On average, what is the respective percentage of the subsidy against a patient's drug expenses?

Asked by: Hon. YEUNG Sum

Reply:

- (a) The average monthly expenditure of the Samaritan Fund (the Fund) in subsidizing patients' drug and the number of cases involved in 2004-05, 2005-06 and 2006-07 (the ten-month period from April 2006 to January 2007) are listed below.

Year	Average monthly expenditure \$ (Million)	Average number of cases subsidized per month
2004-05	1.44	22
2005-06	2.84	27
2006-07 (from April 2006 to January 2007)	3.58	28

- (b) The average drug subsidy level for patients receiving assistance under the Fund in 2004-05, 2005-06 and 2006-07 (from April 2006 to January 2007) are listed below.

Year	Average drug subsidy level for patients receiving assistance under the Fund
2004-05	92.8%
2005-06	90.0%
2006-07 (from April 2006 to January 2007)	91.2%

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)038

Question Serial No.

1481

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

Subhead (No. & title):

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

In 2006-07, what is the respective percentage of General Drugs, Special Drugs and Self-financed Drugs prescribed to patients in the overall prescription drugs? What is the amount of expenditure on General Drugs and Special Drugs by the Hospital Authority as a whole and hospital clusters respectively, and their respective percentage in the overall expenditure on drugs?

Asked by: Hon. YEUNG Sum

Reply:

The respective percentage of General Drugs, Special Drugs and Self-financed Drugs in the Hospital Authority's (HA's) total prescribed drug items in 2006-07 are projected to be 94.3%, 4.8% and 0.9%.

The HA's expenditures on General Drugs and Special Drugs 2006-07 is estimated to be \$1,372 million (or 64.3% of the total drug expenditure) and \$762 million (or 35.7%) respectively. A breakdown of the expenditure by hospital cluster is given in the table below:

	Expenditures on General Drugs (Projection) \$ (Million)	Expenditures on Special Drugs (Projection) \$ (Million)
Hong Kong East	139.99	81.28
Hong Kong West	162.85	125.40
Kowloon Central	214.08	91.68
Kowloon East	198.07	82.64
Kowloon West	282.23	150.60
New Territories East	230.63	136.61
New Territories West	144.20	93.33
Total	1,372.05	761.54

Signature _____

Name in block letters _____

Ms Sandra LEE

Post Title _____
Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)039

Question Serial No.

1482

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

With regard to the measures to improve cancer care, please set out the amount of expenditure involved arising from more extensive use of new cancer drugs, the opening of the Cancer Centre of Princess Margaret Hospital, expansion of radiotherapy services and additional provision for haemodialysis. Please also give details of the types of new drugs to be included with regard to more extensive use of new cancer drugs and the increase in the number of patients expected to benefit from the measures; the increase in the number of patients receiving radiotherapy services each year following the expansion of the services together with the increase expressed as a percentage of the current number of patients and its effect on the waiting time; the increase in the number of patients receiving haemodialysis services each year following the expansion of the services together with the increase expressed as a percentage of the current number of patients and its effect on the waiting time.

Asked by: Hon. YEUNG Sum

Reply:

The Hospital Authority (HA) will improve cancer and other clinical care in 2007-08. The new programmes, estimated expenditure in 2007-08 and benefits and impacts on patient care are listed in the table below.

New Programme	Estimated Expenditure in 2007-08 (\$ Million)	Benefits and impact
More extensive use of new cancer drugs	13.7	About 640 patients will be provided with three new cancer drugs to be introduced in the HA : Paclitaxel and Trastuzumab are for patients with breast cancer while Irinotecan is for patients with colorectal cancer.
Full operation of Cancer Centre of Princess Margaret Hospital	121	About 2 300 new cancer patients for radiotherapy treatment will benefit.
Expansion of radiotherapy service	4.6	About 330 cancer patients waiting for radiotherapy treatment at the Queen Elizabeth Hospital (QEH) and the Prince of Wales Hospital (PWH) will benefit. The overall percentage of cancer patients with

New Programme	Estimated Expenditure in 2007-08 (\$ Million)	Benefits and impact
		waiting time less than 28 days will increase from 60% to 80%.
Additional provision for haemodialysis	7	30 additional patients on haemodialysis, which is 5% of patients in 2006, will benefit. There is no waiting list for haemodialysis in the HA because patients with end stage renal failure will first be treated with peritoneal dialysis and when this treatment fails, the patient will be given haemodialysis.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)040

Question Serial No.

1483

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please advise the Committee of the number of doctors and nurses of the Obstetrics and Gynaecology Service in 2004-05, 2005-06 and 2006-07 respectively? Regarding the measures implemented to cope with the increased demand for obstetric services, please list out all these measures and the effectiveness of each of them, the manpower required and the expenditures involved. As for the provision of obstetric services by the Hospital Authority to non-local persons in 2006-07, please state the expenditure incurred, income generated, the amount of fee waived and the amount of bad/doubtful debts. Also, please specify whether the service has to be subsidized by the Hospital Authority.

Asked by: Hon. YEUNG Sum

Reply:

The number of doctors and nurses of the Obstetrics and Gynaecology (O&G) services in 2004-05, 2005-06 and 2006-07 are set out in the table below.

	2004-05	2005-06	2006-07 (as at 31 January 2007)
Doctors	184	189	191
Nurses	966	978	973

In support of the Government's new arrangements on obstetric services implemented on 1 February 2007, the Hospital Authority (HA) has set up a central booking system for obstetric services to ensure that local pregnant women would be provided with priority and proper medical care. In addition, the HA has increased the minimum amount of the obstetric package charge for Non-eligible Persons (NEPs) (i.e. persons who are not holders of a Hong Kong Identity Card) to remove the financial incentive for them to make use of public hospital services and to deter their dangerous behaviour in seeking last-minute hospital admission before labour through the Accident and Emergency Departments (A&EDs). The financial implications of these measures have been absorbed by the HA within existing resources. In the first month after implementation of the new measures, the number of births by NEPs and the number of emergency admissions through A&EDs at public hospitals dropped by 33% and 68% respectively, as compared with February 2006.

In the first 10 months of 2006-07, the HA has incurred an estimated expenditure of \$225 million on obstetric services provided to NEP pregnant women. The income actually received by the HA from this group of

patients is estimated to be around \$192 million, with another \$34 million being outstanding fees. As a matter of principle, fees for medical services provided by the HA for NEPs are set at levels not lower than the full costs of the relevant services.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 19.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)041

Question Serial No.

1484

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please advise this Committee of the administrative expenses on handling applications for medical fee waiver, the number of applications approved and the amount involved in 2006-07, with a breakdown by:

- CSSA and non-CSSA applicants;
- Applicants over and below 60 years old;
- Eligible and non-eligible persons;
- inpatient, outpatient, drug and other expenses.

Asked by: Hon. YEUNG Sum

Reply:

The estimated administrative expenses, expressed in terms of manpower cost (salary and oncost), for processing medical fee waiver applications in 2006-07, is about \$10,283,000. This is calculated on the basis of the average staff cost in processing an application by a typical Assistant Social Welfare Officer (ASWO), who handles most of the applications, the total number of which is estimated to be about 102 900 in 2006-07. As processing of medical fee waiver applications is only one of the various duties of an ASWO and that it is difficult to segregate the waiving duties from other medical social work service during the patient intervention process, the estimated administrative expenses is a best estimate only.

The number of waiver cases and amounts waived for the ten months from April 2006 to January 2007, broken down into different categories, are summarized in the tables below:

(a) Breakdown by recipients of Comprehensive Social Security Assistance (CSSA) and non-CSSA recipients

	No. of Cases / Attendances	Waiver Amount \$(Million)
CSSA recipients	3 147 121	354.0
Non-CSSA recipients	297 911	55.6
Total	3 445 032	409.6

(b) Breakdown by age of patients

	No. of Cases / Attendances	Waiver Amount \$(Million)
<= 65 years old	1 709 830	186.6
> 65 years old	1 735 202	223.0

Total	3 445 032	409.6
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* Breakdown for age groups over and under 65 is not readily available.

(c) Breakdown by Eligible Persons (EP) and Non-eligible Persons (NEP)

	No. of Cases / Attendance	Waiver Amount \$(Million)
EP	3 442 719	402.4
NEP	2 313	7.2
Total	3 445 032	409.6

(d) Breakdown by service types

	No. of Cases / Attendance	Waiver Amount \$(Million)
Inpatient	242 804	181.5
Accident & Emergency	385 051	38.3
Specialist Outpatient Clinic		
- Attendance	1 146 425	73.4
- Drug Charge		27.7
General Outpatient Clinic	793 962	35.8
Others (e.g. community nursing, day hospital)	876 790	52.9
Total	3 445 032	409.6

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)042

Question Serial No.

1485

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please inform this Committee of the hospitals with addition/reduction of general beds in 2007-08 with a breakdown by hospital of numbers of beds added/reduced and the reasons behind; please also specify the hospitals with psychiatric bed reduction in 2007-08 with the reasons for the reduction.

Asked by: Hon. YEUNG Sum

Reply:

There will be an estimated net increase of 140 general beds in the Hospital Authority (HA) as a result of a reduction of 40 general beds in the Hong Kong West Cluster and an opening of 180 general beds in the New Territories West (NTW) Cluster (with 160 beds in Pok Oi Hospital (POH) and 20 beds in Tuen Mun Hospital (TMH)).

As for the psychiatric beds, a reduction of 122 beds is planned for in 2007-08 with 100 beds from Castle Peak Hospital and 22 beds from Kwai Chung Hospital.

The increased in general beds in POH and TMH are to cater for the increasing service demand while the reduction of general beds in the Hong Kong West Cluster is part of HA's move to shift the care of delivery to ambulatory and community based services which is in line with the world trend of medical services development. This is also the case for reduction of psychiatric beds which is in line with the international trend in shifting the care for mentally ill patients to the ambulatory and community setting.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)043

Question Serial No.

1486

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please give a breakdown of the number of discharges and deaths, the number of patient days and the average length of stay of inpatients by age.

Asked by: Hon. YEUNG Sum

Reply:

The number of inpatient discharges and deaths, total length of stay and average length of stay for the period between April 2006 and January 2007 by age groups are as follows:

Age	No of Discharges	No of Deaths	Total no of discharges and deaths	Total length of stay (day)	Average length of stay (day)
0-14	98 859	134	98 993	440 700	4.5
15-64	297 980	4 736	302 716	3 129 875	10.3
65+	299 996	20 238	320 234	2 953 326	9.2
Overall*	696 901	25 109	722 010	6 524 350	9.0

* Included 67 discharges and deaths with unknown age

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)044

Question Serial No.

1487

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please inform this Committee why there was a 10% increase in the average length of stay in hospital for infirmary service in 2006-07 over that of 2005-06?

Asked by: Hon. YEUNG Sum

Reply:

The average length of stay (ALOS) of infirmed patients fluctuates because it depends mainly on the medical status of the patients admitted as well as the number of patients discharged in a particular year. Infirmary beds support a wide range of patients requiring variable levels of long-term nursing and personal care. To ensure quality of care, the Hospital Authority had developed service guidelines and care pathways for infirmary care. Benchmarking of nursing services among infirmed units had also been set up for quality assurance. In recent years, structured programmes (e.g., on continence rehabilitation, nutritional screening, pressure sore prevention, etc) and regular multi-disciplinary grand round and case conference in infirmed units had helped reduce complications, relieve pain, improve functions and quality of life of infirmed patients. Given the varying medical status of the patients, it is not appropriate to compare the ALOS of infirmed patients between different years.

Signature _____

Name in block letters _____

Ms Sandra LEE

Post Title _____

Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____

15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)045

Question Serial No.

1488

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

With reference to specialist services, will the Administration inform this Committee of the numbers of patients triaged respectively as first priority and second priority in the past five years and their respective percentages in the total number of specialist outpatient new attendances? Please specify also the median waiting times by specialty and hospital cluster.

Asked by: Hon. YEUNG Sum

Reply:

The Hospital Authority (HA) commenced triaging specialist outpatient (SOP) new cases into Priority 1 (urgent), Priority 2 (semi-urgent) and Routine categories in late 2004. The number and percentage of SOP new cases triaged as priority 1 and priority 2 for 2005-06 and 2006-07 (April 06 - January 07) are shown in the following table:

	2005-06 (April 05 – March 06)		2006-07 (April 06 – January 07)	
	No. of cases	% of cases	No. of cases	% of cases
Priority 1	110 566	16.1%	93 478	16.3%
Priority 2	99 319	14.5%	85 127	14.9%

The median waiting time (in weeks) of new SOP cases booked for major specialties for 2005-06 and 2006-07 (April 06- January 07) in each cluster is as follows:

SOP Specialty	Hong Kong East Cluster	Hong Kong West Cluster	Kowloon Central Cluster	Kowloon East Cluster	Kowloon West Cluster	New Territories East Cluster	New Territories West Cluster	All clusters
2005-06								
Ear, Nose and Throat	7	5	7	12	8	7	12	8
Gynaecology	9	3	8	9	5	16	9	7
Obstetrics	1	<1	5	<1	1	2	<1	1
Medicine	7	5	17	8	25	30	26	12
Ophthalmology	5	4	1	7	<1	13	2	2
Orthopaedics & Traumatology	8	14	16	5	14	18	37	15
Paediatrics and Adolescent Medicine	<1	4	3	8	4	11	29	4
Surgery	9	6	6	24	15	21	43	16
All specialties	5	3	4	7	6	11	8	6
2006-07 (Apr 06 – Jan 07)								
Ear, Nose and Throat	8	8	12	14	8	3	13	8
Gynaecology	8	4	8	8	10	18	8	8
Obstetrics	1	<1	7	1	1	2	1	1
Medicine	3	5	14	7	21	25	13	10
Ophthalmology	6	7	1	7	1	8	3	3
Orthopaedics & Traumatology	7	11	17	7	9	24	44	13
Paediatrics and Adolescent Medicine	<1	5	3	7	5	17	25	5
Surgery	8	8	7	43	17	23	26	16
All specialties	5	4	5	7	7	11	8	7

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Date _____ 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)046

Question Serial No.

1489

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Regarding the accident and emergency (A&E) service, please inform this Committee of the attendances categorized under Triage I, Triage II and Triage III, and the number of A&E patients granted a waiver of medical fees and the amount waived in the past five years (i.e. 2002-06). Please also set out a breakdown of the A&E attendances by age and by recipients of Comprehensive Social Security Assistance.

Asked by: Hon. YEUNG Sum

Reply:

The respective numbers of Accident & Emergency (A&E) first attendances in Triage 1 (critical), Triage 2 (emergency) and Triage 3 (urgent) categories for the past 5 years are set out in the table below.

Triage Category	2002-03	2003-04	2004-05	2005-06	2006-07 (first 10 months)
Triage 1	15 717	16 599	16 776	16 593	13 957
Triage 2	41 324	33 344	35 972	34 471	30 163
Triage 3	558 186	450 279	536 639	525 860	467 015

A breakdown of A&E attendances (first and follow-up) in all Triage Categories by the patients' age for the past 5 years is given in the table below.

Age Group	2002-03	2003-04	2004-05	2005-06	2006-07 (first 10 months)
0 - 14	423 900	268 997	332 978	324 034	252 107
15 - 64	1 352 288	1 121 839	1 243 935	1 178 713	1 014 470
65 +	500 944	436 506	523 775	516 035	447 170
Unknown age	102 932*	1 387	744	669	582

Total	2 380 064	1 828 729	2 101 432	2 019 451	1 714 329
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* Breakdown by age is not readily available for 102 066 follow-up attendances in 2002-03 as records for these attendances were still paper-based at that time. In addition, the HA does not have any age information in its records for 866 first attendances that year.

The numbers of A&E attendances for which fee waivers were granted for the past 5 years, as broken down by recipients of Comprehensive Social Security Assistance (CSSA) and non-CSSA recipients, are set out in the table below.

	2002-03	2003-04	2004-05	2005-06	2006-07 (first 10 months)
Number of A&E attendances by CSSA Recipients	140 597	355 796	443 198	433 585	353 757
Number of A&E attendances by Non-CSSA Recipients covered by Fee Waivers	4 462	20 390	30 649	30 051	21 561
Total	145 059	376 186	473 847	463 636	375 318

The respective amounts of fees waived for A&E attendances by CSSA recipients and non-CSSA recipients are set out in the table below.

	2002-03 \$ Million	2003-04 \$ Million	2004-05 \$ Million	2005-06 \$ Million	2006-07 (first 10 months) \$ Million
Amount Waived for A&E attendances by CSSA Recipients	14.1	35.6	44.3	43.4	35.4
Amount Waived for A&E attendances by Non-CSSA Recipients	0.5	2.4	3.8	3.2	2.3
Total	14.6	38.0	48.1	46.6	37.7

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)047

Question Serial No.

1490

Head: 140 Government Secretariat: Health, Welfare and Food Bureau (Health and Welfare Branch) Subhead (No. & title):

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The Government pledges to provide better training opportunities for graduates of local Chinese medicine degree programmes. In this regard, please inform this Committee of the following:

1. How much resources will be allocated to the development of Chinese medicine in 2007-08?
2. There has all along been a lack of opportunities for clinical practicum for students of Chinese medicine. Does the Administration have any plans for improvement?
3. Most of the graduates of local Chinese medicine degree programmes face job opportunity problem. Owing to limited scope for development in Hong Kong, they eventually change their jobs or go to the Mainland for development. Does the Administration have any specific policy for helping them to develop their career in Hong Kong?
4. Has there been any consideration on setting up a Chinese Medicine Institute to promote the development of Chinese medicine in Hong Kong?

Asked by: Hon. LI Fung-ying

Reply:

1. On development of the Chinese medicine profession, one of the most important aspects is to establish a sound regulatory framework so as to ensure and enhance the professional standard. The Chinese Medicine Council is responsible for, among other things, implementing the systems for registration of Chinese medicine practitioners, licensing examination and continuing medical education. In 2007-08, the estimated financial provision for the work of the Chinese Medicine Council is \$12 million. Apart from this, the Government has also been establishing public Chinese medicine clinics (CMCs) to facilitate the development of "evidence-based" Chinese medicine and to provide better training opportunities for local Chinese medicine degree programmes graduates. We have so far set up a total of nine CMCs with six of them having commenced operation in 2006-07. We are now examining the feasibility of setting up two to five more CMCs. Based on the cost of setting up the last batch of six CMCs in 2006-07, the estimated average capital cost of setting up one CMC is about \$5.85 million. We plan to seek funding approval from the Finance Committee in mid 2007 but a more accurate estimate of the total funding required for this batch of clinics will only be available on completion of the feasibility studies. Besides, we have also earmarked a recurrent provision of \$64 million for Chinese medicine clinic service in 2007-08.

2. The CMCs now serve as a training base for undergraduates and graduates of Chinese medicine degree programmes. To further enhance their training, each CMC is now required to engage at least five graduates as junior Chinese medicine practitioners and provide training to them. Our plan to establish more CMCs would provide more clinical training opportunities. The Hospital Authority has been working with the universities and the non-governmental organizations running the CMCs to develop training programmes/guidelines and they will continue to enhance the contents of the clinical practicum.

3. Most Chinese medicine services are provided by the private sector. Employment or practicing opportunities are, therefore, mostly offered by the private sector. The Government helps to create employment or practicing opportunities for Chinese medicine graduates by boosting public confidence in Chinese medicine service through -
 - establishing a sound regulatory framework to ensure and enhance the professional standard; and
 - enhancing the clinical experience of Chinese medicine graduates by offering post-graduate training opportunities in CMCs.

4. There are currently three schools of Chinese medicine set up under the Hong Kong Baptist University, the Chinese University of Hong Kong and the University of Hong Kong. In the 2006-07 academic year, the number of provisional intakes of undergraduate and postgraduate Chinese medicine programmes funded by the University Grants Committee was 77 and 6 respectively. At present, we have no plan to establish a Chinese Medicine Institute.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health,
Welfare and Food (Health and
Welfare)

Date _____ 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)048

Question Serial No.

0975

Head: 37 Department of Health
Programme: (1) Statutory Functions

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Under this programme, the target of inspection of licensed retail drug premises at an average of twice a year per premises was 100% achieved in 2005 and 2006. Will the Administration consider increasing the number of inspection so as to crack down on unlawful operations? If so, what are the estimated additional manpower and resources? If not, why?

Asked by: Hon. LI Kwok-ying

Reply:

The Department of Health (DH) adopts a risk-based approach in inspection. While the target of inspection of licensed retail drug premises is an average of twice a year per premises, those with a poor track record of law compliance are inspected more frequently than others. In addition, DH has stepped up test-purchases to detect illegal sale of cough medicines and prosecution of offenders. The number of test-purchases increased from 679 in 2004 to 1 657 in 2006, and the number of prosecutions from 11 to 27. The manpower and resources for the inspections and test purchases will remain unchanged in 2007/08.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)049

Question Serial No.

0976

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The number of attendances at Maternal and Child Health Centres for family planning service has dropped from 210 000 in 2005 to 179 000 in 2006. Similarly, the number of attendances at family planning clinics operated by Family Planning Association has dropped from 163 000 in 2005 to 155 000 in 2006. In this regard, please advise this Committee the reasons for such decrease. Will any measures be adopted to promote the relevant service? If yes, what are the estimated manpower and resources involved?

Asked by: Hon. LI Kwok-ying

Reply:

The decrease in attendance for the family planning service in 2006 at both Maternal and Child Health Centres (MCHCs) of the Department of Health (DH) and the Family Planning Association of Hong Kong (FPAHK) is a result of streamlining of procedures, which enables clients to make less re-visits.

DH promotes its family planning service to potential clients during their visits for antenatal, postnatal and child health services at MCHCs. The service is also publicised through the DH's website and information leaflets. Similarly, the FPAHK promotes its family planning service to its clients during their visits and through its website, the electronic media and information leaflets.

In addition, new arrivals from the Mainland will be provided with information on MCHCs and FPAHK in a booklet published specifically for them.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)050

Question Serial No.

0977

Head: 37 Department of Health
Programme: (3) Health Promotion

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

In 2007-08, the Department of Health will strengthen publicity and education programme on smoking prevention and cessation. Please advise on the expenditures in 2005-06 and 2006-07 for the corresponding work. What work will commence in 2007-08? In this regard, what will the expenditure on smoking prevention and cessation be?

Asked by: Hon. LI Kwok-ying

Reply:

Both the Tobacco Control Office (TCO) of the Department of Health (DH) and the Hong Kong Council on Smoking and Health (COSH) conduct publicity, health education and promotional activities on tobacco control including that on smoking prevention and cessation. The actual expenditure for such activities in 2005-06 was \$29.4 million while the revised estimate for 2006-07 is \$28.8 million. The estimate for 2007-08 is \$29.6 million. Smoking prevention and cessation are both part of the publicity activities and we do not have their revised expenditures.

In 2007-08, TCO will focus its publicity on new no smoking areas through TV and radio as well as posters and pamphlets. Education and publicity efforts on the harmful effects of smoking and secondhand smoke and the smoking cessation hotline service will continue. COSH will conduct media publicity campaign to promote smoking cessation, as well as the benefits of a smoke-free environment. For youth smoking intervention, COSH will organise a new interactive education theatre programme and a youth tobacco control advocate training programme.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)051

Question Serial No.

0978

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Among the number of new born babies attending maternal and child health centres in 2006, what was the percentage of the babies who were born in Hong Kong and whose parents were not Hong Kong residents? Does the Administration have any further plan to increase the number of attendances of such babies? What are the estimated staff establishment and expenditure involved?

Asked by: Hon. LI Kwok-ying

Reply:

Among the 57 000 local-born babies aged under one year who registered in Maternal and Child Health Centres (MCHCs) in 2006, about 9 700 (17%) were babies whose parents were not Hong Kong residents. The workload in providing services to these babies has been absorbed by the existing manpower resource in MCHCs.

Information about services of the MCHCs is available in the postnatal wards of all public hospitals and through various channels. However, babies born to non-Hong Kong-resident parents may leave Hong Kong soon after birth or attend other service providers in Hong Kong or elsewhere. The Department of Health (DH) will continue to promote the use of MCHC's services by new born babies. The DH will make available to parents who leave Hong Kong soon after giving birth, the necessary health advice, such as those related to the care of the newborn and the need to receive immunisation.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)052

Question Serial No.

1335

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please inform this Committee the details of the integrated health care services for the elderly and the expenditure incurred in 2006-07. In 2007-08, what are the details of the services and the expenditure involved?

Asked by: Hon. LEUNG Yiu-chung

Reply:

The Elderly Health Service (EHS) provides integrated health services to the elderly through 18 Elderly Health Centres (EHCs) and 18 Visiting Health Teams (VHTs). Services provided by EHCs include physical checkup, health assessment, counselling, curative treatment and health education. VHTs reach out to the community in collaboration with other service providers to deliver promotional programmes to the elderly and their carers. The teams also carry out influenza vaccination programme for the elderly residing in institutions. The expenditure for EHS in the 2006-07 Revised Estimate and the 2007-08 Estimate is \$143.2 million and \$147.1 million respectively.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)053

Question Serial No.

1336

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please inform this Committee the details of work involved in woman health service and the expenditure incurred in 2006-07. In 2007-08, what are the details of such work and the expenditure involved?

Asked by: Hon. LEUNG Yiu-chung

Reply:

The Woman Health Service provides health promotion and disease prevention programmes for women at or below 64 years of age. The Service promotes the health of women and addresses their health needs at various stages of life through the provision of health education, counselling, physical examination and appropriate screening tests.

The estimated expenditure of Woman Health Service for the year 2006-07 and 2007-08 is \$23.1 million and \$23.5 million respectively.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)054

Question Serial No.

1644

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The Hospital Authority will take measures in 2007-08 to improve cancer and other clinical care. Please advise this Committee of the related details. What will be the manpower and resources engaged? How much will be spent on new cancer drugs?

Asked by: Hon. LI Kwok-ying

Reply:

The Hospital Authority (HA) will improve its cancer and other clinical care in 2007-08. Details are set out below:

Programme	Description	Resource and Manpower implications
Use of new cancer drugs	About 640 patients will be provided with three new cancer drugs to be introduced in the HA : Paclitaxel and Trastuzumab are for patients with breast cancer while Irinotecan is for patients with colorectal cancer.	\$13.7 million for new drugs. No additional manpower is required.
Full operation of Cancer Centre at the Princess Margaret Hospital (PMH)	To provide radiotherapy treatment to about 2300 new cancer patients from PMH.	\$121 million for operation of the Cancer Centre where about 150 medical and other health care supporting staff have been deployed.
Expansion of radiotherapy service	To extend treatment to 330 cancer patients on the existing waiting list of the Queen Elizabeth Hospital and the Prince of Wales Hospital.	\$4.6 million to compensate overtime work to be undertaken by medical and supporting staff concerned to provide additional radiotherapy sessions to patients.

Programme	Description	Resource and Manpower implications
Additional provision for haemodialysis	Provision of haemodialysis for additional 30 patients.	\$7 million for the provision of consumable dialysate and deployment of additional 18 nursing and supporting staff to provide additional haemodialysis sessions to patients.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Date 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)055

Question Serial No.

1338

Head: 37 Department of Health
Programme: (3) Health Promotion

Subhead (No. & title): 700 General non-recurrent

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Regarding Item 727 "Setting up a Tobacco Control Office", please inform the Committee the details of work conducted by the Tobacco Control Office of the Department of Health and the expenditure on law enforcement and education incurred in 2006-07? What are the details of such work and the expenditure involved in 2007-08? Will they be adjusted in light of the enforcement of the amended Smoking (Public Health) Ordinance?

Asked by: Hon. LEUNG Yiu-chung

Reply:

Item 727 of Subhead 700 (General non-recurrent) is a non-recurrent account intended for procurement of office equipment and furniture items for the Tobacco Control Office (TCO).

Provision for health education and promotion activities on tobacco control is made under Programme (3). The provision for the TCO of the Department of Health will be increased from a revised estimate of \$17.7 million for 2006-07 to \$18.5 million for 2007-08. In 2006-07, TCO conducted a series of media publicity campaigns to promote smoking prevention and cessation and to support the passage of new tobacco control legislation. TCO also conducted workshops and published guidelines to assist managers of statutory no smoking areas to understand and to comply with the new legislative requirements. In 2007-08, TCO will focus its publicity on new no smoking areas through TV and radio as well as posters and pamphlets. Education and promotion efforts about the harmful effects of smoking and secondhand smoke and the smoking cessation hotline service will continue.

Provision for enforcement duties on tobacco control carried out by TCO is made under Programme (1). Such provision will be increased from a revised estimate of \$6.6 million for 2006-07 to \$23.3 million for 2007-08. Before the gazettal of the amended Smoking (Public Health) Ordinance on 27 October 2006, TCO had made preparations for law enforcement duties including staff training, development of operational guidelines and protocol. Enforcement actions have been taken since Tobacco Control Inspectors were empowered to do so with the gazettal of the amended Ordinance on 27 October 2006. These include inspection of statutory no smoking areas, investigation of complaints and issue of summons. Enforcement actions will be further strengthened in 2007-08.

Signature _____

Name in block
letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)056

Question Serial No.

1658

Head: 140 Government Secretariat: Health, Subhead (No. & title):
Welfare and Food Bureau (Health and
Welfare Branch)

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

In 2007-08, the Administration will review strategies on health care financing in consultation with the revamped Health and Medical Development Advisory Committee with a view to formulating options for public consultation. When will the options be introduced? Is there any timetable for implementation? What will be the expenditure incurred in 2007-08?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

We currently plan to initiate further public consultations on health care reform including financing arrangements around mid-2007. The review and planned public consultation exercise is part of the day-to-day operations of the Bureau and we have no separate estimates on the expenditure required. The timetable for implementation will be determined at a later stage having regard to the outcome of the public consultations.

Signature _____

Name in block
letters _____ Ms Sandra LEE

Post Title _____
Permanent Secretary for Health, Welfare and Food
(Health and Welfare)

Date _____ 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)057

Question Serial No.

1829

Head: 140 Government Secretariat: Health, Welfare and Food Bureau (Health and Welfare Branch) Subhead (No. & title): 000 Operational expenses

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please give a breakdown of the overall medical expenses, public medical expenses and the Hospital Authority's actual subvention for 2003-04 to 2006-07 and compare these figures with the estimated expenditure for 2007-08 to indicate the annual and cumulative increase/decrease, and the respective public and private medical expenses as percentages of the Gross Domestic Product (GDP).

Asked by: Hon. KWOK Ka-ki

Reply:

The Domestic Health Accounts (DHA) of Hong Kong, compiled by the Government in accordance with the framework of the International Classification for Health Accounts (ICHA) developed by the Organization of Economic Co-operation and Development (OECD) in 2000, are a set of statistics on health care expenditures, both public and private, in Hong Kong. The DHA provide a more detailed and complete picture of health care expenditures and facilitate international comparison with other countries which have adopted the same framework in calculating their health care expenditures. At present, DHA is available only until 2001-02. A study is underway to compile DHA up to 2004-05 and the updated DHA will be available around mid-2007.

As the more detailed DHA are not currently available from 2002-03 onwards, private health expenditure is estimated based on statistics on private consumption expenditure on medical care and health expenses prepared by the Census and Statistics Department for the purpose of compiling the Gross Domestic Product (GDP); and public health expenditure is represented by the total public expenditure on the policy area of health in the government budget. These figures are shown in Table 1 and Table 2. It should be noted that the basis for compiling public and private health expenditure are different from each other as well as from the basis used for the compilation of DHA. Details of subvention to the Hospital Authority and its expenditure are shown in Table 3.

Table 1: Public Expenditure on the Policy Area of Health in the Government Budget from 2003-04 to 2007-08

	2003-04	2004-05	2005-06	2006-07	2007-08
	Actual expenditure	Actual expenditure	Actual expenditure	Revised estimate	Estimate
Public health expenditure (\$M)	34,201	32,199	31,616	32,053	32,732
% of GDP (calendar year)	2.8%	2.5%	2.3%	2.2%	2.1%
Year-on-year % change	-	-5.9%	-1.8%	1.4%	2.1%
Cumulative change over 2003-04	-	-5.9%	-7.6%	-6.3%	-4.3%

Table 2: Private Health Expenditure based on statistics on private medical care and health consumption expenses prepared by the Census and Statistics Department for the purpose of compiling the Gross Domestic Product

	2003-04	2004-05	2005-06	2006-07	2007-08
	Actual expenditure	Actual expenditure	Actual expenditure	Revised estimate	Estimate
Private health expenditure (\$M)	32,153	33,798	35,164	n.a.	n.a.
% of GDP (calendar year)	2.6%	2.6%	2.5%	n.a.	n.a.

n.a. - not available

Table 3: Subvention to and Expenditure of Hospital Authority from 2003/04 to 2007-08

	2003-04	2004-05	2005-06	2006-07	2007-08
	Actual	Actual	Actual	Revised estimate	Estimate
Subvention to Hospital Authority (\$M)	29,549	28,218	27,585	27,961	28,632
Year-on-year % change	-	-4.5%	-2.2%	1.4%	2.4%
Cumulative change over 2003-04	-	-4.5%	-6.6%	-5.4%	-3.1%
Expenditure of Hospital Authority (\$M) *	32,232	30,605	31,361	n.a.	n.a.

n.a. - not available

* The Hospital Authority's expenditure was met by government subvention, other sources of income, including medical fees income, and a transfer from its own General Reserve.

It should be noted that –

- (1) public health expenditure has been on the decrease between 2003-04 to 2005-06 mainly as a result of efficiency savings and civil service pay cuts (a total of 6% cut in 2004 and 2005) which affect government expenditure across-the-board; and
- (2) the figures of health expenditure as a % of GDP are not readily comparable with other economies, because the methodology and basis for the figures are different, and more importantly because each economy has its own particular sources and arrangements for financing health care. In the case of Hong Kong, our public health expenditure is financed mainly by the tax system which has a low tax rate and narrow tax base compared with other economies.

Signature	_____
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Health, Welfare and Food (Health and Welfare)
Date	16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)058

Question Serial No.

1830

Head: 140 Government Secretariat : Health, Welfare and Food Bureau (Health and Welfare Branch) Subhead (No. & title): 000 Operational expenses

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Regarding consultancy studies for policy making and assessment (if any) commissioned by the Health, Welfare and Food Bureau, please provide details in the following format :

(a) Please provide the following details on the consultancy studies for which financial provision has been allocated in 2006-07 :

Name of consultants (if available)	Description	Consultancy Fees (\$)	Progress on consultancy studies (planning/in progress/completed)	The Administration's follow-up action on the study reports and the progress made (if available)	Whether completed study reports have been publicised; if yes, their channels and if not, the reasons.

(b) Has financial provision been allocated for commissioning consultancy studies in 2007-08? If yes, please provide the following details :

Name of consultants (if available)	Description	Consultancy Fees (\$)	Progress on consultancy studies (planning/in progress/completed)	Whether study reports scheduled for completion in 2007-08 will be publicised; if yes, their channels and if not, the reasons.

Asked by: Hon. KWOK Ka-ki

Reply:

The information required is provided below :

(a) Details on the consultancy studies for which financial provision has been allocated in 2006-07 :

Name of consultants (if available)	Description	Consultancy Fees (\$)	Progress on consultancy studies (planning/ in progress/ completed)	The Administration's follow-up action on the study reports and the progress made (if available)	Whether completed study reports have been publicised; if yes, their channels and if not, the reasons.
The University of Hong Kong	Study on health care expenditure projection	294,118	Completed	The result of these studies will be considered by the Health and Medical Development Advisory Committee (HMDAC) in the course of developing health care financing options.	Subject to consideration by HMDAC, the study results will be used for preparing the public consultation documents on health care reform and financing arrangements which we hope to launch in mid-2007.
The University of Hong Kong	Study on medical savings scheme	117,647			
Milliman Limited	Study on private medical insurance scheme	1,070,000	Completed		
The Chinese University of Hong Kong	Study on income-based contributory scheme#	54,544.50#	In progress		The studies are still ongoing.
Milliman Limited	Supplementary study on private medical insurance scheme#	70,000#	In progress		

These two studies spanned over two financial years and payments are made in installments. The consultancy fee here reflects the payments made in 2006-07.

(b) Details on the consultancy studies for which financial provision has been allocated in 2007-08 :

Name of consultants (if available)	Description	Consultancy Fees (\$)	Progress on consultancy studies (planning/ in progress/ completed)	Whether study reports scheduled for completion in 2007-08 will be publicised; if yes, their channels and if not, the reasons.
The Chinese University of Hong Kong	Study on income-based contributory scheme*	127,270.50*	In progress	Subject to consideration by HMDAC, the study results will be used for preparing the public consultation documents on health care reform and financing arrangements which we hope to launch in mid-2007.
Milliman Limited	Supplementary study on private medical insurance scheme*	630,000*	In progress	
The University of Hong Kong	Project for updating of Hong Kong Domestic Health Accounts	749,005	In progress	
The University of Hong Kong	Supplementary study on medical savings scheme	294,118	In progress	

* These two studies spanned over two financial years and payments are made in installments. Please see the fourth and fifth items under part (a). The consultancy fee here reflects the payments that will be made in 2007-08.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Date _____ 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)059

Question Serial No.

1832

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Subvention to the Hospital Authority increased by \$670.2 million (2.4%), from the original estimate of \$27,761,100,000 for 2006-07 to the revised estimate of \$27,961,400,000 for 2006-07. Please set out in details the items with an increase in expenditure and the additional provision allocated to each item.

Asked by: Hon. KWOK Ka-ki

Reply:

Comparing the 2006-07 Revised Estimate with the 2006-07 Original Estimate, the net increase in the financial provision to the Hospital Authority (HA) is \$200 million (+0.7%) while the difference between the the 2007-08 Estimate and the 2006-07 Revised Estimate (i.e. \$28,631.6 million – 27,961.4 million) is \$670.2 million. The increase of \$200 million is mainly due to the injection of a one-off grant of \$300 million to the Samaritan Fund which was approved by the Finance Committee in January 2007; offset by the reduction of \$100 million mainly due to reservation of funds for Chinese medicine clinics not yet opened as at 31 March 2007 but provision of which has been allowed for in the 2006-07 Original Estimate, and HA's return to Government arising from the income sharing arrangements.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)060

Question Serial No.

1833

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please advise this Committee of the operating costs, financial deficits and reserves of the Hospital Authority in 2004-05, 2005-06 and 2006-07. How was the one-off funding for 2006-07 allocated and used? With the conversion to recurrent funding in 2007-08 and the injection of additional provision in the coming three years, what will be the actual subvention each year? How will the budgetary provision be allocated and used? Has the Administration assessed whether the subvention to the Hospital Authority in the coming three years can cover the operating costs? Will there be any financial deficit?

Asked by: Hon. Kwok Ka Ki

Reply:

The operating expenditure, overall surplus / (deficit) and reserve balance of the Hospital Authority (HA) from 2004-05 to 2006-07 are as follows:

	Operating Expenditure (on cash basis) (\$ Billion)	Overall Surplus / (Deficit) (on cash basis) (\$ Billion)	Reserve Balance as at 31 March (on accrual basis) (\$ Billion)
2004-05 (Actual)	29.63	(0.29)	0.68
2005-06 (Actual)	29.51	(0.60)	(0.55)*
2006-07 (Projected)	29.49	0.08	The actual amount of reserve balance will be available only after finalization of HA's accounts for 2006-07.

*including a provision of \$629 million being made for the estimated settlement package to HA doctors in response to their claims against HA over a period back to 1996.

There is no one-off funding allocated to the HA in 2006-07. In addition to converting the one-off grant of \$650 million allocated to the HA in 2005-06 to recurrent funding with effect from 2006-07, the Government will provide HA with additional recurrent funds rising by around \$300 million per annum over three years from 2006-07 up to 2008-09 to strengthen the HA's financial position and allow it to cope better with service requirements. This arrangement provides the HA with certainty in respect of funding growth and enables it to conduct longer term planning for its services and budget.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)061

Question Serial No.

1834

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please provide the number of attendances for inpatient services, accident and emergency services, various specialist outpatient services and general outpatient services of various hospitals in 2005-06 and 2006-07. What are the number of cases and the amount involved in respect of outstanding medical charges? Among them, how many cases involve recipients of Comprehensive Social Security Assistance (CSSA) and non-permanent Hong Kong residents? What is their percentage? How will the Administration follow up with the write-off cases?

Asked by: Hon. KWOK Ka-ki

Reply:

The number of inpatient (IP) cases, accident & emergency (A&E) attendances, specialist outpatient (SOP) attendances and general outpatient (GOP) attendances as well as the number of write-off cases and the amount involved in 2005-06 and the first ten months of 2006-07 are summarized below. Statistics for February and March 2007 are not yet available.

<u>2005-06</u>	<u>IP</u>	<u>A&E</u>	<u>SOP</u>	<u>GOP (including injection & dressing)</u>
Total no. of cases (IP) / attendances (A&E, SOP and GOP)	1 125 265	2 019 451	8 176 797	6 032 888
Write-off:				
No. of cases (IP) / attendances (A&E, SOP and GOP)	15 800	23 260	204	164
Amount (% of total fees & charges)	\$37.8 Million (4.0%)	\$5.5 Million (2.9%)	\$0.2 Million (0.03%)	\$0.013 Million (0.006%)
Including	Fees for CSSA recipients are fully waived, thus there are no write-off cases			
<input type="checkbox"/> CSSA recipients				
<input type="checkbox"/> Non-eligible Persons – No. of cases / attendances	3 673	6 902	99	64

(% of total no. of write-off cases)	(23.2%)	(29.7%)	(48.5%)	(39%)
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2006-07 (for the 10 months ended 31 January 07)	<u>IP</u>	<u>A&E</u>	<u>SOP</u>	<u>GOP (including injection & dressing)</u>
Total no. of cases (IP) / attendances (A&E, SOP and GOP)	962 049	1 708 748	6 995 051	4 927 171
Write-off:				
No. of cases (IP) / attendances (A&E, SOP and GOP)	12 635	15 693	61	129
Amount (% of total fees & charges)	\$46.4 Million (5.3%)	\$3.9 Million (2.4%)	\$0.006 Million (0.001%)	\$0.0005 Million (0.0003%)
Including	Fees for CSSA recipients are fully waived, thus there are no write-off cases			
<input type="checkbox"/> CSSA recipients				
<input type="checkbox"/> Non-eligible Persons – No. of cases / attendances (% of total no. of write-off cases)	3 820 (30.2%)	4 979 (31.7%)	-	79 (61.2%)

The Hospital Authority has put in place the following measures to minimize bad debts :-

- collecting deposits from non-eligible persons and persons who elect to be admitted as private patients upon admission, except for emergency cases. Non-eligible persons staying in public wards in general hospitals are required to pay a deposit of \$33,000. Deposit for private patients ranges from \$40,000 to \$100,000, depending on the ward class;
- sending out interim bills to patients on a weekly basis during their hospitalization. Reminders will be sent to patients after dispatch of final bills;
- asking patients or their next-of-kin through telephone calls for early settlement of outstanding bills before and after discharge of the patients; and
- taking legal actions where appropriate, taking into account relevant factors such as the amount in arrears and the chance of successful recovery.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)062

Question Serial No.

1835

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please provide the manning ratios of healthcare personnel to specialist in-patient beds and in-patients in all hospitals in respect of in-patient service, accident and emergency service, specialist out-patient services and general out-patient service in 2005-06 and 2006-07 respectively. Is there any plan to add or reduce health care personnel and hospital beds in 2007-08? If so, what will be the manning ratios of health care personnel to specialist in-patient beds and in-patients after the addition or reduction?

Asked by: Hon. KWOK Ka-ki

Reply:

The ratios of doctors and nurses to general inpatient (IP) beds, IP discharges (as an indication of the volume of IP activities), specialist outpatient (SOP) attendances, accident and emergency (A&E) attendances and general outpatient (GOP) attendances for 2005-06 (as at 31 March 2006) and 2006-07 (up till 31 January 2007) are set out in the tables below. The Hospital Authority (HA) expects that its medical and nursing manpower as well as the volume of its IP activities, hence the manpower ratios, in 2007-08 would remain at similar levels as those in 2006-07.

Doctors per general IP beds¹

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
2005-06	0.19	0.15	0.18	0.25	0.18	0.18	0.27	0.19
2006-07	0.20	0.16	0.18	0.24	0.19	0.18	0.28	0.20

Nurses per general IP beds¹

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
2005-06	0.70	0.73	0.78	0.87	0.73	0.73	0.96	0.77
2006-07	0.71	0.73	0.81	0.86	0.73	0.73	0.96	0.77

Doctors per 1 000 discharges and deaths¹

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
2005-06	5.49	5.07	5.32	5.43	4.82	5.11	5.58	5.19
2006-07	5.66	5.23	5.42	5.39	4.86	5.14	5.95	5.28

Nurses per 1 000 discharges and deaths¹

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
2005-06	20.13	24.81	23.05	19.24	19.05	20.41	20.07	20.69
2006-07	20.16	24.38	23.97	19.05	18.96	20.54	20.05	20.73

Doctors per 10 000 A&E attendances²

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
2005-06	2.08	1.98	1.77	2.08	1.66	1.83	1.65	1.83
2006-07	2.20	1.89	1.78	2.07	1.67	1.85	1.97	1.88

Nurses per 10 000 A&E attendances²

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
2005-06	2.97	3.02	3.33	3.45	2.62	3.57	3.04	3.11
2006-07	2.99	3.28	3.25	3.40	2.52	3.70	2.93	3.09

Doctors per 10 000 GOP attendances³

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
2005-06	1.18	1.01	1.24	1.26	0.96	1.10	1.04	1.08
2006-07	1.30	1.13	1.30	1.19	0.94	1.02	0.98	1.07

Nurses per 10 000 GOP attendances³

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
2005-06	1.99	1.52	0.76	1.62	1.14	1.22	0.77	1.24
2006-07	2.31	1.60	0.81	1.64	1.21	1.25	0.71	1.29

Doctors per 10 000 SOP attendances⁴

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
2005-06	5.49	6.40	5.42	6.01	6.16	6.46	6.19	6.03
2006-07	5.66	6.62	5.62	6.14	6.31	6.62	6.76	6.24

Nurses per 10 000 SOP attendances⁴

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
2005-06	24.63	33.95	27.26	25.96	31.63	30.95	33.36	29.82
2006-07	24.29	33.37	29.27	26.10	31.44	31.10	33.68	30.04

Notes :

- 1 Calculated on the basis of HA's overall workforce of doctors and nurses excluding those in Psychiatric Departments. It is important to note that healthcare staff are responsible for rendering services for the whole continuum of services spanning from IP to ambulatory and outreach services. Therefore, the manpower ratios for IP services cannot reflect the corresponding manpower level without taking into account the staff's workload in ambulatory, community and outreach services. It should also be noted that manpower ratios for IP beds and those for IP discharges and deaths as such may not lend themselves to meaningful year-to-year comparisons of manpower levels. The hospitals requirements on the number and type of staff are related to the mode of care delivery as well as the prevailing mix of acute, ambulatory and community services.
2. Calculated on the basis of doctors and nurses in A&E Departments.
3. Calculated on the basis of doctors and nurses in Family Medicine (FM) and GOP Departments. It is not possible to discount individual FM staff who are involved in the provision of SOP services, because those Departments are organised as teams providing a continuum of care from in-patient, specialist out-patient to ambulatory services.
4. Calculated on the basis of doctors and nurses other than those in A&E, FM and GOP Departments, but including staff in Psychiatric Departments. It is important to note that the relevant healthcare staff are responsible for rendering services for the whole continuum of services spanning from inpatient to ambulatory and outreach services. Therefore, the manpower ratios for SOP attendances cannot reflect the corresponding manpower level without taking into account the staff's workload in IP, community and outreach services.
5. HKE = Hong Kong East Cluster
HKW = Hong Kong West Cluster
KE = Kowloon East Cluster
KC = Kowloon Central Cluster
KW = Kowloon West Cluster
NTE = New Territories East Cluster
NTW = New Territories West Cluster

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)063

Question Serial No.

1836

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)
Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Could the Administration provide a breakdown of the services purchased by patients of different specialties at their own expense (including equipment and drugs) in 2004-05, 2005-06 and 2006-07 by service items, service types, number of cases as well as the disbursement on behalf of the patients?

Asked by: Hon. KWOK Ka-ki

Reply:

Patients are required to purchase privately purchased medical items (PPMIs) at their own expenses. However, they do not have to acquire these items through the Hospital Authority (HA). Therefore, complete information on the expenditure on PPMIs is not available.

The expenditure on PPMIs purchased by the HA on behalf of patients for 2004-05 and 2005-06 is summarized in the table below. Information for 2006-07 is not yet available.

Items	Specialty	2004-05		2005-06	
		Amount (\$'000)	No. of cases	Amount (\$'000)	No. of cases
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	Medical	185,457	5 670	256,813	7 296
Cardiac Pacemakers	Medical	5,152	136	8,314	215
Intraocular Lens	Ophthalmology	18,516	11 988	19,986	12 920
Myoelectric Prosthesis, custom-made prosthesis and appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	Allied Health	1,728	8 980	2,022	9 761
Home use equipment, appliances and consumables	Various specialties	1,508	6 036	819	4 959
Total (non-drugs)	Various specialties	212,361	32 810	287,954	35 151

Apart from the above non-drugs items, certain items were purchased by the HA on behalf of patients for 2004-05 and 2005-06 in the context of Samaritan Fund assistance. The cost of these drugs items for those two years were \$33.5 million and \$52.09 million respectively, though the expenditure was partially subsidized by the Samaritan Fund.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)064

Question Serial No.

1837

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

What are the expenses incurred by the Hospital Authority in developing its information technology systems and interconnected medical record database in each of the past five years? What achievements have been made in the development of its information systems? Can medical records of hospitals from different clusters be linked together and uploaded daily?

Asked by: Hon. KWOK Ka-ki

Reply:

The expenditure incurred by the Hospital Authority (HA) on the development of its information technology (IT) systems and medical record database over the last five years since 2002-03 is summarized as follows:

<u>Year</u>	<u>\$ (Million)</u>
02-03	164
03-04	182
04-05	166
05-06	136
06-07	150 (Estimate)

The following major IT systems / projects have been developed / implemented in HA:

- | | |
|----------------------|--|
| Clinical Systems | <ul style="list-style-type: none"> • Clinical Management System Phase 2 • Electronic Patient Record / Clinical Data Warehouse • Implementation of cluster radiology and laboratory services to medium and small hospitals • Operating Theatre Management System • Implementation of IT systems for new hospital blocks • Clinical systems application architecture platform • Implementation of IT systems to all general outpatient clinics • Implementation of IT systems to newly opened Chinese medicine clinics • Development and implementation of the Electronic Patient Record Image Distribution Project |
| Non-clinical Systems | <ul style="list-style-type: none"> • Enterprise Resources Planning System (Phase 1 & 2) |
| IT Infrastructure | <ul style="list-style-type: none"> • Infrastructure standards for Health Level 7 / Electronic Data Interchange / Public Key Infrastructure • Midrange computing environment enhancement to provide hot backup for mission critical systems • Network infrastructure upgrade |

As part of the Electronic Patient Record (ePR) Project, a corporate ePR database system has been developed to link and integrate all patient clinical related information across all public hospitals and clinics. The frontline healthcare users can make access to relevant patients' clinical record / information via the corporate ePR database following appropriate security protocols.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Date 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)065

Question Serial No.

1838

Head: 140 Government Secretariat: Health, Subhead (No. & title): 979 Hospital Authority –
Welfare and Food Bureau (Health and equipment and information
Welfare Branch) systems

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Does the Hospital Authority have any plan to develop information technology projects and an interconnected electronic medical record system in 2007-08 in order to facilitate the free flow of patients' records between public and private medical systems? What are the expenditures involved?

Asked by: Hon. KWOK Ka-ki

Reply:

To further assess the technical feasibility and stakeholders' acceptance of the sharing of electronic medical records between public and private sectors, the Hospital Authority (HA) plans to expand its on-going "Electronic Patient Record Sharing Pilot Project" in 2007-08 to allow more private hospitals, practitioners, old-aged homes and other relevant institutions to view their patients' medical records kept at HA upon the patients' consent. The estimated expenditure on this project in 2007-08 is about \$2.5 million.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare and Food
(Health and Welfare)

Date _____ 12.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)066

Question Serial No.

1839

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The Hospital Authority will be allocated \$678 million to cover expenditure on all equipment items and computerisation projects costing over \$150,000 each. Please set out the provisions for expenditure of all relevant account items (including basic equipment, medical record system and system maintenance, etc.)

Asked by: Hon. KWOK Ka-ki

Reply:

Of the \$678 million allocated to the Hospital Authority (HA) for 2007-08, about \$430 million will be used to meet the cashflow requirements for procurement of about 400 pieces of medical equipment (e.g. magnetic resonance imaging scanners, computerised tomography scanners and ventilators) to replace those ageing medical equipment in various HA hospitals. About \$70 million will be used to meet the cashflow requirements for procurement of essential electrical and mechanical (E&M) items (e.g. medical gas compressors and anaesthetic gas scavenging systems) to replace those ageing E&M equipment in various HA hospitals.

Apart from procurement of medical equipment and E&M items, the remaining \$178 million will be used to meet the cashflow requirements for development and implementation of eight information technology/information system (IT/IS) projects (including six committed projects carried forward from previous years and two newly approved projects). A breakdown of the cashflow requirements for the IT/IS projects to be developed/implemented in 2007-08 is given below:

IT Infrastructure (1 newly approved project): - Replacement of aging corporate network and server equipment	\$30 million
Clinical systems (3 committed projects): (a) Clustering of clinical supporting services; (b) IT/IS projects for 6 hospital extension blocks; and (c) Application architecture platform for the next generation clinical systems. Clinical system (1 newly approved project): - Enhancement and extension of various existing clinical systems	\$64 million
Non-clinical systems (3 committed projects)	\$84 million

(a) Enterprise Resource Planning System (Phase 1); (b) Enterprise Resource Planning System (Phase 2); and (c) Next General Patient Billing Solution.	
Total	\$178 million

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)067

Question Serial No.

1840

Head: 140 Government Secretariat: Health, Subhead (No. & title):
Welfare and Food Bureau (Health and
Welfare Branch)

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

With reference to the study of the proposal to provide a tax deduction for premiums paid to private medical insurance schemes as mentioned in paragraph 82 of the Budget Speech, will the Administration inform us of:

1. the schedule time for releasing the findings of the study and the time required for the study;
2. the parties involved in the study; and
3. the estimated expenditure required for the study.

Asked by: Hon. CHAN Yuen-han

Reply:

The proposal of providing tax deduction for private medical insurance premiums will be studied in the context of health care reform and financing arrangements, for which public consultations will be initiated around mid-2007. The study is planned to be undertaken internally by the Health, Welfare and Food Bureau in collaboration with the Financial Services and Treasury Bureau and to be absorbed within the existing resources of the Bureaux. There is no separate estimate on the resources required for the study.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____
Permanent Secretary for Health,
Welfare and Food (Health and
Welfare)

Date _____ 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)068

Question Serial No.

1848

Head: 140 Government Secretariat: Health, Subhead (No. & title):
Welfare and Food Bureau (Health and
Welfare Branch)

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The Administration has undertaken to conduct a study in the next two years to examine the feasibility of setting up smoking rooms. Has relevant financial provision been allocated in 2007-08? If yes, please provide the details.

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

We are in the initial stage of exploring how to conduct the study including the technical specifications required and types of expertise needed for the study. We thus do not have an estimate on the expenditures for the study yet. We plan to absorb the expenditures for the study within our existing resources.

Signature _____

Name in block
letters _____

Ms Sandra LEE

Post Title _____

Permanent Secretary for Health, Welfare and Food
(Health and Welfare)

Date _____

13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)069

Question Serial No.

1849

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

Subhead (No. & title):

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Will the Administration please provide details on the manpower, the number of outreach attendances and the expenditure with regard to the Community Psychiatric Service in various regional clusters involved in the revised estimate for 2006-07 and the estimate for 2007-08?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

Community psychiatric service mainly provides outreach visits to ensure that patients are being better looked after and maintained in the community. Such visits are primarily provided by community psychiatric nurses. Psychiatrists will provide outreach services to complex and difficult cases or when called upon for crisis interventions. As psychiatrists have other clinical duties in the in-patient ward and specialist out-patient settings, it is not possible to provide the breakdown of manpower of psychiatrists for community psychiatric service. The distribution of nursing manpower, projected community outreach attendances and estimated expenditure by the various clusters for 2006-07 and 2007-08 is as follows :

Cluster	No. of Community Psychiatric Nurses (as at February 2007)	Projected psychiatric outreach attendances		Estimated expenditure for operating community psychiatric services	
		2006-2007	2007-2008	2006-2007 (\$ Million)	2007-2008 (\$ Million)
Hong Kong East	13	10 580	10 580	9.7	9.7
Hong Kong West	7	4 890	4 890	5.2	5.2
Kowloon East	14	8 660	8 660	9.7	9.7
Kowloon Central	6.5	6 170	7 000	9.7	10.9
Kowloon West	30	23 000	22 470	23.8	23.2
New Territories East	19	13 580	13 580	15.9	15.9
New Territories West	25	19 520	19 520	19.3	19.3
Total	114.5	86 400	86 700	93.2	93.9

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)070

Question Serial
No.

1850

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

Subhead (No. & title):

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

During 2007-08, the Administration will continue to set up more Chinese medicine clinics in the public sector. In this connection, please provide information on the number of Chinese medicine clinics to be set up, the additional Chinese medicine health care staff, the expenditure involved and the implementation timetable.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Government has committed to establishing a total of 18 public Chinese medicine clinics (CMCs) to develop "evidence-based" Chinese medicine and to provide better training opportunities for local Chinese medicine degree programmes graduates. We have so far set up a total of nine CMCs with six of them having commenced operation in 2006-07. We are now examining the feasibility of setting up two to five more CMCs. Depending on the outcome of the feasibility studies, we plan to seek funding approval from the Finance Committee in mid 2007. Each new clinic is required to employ at least four senior Chinese medicine practitioners and five graduates of local Chinese medicine degree programmes as junior Chinese medicine practitioners.

The estimated expenditure includes capital and recurrent expenditure. Based on the cost of setting up the last batch of six CMCs in 2006-07, the estimated average capital cost of setting up one CMC, which mainly includes renovation of existing premises and necessary furniture and equipment items, is about \$5.85 million. A more accurate estimate of the total expenditure required for this batch of clinics will only be available on completion of the feasibility studies. As regards the recurrent provision for Chinese medicine clinic service, the earmarked provision in 2007-08 is about \$64 million covering mainly the maintenance of the Toxicology Reference Laboratory, quality assurance and central procurement of Chinese medicine herbs, the development of and provision of

training in “evidence-based” Chinese medicine, maintenance of the Chinese Medicine Information System and part of the expenses for the operation of the clinics.

Signature _____

Name in block letters _____ Ms Sandra LEE _____

Post Title _____ Permanent Secretary for
Health, Welfare and Food
(Health and Welfare) _____

Date _____ 12.3.2007 _____

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)071

Question Serial No.

1851

Head: 140 Government Secretariat: Health, Subhead (No. & title):
Welfare and Food Bureau (Health and
Welfare Branch)

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

During 2007-08, the Administration will map out the strategy for implementation of health care reforms proposed by the Health and Medical Development Advisory Committee. When will the strategy concerned be introduced? Is there any implementation timetable and what is the expenditure involved in 2007-08?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

We currently plan to initiate further public consultations on health care reform including financing arrangements around mid-2007. The strategy and timetable for implementation will be determined at a later stage having regard to the outcome of the public consultations. We do not have any estimates on expenditure involved at this stage.

Signature _____

Name in block
letters _____

Ms Sandra LEE

Post Title _____

Permanent Secretary for Health, Welfare and Food
(Health and Welfare)

Date _____

13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)072

Question Serial No.

1852

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

Subhead (No. & title):

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

During 2007-08, the Administration will explore the feasibility of setting up multi-partite medical centres of excellence in Hong Kong. Please provide the details and advise on the expenditure to be incurred in 2007-08.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

Medical centres of excellence are intended to be multi-partite medical centres with the participation of the public, private sectors and the Universities. Such multi-partite collaboration will facilitate cross-fertilization of expertise thereby raising professional standards and enhancing patient care, and provide valuable training opportunities for up and coming healthcare professionals in both the public and private sectors. The Government has just commenced an initial examination on the feasibility of setting up multi-partite medical centres of excellence in Hong Kong and is yet to come up with a timetable on the completion of the initial study. At the current stage of initial study of the feasibility of setting up such centres, no dedicated manpower and resources have been provided for separately in 2007-08 and all resources are absorbed from within the current provision.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)073

Question Serial No.

1657

Head: 37 Department of Health
Programme: (3) Health Promotion

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please advise this Committee the details of the publicity and education activities on smoking prevention and cessation and the expenditures involved in 2006-07. What are the details and expenditure involved in such work in 2007-08?

Asked by: Hon. LEUNG Yiu-chung

Reply:

Both the Tobacco Control Office (TCO) of the Department of Health (DH) and the Hong Kong Council on Smoking and Health (COSH) carry out publicity, health education and promotional activities on tobacco control including smoking prevention and cessation. The revised estimate for 2006-07 is \$28.8 million. The estimate for 2007-08 is \$29.6 million.

In 2006-07, TCO conducted a series of media publicity campaigns to promote smoking prevention and cessation and to support the passage of new tobacco control legislation. Capacity building workshops were conducted and guidelines have been published to assist managers of statutory no smoking areas to understand and to comply with the new legislative requirements. COSH organised an award scheme to give recognition to those small and medium sized enterprises which had successfully implemented smoke-free workplace policy. In addition, COSH continued to work with district organisations to promote smoke-free environment.

In 2007-08, TCO will focus its publicity on new no smoking areas through TV and radio as well as posters and pamphlets. Education and publicity efforts on the harmful effects of smoking and secondhand smoke, and smoking cessation hotline service will continue. COSH will conduct media publicity campaign to promote smoking cessation, as well as the benefits of a smoke-free environment. For youth smoking intervention, COSH will organise a new interactive education theatre programme and a youth tobacco control advocate training programme.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)074

Question Serial No.

1796

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Under "Indicators" of this Programme, as compared with the actual figure in 2006, the estimated attendances for cervical screening and maternal health services show no increase in 2007-08. In this regard, has the Administration reviewed if resources allocated to this area are adequate to meet the demand in 2007-08 and used properly?

Asked by: Hon. TAM Heung-man

Reply:

The Department of Health (DH) is one of many providers of cervical screening and maternal health services in Hong Kong. All demands for cervical screening and maternal health services of the DH are met adequately.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)075

Question Serial No.

1797

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Woman health service is not included in the key work areas of 2007-08. Please list the programmes of woman health service and details of the relevant expenditure in 2007-08.

Asked by: Hon. TAM Heung-man

Reply:

The Woman Health Service provides health promotion and disease prevention programmes for women at or below 64 years of age. The Service promotes the health of women and addresses their health needs at various stages of life through the provision of health education, counselling, physical examination and appropriate screening tests. The estimated expenditure of Woman Health Service for the year 2007-08 is \$23.5 million.

Signature _____

Name in block letters _____ **Dr P Y LAM**

Post Title _____ **Director of Health**

Date _____ **14.3.2007**

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)076

Question Serial No.

1798

Head: 37 Department of Health
Programme: (4) Curative Care

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

In 2006, only 70% of the new dermatology cases were attended to within 12 weeks. There is a gap between the above rate and the target of 90%. Would the Administration consider allocating additional resources for this in 2007-08 to ensure that the target can be reached at?

Asked by: Hon. TAM Heung-man

Reply:

A main reason for the Department of Health (DH) not meeting the target was high wastage of doctors. DH has endeavoured to fill vacancies arising from staff wastage as soon as possible. However, it takes time for the newly recruited doctors to gain experience in the dermatology specialty and to clear the accumulated cases. DH expects that the manpower situation would improve, which would in turn shorten the waiting time.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)077

Question Serial No.

1799

Head: 37 Department of Health
Programme: (1) Statutory Functions

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

With regard to the enforcement of the Undesirable Medical Advertisements Ordinance (UMAO), please inform this Committee of the expenditures and staff establishment involved in enforcing the above Ordinance in 2004-05, 2005-06 and 2006-07.

Asked by: Hon. KWOK Ka-ki

Reply:

The staffing for enforcement of UMAO is as follows:

	2004-0	2005-0	2006-0
	5	6	7
Professionals (doctor & pharmacist)	2	2.5	2.5
Supporting staff	9	10	10

The expenditure for enforcement of the UMAO in 2004-05, 2005-06 and 2006-07 was about \$2.5 million, \$3.0 million and \$3.0 million respectively.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)078

Question Serial No.

1800

Head: 37 Department of Health
Programme: (1) Statutory Functions

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

With regard to the enforcement of the Undesirable Medical Advertisements Ordinance, please inform this Committee whether monitoring on media of different nature (e.g. television, radio, newspaper and magazine) was conducted in enforcing the above Ordinance in 2004-05, 2005-06 and 2006-07. What were the details? What were the numbers of warning given, cases for referrals to the police and prosecutions eventually instituted?

Asked by: Hon. KWOK Ka-ki

Reply:

The Department of Health (DH) adopts a risk-based approach in screening advertisements in different media, including screening of newspapers, magazines and webpages on the internet. DH also acts on complaints regarding TV and radio advertisements.

The numbers of advertisements screened, warning letters issued, referrals to the Police and prosecutions instituted in the past three years were as follows:

	2004	2005	2006
No. of advertisements screened	28 617	43 286	50 246
No. of warning letters issued	3 751	4 117	1 845
No. of referrals to the Police	27	77	48
No. of prosecutions instituted	17	59	35

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)079

Question Serial No.

1801

Head: 37 Department of Health
Programme: (1) Statutory Functions

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

With regard to the enforcement of the Undesirable Medical Advertisements Ordinance (UMAO), could the Department inform this Committee the expenditures and staff establishment involved in enforcing the above Ordinance in financial year 2007-08. Have additional resources been allocated? If not, what is/are the reason(s)?

Asked by: Hon. KWOK Ka-ki

Reply:

The provision for the enforcement of the UMAO in 2007-08 is about \$4.3 million. This has included an additional \$1.3 million for the implementation of the UMA (Amendment) Ordinance 2005. The current staffing level is 2.5 professionals and 10 supporting staff.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)080

Question Serial No.

1802

Head: 37 Department of Health
Programme: (1) Statutory Functions

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

With regard to the enforcement of the Undesirable Medical Advertisements Ordinance (UMAO), please inform this Committee whether there is any plan to set indicators for monitoring the media of different nature (e.g. television, radio, newspaper and magazine) in financial year 2007-08. If yes, what are the details?

Asked by: Hon. KWOK Ka-ki

Reply:

The Department of Health (DH) adopts a risk-based approach in screening advertisements.

DH screens 18 local daily newspapers and at least 10 magazines every week. There is a standard set of screening procedures which was certified by the Hong Kong Quality Assurance Agency in 2005 to meet the ISO 9001:2000 quality management system standard. DH also acts on complaints against TV and radio advertisements.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)081

Question Serial No.

1803

Head: 37 Department of Health
Programme: (1) Statutory Functions

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Various problems have been found in public mortuaries in recent years. Have additional resources and manpower been allocated for 2007-08 by the Department of Health to improve the situation? If yes, what are the details?

Asked by: Hon. KWOK Ka-ki

Reply:

Various improvement measures have been introduced in public mortuaries in 2006-07. Additional provisions for 15 Mortuary Attendant posts will be allocated to enhance service quality of public mortuaries in 2007-08. This will increase the manning provision for public mortuaries outside normal opening hours and improve customer service.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)082

Question Serial No.

1804

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

In 2007-08, what is the expenditure on procuring influenza vaccines and the number of people at risk (including the elderly, patients with chronic illnesses and school children) arranged for receiving the vaccines? How is the vaccination programme arranged to ensure the effective prevention of influenza?

Asked by: Hon. KWOK Ka-ki

Reply:

In 2006-07, the Government Influenza Vaccination Programme (GIVP) covered about 270 000 high risk clients and the estimated expenditure was \$9.0 million. The Department of Health (DH) is planning for the 2007-08 GIVP.

DH undertakes reviews to assess vaccination coverage and effectiveness of the programme. It also conducts research for better understanding of population needs and service planning. The Scientific Committee on Vaccine Preventable Diseases will recommend target groups to receive vaccination. The Administration will take into account the aforesaid to work out the number of vaccines to be procured.

DH works closely with the Hospital Authority, the private medical sector, welfare agencies and relevant government departments in providing vaccination to recommended groups, and will continue to strengthen coordination with relevant parties to maximise vaccination coverage of high risk individuals.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)083

Question Serial No.

1805

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please inform this Committee the number of doses of antiviral (such as Tamiflu) procured in the past three years and in 2007-08 for the stockpile for influenza and the expenditure involved. Is the antiviral stockpile sufficient to meet any exigencies?

Asked by: Hon. KWOK Ka-ki

Reply:

The amount of antiviral stockpile for avian/pandemic influenza in the past three years and 2007-08 and the corresponding expenditure are as follows :

	<u>Antiviral</u> (million doses)	<u>Expenditure</u> (\$ million)
2004-05	2.75	38.5
2005-06	5.40	71.3
2006-07	7.92	114.8
2007-08	3.66	53.1

The Government aims to maintain a target level of around 20 million doses of antiviral as part of the Government's Preparedness Plan for Influenza Pandemic. This stockpiling strategy has been formulated with reference to the recommendations of the Scientific Committee on Emerging and Zoonotic Diseases (SCEZD). The Government will continue to review the strategy based on SCEZD's recommendations as well as the World Health Organization's latest advice.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)084

Question Serial No.

1806

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please inform this Committee the resources committed, staffing establishment and operating cost by year since the establishment of Centre for Health Protection (CHP) in June 2004. What is the estimated expenditure for 2007-08? Are there plans to enhance the CHP's functions and increase the provision in light of the risk of influenza outbreak? If so, what are the details?

Asked by: Hon. KWOK Ka-ki

Reply:

The resources, staffing establishment and other operating cost (mainly under Head 37 Department of Health) since the establishment of the CHP were as follows:

Financial year	Manpower	Staff cost	Other operating cost	Total
2004-05 (Actual)	1 646	\$570 million	\$360 million	\$930 million
2005-06 (Actual)	1 678	\$585 million	\$290 million	\$875 million
2006-07 (Revised Estimate)	1 662	\$590 million	\$315 million	\$905 million

In 2007-08, the CHP will continue to work towards its three strategic directions, namely real-time surveillance, rapid intervention and responsive risk communication in enhancing the emergency response system for infectious diseases. For example, the CHP has drawn up and will regularly update preparedness plans for major infectious disease outbreaks with public health significance, including influenza pandemic. It will continue to strengthen its disease surveillance system; stockpile antivirals; build surge capacity and collaborate with regional and international partners on the prevention and control of infectious diseases. It will also conduct exercises and drills for emergency response against major infectious disease outbreaks.

The CHP adopts a cross-sectoral, population-based approach for combating influenza pandemic. In collaboration with other government departments and relevant agencies, it has been fine-tuning and will continue to enhance its services and use of resources for meeting the challenges posed by emerging infectious diseases, including the influenza pandemic.

The estimated expenditure for 2007-08 for the CHP is \$940 million.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)085

Question Serial No.

1807

Head: 37 Department of Health
Programme: (1) Statutory Functions

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The 2006-07 Revised Estimate is 12.1% higher than the Original Estimate, why?

Asked by: Hon. KWOK Ka-ki

Reply:

The increase of 12.1% is mainly due to the implementation of temperature screening measures at Immigration Control Points, which was not budgeted for in the 2006-07 Original Estimate.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)086

Question Serial No.

1808

Head: 37 Department of Health
Programme: (1) Statutory Functions

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The 2007-08 Estimate is 13.8% higher than the 2006-07 Revised Estimate and this is mainly due to:

- (i) additional provision for temperature screening measures at Immigration Control Points;
- (ii) strengthening port health measures in relation to revised International Health Regulations;
- (iii) increased operating expenses and creation of 28 posts for carrying out enforcement duties as required under the Smoking (Public Health) Ordinance; and
- (iv) creation of 19 posts to meet other operational needs.

Please list the reasons for increasing the provisions, the amount involved, the additional staffing and their ranks.

Asked by: Hon. KWOK Ka-ki

Reply:

Provision for 2007-08 in this Programme is \$37.3 million or 13.8% higher than the revised estimate for 2006-07. This mainly comprises -

- (a) \$10 million for temperature screening measures at new Immigration Control Points. There will be no creation of civil service post for this.
- (b) \$9.8 million for strengthening port health measures in relation to revised International Health Regulations, including creation of 16 civil service posts (five Medical & Health Officers, one Senior Health Inspector, five Health Inspectors, one Nursing Officer and four Registered Nurses) to monitor and inspect conveyance and points of entry (PoE) and to develop guidelines and provide relevant training to conveyance and PoE operators regarding the prevention and control of public health emergencies. The total additional annual staff cost is about \$7.1 million.
- (c) \$16.7 million for carrying out enforcement duties as required under the Smoking (Public Health) Ordinance. The number of tobacco control inspectors will be increased by 37, from 34 in 2006-07 to 71 in 2007-08. In addition, there will be an increase of 12 civil service posts, including one Senior Medical & Health Officer, two Medical & Health Officers, two Police Sergeants, and seven administrative and supporting staff. The total additional annual staff cost is about \$11.8 million.

- (d) creation of 19 civil service posts (one Scientific Officer (Medical), three Pharmacists and 15 Mortuary Attendants) to meet long-term operational need in radiation health, regulation of medicines and operation of public mortuaries. A large proportion of the additional expenditure involved will be absorbed within the original provision under this programme.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)087

Question Serial No.

1809

Head: 37 Department of Health
Programme: (1) Statutory Functions

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The Department of Health will carry out enforcement duties as required under the Smoking (Public Health) Ordinance in 2007-08. In relation to the relevant enforcement duties, please advise this Committee the resources and staffing involved, and the increase by each year as compared with the previous three years.

Asked by: Hon. KWOK Ka-ki

Reply:

For enforcement duties under the Smoking (Public Health) Ordinance, the Tobacco Control Office (TCO) will increase the number of tobacco control inspectors by 37, from 34 in 2006-07 to 71 in 2007-08. In addition, there will be an increase of 12 civil service posts, including one Senior Medical & Health Officer, two Medical & Health Officers, two Police Sergeants, and seven administrative and supporting staff. The total additional annual staff cost is about \$11.8 million. The total expenditure for carrying out enforcement duties in 2007-08 will be \$23.3 million, representing an increase of \$16.7 million over 2006-07.

No expenditure was incurred by the TCO in 2004-05 and 2005-06 for enforcement duties under Programme (1) as it had not been vested with any statutory enforcement powers at that time.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)088

Question Serial No.

1810

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

It was mentioned in 2006 that as at the end of 2005, the median waiting time of first-time registration for services provided by the Elderly Health Centres was 37.5 months. Please advise this Committee if there was any improvement in 2006 and what were the longest, shortest, average and median time for the elderly to wait for the relevant services? In the 2007-08 Estimates, the Department of Health has not enhanced the targets of the relevant services by the centres. Does it mean that the Administration refuses to allocate additional resources to improve the relevant services? Why?

Asked by: Hon. KWOK Ka-ki

Reply:

The median waiting time for new enrolment was shortened from 37.5 months in 2005 to 37.2 months in 2006. The median waiting time for individual Elderly Health Centre (EHC) ranged from 18 months to 51.5 months.

EHCs are not the only service provider to cater for the health care needs of the elderly. All the stakeholders have to work together to meet the varying needs of the elderly through various measures and services. Apart from EHCs, the Visiting Health Teams (VHTs) of Elderly Health Service (EHS) reach out into the community to provide health promotion activities for elders and carers. The 75 general out-patient clinics operated by the Hospital Authority (HA) also provide essential curative medical services to the elderly population especially those with low-income or chronic illnesses. Community health care services of HA, such as the Community Geriatric Assessment Teams and the Community Nurses, are also playing a pivotal role in providing health care for the elders. Besides, some non-government organisations (NGOs) are operating health centres on a self-financing basis. The Department of Health will strengthen collaboration with stakeholders including private practitioners and NGOs to enhance primary health services for the elderly in Hong Kong. At present, there is no plan to expand EHCs and VHTs.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)089

Question Serial No.

1811

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Apart from the elderly health centres, what are the estimated resources and manpower to be allocated in 2007-08 financial year for promotion of elderly health education and prevention of elderly diseases?

Asked by: Hon. KWOK Ka-ki

Reply:

The Central Health Education Unit (CHEU), amongst other activities, also undertakes health promotion activities that cover non-communicable diseases commonly seen in old age and includes the elderly as one of its target groups. The provision for CHEU in 2007-08 is \$34.9 million. Financial resources and manpower allocated for health education for the elderly cannot be itemised.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)090

Question Serial No.

1812

Head: 37 Department of Health
Programme: (4) Curative Care

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

It was stated in the Department's reply to my question in the previous year that -

“In 2005, the performance was affected by the resignation and retirement of three specialists in dermatology from the Social Hygiene Service (SHS). Only 61% of the new dermatology cases during the year were attended to within 12 weeks whilst the target of 90% of new dermatology cases attended to within 12 weeks cannot be achieved.

The Department of Health (DH) has arranged internal redeployment and appointment of new recruits to replace doctors who left the SHS. Besides, DH plans to employ four contract doctors on a part-time basis in 2006-07 to shorten the appointment time.”

Yet, it is revealed in the 2007-08 Estimates that only 70% of the new dermatology cases in 2006 were attended to within 12 weeks, which is still far below the target of 90% set by the Department. Does the Department have any more effective measures to ensure that the relevant performance target can be met in 2007-08?

Asked by: Hon. KWOK Ka-ki

Reply:

In 2006, 70% of new dermatology cases were given an appointment within 12 weeks. This represented an improvement from the situation in 2005. A main reason for the Department of Health (DH) not meeting the target was high wastage of doctors. DH has endeavoured to fill vacancies arising from staff wastage as soon as possible. However, it takes time for the newly recruited doctors to gain experience in the dermatology specialty and to clear the accumulated cases. DH expects that the manpower situation would improve, which would in turn shorten the waiting time.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)091

Question Serial No.

1813

Head: 37 Department of Health
Programme: (3) Health Promotion

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

In 2007-08, the Department of Health will enhance its public health promotion programmes to instil a healthy lifestyle concept in the community, with emphasis on healthy eating programme. What are the details, resources involved, staffing and performance indicators of the programme?

Asked by: Hon. KWOK Ka-ki

Reply:

The Department of Health (DH) launched the 'EatSmart@school.hk' campaign in September 2006. Comprehensive strategies are adopted, including alliance building, research and evaluation, publicity and advocacy, education and empowerment, and creating supportive environments in primary schools. In 2007-08, DH will facilitate schools to develop and implement policies that support healthy eating, promote collaboration among food suppliers, parents and schools, and strengthen nutritional education for parents and food suppliers.

Activities under the campaign are carried out by a multi-disciplinary team of doctors, nurses, dietitians, health promotion officers and educational, research and marketing personnel. Expenditures on these activities will be absorbed in the Department's overall provision on health promotion and will not be separately identifiable. The DH envisages an increase in the number of schools adopting healthy eating policies, an increase in the proportion of lunch and snack choices meeting nutritional standards promulgated by the DH, and improvement in students' knowledge, attitude and practice of healthy eating.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)092

Question Serial No.

1814

Head: 37 Department of Health
Programme: (3) Health Promotion

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

In 2007-08, the Department of Health will enhance its public health promotion programmes to instil a healthy lifestyle concept in the community, with emphasis on healthy eating programme. Does the above-mentioned programme include:

- i) instilling the concept about healthy lunch boxes in school children?
- ii) encouraging school tuck shops to stop selling unhealthy snacks?

If yes, what are the resources, staffing and performance indicators involved? If those items are not included, what are the reasons for that?

Asked by: Hon. KWOK Ka-ki

Reply:

The Department of Health (DH) launched the 'EatSmart@school.hk' campaign in September 2006 to promote healthy eating habits among primary school children. It includes instilling into school children the concept of healthy eating and encouraging schools to limit the sale of unhealthy snacks.

The above activities are carried out by a multi-disciplinary team of doctors, nurses, dietitians, health promotion officers and educational, research and marketing personnel. Expenditures on these activities will be absorbed in the Department's overall provision on health promotion and will not be separately identifiable.

The DH envisages an increase in the number of schools adopting healthy eating policies, an increase in the proportion of lunch and snack choices meeting nutritional standards promulgated by the DH, and improvement in students' knowledge, attitude and practice of healthy eating.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)093

Question Serial No.

1815

Head: 37 Department of Health
Programme: (3) Health Promotion

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

In 2006-07, what were the manpower and resources (including the procurement of medication) involved in the smoking cessation service provided by the Department to smokers? What is the attendance of service recipients?

Asked by: Hon. KWOK Ka-ki

Reply:

The Department of Health (DH) promotes smoking cessation through health education, a smoking cessation hotline and the running of smoking cessation programmes in DH clinics. In addition, the Tobacco Control Office has produced smoking cessation information kits for doctors, dentists and pharmacists, and has organised workshops on smoking cessation to promote smoking cessation at the community level.

In 2006-07, over 2 000 people participated in the smoking cessation programmes and over 4 000 calls were handled by the smoking cessation hotline. The resources devoted to these activities and services, including staffing required for providing smoking cessation programmes, were absorbed within the existing resources of the respective service units and were not separately itemised. The estimated expenditure on medication for smoking cessation is about \$0.8 million in 2006-07.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)094

Question Serial No.

1816

Head: 37 Department of Health
Programme: (3) Health Promotion

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Regarding the work on “strengthening the publicity and education programme on smoking prevention and cessation”, what are the estimate, staff establishment and performance indicators in 2007-08? Are additional resources available? If yes, please provide the details.

Asked by: Hon. KWOK Ka-ki

Reply:

Both the Tobacco Control Office (TCO) of the Department of Health (DH) and the Hong Kong Council on Smoking and Health (COSH) carry out publicity, health education and promotional activities on tobacco control including smoking prevention and cessation. In 2007-08, the provision for such activities is \$29.6 million as compared to \$28.8 million in 2006-07.

In 2007-08, COSH plans to conduct 340 publicity, educational and research programmes focusing on youth smoking interventions and promotion of smoking cessation and a smoke-free environment. TCO will also have four additional health promotion officers, bringing the total staffing on health promotion in TCO to nine, for strengthening publicity and education activities on tobacco control. DH will also conduct surveys to measure public knowledge and support of the tobacco control legislation and compliance with the statutory smoking ban, and will also continue to monitor the prevalence of smoking in Hong Kong.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)095

Question Serial No.

1817

Head: 37 Department of Health
Programme: (3) Health Promotion

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Regarding the resources allocated to “strengthening the publicity and education programme on smoking prevention and cessation” in 2007-08, how much are allocated to assist smoking cessation and purchase medication for smokers who wish to cease smoking? What are the details and service targets?

Asked by: Hon. KWOK Ka-ki

Reply:

The Department of Health (DH) promotes smoking cessation through health education, a smoking cessation hotline and running of smoking cessation programmes in DH clinics. The expenditures on publicity and education activities on tobacco control including those on smoking prevention and cessation will be increased from \$28.8 million in 2006-07 (revised estimates) to \$29.6 million in 2007-08. There is no further breakdown on the resources for such activities on smoking prevention and cessation alone. The resource devoted to smoking cessation services, including staffing required for providing smoking cessation programmes, will be absorbed within the existing resources of respective service units and are not separately itemised.

The smoking cessation rate at one year for smokers attending smoking cessation clinics is about 35% which is comparable to performance reported in overseas countries.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)096

Question Serial No.

1819

Head: 37 Department of Health
Programme: (3) Health Promotion

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

How does the Department work in tune with Hong Kong Council on Smoking and Health on the promotion of tobacco control?

Asked by: Hon. KWOK Ka-ki

Reply:

Both the Tobacco Control Office (TCO) of the Department of Health (DH) and the Hong Kong Council on Smoking and Health (COSH) carry out publicity, health education and promotional activities on tobacco control including smoking prevention and cessation. A senior representative of DH is appointed as a member of COSH and serves the purpose of facilitating communication and coordination between DH and COSH on tobacco control efforts.

In 2007-08, TCO will focus its publicity on new no smoking areas through TV and radio as well as posters and pamphlets. Education and publicity efforts on the harmful effects of smoking and secondhand smoke and the smoking cessation hotline service will continue. COSH will conduct media publicity campaign to promote smoking cessation, as well as the benefits of a smoke-free environment. For youth smoking intervention, COSH will organise a new interactive education theatre programme and a youth tobacco control advocate training programme.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)097

Question Serial No.

1820

Head: 37 Department of Health
Programme: (3) Health Promotion

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The 2007-08 Estimate is \$4.1 million (1.9%) higher than the 2006-07 Revised Estimate. This is due to creation of four posts for developing a computerised organ donation database and meeting other operational needs. Please give details of the work, the resource involved and the ranks of the four posts.

Asked by: Hon. KWOK Ka-ki

Reply:

The four posts to be created in 2007-08 will include one Executive Officer II for a centralised organ donation register (CODR), two Dietitians for the Adolescent Health Programme and one Librarian for the Centre for Health Protection.

Regarding the CODR, it will be a computerised database for prospective organ donors to voluntarily register their organ donation details, accessible over network by authorised persons in the Hospital Authority. The register will be developed, operated and maintained by the Department of Health. It is estimated that the capital expenditure of the project will be about \$6.8 million.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)098

Question Serial No.

1821

Head: 37 Department of Health
Programme: (3) Health Promotion

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

In addition, what other plans does the Department have to promote organ donation in 2007-08? What will be the resources and staff establishment involved?

Asked by: Hon. KWOK Ka-ki

Reply:

In 2007-08, the Department of Health will continue to work closely with the Hospital Authority and the Hong Kong Medical Association in the campaign "Light up Lives - Support Organ Donation" to promote social acceptance and enhance public awareness of the importance of cadaveric organ donation. Youth groups, non-governmental organisations and corporations will be invited as partners in promotion and education activities. Roving exhibitions will be staged and a publicity drive will also be mounted to tie in with the launch of the centralised organ donation register in late 2007. In particular, efforts will be made to promote organ donation and facilitate registration of donors through various public service channels. The above promotional activities will be carried out by a multi-disciplinary team of doctors, nurses, health promotion officers, research and marketing personnel. The resources and staffing for these activities will be absorbed in the Department's overall provision on health promotion and are not separately budgeted for.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)099

Question Serial No.

1822

Head: 37 Department of Health
Programme: (1) Statutory Functions

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please inform this Committee the number of posts to be created for implementation of the amended Smoking (Public Health) Ordinance in 2007-08. Please list the post titles, ranks, relevant duties and annual staff remuneration involved, and compare with current corresponding figures. What are the criteria for creating the additional posts? Are there any estimates for the number of complaints received, and operations and prosecutions conducted by the Tobacco Control Office in 2007-08? Compared with the relevant figures in 2006-07, what are the increases respectively?

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

For the Tobacco Control Office (TCO) of the Department of Health to implement the Smoking (Public Health) Ordinance especially to carry out enforcement duties, the overall staffing in TCO will be increased from 66 in 2006-07 to 109 in 2007-08 with annual staff remuneration of \$13.5 million and \$25.3 million respectively. The increase is mainly in the number of tobacco control inspectors (TCI), which will increase by 37 from 34 in 2006-07 to 71 in 2007-08. The additional staffing is determined having regard to the operational needs to strengthen the enforcement capacity of TCO to cope with the anticipated increase in enforcement duties, and resources available. In addition, there will be an increase of 12 civil service posts, including one Senior Medical & Health Officer, two Medical & Health Officers, two Police Sergeants and seven administrative and supporting staff. Details of staffing and their scope of duties are set out at the Annex.

As the TCO has been vested with statutory enforcement powers under the amended Smoking (Public Health) Ordinance only since October 2006 and the expanded statutory no smoking areas have only come into effect since January 2007, it is difficult to estimate the volume of complaints and enforcement actions in 2007-08.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 16.3.2007

<u>Scope of Duties / Responsible Staff</u>	<u>Original Estimate 2006-07</u>	<u>Original Estimate 2007-08</u>
Head TCO		
Principal Medical & Health Officer	0	1
Senior Medical & Health Officer	1	0
Enforcement		
Senior Medical & Health Officer / Medical & Health Officer	0	3
Superintendent of Police/Police Sergeant	5	7
Tobacco Control Inspectors	34	71
Health Education and Smoking Cessation		
Senior Medical & Health Officer/Contract Doctor/Part-time Senior Contract Doctor	2	2
Registered Nurse	2	2
Health Promotion Officer	0	4
Research Officer	1	1
Administrative and Logistics Support		
Senior Executive Officer/Executive Officer /Administrative Assistant	3	4
Clerical Officer/Clerical Assistant/Project Assistant/General Worker	17	13
Motor Driver	1	1
Total:	66	109

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)100

Question Serial No.

1823

Head: 37 Department of Health
Programme:

Subhead (No. & title): 700 General non-recurrent

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Regarding item 733 "Smoke-free Workplace Programme", please inform this Committee the details of works in 2007-08. Will publicity activities in restaurants be enhanced? How to resolve the conflict between smokers and non-smokers? Has any performance indicator been set?

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

In 2007-08, with the implementation of the amended Smoking (Public Health) Ordinance in particular the statutory smoking ban, the Department of Health (DH) will continue its education and promotion activities to enhance public understanding of and compliance with the statutory smoking ban.

Specifically, capacity building workshops on the implementation of the statutory smoking ban targeting employees of the catering and entertainment industries will continue to be organised. Guidelines on implementation of smoke-free restaurants and smoking cessation services will continue to be promoted among the two industries. In 2007-08, the Hong Kong Council on Smoking and Health will also enhance its publicity on promoting the benefits of smoke-free dining environments.

Implementation of the smoking ban has been generally smooth and the public, including some smokers, have shown support and acceptance of the statutory smoking ban. The Tobacco Control Office of DH will monitor complaints received and carry out targeted enforcement on black-spots as necessary. In addition, DH will conduct surveys to measure public knowledge and support of the tobacco control legislation and compliance with the statutory smoking ban. DH will also continue to monitor the prevalence of smoking in Hong Kong.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)101

Question Serial No.

1824

Head: 37 Department of Health
Programme: (1) Statutory Functions

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

There will be "increased operating expenses and creation of 28 posts for carrying out enforcement duties as required under the Smoking (Public Health) Ordinance" in the Department of Health. Is the required manpower employed on civil service terms? Please advise on the details of their work and establishment, as well as the expenditure involved in 2007-08.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

As stated in the Controlling Officer's Report, the 28 civil service posts will be for strengthening port health measures in relation to revised International Health Regulations and carrying out enforcement duties as required under the Smoking (Public Health) Ordinance. Amongst these, 12 civil service posts will be created in the Tobacco Control Office (TCO) in 2007-08 to support tobacco control.

The 12 posts will include one Senior Medical & Health Officer, two Medical & Health Officers, two Police Sergeants and seven administrative and supporting staff for the enforcement of the Smoking (Public Health) Ordinance, as well as other related publicity, education and promotion efforts on tobacco control and smoking cessation. In addition, the number of tobacco control inspectors will be increased by 37, from 34 in 2006-07 to 71 in 2007-08. The total additional annual staff cost will be about \$11.8 million.

Signature _____

Name in block letters _____ **Dr P Y LAM**

Post Title _____ **Director of Health**

Date _____ **15.3.2007**

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)102

Question Serial No.

1818

Head: 37 Department of Health
Programme: (3) Health Promotion

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

After the implementation of the amended Smoking (Public Health) Ordinance, has the Department allocated additional resources to the Hong Kong Council on Smoking and Health (COSH)? If no, what are the reasons?

Asked by: Hon. KWOK Ka-ki

Reply:

The financial provision for COSH has been increased over the past few years to enable it to garner public support for tobacco control, including amendments to the Smoking (Public Health) Ordinance in 2006. Actual expenditure was increased from \$8.0 million in 2002-03 to a revised estimate of \$11.1 million for 2006-07. For 2007-08, the provision for COSH will remain at the same level, but the focus of COSH's work will be on promotion of smoking cessation, in addition to its efforts on smoking prevention. Meanwhile, implementation of the amended Smoking (Public Health) Ordinance especially enforcement duties under the Ordinance will be carried out by the Government, mainly the Tobacco Control Office of the Department of Health.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)103

Question Serial No.

1092

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

It is estimated by the Administration that the number of geriatric outreach attendances in 2007-08 will increase by 4 000 over the revised estimate for 2006-07 to 538 000. Would the Administration advise whether additional resources will be provided for this service? If so, what are the details? How will this measure, in the Administration's expectation, promote elderly health and care? The number of geriatric Visiting Medical Officer attendances is reduced by the Administration from 100 000 in 2006-07 to 89 000 in the estimate for 2007-08. What are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The amount of resources devoted to geriatric outreach services by the Hospital Authority (HA) will remain at the present level in 2007-08. The Community Geriatric Assessment Teams (CGATs) of the HA is planning to achieve the additional 4 000 attendances (or 0.7% increase over the revised estimate for 2006-07) through more efficient use of resources. By reaching out proactively, CGATs play an important role in providing regular and timely medical consultations for residents of elderly homes, facilitating community-based rehabilitation, enhancing the quality of care in elderly homes through training and education of carers, advising elderly homes on various health aspects including infection control and risk management, and improving the interface between medical and social services for the elderly at the district level. An increase in the number of geriatric outreach attendances would allow more residents in elderly homes to benefit from this service.

As for the number of attendances by Visiting Medical Officers (VMOs), the HA expects it to drop from 100 000 in 2006-07 to around 89 000 in 2007-08 mainly due to anticipated increase in the wastage of VMOs in a more competitive market in 2007-08.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)104

Question Serial No.

1093

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

It is estimated by the Administration that the number of psychogeriatric outreach attendances will increase by 200 in 2007-08 over that of 2006-07. Please advise whether there will be additional health care personnel to provide such service. If so, what are the details? If not, what are the reasons? Please give details of the distribution of both the current and increased number of attendances by district. What is the number of elders who require the service in each district?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The amount of resources allocated for psychogeriatric outreach services by the Hospital Authority (HA) will remain at the present level in 2007-08. The HA is planning to achieve the additional 200 attendances in the Kowloon West Hospital Cluster through redeployment of existing resources of Kwai Chung Hospital. A breakdown of the projected number of attendances for 2006-07 and 2007-08 by hospital cluster is given in the table below.

	Hong Kong East	Hong Kong West	Kowloon Central	Kowloon East	Kowloon West	New Territories East	New Territories West	Total
2006-07	4 230	7 350	3 530	4 700	14 400	9 130	6 860	50 200
2007-08	4 230	7 350	3 530	4 700	14 600	9 130	6 860	50 400

The HA estimates that around 4 200 elderly residents in subvented homes would be provided with psychogeriatric outreach services on a regularly basis in 2007-08. Their distribution by hospital cluster is given in the table below.

	Hong Kong East	Hong Kong West	Kowloon Central	Kowloon East	Kowloon West	New Territories East	New Territories West	Total
2007-08	353	613	294	392	1 217	761	572	4 202

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)105

Question Serial No.

1094

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

In 2007-08, the cost per outreach visit by community nurse is \$300, which is much lower than the cost per geriatric day attendance that amounts to \$1,500. Would the Administration consider further increasing the number of community nurses so as to enhance the importance of community nurses in the provision of community care services and reduce the public's reliance on hospital services with a view to putting the policy of "prevention is better than cure" into practice?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Hospital Authority plans to increase the number of community nurses from 390 in 2006-07 to 398 in 2007-08. With the increased manpower, the nursing support provided to the elderly patients in the community setting could be improved. Patients' reliance on hospital services, as well as the chance of hospital admission and readmission, could also be reduced.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)106

Question Serial No.

1103

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
& Welfare Branch)

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Regarding the exploration into the feasibility of setting up multi-partite medical centres of excellence in Hong Kong under Matters Requiring Special Attention in 2007-08, will the Administration advise on the progress made so far, the relevant details and the expected time of completion?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Medical centres of excellence are intended to be multi-partite medical centres with the participation of the public, private sectors and the Universities. Such multi-partite collaboration will facilitate cross-fertilization of expertise thereby raising professional standards and enhancing patient care, and provide valuable training opportunities for up and coming healthcare professionals in both the public and private sectors. The Government has just commenced an initial examination on the feasibility of setting up multi-partite medical centres of excellence in Hong Kong and is yet to come up with a timetable on the completion of the initial study.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)107

Question Serial No.

1104

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Regarding manpower, it is estimated that the number of allied health staff will increase to 4 971 persons in 2007-08. In this connection, will the Administration inform this Committee of the grades, ranks and expenditures involved; and how the said increase will improve the overall quality of our healthcare services?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Hospital Authority (HA) is planning to increase the number of its allied health staff by 50 from 4 921 in 2006-07 to 4 971 in 2007-08. The additional staff cost is estimated to be around \$14 million per year. The new recruitment will be made at the relevant entry ranks. A breakdown by grade is set out in the table below –

Grade	Number of intakes
Medical Laboratory Technician	5
Diagnostic Radiographer	11
Radiation Therapist	2
Occupational Therapist	8
Physiotherapist	6
Pharmacist	4
Dispenser	5
Other allied health disciplines	9
Total:	50

The additional allied health staff will enable the HA to enhance its overall level of healthcare services in 2007-08. More specifically, the new staff will be deployed to support various programmes, including the opening of the Rehabilitation Block in Tuen Mun Hospital, implementation of a risk reduction programme for hospital admission by the elderly in the community, strengthening of oncology services at Princess Margaret Hospital, operation of HA's Infectious Diseases Centre, enhancement of pharmaceutical support for the Poison Control Network, and the rolling out of the Antibiotic Stewardship Programme.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)108

Question Serial No.

1091

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The Administration has indicated that the number of community nurses engaged in rehabilitation and geriatric services will be increased from 390 in the revised estimate for 2007 to 398 in the target and plan for 2008. Will the Administration inform this Committee of the resources involved and the scope of their services? With the increase of community nurses, what improvements does the Administration expect to achieve in the services concerned and how many elders will benefit?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The additional eight community nurses for rehabilitation and geriatric services in 2007-08 will incur about \$1.7 million. The community nurses provide nursing support to the elderly patients in the community setting through home visits and help reduce hospital admission and readmission. They will also follow up on the high-risk patients by phone and provide health education to patients and their family during visits. With the increased manpower in 2007-08, better services could be provided to patients of complicated cases who need special care, such as patients undergoing cardiac and pulmonary rehabilitation and patients using special device for treatment at home.

While the Hospital Authority does not have the breakdown on the number of elderly patients using community nursing services, it is projected the community nurses will conduct 792,000 home visits in 2007-08, with a substantial part of the visits made to the homes of elders.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)109

Question Serial No.

1943

Head: 37 Department of Health
Programme: (3) Health Promotion

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

With regard to the strengthening of the publicity and education programmes on smoking prevention and cessation, please advise:

1. the estimated expenditure involved;
2. the details of the publicity and education programmes; and
3. whether the Administration has set any indicators to review the effectiveness of the publicity and education programmes.

Asked by: Hon. CHAN Yuen-han

Reply:

Both the Tobacco Control Office (TCO) of the Department of Health (DH) and the Hong Kong Council on Smoking and Health (COSH) carry out publicity, health education and promotional activities on tobacco control including smoking prevention and cessation. The provision for these activities in 2007-08 is \$29.6 million.

In 2007-08, TCO will focus its publicity on new no smoking areas through TV and radio as well as posters and pamphlets. Education and publicity efforts on the harmful effects of smoking and secondhand smoke and the smoking cessation hotline service will continue. COSH will conduct media publicity campaign to promote smoking cessation, as well as the benefits of a smoke-free environment. For youth smoking intervention, COSH will organise a new interactive education theatre programme and a youth tobacco control advocate training programme.

DH will conduct surveys to measure public knowledge and support of the tobacco control legislation and compliance with the statutory smoking ban. DH will also continue to monitor the prevalence of smoking in Hong Kong.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)110

Question Serial No.

1944

Head: 37 Department of Health

Subhead (No. & title):

Programme: (8) Personnel Management of Civil Servants Working in Hospital Authority

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Under the indicator on "no. of civil servants working in the HA", the number has decreased from 3 553 in 2006 to 3 339 in 2007, representing a reduction of 214. What are the reasons for the decrease? Does it involve manpower reduction?

Asked by: Hon. CHAN Yuen-han

Reply:

The reduction of 214 civil servants working in the Hospital Authority (HA) is due to normal wastage including retirement. The HA will cover the loss of capacity through internal redeployment or by recruitment of new staff on HA terms of service.

Signature _____

Name in block letters _____ **Dr P Y LAM**

Post Title _____ **Director of Health**

Date _____ **14.3.2007**

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)111

Question Serial No.

2110

Head: 37 Department of Health
Programme:

Subhead (No. & title): 000 Operational expenses

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Regarding the subventions amounting to \$143 million in 2007-08, please list the subvented institutions and the amount allocated to each of them.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The recurrent subvention to various subvented organisations for 2007-08 is as follows:

<u>Subvented Organisation</u>	<u>\$ million</u>
Caritas Hong Kong	4.7
The Family Planning Association of Hong Kong	31.5
Hong Kong Christian Service	4.9
Hong Kong Council on Smoking and Health	11.1
Hong Kong Red Cross	0.8
Hong Kong St. John Ambulance	11.2
The Society for the Aid and Rehabilitation of Drug Abusers	76.2
Tung Wah Group of Hospitals – Chinese Medicine Clinics	2.7
Total :	143.1

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)112

Question Serial No.

2111

Head: 37 Department of Health
Programme:

Subhead (No. & title): 000 Operational expenses

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

What is the amount of expenditure on the prevention of influenza pandemic in 2006-07? Please set out the expenditure items, amount of expenditure as well as the staffing and establishment involved. What is the provision earmarked for combating influenza pandemic in 2007-08? Has provision been earmarked for studying the possibility of setting up vaccine factories in Hong Kong and for the necessary support? If yes, what is the amount and which party is responsible for the study?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

Enhancing preparedness for influenza pandemic is part and parcel of the Department of Health's work on prevention and control of infectious diseases, which is mainly undertaken by the Centre for Health Protection (CHP) and the Port Health Office (PHO). Total allocation to the CHP and the PHO in 2006-07 was \$954.8 million and the number of staff involved was 1 911.

For 2007-08, total provision for CHP and the PHO is \$1,006.1 million. No provision has been earmarked in DH for studying the possibility of setting up vaccine factories in Hong Kong.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)113

Question Serial No.

2112

Head: 37 Department of Health
Programme:

Subhead (No. & title): 000 Operational expenses

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please set out the items and the breakdown of expenditure in respect of the prevention and combat of AIDS in 2006-07.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The Special Preventive Programme (SPP) of the Department of Health (DH) prevents and controls AIDS through surveillance, education and publicity, counselling, and treatment of AIDS patients and people who are HIV positive. The total expenditure for these services in 2006-07 was about \$100.3 million.

Besides providing direct services through the SPP under DH, the Government also seeks to prevent and control AIDS by providing financial resources for community-based AIDS programmes through the AIDS Trust Fund. Total grants made by the Fund for 2005-06 amounted to \$39.3 million.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)114

Question Serial No.

2157

Head: 37 Department of Health
Programme: (1) Statutory Functions

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Regarding the item “(the Department) will carry out enforcement duties as required under the Smoking (Public Health) Ordinance” under Matters Requiring Special Attention in 2007-08 under this Programme, could the Administration advise:

1. What are the work progress, the expenditure and staffing involved?
2. How many complaints against smoking behaviour in new no-smoking areas have been received in each district and what follow-up actions have been taken?
3. How many summonses have been issued in each district after the ordinance leading to the extension of no-smoking areas has come into effect? Would the Administration consider increasing the manpower in districts with a higher count of law breakers so as to step up prosecution and strengthen the education on people committing a smoking offence?

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

In 2007-08, the Tobacco Control Office (TCO) will have a provision of \$23.3 million for carrying out enforcement duties under the amended Smoking (Public Health) Ordinance. The planned staff complement for TCO in 2007-08 is 109, comprising six doctors, seven police officers, 71 tobacco control inspectors, two nurses, four health promotion officers, one research officer and 18 administrative staff. Since end October 2006 when the tobacco control inspectors of the TCO were vested with enforcement powers under the Ordinance, TCO has taken enforcement actions, including conducting inspections of statutory no smoking area and issuing summonses to offenders as necessary. Implementation of the statutory smoking ban has so far been generally smooth and the public has shown support and acceptance of the legislative amendments.

In the two months after the implementation of the smoking ban in new statutory no smoking areas, TCO received about 3 500 complaints, of which some 2 800 were related to smoking in newly expanded no smoking areas. More than 120 summonses have been issued in the first two months. The particulars of another 60 offenders have also been collected for issuing summonses. The complaints received and summonses issued have been broken down by region but not by district, as set out at the Annex. TCO will take stock of the complaints with a view to identifying black-spots for targeted enforcement actions and will deploy appropriate resources and staffing for enforcement in the light of actual caseload.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 16.3.2007

Breakdown of complaints and summonses by region

Region	Distribution of complaints by region (number/percentage)	Distribution of summonses by region (number/percentage)
Hong Kong	799 (23%)	40 (22%)
Kowloon	1 402 (41%)	85 (46%)
New Territories	1 228 (36%)	59 (32%)

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)115

Question Serial No.

2283

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

What are the financial provisions for the maternal and child health centres (MCHCs) and the expenditure items concerned in 2007-08?

Asked by: Hon. KWOK Ka-ki

Reply:

The Maternal and Child Health Centres provide a comprehensive range of health promotion and disease prevention services for children below six; antenatal and postnatal care; family planning service and cervical cancer screening. The estimated expenditure for 2007-08 is \$402 million.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)116

Question Serial No.

2284

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

It is stated by the Department that since there was an increase in the number of local deliveries of babies whose parents were not Hong Kong residents and who had left Hong Kong after birth, without attending the Maternal Child Health Centres (MCHCs) for service, therefore a lower participation rate (87%) of new born babies attending MCHCs was recorded in 2006. As the Hospital Authority has announced recently that the number of local deliveries of babies whose parents are not Hong Kong residents will be increasing, does the Department have any plan to achieve more than 90% participation rate of new born babies attending MCHCs in 2007?

Asked by: Hon. KWOK Ka-ki

Reply:

Information about services of the MCHCs is available in the postnatal wards of all public hospitals and through various channels. However, babies born to non-Hong Kong-resident parents may leave Hong Kong soon after birth or attend other service providers in Hong Kong or elsewhere. The Department of Health (DH) will continue to promote the use of MCHC's services by new born babies. DH will make available to parents who leave Hong Kong soon after giving birth, the necessary health advice such as those related to the care of the newborn and the need to receive immunisation.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)117

Question Serial No.

2285

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The attendances at MCHCs for cervical screening service decreased from 99 000 in 2005 to 97 000 in 2006. What was/were the reason(s)? And what was the cost per case concerned?

Asked by: Hon. KWOK Ka-ki

Reply:

The change in attendances from 99 000 in 2005 to 97 000 in 2006 is within normal fluctuations. The full cost per cervical screening test is \$200.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)118

Question Serial No.

2396

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

According to the figures under this Programme, the actual number of enrolment in Elderly Health Centres increased from 37 400 in 2005 to 38 000 in 2006 while the number of attendances for health assessment and medical consultation decreased from 195 000 in 2005 to 190 000 in the same period. There was also a decrease in the attendances at health education activities organised by the Elderly Health Centres and Visiting Health Teams. Please explain the reasons and list the cost per person of health assessment and medical consultation at the Elderly Health Centres in 2005-06 and 2006-07, and the average operational cost of each Elderly Health Centre in 2005-06 and 2006-07. What is the current appointment time and number of people on the waiting list in the Elderly Health Centres? Are there plans to set up additional Elderly Health Centres in some areas with population aging and enhance the services of Elderly Health Centres and Visiting Health Teams subject to demand?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

The slight reduction in the number of attendances for health assessment and medical consultation in 2006 was related to difficulties in recruiting nurses for the Elderly Health Centres (EHCs). The mode of delivery of health education activities has been changed from general health talks to more focused in-depth small group learning, resulting in a decrease in the total number of attendances at health education activities.

The respective costs per attendance for health assessment and medical consultation at EHCs are \$470 and \$320 in 2005-06 and \$470 and \$340 in 2006-07. The average operating cost for each EHC was \$4.6 million for 2005-06 and \$4.8 million for 2006-07. As at the end of 2006, there were about 26 700 applications for new enrolment and the median waiting time for new enrolment was 37.2 months.

Elderly Health Centres (EHCs) and Visiting Health Teams (VHTs) are not the only service provider to cater for the health care needs of the elderly. All the stakeholders have to work together to meet the varying needs of the elderly through various measures and services. Private practitioners are also key providers of primary health care. The 75 general out-patient clinics operated by the Hospital Authority (HA) also provide essential curative medical services to the elderly population especially those with low-income or chronic illnesses. Community health care services of HA, such as the Community Geriatric Assessment Teams and the Community Nurses, are also playing a pivotal role in providing health care for the elders. Besides, some non-government organisations (NGOs) are operating health centres on a self-financing basis. The Department of Health will strengthen collaboration with stakeholders including private practitioners and NGOs to enhance primary health services for the elderly in Hong Kong. At present, there is no plan to expand EHCs and VHTs.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)119

Question Serial No.

2400

Head: 37 Department of Health
Programme: (1) Statutory Functions

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

How many complaints against healthcare professionals were received in 2006-07? Please list the number of cases respectively by healthcare authorities handling the complaints and results of investigation.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The numbers of complaints against healthcare professionals received in 2006-07 by various boards and councils and results of investigation are set out in Annex.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 16.3.2007

Numbers of complaints received in 2006-07 against healthcare professionals by various Boards and Councils and results of investigation

	No. of Complaints Received (up to 8 March 2007)	No. of Cases Unsubstantiated and Dismissed	No. of Cases under Investigation	No. of Cases Substantiated #
Medical Council	448	179	269	0 (17)
Dental Council	128	92	36	0 (7)
Nursing Council	11	7	3	1 (1)
Midwives Council	0	0	0	0 (0)
Supplementary Medical Professions Council *	24	11	12	1 (0)
Chiropractors Council	4	0	4	0 (0)
Chinese Medicine Council	145	24	120	1 (22)
Pharmacy and Poisons Board	1	0	0	1 (0)

Note

* Supplementary Medical Professions Council is underpinned by five boards, namely, Medical Laboratory Technologists Board, Optometrists Board, Radiographers Board, Occupational Therapists Board and Physiotherapists Board.

The figures in brackets refer to cases concluded in 2006-07 but were received before 2006-07.

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)120

Question Serial No.

2401

Head: 37 Department of Health
Programme: (1) Statutory Functions

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please list the respective expenditures incurred by various health care authorities such as the Medical Council in 2006-07. Are registration fees paid by their members sufficient to cover the relevant expenditures? If not, please list respectively the percentage of expenditures covered by the fees and the amount to be subsidised by public funding.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The Department of Health (DH) provides secretariat services to various statutory boards and councils which are responsible for, among other things, the regulation of health care professions. The total expenditure in 2006-07 for these services is estimated to be around \$46 million. The amount does not cover expenditure on litigation, professional services, simultaneous interpretation, office rents, etc. DH does not keep the breakdown by individual boards and councils.

The estimated fee income (which covers registration, renewal of practising certificates, licensing examination, etc.) in 2006-07 is \$22 million.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)121

Question Serial No.

2402

Head: 37 Department of Health
Programme: (1) Statutory Functions

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please list the monthly expenditure and the breakdown, staffing and establishment of the Tobacco Control Office (TCO) subsequent to the implementation of the smoking amendment bill. Will there be an increase in the staffing and provision earmarked for the TCO in 2007-08?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

For the Tobacco Control Office (TCO) of the Department of Health (DH), the provision included under Programme (1) Statutory Functions covers mainly staff cost for implementing and enforcing the amended Smoking (Public Health) Ordinance. The actual expenditures were \$0.8 million in January and \$1.0 million in February 2007. It is estimated that the expenditure will rise to \$1.1 million in March 2007. The provision for 2007-08 is increased to \$23.3 million.

The overall staffing in TCO will be increased from 66 in 2006-07 to 109 in 2007-08. Details of staffing are set out at the Annex. The major increase is in the number of tobacco control inspectors (TCI), which will rise from 34 in 2006-07 to 71 in 2007-08 - an increase of 37. In addition, 12 new civil service posts will be created, including one Senior Medical & Health Officer, two Medical & Health Officers, two Police Sergeants and seven administrative and supporting staff. To cope with the increased enforcement duties since 1 January 2007, the staff complement has already been increased with internally redeployed resources to 55 in January, 70 in February and 80 in March. There is no monthly breakdown of staff number as the figure changes from time to time depending on when new recruits report for duty.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 16.3.2007

<u>Scope of Duties / Responsible Staff</u>	<u>Original Estimate 2006-07</u>	<u>Original Estimate 2007-08</u>
Head TCO		
Principal Medical & Health Officer	0	1
Senior Medical & Health Officer	1	0
Enforcement		
Senior Medical & Health Officer / Medical & Health Officer	0	3
Superintendent of Police/Police Sergeant	5	7
Tobacco Control Inspectors	34	71
Health Education and Smoking Cessation		
Senior Medical & Health Officer/Contract Doctor/Part-time Senior Contract Doctor	2	2
Registered Nurse	2	2
Health Promotion Officer	0	4
Research Officer	1	1
Administrative and Logistics Support		
Senior Executive Officer/Executive Officer /Administrative Assistant	3	4
Clerical Officer/Clerical Assistant/Project Assistant/General Worker	17	13
Motor Driver	1	1
Total:	66	109

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)122

Question Serial No.

2428

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Under the new immunisation programme for new born babies recently introduced by the Department of Health, the 4-in-1 formulation vaccine chosen does not include vaccines for infections caused by streptococcus pneumoniae, rotavirus, etc. which are common among new born babies. As a 5-in-1 formulation vaccine is now generally used in the community, would the Administration consider introducing newer and more effective vaccines? If no, what are the reasons for that? What is the cost of a 4-in-1 formulation vaccine as compared with that of a 5-in-1 formulation vaccine?

Asked by: Hon. LI Kwok-ying

Reply:

The Scientific Committee on Vaccine Preventable Diseases of the Centre for Health Protection regularly reviews the local epidemiology of diseases; scientific development and application of new vaccines as well as their formulations and cost-effectiveness; and the experiences of other health authorities before making recommendations to the Administration. Based on these recommendations, the Administration will consider updating the childhood immunisation programme.

The 5-in-1 formulation vaccine contains Haemophilus influenzae type b as the additional component. The need to incorporate Haemophilus influenzae type b vaccination into the childhood immunisation programme is being reviewed by the Scientific Committee. Since there are more than one potential supplier of the 5-in-1 vaccine, the unit cost of the vaccine to be procured in large quantities would have to be determined through tender and therefore cannot be provided at this stage. The current unit cost of a 4-in-1 formulation vaccine is about \$90 to \$120.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)123

Question Serial No.

2429

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Would the Administration consider including vaccines for streptococcus pneumoniae and rotavirus in the immunisation programme for new born babies?

Asked by: Hon. LI Kwok-ying

Reply:

The Administration regularly updates the childhood immunisation programme taking into consideration the recommendations of the Scientific Committee on Vaccine Preventable Diseases. Inclusion of vaccines for streptococcus pneumoniae and rotavirus in the immunisation programme for new born babies is being reviewed by the Scientific Committee.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)124

Question Serial No.

1082

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

There was a lower participation rate of new born babies attending maternal and child health centres in 2006, because there was an increase in the number of local deliveries of babies whose parents were not Hong Kong residents and who had left Hong Kong after birth, without attending the maternal and child health centres for service.

Is there any plan to encourage these parents to attend maternal and child health centres?

Asked by: Hon. CHAN Bernard

Reply:

Information about services of the Maternal and Child Health Centre (MCHCs) is available in the postnatal wards of all public hospitals and through various channels. However, babies born to non-Hong Kong-resident parents may leave Hong Kong soon after birth or attend other service providers in Hong Kong or elsewhere. The Department of Health (DH) will continue to promote the use of MCHC's services by new born babies. The DH will make available to parents who leave Hong Kong soon after giving birth, the necessary health advice, such as those related to the care of the newborn and the need to receive immunisation.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)125

Question Serial No.

1088

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The Administration projects that the number of enrolment in elderly health centres, the number of attendances for health assessment and medical consultation at the elderly health centres, and attendances at health education activities organised by the elderly health centres and the visiting health teams in 2007-08 will be the same as those in 2006-07. Does it mean that no additional resources would be provided by the Administration to strengthen the above services? Then, what are the plans with regard to the health care services for the elderly?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Elderly Health Centres (EHCs) and Visiting Health Teams (VHTs) are not the only service provider to cater for the health care needs of the elderly. All the stakeholders have to work together to meet the varying needs of the elderly through various measures and services. Private practitioners are also key providers of primary health care. The 75 general out-patient clinics operated by the Hospital Authority (HA) also provide essential curative medical services to the elderly population especially those with low-income or chronic illnesses. Community health care services of HA, such as the Community Geriatric Assessment Teams and the Community Nurses, are also playing a pivotal role in providing health care for the elders. Besides, some non-government organisations (NGOs) are operating health centres on a self-financing basis. The Department of Health will strengthen collaboration with stakeholders including private practitioners and NGOs to enhance primary health services for the elderly in Hong Kong. At present, there is no plan to expand EHCs and VHTs.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)126

Question Serial No.

1089

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Regarding disease prevention of the elderly, what are the service plans and expenditure in 2007-08 as compared with those in 2006-07? What are the details of the plans concerned? Has the Administration allocated resources for the provision of eye and dental care services to prevent eye and dental diseases among the elderly? If yes, what are the details? If no, what is/are the reason(s)?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Elderly Health Service (EHS) provides integrated preventive health services to the elderly through 18 Elderly Health Centres (EHCs) and 18 Visiting Health Teams (VHTs). Services provided by EHCs include physical checkup, health assessment, counselling, curative treatment and health education. VHTs deliver health promotional programmes to the elderly and their carers in both community and residential care settings. The teams also carry out influenza vaccination programme for the elderly residing in institutions. In 2007-08, EHS will also provide support for the Pilot Elder Learning Scheme to promote active aging for elders. The total expenditure will increase from \$143.2 million in 2006-07 to \$147.1 million in 2007-08.

The Department of Health (DH) promotes eye health and dental health among the elderly. The VHTs of EHS work with other service providers in reaching out into the community to deliver health promotional programme on various topics, including eye and dental health. The Oral Health Education Unit also organises oral health promotion activities for the community to increase knowledge and awareness of dental health and promoting the proper use of dental care services.

There is no plan to provide eye or dental care services specifically for the elderly. The DH will strengthen collaboration with other stakeholders, including private practitioners and non-government organisations, to enhance the primary health services for the elderly in Hong Kong.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)127

Question Serial No.

1095

Head: 37 Department of Health
Programme: (1) Statutory Functions

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The Administration has stated under this Programme that the Administration will promote/protect the health of radiation workers and set the target proportion of workers getting radiation dose <20mSv a year as 100%. Please advise the number of radiation workers who were provided with physical examination in 2004, 2005 and 2006 and also whether the Administration will review and enhance the current standard so as to further protect the health of radiation workers.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The *International Basic Safety Standards for Protection against Ionizing Radiation and for the Safety of Radioactive Sources*, adopted by almost all countries, promulgate a dose limit of 20 mSv per year averaged over five consecutive years and 50 mSv in any single year. The target of 20 mSv in any year adopted by Hong Kong is stricter than the international standard.

In 2004, 2005 and 2006, physical examinations were arranged for 973, 1 045 and 1 018 radiation workers respectively. All of them were certified fit for radiation work and there was no report of illness arising from radiation work during this period. The average annual radiation doses recorded by the individual occupational radiation monitoring programme for radiation workers in the same period were 0.08, 0.07 and 0.08 mSv respectively. These doses were well below the statutory limit of 20 mSv. There is no scientific basis to revise the statutory limit.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)128

Question Serial No.

1097

Head: 37 Department of Health
Programme: (3) Health Promotion

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

As regards the training of health promoters, the target in 2007 is to train more than 1 500 promoters. Would the Administration advise this Committee on the following-

1. What are the specific functions of health promoters and the health promotion duties to be performed?
2. What are the criteria for estimating the number of health promoters to be appointed? What is the expenditure involved?
3. As a result of their promotion, what are the expected improvements to the health of the general public?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

To enhance the effectiveness of health promotion work, the Department of Health will train more than 1 500 health promoters in 2007-08. After training, health promoters will organise and support health promotional activities in different sectors, helping to enhance health knowledge and practices in the community.

The number of health promoters to be trained has taken into consideration the nature and content of health promotion programmes to be launched in 2007-08. Expenditures on these training activities will be absorbed in the Department's overall provision on health promotion and will not be separately identifiable.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)129

Question Serial No.

1098

Head: 37 Department of Health
Programme: (3) Health Promotion

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The Administration mentioned that in 2007-08, the Department of Health will enhance its public health promotion programmes to instil a healthy lifestyle concept in the community, with emphasis on healthy eating programme. Could the Administration advise this Committee –

1. what are the details of the programmes and the expenditure involved?
2. what kinds of benchmarks are adopted by the Administration to measure the effectiveness of healthy eating and whether the expected performance has been achieved?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Department of Health (DH) launched the 'EatSmart@school.hk' campaign in September 2006 to promote healthy eating habits among primary school children. Comprehensive strategies are adopted, including alliance building, research and evaluation, publicity and advocacy, education and empowerment, and creating supportive environments in primary schools. In 2007-08, DH will facilitate schools to develop and implement policies that support healthy eating, promote collaboration among food suppliers, parents and schools, and strengthen nutritional education for parents and food suppliers. Expenditures on these activities will be absorbed in the Department's overall provision on health promotion and will not be separately identifiable.

The DH envisages an increase in the number of schools adopting healthy eating policies, an increase in the proportion of lunch and snack choices meeting nutritional standards promulgated by the DH, and improvement in students' knowledge, attitude and practice of healthy eating.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)130

Question Serial No.

1099

Head: 37 Department of Health
Programme: (3) Health Promotion

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The Administration estimated that the AIDS counselling attendances will increase by 150 in 2007 as compared with the actual figure in 2006. Could the Administration advise –

1. the reason(s) for estimating the number of HIV infected persons to increase?
2. whether there is a rising trend in the number of HIV infected persons?
3. what is the distribution of patients by age and sex in 2004, 2005 and 2006?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Department of Health runs the AIDS Counselling and Testing Service (ACTS), which offers free, confidential and anonymous HIV tests for the public. Clients attending ACTS may or may not be HIV infected.

For the past three years, the distribution of clients attending ACTS by age and sex is as follows:

<u>Age</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>
<20	119	148	140
20-29	1 179	1 057	1 113
30-39	1 006	946	954
40-49	454	360	362
50-59	156	120	132
60-69	58	61	52
>70	20	13	13
<i>Not disclosed</i>	8	295	84
<i>Total</i>	3 000	3 000	2 850

<u>Sex</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>
<i>Male</i>	2 536	2 233	2 342
<i>Female</i>	456	472	424
<i>Not disclosed</i>	8	295	84
<i>Total</i>	3 000	3 000	2 850

There are signs of increase of HIV infections in Hong Kong in the past two to three years, with sexual transmission being the dominant route. In particular, the past two years have seen a substantial rise in HIV infections among men who have sex with men.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)131

Question Serial No.

1100

Head: 37 Department of Health
Programme: (4) Curative Care

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

It is stated in Matters Requiring Special Attention 2007-08 that the Department of Health will continue to provide specialised curative services to the public and dental service to patients with special oral healthcare needs or emergency. Can the Administration advise the Committee:

1. the detail of the plan and expenditure involved;
2. whether dental examination service will be provided on the basis of "health care and welfare voucher" and the elderly will be given priority in the promotion of service.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Department of Health provides specialist dental treatment to hospital in-patients, groups with special oral healthcare needs and emergency cases in seven public hospitals. Patients who are medically compromised, such as having conditions prone to infection and bleeding, physically or mentally disabled or those who have facial deformities are regarded as "groups with special oral healthcare needs". Patients who have dental pain and trauma are regarded as "emergency cases". Also, there are 11 designated government dental clinics providing free emergency dental services to the general public. In 2007-08, the provision for dental service under Programme 4 "Curative Care" is \$35.2 million.

There is no plan to use "health care and welfare voucher" to provide dental check-up services for the elderly.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)132

Question Serial No.

2276

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Has the Authority set any targets on raising the percentage of users of new cancer drugs among cancer patients?
If yes, what are the plan and funding for raising the percentage?

Asked by: Hon. KWOK Ka-ki

Reply:

Use of drugs is based on the clinical needs of patients. The Hospital Authority has not set any target on the percentage of users of new cancer drugs among cancer patients.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)133

Question Serial No.

2277

Head: 140 Government Secretariat: Subhead (No. & title): 000 Operational expenses
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please list the average daily costs per head of the drugs purchased and prescribed for different types of psychiatric inpatients and non-inpatients in 2004-05, 2005-06, 2006-07 and 2007-08.

Asked by: Hon. KWOK Ka-ki

Reply:

The estimated drug expenditure for psychiatric inpatients and outpatients in the three years from 2004-05 to 2006-07 is set out in the table below. No estimate for 2007-08 is available.

	2004-2005	2005-2006	2006-2007 (as at end February 2007)
Cost per patient-day	\$24	\$27	\$30
Cost per outpatient attendance	\$242	\$263	\$268

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)134

Question Serial No.

2278

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

How many psychiatric patients are prescribed new psychiatric drugs in 2004-05, 2005-06, 2006-07 and 2007-08? What is their ratio to patients with similar illness? What are the average costs of the drugs purchased and prescribed for these patients?

Asked by: Hon. KWOK Ka-ki

Reply:

Relevant information on new psychiatric drugs in the Hospital Authority for the years 2004-05, 2005-06 and 2006-07 (estimated) is set out in the table below. Relevant information for 2007-08 is not available.

	2004-05	2005-06	2006-07 (Estimated)
Number of patients prescribed with new anti-psychotic drugs	13 094	15 358	17,500
Estimated percentage of psychotic patients prescribed with new anti-psychotic drugs	36.6%	40.2%	45.9 %
Estimated average expenditure on new anti-psychotic drugs per patient	\$6,189.9	\$6,218.9	\$5,714.3

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 17.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)135

Question Serial No.

2279

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Has the Administration set any target in raising the ratio of psychiatric patients who are prescribed new drugs to all patients with similar illness? If yes, what are the plans and related funding?

Asked by: Hon. KWOK Ka-ki

Reply:

Use of drugs is based on the clinical needs of patients. The Hospital Authority has not set any target in raising the ratio of psychiatric patients who are prescribed new drugs to all patients with similar illness.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)136

Question Serial No.

2399

Head: 140 Government Secretariat: Health, Subhead (No. & title):
Welfare and Food Bureau (Health and
Welfare Branch)

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Revenue from tobacco duty in 2006-07 rose by \$322,087,000 (14.6%), mainly due to the higher than expected demand for such products.

Given the drastic increase in demand for tobacco, has the department concerned made an estimate as to how many more smokers there are as a result of that? Would there be a consequent great surge in diseases caused by tobacco. Has the Bureau projected the resultant increase in health care cost for the next five years?

Asked by: Hon. KWOK Ka-ki

Reply:

The Government regularly commissions territory-wide surveys on the prevalence of smoking in Hong Kong and the smoking pattern of smokers, as part of the thematic household surveys conducted by the Census and Statistics Department. The last survey was conducted in 2005 and the next survey will be carried out later this year. As the survey has yet to be carried out, we could not draw any conclusion at this stage from the higher than expected tobacco duty and in turn tobacco sold in 2006-07, especially whether this is attributable to higher number of smokers or higher consumption per smoker, as well as the implications of such for the health care system and expenditure. However, we do expect the implementation of the strengthened tobacco control regime under the amended Smoking (Public Health) Ordinance in particular the expanded statutory no smoking areas to reduce exposure of the public to second-hand smoke and in the longer run smoking prevalence in Hong Kong.

Signature _____

Name in block
letters _____

Ms Sandra LEE

Post Title _____

Permanent Secretary for Health, Welfare and Food
(Health and Welfare)

Date _____

13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)137

Question Serial No.

2009

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please set out the manpower and expenditure involved in the provision of medical services for Lantau in 2006-07 and advise whether the expenditure will increase in 2007-08.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The Hospital Authority (HA) currently operates three general out-patient clinics (GOPCs) on Lantau Island, namely in Tung Chung, Mui Wo and Tai O respectively. Their respective manpower and estimated expenditure for 2006-07 are as follows:

	<u>Manpower (Full-time Equivalent)</u>	<u>Estimated Expenditure</u>
Tung Chung GOPC	25.5	\$9.3 million
Mui Wo GOPC	24	\$11.1 million
Tai O GOPC	16.5	\$6.1 million

The HA currently does not plan to increase expenditure for its general out-patient service on Lantau Island in 2007-08.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare and Food
(Health and Welfare)

Date _____ 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)138

Question Serial No.

2010

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The Hospital Authority manages 43 public hospitals and institutions, 45 specialist outpatient clinics and 74 general outpatient clinics according to the 2006-07 Estimates, but 41 public hospitals and institutions, 48 specialist outpatient clinics and 75 general outpatient clinics as stated in the 2007-08 Estimates. Please provide the names of the medical institutions newly included and excluded, as well as the corresponding increase and reduction in manpower and funding.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

Changes to institutions and clinics under the management of the Hospital Authority (HA) in 2007-08 as compared with those in 2006-07 as well as the corresponding increase and decrease in manpower and funding are set out below.

Changes in Institutions/clinics	Corresponding changes in manpower and funding
Degazetting of Lai Chi Kok Hospital (i.e. no longer comes under the management and control of the HA)	Resources and manpower redeployed within the HA
Degazetting of Nam Long Hospital	same as above
Opening of Ha Kwai Chung Outpatient Clinic	same as above
Opening of Yan Oi General Outpatient Clinic	same as above
Opening of Yuen Long Madam Yung Fung Shee Health Centre General Outpatient Clinic	same as above
Closing down of Southorn Centre General Outpatient Clinic	same as above
Opening of Tin Shui Wai North General Outpatient Clinic	One doctor, one registered nurse and two general service assistants are provided. The total staff and operating costs are estimated to be about \$920,000.

Note : The HA managed 46 specialist outpatient clinics as reported in the 2006-07 Estimates.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)139

Question Serial No.

2011

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please set out the number of Hospital Authority staff whose salary level is higher than the minimum salary point of directorate officers in the civil service for the past five years, and the hospitals and departments with an increase in such staff in 2006-07.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The number of Hospital Authority (HA) staff who are remunerated at a pay point equivalent to D1 or above on the Government directorate pay scale (HA directorate staff) in the past five years is as follows:

2002-03	2003-04	2004-05	2005-06	2006-07 (as at 31 January 2007)
586	566	555	558	568

The increase in the number of HA directorate staff in 2006-07 is mainly due to the need for more Consultants (who are directorate staff) to support increased clinical activities. A breakdown of the changes in the number of HA directorate staff by hospital and department in 2006-07 (as at 31 January 2007) as compared to the previous year is shown in the table below:

Cluster/Hospital	Changes in 2006-07 over 2005-06	Department
Hong Kong East - Cluster Office	+1	
Hong Kong West - Duchess of Kent Hospital - Grantham Hospital - Tung Wah Hospital - Queen Mary Hospital	-1 +1 +2 +3	Anaesthesia Paediatrics Surgery, and Ear, Nose & Throat Anaesthesia, Neurosurgery, Surgery

Kowloon Central - Cluster Office - Hong Kong Eye Hospital - Queen Elizabeth Hospital	-1 -1 -1 +3	Ophthalmology Family Medicine Medicine, Pathology, Obstetrics & Gynaecology (O&G)
Kowloon East - United Christian Hospital	-2	Family Medicine, Paediatrics
Kowloon West - Cluster Office Caritas Medical Centre - Kwai Chung Hospital - Yan Chai Hospital - Kwong Wah Hospital - Princess Margaret Hospital	+1 -3 +2 -1 -1 +1 +3	General Outpatient Clinic (GOPC), Family Medicine, Paediatrics Medicines, Mentally Handicapped Psychiatry Intensive Care Surgery Anaesthesia, Clinical Oncology, GOPC
New Territories East - North District Hospital - Prince of Wales Hospital - Alice Ho Miu Ling Nethersole Hospital	-1 -3 +6 +1	Orthopaedics & Traumatology (O&T) Family Medicine Accident & Emergency (A&E), Intensive Care, O&T, Surgery, O&G (+2) A&E
New Territories West - Cluster Office - Tuen Mun Hospital	-2 +3	Anaesthesia, Medicine, O&T
HA Head Office	0	
Grand Total	+10	

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)140

Question Serial No.

2012

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please set out the respective expenditure on drugs, staff remuneration, allowances and medical equipment by the Hospital Authority in the past three years, and the respective percentage in the annual expenditure of the Hospital Authority.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The expenditure on drugs, staff basic salary and on-costs, job-related allowances and medical equipment by the Hospital Authority (HA), and its percentage against the total operating expenditure of HA from 2004-05 to 2006-07 are summarized as follows:

	Drugs		Staff Basic Salary and On-costs		Job-related Allowances		Medical Equipment	
	Expenditure \$ (Billion)	% against total operating expenditure of HA	Expenditure \$ (Billion)	% against total operating expenditure of HA	Expenditure \$ (Billion)	% against total operating expenditure of HA	Expenditure \$ (Billion)	% against total operating expenditure of HA
2004-05	1.99	6.7	23.63	79.2	0.25	0.8	0.25	0.9
2005-06	2.20	7.4	23.05	77.6	0.24	0.8	0.24	0.8
2006-07 (Projection)	2.38	8.0	22.75	76.7	0.25	0.8	0.30	1.0

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)141

Question Serial No.

2013

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)
Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Will the Administration inform this Committee whether the income from medical fees has been deducted from the financial provisions of \$27,961.4 million and \$28,631.6 million for the Hospital Authority (HA) in 2006-07 and 2007-08 respectively, if so, how much has been deducted? If the HA can retain all the income from medical fees, how much will be its annual usable revenues; if not, then after deduction, how much will be the provisions from the Treasury for the HA?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

In working out the subvention for the Hospital Authority (HA) in 2006-07 and 2007-08, the Government has taken into account HA's income, both medical and non-medical, vis-à-vis its funding requirements arising from population growth and demographic changes, technology advancement and implementation of new initiatives to meet service demands, etc. For additional income from new medical fees and increase in existing medical fees, the Government has also agreed to allow HA retaining 50% of the additional income actually received. No deduction of HA's medical income has been made from the financial provisions to HA for 2006-07 and 2007-08. The projected amount of medical income (before sharing) received by HA for 2006-07 and 2007-08 is \$1,890 million and \$2,005 million respectively. HA can make use of its medical income in addition to the government subvention for provision of hospital services.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____
Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)142

Question Serial No.

2014

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Will the Administration inform this Committee why the revised estimate for 2006-07 is \$200 million more than the original?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The increase of \$200 million is mainly due to the injection of a one-off grant of \$300 million to the Samaritan Fund which was approved by the Finance Committee in January 2007; offset by the reduction of \$100 million mainly due to reservation of funds for Chinese medicine clinics not yet opened as at 31 March 2007 but provision of which has been allowed for in the 2006-07 Original Estimate, and HA's return to Government arising from the income sharing arrangements.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)143

Question Serial No.

2015

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

In view of the provision for 2007-08 being \$670 million higher than the revised estimate for 2006-07, will the Administration inform this Committee of the hospitals on which the additional provision will be spent and the additional amounts for each of these hospitals?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The additional provision of \$670 million for the Hospital Authority (HA) for 2007-08 will mainly be used to fund new and ongoing initiatives, procurement of medical equipment and essential electrical & mechanical items to replace those ageing ones in various HA hospitals, and implementation of information technology/information system (IT/IS) projects. Internal allocation of the \$670 million by the HA, on a cluster basis, is as follows:

Cluster	Additional Provision for New and On-going Initiatives (\$ million)	Additional Provision for Equipment and IT/IS Projects (\$ million)	Total (\$ million)
Hong Kong East	13	58	71
Hong Kong West	1	28	29
Kowloon Central	5	70	75
Kowloon East	9	35	44
Kowloon West	97	20	117
New Territories East	11	70	81

Cluster	Additional Provision for New and On-going Initiatives (\$ million)	Additional Provision for Equipment and IT/IS Projects (\$ million)	Total (\$ million)
New Territories West	146	19	165
HA Head Office	-	88	88
Total	282	388	670

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)144

Question Serial No.

2016

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Will the Administration inform this Committee of the amount payable by the Hospital Authority (HA) in compensation for the overtime work of doctors? Has additional provision been made for the HA in the 2007-08 estimate to cover the expenditure concerned?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The total amount of compensation paid by the Hospital Authority (HA) to doctors in response to their claims against HA over a period back to 1996 is \$525 million. This amount has been released to serving doctors and those doctors who have left HA in November 2006 and February 2007 respectively. No addition provision has been made for HA in the 2007-08 estimate for settlement of the doctors' claims.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)145

Question Serial No.

2017

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please inform this Committee of the completion dates of the redevelopment of Pok Oi Hospital (POH) and the Rehabilitation Block of the Tuen Mun Hospital (TMH). When will the hospitals resume service? What are the number of additional staff and expenditure involved for the enhancement and modernization of health care service delivery following the opening of the redeveloped POH and TMH? What are the manpower sources of the health care staff of the redeveloped POH and TMH?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

While construction works of the POH redevelopment project are expected to complete in March 2007, patient services involving 240 rehabilitation patients have already commenced since June 2006, with the Accident and Emergency Department and 200 acute beds scheduled for opening in the third quarter of 2007.

Construction works of the TMH Rehabilitation Block are expected to complete by June 2007, while commencement of services will be in phases. 252 rehabilitation beds are scheduled for opening in the third quarter of 2007. Ambulatory rehabilitation services, day rehabilitation facilities and allied health services will be available in the third quarter of 2007.

The Hospital Authority (HA) will reserve \$146 million in 2007-08 for commissioning of the above services and recruiting both within and outside the HA about an additional 271 staff, including doctors, nursing, allied health and other supporting staff.

Signature _____

Name in block letters _____

Ms Sandra LEE

Post Title _____

Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____

15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)146

Question Serial No.

2018

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The Infectious Disease Block of Princess Margaret Hospital will open in 2007-08. Please inform this Committee whether staff will be increased or deployed for such purpose? If so, what is the number of additional staff and from which hospitals they will be deployed? What is the additional expenditure involved?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The Infectious Diseases Center (IDC) at Princess Margaret Hospital (PMH) will be opened in phases from April 2007. A total of 221 staff will be required to operate the IDC, of which 64 will be redeployed from within PMH. The remaining 157 staff will need to be recruited. The estimated additional expenditure to be involved in the employment of new staff is \$26.8 million for 2007-08 and \$37.3 million for 2008-09 and beyond.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

Reply Serial No.

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

HWFB(H)147

Question Serial No.

2019

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please inform this Committee of the respective expenses of the Hospital Authority and its clusters on personal emoluments in 2006-07. What are the number of doctors at consultant level or above in the clusters and the expenses on their annual emoluments?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The respective expenses of the Hospital Authority and its clusters on personal emoluments (PE), the number of doctors at consultant level or above and the expenses on their annual emoluments in 2006-07 are given in the table below.

	<u>HKE</u>	<u>HKW</u>	<u>KC</u>	<u>KE</u>	<u>KW</u>	<u>NTE</u>	<u>NTW</u>	<u>HO</u>	<u>Total</u>
PE of all staff \$ (Million)	\$2,524	\$2,707	\$3,088	\$2,265	\$5,353	\$3,674	\$2,689	\$698	\$22,998
No. of doctors (as at 31.1.2007)	52	68.39	76.15	47.24	122	69.51	61.39	2.25	498.93
PE of consultants \$ (Million)	\$129	\$169	\$190	\$121	\$312	\$151	\$152	\$6	\$1,230

Note:

- (1) HKE = Hong Kong East Cluster
HKW = Hong Kong West Cluster
KC = Kowloon Central Cluster
KE = Kowloon East Cluster
KW = Kowloon West Cluster
NTE = New Territories East Cluster
NTW = New Territories West Cluster
HO = HA Head Office

- (2) PE includes basic salary, job related allowances and oncost and is projected based on the actual costs from April 2006 to February 2007.
- (3) Doctors include all those at consultant level or above.
- (4) Manpower on full-time equivalent basis, including all staff on permanent, contract and temporary terms.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)148

Question Serial No.

2020

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please list, in terms of individual hospital cluster, the provision, the number of doctors, nurses and general hospital beds in 2006-07?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The budget allocation, number of doctors, nurses and general hospital beds in respect of each cluster of the Hospital Authority in 2006-07 are set out in the table below –

Cluster	Budget ¹ Allocation (\$ billion)	Number of Healthcare Professionals ² as at 31 January 2007		Number of General Beds
		Doctors ³	Nurses ⁴	
Hong Kong East	3.00	540	2 014	1 942
Hong Kong West	3.21	503	2 344	2 925
Kowloon Central	3.74	597	2 726	3 002
Kowloon East	2.67	545	1 915	2 019
Kowloon West	6.21	1 102	4 659	5 146
New Territories East	4.46	777	3 190	3 471
New Territories West	3.30	573	2 379	1 655
Total :	26.59	4 637	19 227	20 160

Notes :

1. Calculated on the basis of funding for baseline activities with adjustments for major initiatives, including: funding for the opening of new services / facilities; new initiatives / designated programmes; initiatives for boosting staff and other cluster specific pressure areas etc.
2. Manpower on full-time equivalent basis, including all staff on permanent, contract and temporary terms.
3. Doctors include Medical Officers / Residents and above.
4. Nurses include Registered Nurses and above, Enrolled Nurses and trainees.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 15.3.2007

Note : HKE = Hong Kong East Cluster
HKW = Hong Kong West Cluster
KC = Kowloon Central Cluster
KE = Kowloon East Cluster
KW = Kowloon West Cluster
NTE = New Territories East Cluster
NTW = New Territories West Cluster

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)150

Question Serial No.

2022

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please list, in terms of individual hospital cluster, the cost per patient day of general inpatient bed, the cost per accident and emergency attendance, the cost per specialist outpatient attendance and the cost per general outpatient attendance in 2006-07.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

Information on the unit cost per patient day for general beds, cost per accident and emergency (A&E) attendance, cost per specialist outpatient (SOP) attendance and cost per general outpatient (GOP) attendance by hospital cluster for 2006-07 is not yet available from the Hospital Authority (HA). Respective information for 2005-06 is set out in the table below.

	2005-06 Unit Cost (Actual)							
	HKW	HKE	KC	KE	KW	NTE	NTW	HA Overall
Inpatient (general beds per patient day)	\$ 3,620	\$ 3,350	\$ 3,120	\$ 3,210	\$ 3,130	\$ 3,270	\$ 3,460	\$ 3,280
A&E (per attendance)	720	760	770	700	640	780	740	720
SOP (per attendance)	780	650	690	650	700	760	670	700
GOP (per attendance)	240	300	260	220	250	250	230	250

Note :

HKW - Hong Kong West Cluster

HKE - Hong Kong East Cluster

KC - Kowloon Central Cluster

KE - Kowloon East Cluster

KW - Kowloon West Cluster

NTE - New Territories East Cluster

NTW - New Territories West Cluster

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)151

Question Serial No.

2058

Head: 140 Government Secretariat: Health, Welfare and Food Bureau (Health and Welfare Branch) Subhead (No. & title): 000 Operating Expenses

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please set out the expenditure items of the Health, Welfare and Food Bureau in 2005-06, 2006-07 and 2007-08 on implementing the policy of regulating "health maintenance organizations" and on conducting related studies (such as the expenses on enhancing education for medical students on medical ethics and medical legislation in Hong Kong and the expenses arising from the request of appointing medical directors, the establishment of a statutory registration system for regulating private medical services providers and the implementation of other new proposals).

Asked by: Hon. KWOK Ka-ki

Reply:

The Health, Welfare and Food Bureau is responsible for, among other duties, overseeing the policy and research on regulation of "health maintenance organizations", with support from Department of Health. The relevant expenses in 2005-06, 2006-07 and 2007-08 are absorbed within the overall provision for Programme (2): Health and cannot be individually itemised.

Signature	_____
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Health, Welfare and Food (Health and Welfare)
Date	13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)152

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

Question Serial No.

2059

Programme : (6) Subvention : Hospital Authority

Controlling Officer : Permanent Secretary for Health, Welfare and Food
(Health and Welfare)

Bureau Secretary : Secretary for Health, Welfare and Food

Question : The Community Geriatric Assessment Teams (CGATs) of the Hospital Authority, together with partnering private practitioners, pay weekly visits to residential care homes for the elderly (RCHEs) and provide medical consultation service to elders in need. In this connection, would the Administration inform this Committee of the following:

(a) in the past three financial years (i.e. 2004-05, 2005-06 and 2006-07), the number of attendance of CGAT to elders in private RCHEs and subsidised RCHEs in each year, the number of staff members involved and their ranking, the annual expenditure and service unit cost?

(b) how many licensed private RCHEs and subsidised RCHEs have received this service and the percentage of these RCHEs out of the total number of RCHEs. Why are some of the RCHEs not receiving the service?

(c) is this service effective in providing timely treatment and support to elders living in RCHEs so as to relieve the pressure on general out-patient clinics, accident and emergency department and the demand for hospital beds etc.?

(d) whether the Health, Welfare and Food Bureau will in 2007-08 allocate additional resources to CGAT? If not, please explain why.

(e) in 2007-08, what are the estimated expenditure, number of staff members involved and their ranking, number of targeted attendance and the unit cost of this service?

Asked by : Hon KWOK Ka-ki

Reply :

- (a) Attendance number of the Community Geriatric Assessment Teams (CGATs) to elders in residential care homes for the elderly (RCHEs) (including subsidised and private RCHEs) and the expenditure involved in the past three years are as follows:

	2004-05 (Actual)	2005-06 (Actual)	2006-07 (Projected)
Attendance Number	473 657	529 136	534 000
Expenditure (\$ million)	170.2	174.0	174.5

CGAT staff are members of the hospital medical team. Apart from providing outreach support to RCHEs, they also provide in-patient services in medical wards. Breakdowns of the CGAT manpower on providing outreach services to RCHEs alone and the service unit cost cannot be itemised.

- (b) About 95% of the subsidised RCHEs and 92% of the private RCHEs are covered by CGAT.

Most RCHEs have made their own arrangements for providing medical care to their residents in accordance with the advice stipulated in the Code of Practice for Residential Care Homes for the Elderly issued by the Social Welfare Department. In the past few years, CGATs have engaged private practitioners as participating Visiting Medical Officers (VMOs) to increase the frequency and extend the coverage of medical care at RCHEs. However, with the growing number of RCHEs and difficulties in recruiting private practitioners, CGATs have to prioritise resources.

- (c) By providing regular multi-disciplinary outreach medical consultation and after-care services to elders in the RCHEs and training to RCHE staff, as well as advising the homes on risk management, infection control, falls prevention and the use of restraints, CGAT is providing support to RCHEs to enhance the quality of life of the elders staying in the RCHEs. Also, the arrangement has helped reduce avoidable utilization of hospital services. A study on the effectiveness of the CGAT of the Hong Kong West Cluster published in the Journal of HK Geriatric Society in 2002 affirmed the effectiveness of CGAT in reducing attendances of RCHE residents at accident and emergency departments and admissions to hospitals.
- (d) Government's subvention to the Hospital Authority (HA) will increase from \$27,961.4 million in 2006-07 (Revised Estimate) to \$28,631.6 million in 2007-08 (Estimate), representing an increase of 2.4%. As shown in (e) below, there is a projected increase in HA's estimated expenditure in 2007-08 for CGAT to visit RCHEs and the attendance number of CGAT in RCHEs.

- (e) The estimated attendance number of CGAT in RCHEs and the estimated expenditure in 2007-08 is as follows:

	2007-08 (Projected)
Attendance number	538 663
Expenditure (\$ million)	175.8

Breakdowns of the CGAT manpower on providing outreach services to RCHEs alone and the service unit cost are not available for the same reasons as stated in (a) above.

Signature	_____
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Health, Welfare and Food (Health and Welfare)
Date	16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)153

Question Serial No.

2060

Head: 140 Government Secretariat: Subhead (No. & title): 000 Operational Expenses
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please list out the number of cancer patients who have to purchase self-financed prescription drugs by themselves and the percentage of these patients over the total number of patients in 2004-05, 2005-06 and 2006-07. Also, please specify the number of cancer patients need to apply for financial assistance from the Samaritan Fund for purchasing drugs and the percentage of these patients over the number of the above-mentioned patients; the amounts of financial assistance offered by the Samaritan Fund to these patients in respective year; the average cost for the patients who have to purchase self-financed prescription drugs and the average cost of drugs spent on them.

Asked by: Hon. KWOK Ka-ki

Reply:

The Hospital Authority (HA) Drug Formulary has been implemented in public hospitals and clinics since July 2005. The HA therefore does not have complete information on the number of cancer patients who have to purchase self-financed drugs before July 2005.

In 2005-06 and 2006-07 (up to end January 07), a total of 3 204 and 4 378 cancer patients were prescribed self-financed oncology drugs, representing 3.47% and 5.11% of the total number of cancer patients. For patients prescribed self-financed oncology drugs, the average cost for purchasing the self-financed oncology drugs was \$26,015 in 2005-06 and estimated to be \$28,472 in 2006-07. (Note)

Relevant information on the assistance provided by Samaritan Fund (the Fund) to the cancer patients is listed in the following table :

Year	No. of cancer patients receiving drug subsidy from the Fund (a)	Percentage of (a) against total no. of cancer patients prescribed with self-financed oncology drugs (b)	Total drug subsidy provided by the Fund to cancer patients (\$ Million) (c)
2005-06	228	7.1%	29.38
2006-07 (up to end January 2007)	197	4.5%	31.07

Note: Expenditure on self-financed oncology drugs does not include cost of drugs purchased by patients on their own.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Date _____ 17.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)154

Question Serial No.

2061

Head: 140 Government Secretariat: Subhead (No. & title): 000 Operational Expenses
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The Hospital Authority (HA) estimated that in 2007-08 the bed occupancy rate for the mentally ill will increase from 75% in the 2006-07 Revised Estimate to 78% in the 2007-08 Estimate. However, the number of beds for the mentally ill will be reduced from 4 622 in the 2007 Revised Estimate to 4 500 in the 2008 Target & Plan. How does the HA ensure that the services for the mentally ill would not be affected due to the reduction in beds?

Asked by: Hon. KWOK Ka-ki

Reply:

The Hospital Authority's (HA's) plan to reduce the number of psychiatric beds from 4 622 in 2006-07 to 4 500 in 2007-08 is in line with the world trend in mental health service which shifts inpatient service to ambulatory and community care to promote better integration in the community and help patients achieve a better quality of life. The increase in inpatient occupancy rate from 75% to 78%, which is a result of the bed reduction, helps achieve a more optimal use of inpatient service. To ensure that the quality of care to patients would not be affected, the HA has put in place measures such as strengthening of its rehabilitation and treatment programmes.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____
Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)155

Question Serial No.

2062

Head: 37 Department of Health
Programme:

Subhead (No. & title): 000 Operational expenses

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The Secretary for Health, Welfare and Food and the Secretary for Security have announced earlier that the arrival clearance checks for non-local pregnant women would be stepped up at the immigration control points starting from February 2007. The Health, Welfare and Food Bureau would also deploy medical staff to assist staff of the Immigration Department in the implementation of the new immigration measures. Please set out the number of relevant medical staff and medical facilities deployed to each immigration control point as well as the provision and other relevant expenditure items.

Asked by: Hon. KWOK Ka-ki

Reply:

Since 1 February 2007, the Department of Health (DH) has been providing a team of one doctor and one nurse at each of the Lo Wu and Lok Ma Chau Immigration Control Points to offer professional support to the Immigration Department. The above duties are currently covered by 12 doctors, 14 nurses and four midwives specifically engaged for the purpose and mostly on a part-time basis. Essential medical equipment is provided on site. The expenditure for the above staff will be absorbed from within the allocated resources of DH.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)156

Question Serial No.

2063

Head: 140 Government Secretariat: Subhead (No. & title): 000 Operational expenses
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please provide information on the number of hospital beds, the number of health care professionals, the financial provisions, staff to patients ratios, the number of discharges and deaths, the average length of hospital stay (in number of days), the bed occupancy rate (in percentage), the average stay of the patients (in number of days), the average cost of the discharges (in dollar terms) and the average cost per patient day (in dollar terms) of different specialties (including acute, convalescent, infirmary, mentally ill and mentally handicapped) in all hospital clusters for the years 2004-05, 2005-06 and 2006-07.

Asked by: Hon. KWOK Ka-ki

Reply:

The four main types of beds for the inpatient services of the Hospital Authority (HA) are (i) general beds, which cover both acute and convalescent beds; (ii) infirmary beds; (iii) mentally ill beds; and (iv) mentally handicapped beds.

The respective numbers of each type of bed by cluster for 2004-05, 2005-06 and 2006-07 (estimate) are given in the table below.

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
as at 31 March 2005								
General	2 002	3 076	3 002	2 019	5 216	3 429	1 767	20 511
Infirmary	627	200	118	116	438	517	135	2 151
Mentally Ill	610	92	313	30	1 372	628	1 669	4 714
Mentally Handicapped	-	-	-	-	300	-	500	800
Overall	3 239	3 368	3 433	2 165	7 326	4 574	4 071	28 176

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
as at 31 March 2006								
General	1 942	2 965	3 002	2 039	5 146	3 476	1 655	20 225
Infirmary	627	200	118	116	438	517	135	2 151
Mentally Ill	610	92	265	30	1 372	628	1 669	4 666
Mentally Handicapped	-	-	-	-	200	-	500	700
Overall	3 179	3 257	3 385	2 185	7 156	4 621	3 959	27 742
as at 31 March 2007 (Estimate)								
General	1 942	2 925	3 002	2 019	5 146	3 471	1 655	20 160
Infirmary	627	200	118	116	438	517	135	2 151
Mentally Ill	446	82	445	80	1 272	628	1 669	4 622
Mentally Handicapped	-	-	-	-	180	-	500	680
Overall	3 015	3 207	3 565	2 215	7 036	4 616	3 959	27 613

Note : There are no mentally handicapped beds in HKE, HKW, KC, KE and NTE clusters.

A breakdown of the number of doctors and nurses for each type of bed by cluster for 2004-05, 2005-06 and 2006-07 (estimate) is set out in the table below.

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
as at 31 March 05								
General and Infirmary								
Doctors	488	471	561	517	997	742	483	4259
Nurses	1 762	2 371	2 461	1 830	4 091	2 910	1 677	17 102
Mentally Ill and Mentally Handicapped								
Doctors	31	18	22	20	64	41	64	260
Nurses	225	78	120	53	622	251	681	2 030
Overall								
Doctors	519	489	583	537	1 061	783	547	4519
Nurses	1 987	2 449	2 581	1 883	4 713	3 161	2 358	19 132

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
as at 31 March 06								
General and Infirmary								
Doctors	494	475	562	530	1 030	728	478	4 297
Nurses	1 810	2 326	2 436	1 878	4 070	2 907	1 720	17 147
Mentally Ill and Mentally Handicapped								
Doctors	31	18	22	21	64	40	65	261
Nurses	223	77	141	55	623	258	691	2 068
Overall								
Doctors	525	493	584	551	1 094	768	543	4 558
Nurses	2 033	2 403	2 577	1 933	4 693	3 165	2 411	19 215
as at 31 January 07 (Estimate)								
General and Infirmary								
Doctors	513	486	571	521	1 043	733	509	4376
Nurses	1 826	2 267	2 524	1 842	4 068	2 930	1 715	17172
Mentally Ill and Mentally Handicapped								
Doctors	27	17	26	24	59	44	64	261
Nurses	188	77	202	73	591	260	664	2 055
Overall								
Doctors	540	503	597	545	1102	777	573	4 637
Nurses	2 014	2 344	2 726	1 915	4 659	3 190	2 379	19 227

The HA cannot provide information on the funding by the type of beds. This is because the funding allocation within the HA is made on the basis of hospital clusters, hospitals and departments, rather than on the basis of the type of beds. The funding allocation by the HA Head Office to each hospital cluster in 2004-05, 2005-06 and 2006-07 (estimate) is set out in the table below for reference.

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
2004-05 Budget Allocation (\$ billion)	3.06	3.35	3.79	2.72	6.33	4.57	3.29	27.11
2005-06 Budget Allocation (\$ billion)	3.01	3.22	3.69	2.65	6.18	4.44	3.26	26.45
2006-07 Budget Allocation (\$ billion)	3.00	3.21	3.74	2.67	6.21	4.46	3.30	26.59

The manpower ratios of doctors and nurses to inpatient discharges and deaths for general inpatient service (i.e. for general and infirmary beds) by hospital cluster in 2004-05, 2005-06 and 2006-07 (estimate) are given in the table below.

No. of doctors and nurses per 1 000 IP discharges & deaths

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
2004-05								
Doctors	5.31	5.04	5.30	5.23	4.48	5.36	5.43	5.07
Nurses	19.18	25.39	23.25	18.51	18.40	21.01	18.85	20.36
2005-06								
Doctors	5.49	5.07	5.32	5.43	4.82	5.11	5.58	5.19
Nurses	20.13	24.81	23.05	19.24	19.05	20.41	20.07	20.69
2006-07 (Estimate)								
Doctors	5.66	5.23	5.42	5.39	4.86	5.14	5.95	5.28
Nurses	20.16	24.38	23.97	19.05	18.96	20.54	20.05	20.73

The number of inpatient discharges and deaths for each type of bed in 2004-05, 2005-06 and 2006-07 (estimate) is set out in the table below.

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
2004-05								
General	90 354	93 218	105 586	98 756	221 394	138 030	88 955	836 293
Infirmary	1 489	159	256	105	991	454	32	3 486
Mentally Ill	3 106	983	460	229	4 372	3 443	2 308	14 901
Mentally Handicapped	-	-	-	-	239	-	215	454
Overall	94 949	94 360	106 302	99 090	226 996	141 927	91 510	855 134
2005-06								
General	88 414	93 553	105 446	97 522	212 513	142 060	85 659	825 167
Infirmary	1 505	184	238	106	1 140	349	28	3 550
Mentally Ill	3 117	976	429	238	4 506	3 660	2 275	15 201
Mentally Handicapped	-	-	-	-	296	-	164	460
Overall	93 036	94 713	106 113	97 866	218 455	146 069	88 126	844 378

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
2006-07 (Estimate)								
General	89 010	92 800	105 090	96 560	213 280	142 330	85 530	824 600
Infirmary	1 550	190	230	120	1 240	350	20	3 700
Mentally Ill	3 200	940	640	220	4 560	3 650	2 290	15 500
Mentally Handicapped	-	-	-	-	240	-	160	400
Overall	93 760	93 930	105 960	96 900	219 320	146 330	88 000	844 200

The average length of stay (in days) for each type of bed in 2004-05, 2005-06 and 2006-07 (estimate) is set out in the table below.

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
2004-05								
General (acute and convalescence)	5.8	7.6	7.5	5.9	5.9	6.3	5.4	6.3
Infirmary	88	336	106	246	45	297	320	120
Mentally Ill	67	20	135	37	116	42	267	105
Mentally Handicapped	-	-	-	-	468	-	796	624
Overall	9.3	8.3	8.3	6.2	8.7	8.2	14.0	8.9
2005-06								
General (acute and convalescence)	5.9	7.4	7.7	5.9	6.0	6.4	5.6	6.4
Infirmary	88	339	110	237	56	190	433	108
Mentally Ill	56	21	132	31	87	43	270	93
Mentally Handicapped	-	-	-	-	329	-	670	454
Overall	9.1	8.2	8.4	6.2	8.5	7.8	13.9	8.7

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
2006-07 (Estimate)								
General (acute and convalescence)	5.9	7.3	7.7	5.9	6.0	6.3	5.5	6.3
Infirmary	95	389	145	268	57	208	395	119
Mentally Ill	66	22	107	30	90	46	302	101
Mentally Handicapped	-	-	-	-	307	-	936	563
Overall	9.6	8.3	8.6	6.3	8.4	7.8	15.2	8.9

The bed occupancy rate for each type of bed in 2004-05, 2005-06 and 2006-07 (estimate) is given in the table below.

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
2004-05								
General	84%	75%	79%	86%	84%	86%	86%	83%
Infirmary	92%	89%	94%	90%	76%	78%	97%	85%
Mentally Ill	89%	62%	50%	77%	73%	74%	90%	79%
Mentally Handicapped	-	-	-	-	72%	-	97%	89%
Overall	87%	76%	77%	86%	81%	83%	89%	83%
2005-06								
General	83%	75%	82%	86%	81%	86%	85%	82%
Infirmary	92%	90%	94%	89%	82%	88%	98%	89%
Mentally Ill	86%	63%	54%	72%	71%	78%	83%	77%
Mentally Handicapped	-	-	-	-	89%	-	97%	95%
Overall	85%	76%	80%	86%	79%	85%	86%	82%

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
2006-07 (Estimate)								
General	83%	74%	83%	84%	80%	86%	85%	82%
Infirmary	92%	88%	90%	91%	86%	89%	98%	90%
Mentally Ill	83%	63%	65%	71%	67%	74%	83%	75%
Mentally Handicapped	-	-	-	-	92%	-	98%	96%
Overall	85%	74%	82%	84%	78%	84%	86%	82%

The cost per patient day and cost per inpatient discharged for each type of bed in 2004-05 and 2005-06 are given in the table below. Similar costing figures for 2006-07 is not yet available at this stage.

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
<u>2004-05</u>								
<u>Cost per Patient Day (\$)</u>								
General	3,300	3,560	3,270	3,230	3,090	3,420	3,500	3,310
Infirmary	1,030	860	1,320	1,110	1,310	840	940	1,040
Mentally Ill	1,280	3,500	2,560	2,560	1,320	1,650	1,240	1,420
Mentally Handicapped	-	-	-	-	950	-	1,020	1,000
<u>Cost per Inpatient Discharged (\$) (note)</u>								
General	18,220	24,860	23,080	18,330	17,610	20,600	17,840	19,790
Infirmary	121,950	306,300	162,820	403,310	138,600	238,480	937,700	169,230
Mentally Ill	82,100	73,720	300,420	94,110	109,020	70,070	261,130	121,320
Mentally Handicapped	-	-	-	-	277,580	-	847,990	547,710
<u>2005-06</u>								
<u>Cost per Patient Day (\$)</u>								
General	3,350	3,620	3,120	3,210	3,130	3,270	3,460	3,280
Infirmary	1,030	860	1,280	1,120	1,320	820	920	1,040
Mentally Ill	1,290	3,740	2,550	2,710	1,410	1,610	1,300	1,470
Mentally Handicapped	-	-	-	-	970	-	990	980

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
<u>Cost per Inpatient Discharged (\$) (note)</u>								
General	18,480	24,250	22,500	18,380	17,900	19,540	18,250	19,660
Infirmery	118,800	262,090	170,210	395,280	120,220	252,720	1,057,620	158,960
Mentally Ill	79,080	79,750	304,570	90,340	102,810	65,540	254,950	115,760
Mentally Handicapped	-	-	-	-	204,880	-	1,066,770	512,160

Note: The cost per inpatient discharged is calculated by dividing the total cost of each service by the number of inpatients discharged during the year. The cost per inpatient discharged for general beds is more representative and stable because of high turnover and short average length of stay. However, in the case of long stay patients and chronic cases (in respect of infirmery, mentally ill and mentally handicapped beds), some of them may stay more than a year and some are not discharged until death. As a result, the variation in the unit costs amongst clusters depends largely on the number of inpatients discharged during the year of each cluster.

HKE = Hong Kong East Cluster
HKW = Hong Kong West Cluster
KE = Kowloon East Cluster
KC = Kowloon Central Cluster
KW = Kowloon West Cluster
NTE = New Territories East Cluster
NTW = New Territories West Cluster

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 17.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)157

Question Serial No.

2064

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please provide the numbers of executives, specialists, non-specialists, general nurses and psychiatric nurses of each hospital cluster under the Hospital Authority in 2005-06, 2006-07 and 2007-08 and their respective percentages of the total number of staff in the hospital cluster concerned.

Asked by: Hon. KWOK Ka-ki

Reply:

The number of management staff, specialists, non-specialists, other medical staff, general nurses and psychiatric nurses of each hospital cluster under the Hospital Authority (HA) in 2005-06 and 2006-07 and their respective percentages of the total number of staff in the cluster concerned are given in the tables below.

2005-06 (as at 31 March 2006)

	HKE		HKW		KC		KE		KW	
	No.	(% of total)	No.	(% of total)	No.	(% of total)	No.	(% of total)	No.	(% of total)
Management Staff	9.0	(0.1%)	9.0	(0.1%)	9.0	(0.1%)	5.0	(0.1%)	10.0	(0.1%)
Specialists	263.9	(4.3%)	261.8	(4.2%)	336.6	(4.8%)	248.9	(4.8%)	564.6	(4.6%)
Non-specialists	261.4	(4.3%)	231.5	(3.7%)	247.6	(3.5%)	301.6	(5.8%)	529.8	(4.3%)
Other Medical Staff	26.0	(0.4%)	69.0	(1.1%)	42.0	(0.6%)	25.5	(0.5%)	69.0	(0.6%)
General Nurses	1821.2	(29.8%)	2325.9	(36.9%)	2451.5	(35.0%)	1881.3	(36.3%)	4131.3	(33.8%)
Psychiatric Nurses	212.4	(3.5%)	77.0	(1.2%)	125.2	(1.8%)	52.0	(1.0%)	562	(4.6%)
	NTE		NTW							
	No.	(% of total)	No.	(% of total)						
Management Staff	9.0	(0.1%)	5.0	(0.1%)						
Specialist s	362.5	(4.2%)	278.2	(4.4%)						
Non-specialists	405.5	(4.7%)	264.8	(4.2%)						
Other Medical Staff	73.0	(0.8%)	25.0	(0.4%)						
General Nurses	2914.3	(33.9%)	1765.1	(28.2%)						
Psychiatric Nurses	251.0	(2.9%)	644.4	(10.3%)						

2006-07 (as at 31 January 07)

	HKE		HKW		KC		KE		KW	
	No.	(% of total)	No.	(% of total)	No.	(% of total)	No.	(% of total)	No.	(% of total)
Management Staff	9.0	(0.1%)	8.0	(0.1%)	7.0	(0.1%)	5.0	(0.1%)	11.0	(0.1%)
Specialists	278.6	(4.6%)	260.7	(4.2%)	346.5	(4.8%)	259.4	(5.0%)	573.2	(4.7%)
Non-specialists	261.5	(4.3%)	242.0	(3.9%)	250.4	(3.5%)	285.2	(5.5%)	528.8	(4.3%)
Other Medical Staff	25.0	(0.4%)	68.0	(1.1%)	38.0	(0.5%)	23.5	(0.5%)	64.0	(0.5%)
General Nurses	1834.8	(30.2%)	2267.1	(36.4%)	2543.5	(35.2%)	1843.0	(35.8%)	4125.1	(33.7%)
Psychiatric Nurses	179.0	(2.9%)	77.0	(1.2%)	183.0	(2.5%)	72.0	(1.4%)	533.5	(4.4%)
	NTE		NTW							
	No.	(% of total)	No.	(% of total)						
Management Staff	9.0	(0.1%)	5.0	(0.1%)						
Specialists	378.8	(4.3%)	287.2	(4.5%)						
Non-specialists	398.2	(4.5%)	285.8	(4.5%)						
Other Medical Staff	74.0	(0.8%)	24.0	(0.4%)						
General Nurses	2932.1	(33.5%)	1740.7	(27.6%)						
Psychiatric Nurses	258.2	(2.9%)	638.4	(10.1%)						

Detailed information on the distribution of staff in hospital clusters for 2007-08 is not available at this stage. The projected total number of staff for each hospital cluster is, however, given in the table below for reference.

	HKE	HKW	KC	KE	KW	NTE	NTW
Projected Total Number of Staff (as at 31 Mar 2008)	6 062	6 214	7 221	5 147	12 209	8 750	6 307

Notes :

1. The above manpower figures are calculated on full-time equivalent (fte) basis. All staff in HA's workforce on permanent, contract and temporary terms are included but those on honorary appointment and university clinical teachers are excluded.
2. Management staff refers to Cluster Chief Executives, Hospital Chief Executives, General Managers (Nursing) and General Managers (Allied Health) at the cluster/hospital level.
3. Specialists refer to all Consultants, Senior Medical Officers, Associate Consultants, Medical Officer/Residents (Specialist) and Medical Officers/Residents with fellowship in the Hong Kong Academy of Medicine.
4. Other medical staff refers to Interns and Dentists.

5. HKE = Hong Kong East Cluster
HKW = Hong Kong West Cluster
KE = Kowloon East Cluster
KC = Kowloon Central Cluster
KW = Kowloon West Cluster
NTE = New Territories East Cluster
NTW = New Territories West Cluster

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 17.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)158

Question Serial No.

2065

Head: 140 Government Secretariat: Subhead (No. & title): 000 Operational expenses
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Regarding the management of outstanding medical fees, please list the expenditure items of the new measures to be introduced by the Hospital Authority in 2007-08 (including the administrative cost incurred by the introduction of a surcharge for late payments, the expenses on installing automatic teller machines and allowing payment at convenience stores, and the expenses on hiring the service of international debt collection agencies). Please also indicate the share of the estimated overall amount of recoverable outstanding medical fees in the total expenditure on various new measures.

Asked by: Hon. KWOK Ka-ki

Reply:

The Hospital Authority is actively pursuing a series of enhanced measures for the effective management and collection of outstanding medical fees (e.g. introduction of self-serviced payment kiosks, and payment through automatic teller machines and convenience stores). Detailed arrangements for these measures are being worked out and therefore the expenditure to be incurred for implementation of these measures is not yet available.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)159

Question Serial No.

2066

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

Subhead (No. & title): 000 Operational expenses

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

1. Could the Administration inform us of the resources made available for the Samaritan Fund in 2006-07 and 2007-08? Apart from the Government, is there any other source for the Fund to obtain additional funding? If yes, what are the items of the funding?
2. Please advise on the number of applications for the Fund and the detailed expenditure in 2004-05, 2005-06 and 2006-07 by using the following form :

Items	(Year)					
	Total no. of applications received	No. of cases in which no subsidy was granted	No. of cases in which subsidies were granted	Total expenditure (\$ million)	Average percentage of fees paid by applicants (%)	Average subsidies granted
Cardias Pacemakers						
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology						
Intraocular Lens						
Home use equipment, appliances and consumables						
Drugs (excluding Imatinib)						
Imatinib (Glivec)						
Gamma Knife Surgeries in private hospital						
Cost for harvesting bone marrow in						

Items	(Year)					
	Total no. of applications received	No. of cases in which no subsidy was granted	No. of cases in which subsidies were granted	Total expenditure (\$ million)	Average percentage of fees paid by applicants (%)	Average subsidies granted
overseas countries						
Myoelectric prosthesis / custom-made prosthesis / appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services						
Other new drugs						
Total no. of applications and the expenditure involved						

Asked by: Hon. KWOK Ka-ki

Reply:

1. The Finance Committee (FC) approved a commitment of \$200 million for a grant to the Samaritan Fund (the Fund) in May 2005. The FC agreed to increase the approved commitment by \$300 million in January 2007. The above-mentioned grant was injected by the Government to the Fund by instalments, with \$150 million made in 2005-06 and \$350 million made in 2006-07. Apart from the Government grant, other sources of income for the Fund include donations from the community and various charitable organizations and Government reimbursements for assistance given under the Fund to recipients of Comprehensive Social Security Assistance.
2. The number of applications for the Fund and expenditure in 2004-05, 2005-06 and 2006-07 are listed in the following tables.

	2004-2005					
Items	Total no. of applications	No. of applications rejected	No. of application approved	Total Amount of subsidy granted (\$ Million)	Average percentage of contribution from applicants	Average amount of subsidy granted to approved cases (\$)
Cardias Pacemakers	405	11	394	13.1	9.9%	33,309
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	1 868	136	1 732	49.7	5.2%	28,694
Intraocular Lens	880	64	816	1.3	0.4%	1,549
Home use equipment, appliances and consumables	124	7	117	1.2	5.1%	10,228
Drugs (excluding Imatinib)	160	17	143	5.2	4.8%	36,453
Imatinib (Glivec)	126	6	120	12.1	8.2%	100,751
Gamma Knife Surgeries in private hospital	33	1	32	2.0	16.5%	62,734
Cost for harvesting Bone Marrow in overseas countries	10	4	6	0.5	0.0%	80,950
Myoelectric prosthesis / custom-made prosthesis / appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	199	8	191	1.5	4.7%	7,631
Total	3 805	254	3 551	86.6	6.6%	24,370

	2005-2006					
Items	Total no. of applications	No. of applications rejected	No. of application approved	Total Amount of subsidy granted (\$ Million)	Average percentage of contribution from applicants	Average amount of subsidy granted to approved cases (\$)
Cardias Pacemakers	467	15	452	18.5	8.1%	40,943
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	1 890	207	1 683	52.9	5.5%	31,413
Intraocular Lens	1 107	92	1 015	1.6	0.3%	1,559
Home use equipment, appliances and consumables	141	14	127	1.2	1.8%	9,149
Drugs (excluding Imatinib)	136	12	124	5.1	3.5%	41,245
Imatinib (Glivec)	204	7	197	29.0	11.0%	147,318
Gamma Knife Surgeries in private hospital	35	1	34	2.3	8.4%	68,176
Cost for harvesting Bone Marrow in overseas countries	17	3	14	1.5	1.5%	108,693
Myoelectric prosthesis / custom-made prosthesis / appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	206	14	192	1.8	2.9%	9,128
Total	4 203	365	3 838	113.9	7.2%	29,663

Items	2006-2007 (Projection)					
	Total no. of applications	No. of applications rejected	No. of application approved	Total Amount of subsidy granted (\$ Million)	Average percentage of contribution from applicants	Average amount of subsidy granted to approved cases (\$)
Cardias Pacemakers	478	6	472	17.6	7.1%	37,464
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	1 962	145	1 817	61.7	4.9%	33,959
Intraocular Lens	1 144	11	1 133	1.8	0.1%	1,557
Home use equipment, appliances and consumables	148	17	131	1.2	0.6%	9,609
Drugs (excluding Imatinib)	139	5	134	6.1	2.9%	45,940
Imatinib (Glivec)	203	6	197	36.8	9.7%	187,182
Gamma Knife Surgeries in private hospital	25	0	25	1.7	14.5%	67,138
Cost for harvesting Bone Marrow in overseas countries	16	5	11	1.3	11.8%	124,479
Myoelectric prosthesis / custom-made prosthesis / appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	177	14	163	1.1	10.5%	6,303
Total	4 292	209	4 083	129.3	6.7%	31,712

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Date 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)160

Question Serial No.

2067

Head: 140 Government Secretariat: Health, Subhead (No. & title):
Welfare and Food Bureau (Health and
Welfare Branch)

Programme: (1) Social Welfare

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please state the resource allocation in 2007-08 for the Working Group on Mental Health Services (including research fee, staff number and establishment, staff cost etc). Please also set out the resources reserved for implementing the new initiatives proposed by the Working Group.

(Official English version of the question yet to be received. The question was translated by Rehab Division based on the Chinese version.)

Asked by: Hon. KWOK Ka Ki

Reply:

The Working Group on Mental Health Services (Working Group) was set up in August 2006. It seeks to review existing service provision with a view for possible improvement; to propose and prioritise new initiatives for developing community mental health services; and to review existing inter-departmental communication and collaboration mechanism.

The Working Group is currently developing its planning framework and collecting essential data to facilitate its deliberations. It has not come to a stage of making concrete recommendations on the future development of our mental health services. We have not made any provision in the 2007-08 estimates for implementation of new initiatives to be proposed by the Working Group.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare and
Food (Health & Welfare)

Date _____ 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)161

Question Serial No.

2068

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

Subhead (No. & title):

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please provide details on the resources (including the number of various kinds of health care professionals) and provision allocated annually to the Obstetrics and Gynaecology Department of each public hospital by the Hospital Authority in the past five years (i.e. from the year 2002 to 2007). Please also provide a provision breakdown by expenditure item (including the salary cost of health care professionals and other staff and the expenditure on medicine and medical equipment).

Asked by: Hon. KWOK Ka-ki

Reply:

The number of doctors and nurses for the Obstetric and Gynaecology (O&G) Departments in public hospitals by cluster for the past five years (i.e. from 2002-03 to 2006-07) are set out in the tables below.

2002-03

	HKE	HKW	KC	KE	KW	NTE	NTW	HA Total
Doctors	20	21	24	23	50	33	25	196
Nurses	103	143	134	105	257	212	132	1086

2003-04

	HKE	HKW	KC	KE	KW	NTE	NTW	Cluster total
Doctors	18	21	25	24	47	31	26	192
Nurses	89	145	132	105	228	190	94	983

2004-05

	HKE	HKW	KC	KE	KW	NTE	NTW	Cluster total
Doctor	18	20	24	24	43	30	25	184
Nurse	88	133	127	103	233	193	89	966

2005-06

	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Cluster total
Doctor	18	19	23	27	45	31	26	189
Nurse	83	133	131	122	220	191	98	978

2006-07 (as at 31 January 2007)

	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Cluster total
Doctor	20	18	24	26	42	32	29	191
Nurse	84	135	129	115	214	191	105	973

Notes

1. The above manpower figures, calculated on full-time equivalent (fte) basis, include all staff in HA's workforce on permanent, contract and temporary terms but exclude staff on honorary appointment and university teaching staff.
2. The figures provided reflect the position as at 31 March in each year, unless otherwise stated.

The provision for O&G Departments by hospital cluster, as reflected by the actual expenditure on services, with a break down by staff expenditure and expenditure on drugs and other expenses, for the years from 2002-03 to 2005-06 are set out in the table below.

Cluster	Staff Expenditure	Expenditure on Drugs and Other Expenses	Total
	(\$ Million)	(\$ Million)	(\$ Million)
<u>2002-03</u>			
HK West	121.8	100.2	222.0
HK East	110.7	74.1	184.7
Kowloon Central	143.9	106.8	250.7
Kowloon East	117.4	96.6	214.0
Kowloon West	284.9	186.6	471.5
New Territories East	182.4	119.7	302.1
New Territories West	142.7	97.9	240.6
Total	1,103.8	781.9	1,885.7
<u>2003-04</u>			
HK West	115.8	111.8	227.6
HK East	92.0	71.3	163.4
Kowloon Central	140.9	101.2	242.1
Kowloon East	109.9	96.1	206.0
Kowloon West	256.4	183.5	439.9
New Territories East	174.5	114.8	289.2
New Territories West	122.2	91.1	213.4
Total	1,011.7	769.8	1,781.5
<u>2004-05</u>			
HK West	106.8	95.3	202.2
HK East	89.6	64.1	153.7
Kowloon Central	125.4	94.6	220.0
Kowloon East	104.1	94.3	198.4
Kowloon West	242.5	166.1	408.6
New Territories East	163.3	115.5	278.8
New Territories West	110.0	86.6	196.6
Total	941.8	716.5	1,658.3

Cluster	Staff Expenditure	Expenditure on Drugs and Other Expenses	Total
2005-06			
HK West	100.5	99.0	199.5
HK East	89.8	62.1	151.9
Kowloon Central	118.3	87.6	205.9
Kowloon East	101.8	90.5	192.3
Kowloon West	231.6	167.3	398.9
New Territories East	152.4	109.9	262.3
New Territories West	107.1	81.8	188.9
Total	901.5	698.2	1,599.7

Note

Expenditure on Drugs and Other Expenses include the cost of medical equipment.

The estimated total expenditure for O&G services in 2006-07 is around \$1.6 billion. A breakdown of the expenditure for the first 10 months of 2006-07 by cluster is given in the table below. A further breakdown by expenditure items is not available at this time.

2006-07 (first 10 months) (\$ Million)

	HK West	HK East	Kowloon Central	Kowloon East	Kowloon West	NT East	NT West	Total
Expenditure for O&G services	\$167	\$127	\$172	\$161	\$333	\$219	\$158	\$1,337

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Date 17.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)162

Question Serial No.

2069

Head: 140 Government Secretariat: Subhead (No. & title): 000 Operational expenses
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please give a list of the additional resources (including the number of various kinds of health care professionals) and provision allocated annually to the obstetrics and gynaecology department of each public hospital by the Hospital Authority in 2007-08. Please also provide a provision breakdown by expenditure item (including the number of health care professionals to be increased as well as the salary cost of other staff and expenditure on medicine and medical equipment).

Asked by: Hon. KWOK Ka-ki

Reply:

The Hospital Authority (HA) estimates that the baseline expenditure for obstetric and gynaecology services in 2007-08 would be around \$1.6 billion. In the light of the new obstetric service measures taken since 1 February 2007, the HA is closely monitoring the situation and assessing the demand for obstetric services and the consequential resource implications. A provision breakdown by expenditure item for 2007-08 is therefore not available.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 17.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)163

Question Serial No.

2070

Head: 140 Government Secretariat: Health, Welfare and Food Bureau (Health and Welfare Branch) Subhead (No. & title): 979 Hospital Authority – equipment and information systems

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please provide information on the number of times of use of the telephone booking service in general out-patient clinics in each cluster annually since the trial launch of the service by the Hospital Authority, and the number of complaints received by the Hospital Authority annually in respect of the telephone booking service.

Asked by: Hon. KWOK Ka-ki

Reply:

Since the successful completion of the trial launch of telephone booking service in general out-patient clinics on Hong Kong Island, the Hospital Authority (HA) has progressively implemented the telephone booking service on a territory-wide basis since late October 2006 in response to the public demands for improving the crowded queuing and waiting conditions in GOPCs. From November 2006 to January 2007, 509 439 bookings have been successfully made through the telephone booking service. The breakdown by each cluster is as follows:

<u>Cluster</u>	<u>No. of successful booking made</u>
Hong Kong East	19 712
Hong Kong West	14 958
Kowloon Central	48 195
Kowloon East	80 327
Kowloon West	166 030
New Territories East	73 712
New Territories West	106 505
Total	509 439

As at the end of February 2007, HA has received a total of 57 complaints in relation to the telephone booking service since its introduction.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare and Food
(Health and Welfare)

Date _____ 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)164

Question Serial No.

2071

Head: 140 Government Secretariat: Health, Welfare and Food Bureau (Health and Welfare Branch) Subhead (No. & title): 979 Hospital Authority – equipment and information systems

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please provide information on the annual expenditure of the Hospital Authority for the implementation and improvement of the telephone booking service in general out-patient clinics. Does the Hospital Authority have any plans to enhance the promotion, education and support to patients (especially the elderly) in using the telephone booking service as well as to improve the telephone booking system, so that patients with genuine difficulties can find it easier to use the service? If yes, what are the measures and the expenditure involved?

Asked by: Hon. KWOK Ka-ki

Reply:

The setup cost and the annual operating cost of the telephone booking service in general out-patient clinics (GOPCs) are around \$2.5 million and \$0.4 million respectively.

The Hospital Authority (HA) has been stepping up its publicity work on the telephone booking service in GOPCs, targetting such promotion to specific community groups such as elderly living on their own, in elderly centres or in remote villages. HA has also been issuing well-illustrated instruction cards setting out the personalized steps for making telephone booking. For patients with special needs or genuine difficulty in using the telephone booking service, help desks have been set up in clinics and staff designated to render appropriate assistance on a case-by-case basis.

HA is in the process of further improving the telephone booking system by remaking the interactive voice responses with authentic human voice, improving its pace and tone to make it more user-friendly, repeating the appointment information for patients to grasp more easily, and streamlining the flow of booking by reducing the number of steps required.

The above improvement measures are part and parcel of the clinic operation and the expenditure for these improvements is not itemised.

Signature _____

Name in block letters _____

Ms Sandra LEE

Post Title _____

Permanent Secretary for Health, Welfare and Food
(Health and Welfare)

Date _____

14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)165

Question Serial No.

2072

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please provide the number and rank of doctors serving in the liver transplant team under the Hospital Authority in the past 5 years (i.e. 2002-2007), including the numbers of professors, consultants, senior doctors and specialist trainees of the respective specialty.

Asked by: Hon. KWOK Ka-ki

Reply:

Liver transplants are currently performed by the Liver Transplant Team with the support of the Hepatobiliary and Pancreatic Surgery Team in Queen Mary Hospital under the Hospital Authority. A breakdown of the medical staff in these two teams by rank for the five years between 2002-03 and 2006-07 is given in the table below.

	2002-03 (as at Jan 2002)	2003-04 (as at Jan 2003)	2004-05 (as at Jan 2004)	2005-06 (as at Jan 2005)	2006-07 (as at Jan 2006)
Chair Professor ¹	2	2	2	2	2
Professor ¹	0	0	0	0	1
Associate Professor ¹	1	2	2	2	0
Assistant Professor ¹	0	0	0	0	1
Consultant	1	1	1	1	1.21
Senior Medical Officer	2	1	1	2	2
Resident Specialist	0	3	3	1	1
Total ²:	6	9	9	8	8.21

Notes

1. Staff of the University of Hong Kong.
2. All figures are in full-time-equivalents.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)166

Question Serial No.

2073

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

Subhead (No. & title):

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please advise this Committee of the liver donation rate and the actual number of liver transplant operations handled in each of the past five years (i.e. from 2002 to 2007); and the median waiting time for liver transplants.

Asked by: Hon. KWOK Ka-ki

Reply:

The annual deceased donor rate per million population and the actual number of liver transplantation operations carried out by the Hospital Authority in the past 5 years are set out in the table below.

Year	Deceased donor rate per million population	Number of Liver Transplantation Operations
2002	4.4	75
2003	2.6	55
2004	2.9	76
2005	3.5	64
2006	3.3	72

The median waiting time for patients who had undergone cadaveric liver transplants is 156.5 days.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)167

Question Serial No.

2074

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

Subhead (No. & title):

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Are there any plans for the Hospital Authority to allocate more resources to its liver transplant department in 2007-08 (including the overall provision for the department; the number of each rank of doctors in the department, such as professors, consultants, senior doctors and specialist trainees; medicine resources; medical equipment and any other related resources)?

Asked by: Hon. KWOK Ka-ki

Reply:

Liver transplants are currently performed by the Liver Transplant Team with the support of the Hepatobiliary and Pancreatic Surgery Team in Queen Mary Hospital (QMH). In 2007-08, the Hospital Authority (HA) plans to increase the medical staff of these two teams as set out below –

	Additional Medical Staff
Liver Transplant Team	– 1 Consultant – 1 Resident Specialist
Hepatobiliary and Pancreatic Surgery Team	– 1 Consultant – 1 Resident Specialist

Apart from the provision of additional medical staff, the HA will also strengthen nursing and other support (such as the provision of drugs, radiological and laboratory services) for the Liver Transplant Team. The cost of services relating to liver transplants is absorbed in the overall budget of the Department of Surgery of QMH and cannot be separately itemised.

Signature _____
Name in block letters Ms Sandra LEE
Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)
Date 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)168

Question Serial No.

2075

Head: 140 Government Secretariat: Subhead (No. & title): 000 Operational expenses
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The Hospital Authority has stated that "training of health care professionals" will be one of its four focused areas in 2007-08, while the number of trainees/non-specialists will decrease from 2 155 in 2006-07 Revised Estimate to 2 141 in 2007-08 Estimate. Please inform this Committee of the following : How will the Hospital Authority fulfill the objective of providing training for health care professionals? What is the amount of provision allocated for such training? (Please give a detailed list of the training programmes and the corresponding amount of provision.) What is the number of medical practitioners expected to receive such training? (Please give a breakdown by specialised area and staff group.) On average, how many hours of training will these trainees receive weekly? (Please give a breakdown by specialised area and staff group.)

Asked by: Hon. KWOK Ka-ki

Reply:

The Hospital Authority (HA) is committed to playing an important role in the provision of medical specialist training in Hong Kong. In 2007-08, the HA is planning to recruit over 320 new medical graduates into its specialist training programmes. The expected decrease in the number of trainees/non-specialists from 2 155 in 2006-07 Revised Estimate to 2 141 in 2007-08 Estimate can be attributed to the expected turnover and the number of trainees who are expected to attain their specialist qualification in the coming year. According to HA's projection, around 210 trainees currently receiving specialist training in the HA will attain their specialist qualification in 2007-08. Subject to good performance, they will be retained to serve in the HA and given further opportunity to accumulate valuable clinical experience. While there will be a net decrease in the number of trainees/non-specialists by 14 in 2007-08, it will be more than offset by the increase in the number of specialists from 2 424 in 2006-07 to 2 462 in 2007-08.

The training provided by the HA to its medical specialist trainees is mainly in the form of on-the-job training, where trainees are provided with the opportunity and necessary guidance to acquire clinical skills and knowledge through day-to-day clinical practices, in accordance with the specialist training requirements of the Hong Kong Academy of Medicine. Since this type of training is provided in conjunction with service provision, it is not feasible to clearly delineate the number of weekly hours of training received by the trainees or the resources allocated by the HA in this regard.

Apart from on-the-job training, the HA is also committed to providing its healthcare staff with opportunities of continuous development and self-learning. In 2007-08, the HA is planning to earmark over \$10 million to fund

the provision of training courses for its healthcare staff. It is estimated that about half of the earmarked funding would be used to support programmes for doctors. Details of the training programme for 2007-08 are being finalised and hence are not available at this stage.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)169

Question Serial No.

2076

Head: 140 Government Secretariat: Subhead (No. & title): 000 Operational expenses
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

What are the weekly average training hours given to specialist trainees in different specialties under the Hospital Authority in the past 5 years (i.e. 2002-07)?

Asked by: Hon. KWOK Ka-ki

Reply:

The training provided by the HA to its medical specialist trainees is mainly in the form of on-going on-the-job training, where trainees are provided with the opportunity and necessary guidance to acquire clinical skills and knowledge through day-to-day clinical practices, in accordance with the specialist training requirements of the Hong Kong Academy of Medicine. Since this type of training is provided in conjunction with service provision, it is not feasible to delineate the number of weekly hours of training received by the trainees.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)170

Question Serial No.

2107

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Regarding the specialist service of different clusters, please provide the following information for 2004-05, 2005-06 and 2006-07: the number of hospital beds, the number of healthcare professionals (including the relevant specialists, specialist trainees and other healthcare personnel), the amount of provision, the median waiting time for first appointment (weeks), the number of new attendances and follow-up attendances, the cost per inpatient discharged (\$), the cost per patient day (\$), the average medicine cost per patient (\$), and the average medicine purchasing cost per patient (\$).

Asked by: Hon. KWOK Ka-ki

Reply:

The number of beds for major specialties in public hospitals by cluster in 2004-05, 2005-06 and 2006-07 are given in the table below.

Time	Specialty	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
as at end March 2005	Ear, Nose & Throat	16	28	17	13	35	34	20	163
	Gynaecology	40	74	42	59	144	98	51	508
	Obstetrics	66	79	114	59	272	110	72	772
	Medicine	858	967	1 094	1 026	2 402	1 196	688	8 231
	Ophthalmology	46	11	56	13	40	39	16	221
	Orthopaedics & Traumatology	174	362	299	208	508	474	189	2 214
	Paediatrics	63	172	129	109	377	182	84	1 116
	Surgery	250	586	281	283	763	514	219	2 896
as at end March 2006	Ear, Nose & Throat	16	28	17	15	35	39	20	170
	Gynaecology	40	74	42	59	144	98	28	485
	Obstetrics	66	79	114	62	209	114	70	714
	Medicine	814	966	1 098	1 028	2 459	1 220	662	8 247
	Ophthalmology	46	11	56	13	36	35	16	213
	Orthopaedics & Traumatology	174	362	299	213	481	480	189	2 198
	Paediatrics	53	174	129	109	365	188	84	1 102
	Surgery	250	584	281	293	724	523	168	2 823

Time	Specialty	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
as at end December 2006	Ear, Nose & Throat	16	28	17	15	36	41	20	173
	Gynaecology	40	74	42	59	139	122	28	504
	Obstetrics	66	79	114	62	209	114	70	714
	Medicine	814	954	1,102	1,046	2,459	1,236	662	8 273
	Ophthalmology	46	11	56	11	36	35	16	211
	Orthopaedics & Traumatology	174	362	299	213	482	492	189	2 211
	Paediatrics	53	173	129	109	372	188	84	1 108
	Surgery	250	584	281	295	727	532	168	2 837

The number of doctors and nurses in each major specialty by cluster for 2004-05, 2005-06 and 2006-07 are given in the tables below.

Time	Specialty	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
as at end March 2005	<u>Ear, Nose & Throat</u>								
	Specialist doctors	7	4	8	4	8	10	4	45
	Non-specialist doctors	2	3	3	4	3	5	5	25
	Nurses	7	4	10	0	1	14	1	37
	<u>Obstetrics & Gynaecology</u>								
	Specialist doctors	13	15	17	13	28	20	18	124
	Non-specialist doctors	5	5	7	11	15	10	7	60
	Nurses	88	133	127	103	233	193	89	966
	<u>Medicine</u>								
	Specialist doctors	71	61	73	50	138	71	50	514
	Non-specialist doctors	66	53	55	71	131	87	49	512
	Nurses	504	647	648	687	1269	893	325	4 973
	<u>Ophthalmology</u>								
	Specialist doctors	12	4	16	5	11	10	11	69
	Non-specialist doctors	7	2	19	6	13	12	7	66
	Nurses	32	10	0	0	18	23	29	112
	<u>Orthopaedics & Traumatology</u>								
	Specialist doctors	16	13	21	18	38	30	16	152
	Non-specialist doctors	11	12	11	20	21	28	14	117
	Nurses	63	74	62	119	158	193	50	719
	<u>Paediatrics</u>								
	Specialist doctors	15	24	31	21	53	26	22	192
	Non-specialist doctors	9	13	5	13	20	23	10	93
	Nurses	76	192	150	132	252	231	134	1 167
	<u>Psychiatry (incl. mentally handicapped services)</u>								
	Specialist doctors	11	5	10	6	34	13	27	106
	Non-specialist doctors	20	13	12	14	30	28	37	154
	Nurses	225	78	120	53	622	251	680	2 029
	<u>Surgery</u>								
	Specialist doctors	28	46	50	21	77	46	26	294
	Non-specialist doctors	21	33	23	25	37	33	22	194
	Nurses	105	440	225	132	353	340	90	1 685
	<u>Other specialties</u>								
	Specialist doctors	74	92	108	90	152	128	80	724
	Non-specialist doctors	131	91	114	145	252	203	142	1 078
	Nurses	887	871	1239	657	1807	1023	959	7 444
	Overall								
	Specialist doctors	247	264	334	228	539	354	254	2 220
	Non-specialist doctors	272	225	249	309	522	429	293	2 299
	Nurses	1 987	2 449	2 581	1 883	4 713	3 161	2 358	19 132

Time	Specialty	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
as at end March 2006	<u>Ear, Nose & Throat</u>								
	Specialist doctors	7	2	8	3	9	11	5	45
	Non-specialist doctors	2	4	3	3	3	4	5	24
	Nurses	7	4	10	0	1	13	1	36
	<u>Obstetrics & Gynaecology</u>								
	Specialist doctors	13	13	14	13	26	19	16	114
	Non-specialist doctors	5	6	9	14	19	12	10	75
	Nurses	83	133	131	122	220	191	98	978
	<u>Medicine</u>								
	Specialist doctors	74	66	70	54	144	70	56	534
	Non-specialist doctors	71	53	59	68	127	93	41	512
	Nurses	506	656	619	704	1262	910	329	4 985
	<u>Ophthalmology</u>								
	Specialist doctors	11	3	21	7	10	11	10	73
	Non-specialist doctors	7	4	14	5	12	11	7	60
	Nurses	30	10	0	0	16	23	33	112
	<u>Orthopaedics & Traumatology</u>								
	Specialist doctors	20	16	26	22	41	33	23	181
	Non-specialist doctors	9	11	6	17	22	25	8	98
	Nurses	64	75	65	120	153	195	60	733
	<u>Paediatrics</u>								
	Specialist doctors	13	26	28	22	49	27	24	189
	Non-specialist doctors	10	12	7	13	23	19	9	93
	Nurses	75	195	149	135	252	228	130	1 163
	<u>Psychiatry (incl. mentally handicapped services)</u>								
	Specialist doctors	13	5	9	8	33	12	30	110
	Non-specialist doctors	18	13	13	13	31	28	35	151
	Nurses	223	77	141	55	623	258	691	2 068
	<u>Surgery</u>								
	Specialist doctors	30	39	49	25	82	45	31	300
	Non-specialist doctors	20	39	22	25	36	35	20	197
	Nurses	102	438	231	131	349	332	87	1 668
<u>Other specialties</u>									
Specialist doctors	83	92	111	95	170	135	83	769	
Non-specialist doctors	119	89	115	144	257	178	130	1 032	
Nurses	944	816	1 232	666	1 818	1 015	982	7 472	
Overall									
Specialist doctors	264	262	336	249	564	363	278	2316	
Non-specialist doctors	261	231	248	302	530	405	265	2242	
Nurses	2 033	2 403	2 577	1 933	4 693	3 165	2 411	19 215	

Time	Specialty	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
as at January 2007	<u>Ear, Nose & Throat</u>								
	Specialist doctors	7	3	8	4	9	13	6	50
	Non-specialist doctors	2	3	3	4	4	2	4	22
	Nurses	7	4	10	0	1	14	1	37
	<u>Obstetrics & Gynaecology</u>								
	Specialist doctors	11	11	14	12	25	17	16	106
	Non-specialist doctors	9	7	10	14	17	15	13	85
	Nurses	84	135	129	115	214	191	105	973
	<u>Medicine</u>								
	Specialist doctors	84	65	73	59	148	77	53	559
	Non-specialist doctors	63	58	63	63	125	94	54	520
	Nurses	514	645	612	679	1 218	919	339	4 926
	<u>Ophthalmology</u>								
	Specialist doctors	12	4	19	7	9	12	15	78
	Non-specialist doctors	8	4	13	4	15	10	3	57
	Nurses	29	10	0	0	16	24	32	111
	<u>Orthopaedics & Traumatology</u>								
	Specialist doctors	22	19	25	24	44	34	26	194
	Non-specialist doctors	8	8	6	14	20	25	8	89
	Nurses	67	75	67	118	149	198	60	734
	<u>Paediatrics</u>								
	Specialist doctors	13	24	27	21	47	27	24	183
	Non-specialist doctors	12	14	8	14	26	20	10	104
	Nurses	68	191	149	138	242	224	131	1 143
	<u>Psychiatry (incl. mentally handicapped services)</u>								
	Specialist doctors	12	5	13	11	28	16	29	114
	Non-specialist doctors	15	12	13	13	31	28	35	147
	Nurses	188	77	202	73	591	260	665	2 056
	<u>Surgery</u>								
	Specialist doctors	30	41	49	30	81	42	29	302
	Non-specialist doctors	22	42	27	20	41	41	25	218
	Nurses	109	430	233	133	340	332	116	1 693
	<u>Other specialties</u>								
	Specialist doctors	88	89	119	92	182	141	89	800
	Non-specialist doctors	122	94	107	139	250	163	134	1 009
	Nurses	947	776	1 324	659	1 889	1 028	930	7 554
	Overall								
	Specialist doctors	279	261	347	260	573	379	287	2 386
	Non-specialist doctors	261	242	250	285	529	398	286	2 251
	Nurses	2 014	2 344	2 726	1 915	4 659	3 190	2 379	19 227

Notes

- Totals may not add up due to rounding. The above manpower figures calculated on full-time equivalent basis. All staff in HA's workforce on permanent, contract and temporary terms are included. The number of doctors include Medical Officer/Resident and above. The number of nurses include Registered Nurses and above, Enrolled Nurses and trainees.

2. Specialist doctors refer to all staff at Consultant, Senior Medical Officer/Associate Consultant, Medical Officer/Resident (Specialist) ranks and Medical Officer /Resident with fellowship in the Hong Kong Academy of Medicine.
3. Around 3 900 nursing staff are posted under the “central pool” of Nursing Management or Nursing Administration department. These staff numbers are not reflected in the manpower for major clinical specialties reported. The exact figures deployed to the individual departments from the pool are not readily available.

The median waiting time (in weeks) for first specialist outpatient (SOP) appointment in each major specialty by cluster for 2004-05, 2005-06 and the first 10 months of 2006-07 are given in the table below.

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
2004-05								
Ear, Nose & Throat	7	4	1	42	12	11	12	4
Gynaecology	11	4	7	11	10	12	12	8
Obstetrics	1	< 1	5	< 1	1	1	< 1	1
Medicine	8	5	19	8	24	28	23	13
Ophthalmology	5	3	1	6	1	12	2	3
Orthopaedics & Traumatology	14	13	18	7	14	10	27	13
Paediatrics	< 1	3	2	7	2	7	17	4
Psychiatry	4	5	2	8	5	5	5	5
Surgery	10	6	4	19	12	26	25	15
All specialties	6	4	3	8	7	10	9	6
2005-06								
Ear, Nose & Throat	7	5	7	12	8	7	12	8
Gynaecology	9	3	8	9	5	16	9	7
Obstetrics	1	< 1	5	< 1	1	2	< 1	1
Medicine	7	5	17	8	25	30	26	12
Ophthalmology	5	4	1	7	< 1	13	2	2
Orthopaedics & Traumatology	8	14	16	5	14	18	37	15
Paediatrics	< 1	4	3	8	4	11	29	4
Psychiatry	2	3	< 1	4	5	5	6	4
Surgery	9	6	6	24	15	21	43	16
All specialties	5	3	4	7	6	11	8	6
2006-07 (Apr06 - Jan07)								
Ear, Nose & Throat	8	8	12	14	8	3	13	8
Gynaecology	8	4	8	8	10	18	8	8
Obstetrics	1	< 1	7	1	1	2	1	1
Medicine	3	5	14	7	21	25	13	10
Ophthalmology	6	7	1	7	1	8	3	3
Orthopaedics & Traumatology	7	11	17	7	9	24	44	13
Paediatrics	< 1	5	3	7	5	17	25	5
Psychiatry	2	4	4	4	6	6	8	5
Surgery	8	8	7	43	17	23	26	16
All specialties	5	4	5	7	7	11	8	7

The number of new SOP attendances for each major specialty by cluster in 2004-05, 2005-06 and the first 10 months of 2006-07 are given in the table below.

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
2004-05								
Ear, Nose & Throat	6 258	5 849	12 331	5 490	11 178	9 934	7 390	58 430
Gynaecology	4 059	6 852	4 455	5 451	10 665	6 952	5 125	43 559
Obstetrics	3 286	3 711	3 735	4 052	8 034	6 364	4 035	33 217
Medicine	9 404	8 162	9 411	11 724	18 323	14 146	8 369	79 539
Ophthalmology	11 712	4 604	27 088	9 377	13 745	11 373	15 425	93 324
Orthopaedics & Traumatology	6 739	5 851	5 626	9 883	14 894	16 344	7 031	66 368
Paediatrics	3 032	2 988	1 702	2 607	4 007	3 331	1 820	19 487
Psychiatry	2 520	1 972	2 195	3 428	6 589	5 251	3 721	25 676
Surgery	10 193	9 160	13 873	12 564	26 324	16 327	9 629	98 070
All specialties	61 875	52 869	91 311	77 186	116 958	99 990	70 559	570 748
2005-06								
Ear, Nose & Throat	6 458	4 358	11 745	5 433	10 215	9 751	7 687	55 647
Gynaecology	4 286	6 777	4 272	5 418	10 427	6 157	4 603	41 940
Obstetrics	3 175	3 921	3 858	3 930	8 873	7 794	3 112	34 663
Medicine	8 753	8 634	8 935	11 400	17 835	13 488	7 410	76 455
Ophthalmology	10 951	4 555	22 942	10 288	14 971	14 425	14 179	92 311
Orthopaedics & Traumatology	6 436	6 408	5 679	10 020	13 081	14 017	6 976	62 617
Paediatrics	3 074	3 345	1 569	3 145	4 333	3 044	1 789	20 299
Psychiatry	2 501	2 087	2 115	4 142	6 569	5 894	3 930	27 238
Surgery	10 029	8 967	11 675	12 829	24 239	15 452	9 050	92 241
All specialties	63 145	53 161	84 172	79 856	114 509	101 177	67 751	563 771
2006-07 (Apr06 - Jan07)								
Ear, Nose & Throat	5 134	3 460	10 123	4 436	8 582	10 585	6 365	48 685
Gynaecology	3 418	5 591	3 280	4 493	8 312	5 314	3 486	33 894
Obstetrics	2 903	3 477	3 280	3 131	6 277	7 103	1 996	28 167
Medicine	7 841	6 428	7 214	9 553	15 304	10 964	5 466	62 770
Ophthalmology	9 287	4 144	17 084	8 479	11 305	12 552	12 346	75 197
Orthopaedics & Traumatology	5 531	5 511	4 191	7 796	11 339	11 309	5 229	50 906
Paediatrics	2 505	2 389	1 253	2 674	3 753	2 574	1 411	16 559
Psychiatry	2 006	1 582	1 740	3 485	5 207	4 432	3 245	21 697
Surgery	8 426	7 354	9 944	10 603	19 253	12 877	8 152	76 609
All specialties	55 904	43 826	68 272	65 381	95 684	87 247	56 592	472 906

The number of follow-up SOP attendances for each major specialty by cluster in 2004-05, 2005-06 and the first 10 months of 2006-07 are given in the table below.

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
2004-05								
Ear, Nose & Throat	25 284	19 964	51 235	16 557	46 786	33 059	30 985	223 870
Gynaecology	29 349	43 216	30 645	34 156	65 271	37 063	35 323	275 023
Obstetrics	25 096	17 093	29 888	21 755	60 659	28 440	23 056	205 987
Medicine	208 822	185 777	191 068	175 637	447 606	241 079	138 425	1 588 414
Ophthalmology	120 328	47 703	190 955	54 361	116 074	111 623	92 859	733 903
Orthopaedics & Traumatology	47 904	45 530	54 636	61 899	108 437	103 991	53 968	476 365
Paediatrics	17 589	34 482	33 495	38 917	55 471	47 564	22 523	250 041
Psychiatry	62 583	42 662	48 635	52 253	180 711	69 577	94 668	551 089
Surgery	62 470	105 397	83 709	56 963	148 178	76 229	48 659	581 605
All specialties	678 164	623 543	833 891	561 107	1 254 834	845 072	639 406	5 436 017
2005-06								
Ear, Nose & Throat	23 291	19 578	49 097	16 191	47 458	30 024	31 789	217 428
Gynaecology	28 699	43 092	30 065	34 024	59 323	37 115	27 526	259 844
Obstetrics	23 756	17 665	29 074	18 345	65 796	26 868	16 943	198 447
Medicine	220 239	188 131	189 952	180 714	456 804	240 566	134 133	1 610 539
Ophthalmology	123 763	50 535	189 601	62 960	125 408	112 584	97 275	762 126
Orthopaedics & Traumatology	43 627	45 764	55 166	62 199	97 090	97 985	50 620	452 451
Paediatrics	18 416	36 088	33 372	40 028	55 157	45 367	23 417	251 845
Psychiatry	65 743	43 821	51 429	55 207	184 398	80 326	97 793	578 717
Surgery	63 022	106 494	80 811	57 718	147 684	72 537	45 339	573 605
All specialties	692 272	629 619	824 227	579 343	1 266 923	846 851	615 332	5 454 567
2006-07 (Apr06 - Jan07)								
Ear, Nose & Throat	20 057	14 081	38 304	12 705	40 829	27 489	25 909	179 374
Gynaecology	24 171	34 165	21 559	27 809	43 942	30 467	20 104	202 217
Obstetrics	20 499	16 093	24 173	15 552	51 715	22 513	12 933	163 478
Medicine	186 816	156 468	159 794	145 239	389 617	201 615	108 774	1 348 323
Ophthalmology	102 952	43 824	154 204	57 223	104 490	99 875	88 514	651 082
Orthopaedics & Traumatology	37 313	38 746	46 221	49 719	79 559	76 407	41 390	369 355
Paediatrics	15 338	29 958	28 332	30 941	46 496	34 405	19 676	205 146
Psychiatry	55 058	36 607	49 414	48 421	144 825	73 500	83 133	490 958
Surgery	53 293	87 566	65 874	45 593	121 920	59 686	38 673	472 605
All specialties	588 568	521 902	680 343	479 330	1 061 435	715 798	507 661	4 555 037

The provisions for each major specialty by cluster, as reflected by the actual expenditure on services, for 2004-05 and 2005-06 are given in the table below. Expenditure figures for 2006-07 are not readily available.

Expenditure (\$ million) for 2004-05 and 2005-06

Specialty	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
<u>2004-05</u>								
Ear Nose & Throat	43.7	67.5	80.0	36.6	67.4	83.2	49.5	427.9
Medicine	795.5	975.7	976.6	864.7	1,961.6	1,223.0	668.8	7,465.9
Obstetrics & Gynaecology	153.7	202.2	220.0	198.4	408.6	278.8	196.6	1,658.3
Ophthalmology	106.9	33.0	166.0	51.9	94.6	112.8	69.2	634.4
Orthopaedics & Traumatology	221.6	250.0	227.8	271.1	446.5	430.7	221.4	2,069.0
Paediatrics	122.4	316.1	247.7	186.9	433.1	328.2	205.6	1,840.0
Psychiatry	303.9	113.1	185.7	69.5	617.8	300.8	668.7	2,259.5
Surgery	358.6	722.6	503.3	400.0	897.4	584.4	326.8	3,793.0
<u>2005-06</u>								
Ear Nose & Throat	42.9	63.9	75.4	35.7	68.7	82.6	49.0	418.2
Medicine	800.2	1,006.5	966.7	861.9	1,951.0	1,214.1	649.3	7,449.7
Obstetrics & Gynaecology	151.9	199.5	205.9	192.3	398.9	262.3	188.9	1,599.7
Ophthalmology	105.5	31.8	163.2	50.9	94.9	109.5	85.0	640.9
Orthopaedics & Traumatology	215.6	251.7	218.8	265.5	440.9	411.0	213.0	2,016.5
Paediatrics	117.3	329.4	246.7	189.4	429.8	318.5	208.6	1,839.7
Psychiatry	297.7	120.6	184.0	70.6	606.2	308.9	650.9	2,239.0
Surgery	346.8	757.7	497.9	384.6	894.4	587.0	328.7	3,797.2

Notes

1. Expenditure above covers the costs of both inpatient and outpatient services;
2. The expenditure on accident and emergency (A&E) services, general outpatient (GOP) services, Community Day Hospitals, Blood Transfusion Services etc are not included;
3. Expenditure above only covers hospital costs. Costs of Head Office and services provided for Government Departments are excluded.

The cost per patient day and the cost per inpatient discharged for each major specialty by cluster for 2004-05 and 2005-06 are given in the two tables below. Similar figures for 2006-07 are not yet available at this stage.

2004-05

Specialty	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
<u>Cost per Patient Day (\$)</u>								
Ear Nose & Throat	6,910	5,060	9,290	7,990	4,920	5,280	5,040	5,830
Medicine	3,060	2,900	3,220	2,820	2,650	2,970	2,990	2,890
Obstetrics & Gynaecology	4,690	4,910	4,220	4,400	4,350	4,830	5,340	4,610
Ophthalmology	5,600	4,820	7,450	8,720	3,900	6,550	5,640	5,820
Orthopaedics & Traumatology	3,370	3,740	3,880	3,330	3,260	3,620	3,940	3,540
Paediatrics	5,160	5,540	3,590	3,840	4,060	3,880	4,740	4,250
Psychiatry	1,280	3,500	2,560	2,560	1,320	1,650	1,240	1,420
Surgery	4,530	3,680	5,050	4,040	3,990	4,400	4,300	4,170
<u>Cost per Inpatient Discharged (\$)</u>								
Ear Nose & Throat	13,420	19,760	23,870	22,880	18,150	13,850	14,660	17,850
Medicine	14,210	17,720	17,210	14,650	14,100	15,390	13,560	15,090
Obstetrics & Gynaecology	10,480	12,260	10,890	13,000	11,900	12,220	12,590	11,930
Ophthalmology	10,050	11,910	3,060	10,660	15,340	14,650	18,450	13,330
Orthopaedics & Traumatology	24,790	29,670	28,770	24,940	22,050	26,180	25,650	25,390
Paediatrics	21,290	31,470	21,910	14,880	16,480	19,640	17,590	19,400
Psychiatry	82,100	73,720	300,420	94,110	109,020	70,070	261,130	121,320
Surgery	17,170	23,910	20,800	16,420	16,800	20,590	15,590	18,820

2005-06

Specialty	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
<u>Cost per Patient Day (\$)</u>								
Ear Nose & Throat	7,760	5,110	9,300	7,490	5,850	5,610	5,560	6,180
Medicine	3,030	3,120	3,130	2,780	2,740	2,820	2,870	2,890
Obstetrics & Gynaecology	4,710	4,480	3,890	4,350	4,180	4,600	5,320	4,430
Ophthalmology	5,280	5,010	6,750	7,970	3,540	6,650	7,180	5,640
Orthopaedics & Traumatology	3,400	3,880	3,550	3,170	3,380	3,620	3,690	3,500
Paediatrics	4,620	5,490	3,490	3,790	4,050	3,650	4,470	4,120
Psychiatry	1,290	3,740	2,550	2,710	1,410	1,610	1,300	1,470
Surgery	4,630	3,970	4,820	4,090	3,980	4,170	4,480	4,210
<u>Cost per Inpatient Discharged (\$)</u>								
Ear Nose & Throat	11,940	16,430	21,930	22,260	19,710	14,610	15,740	17,430
Medicine	14,410	18,620	17,430	14,660	14,850	14,450	13,480	15,300
Obstetrics & Gynaecology	11,120	11,690	9,550	12,960	10,930	11,380	12,550	11,330
Ophthalmology	9,850	10,690	6,070	10,250	13,850	15,200	24,140	13,330
Orthopaedics & Traumatology	25,430	31,620	27,320	24,970	24,410	25,300	26,040	26,010
Paediatrics	18,660	31,720	21,230	13,980	15,150	17,610	17,280	18,230
Psychiatry	79,080	79,750	304,570	90,340	102,810	65,540	254,950	115,760
Surgery	18,250	25,580	19,720	17,230	17,570	19,240	16,040	19,300

Notes

1. The unit cost is calculated by dividing the total cost of each specialty by the total number of inpatient bed day / discharged during the year. The variation in unit costs among clusters is due to variation in patient mix, clinical practice, clinical protocol and length of stay etc.
2. Costs calculated for inpatients only. Day patients are excluded.

The cost of drugs per patient for each major specialty by cluster for 2004-05 and 2005-06 are given in the table below. Similar figures for 2006-07 are not yet available at this stage. The Hospital Authority does not collate information on the expenditure by patients on drugs.

Cost of drugs per patient (\$)

Specialty	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
<u>2004-05</u>								
Ear Nose & Throat	166.3	309.6	290.4	210.0	114.6	188.1	295.5	209.6
Gynaecology	103.3	987.8	96.1	262.9	103.0	58.9	396.7	238.3
Obstetric	117.7	149.2	170.2	35.9	143.1	259.8	61.8	135.6
Medicine	1,147.1	1,885.0	1,178.8	1,159.2	902.5	1,218.6	1,475.6	1,241.5
Ophthalmology	199.3	372.5	287.1	74.1	178.8	361.7	215.6	201.9
Orthopaedics & Traumatology	292.4	412.4	286.5	568.9	201.0	447.0	421.3	354.8
Paediatrics	314.6	2,097.3	387.0	1,495.0	782.0	1,186.2	836.9	989.3
Psychiatry	2,037.8	890.9	944.4	4,680.3	2,253.6	1,259.7	4,587.8	2,367.2
Surgery	390.4	1,122.7	363.7	345.2	279.7	577.6	345.2	476.2
<u>2005-06</u>								
Ear Nose & Throat	186.9	199.5	298.6	184.4	141.5	213.3	276.3	208.0
Gynaecology	118.4	998.0	103.6	296.1	84.3	68.2	444.3	246.7
Obstetric	111.5	147.7	177.7	37.3	146.6	238.4	50.3	134.0
Medicine	1,148.8	2,030.0	1,266.5	1,129.8	941.7	1,131.4	1,466.9	1,263.4
Ophthalmolog	189.4	393.2	296.1	84.3	187.6	434.7	190.4	214.4
Orthopaedics & Traumatology	306.9	445.8	284.8	509.1	241.6	457.7	461.0	372.5
Paediatrics	316.5	2,042.0	376.4	1,680.3	722.5	1,020.2	886.5	948.0
Psychiatry	1,649.3	1,222.6	1,103.4	5,261.3	2,057.9	1,328.2	4,764.2	2,287.4
Surgery	419.5	1,102.9	357.4	365.5	314.5	566.9	340.1	489.7

HKE = Hong Kong East Cluster
 HKW = Hong Kong West Cluster
 KE = Kowloon East Cluster
 KC = Kowloon Central Cluster
 KW = Kowloon West Cluster
 NTE = New Territories East Cluster
 NTW = New Territories West Cluster

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Date 17.3.2007

Reply Serial No.

HWFB(H)171

Examination of Estimates of Expenditure 2007-08

Question Serial No.

2454

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Head : 708 Capital Subventions and
Major Systems and Equipment

Subhead : 8049MM Development of Chinese
medicine clinics in the public
sector

Programme :

Controlling Officer : Director of Architectural Services

Director of Bureau : Secretary for Health, Welfare and Food

Question : What are the details and works schedule of the development of Chinese
medicine clinics in the public sector?

Asked by : Hon. LAU Chin-shek

Reply : The Government has committed to establishing a total of 18 public Chinese
medicine clinics (CMCs) to develop "evidence-based" Chinese medicine and
to provide better training opportunities for local Chinese medicine degree
programmes graduates. A total of nine CMCs have been set up so far, with six
of them having commenced operation in 2006-07. The Health, Welfare and
Food Bureau is now examining the feasibility of setting up two to five more
CMCs. Depending on the outcome of the feasibility studies, the Government
plans to seek funding approval from the Finance Committee in mid-2007.

Signature _____

Name in block letters _____ C. H. YUE

Post Title _____ Director of Architectural Services

Date _____ 14 March 2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)172

Question Serial No.

2471

Head: 37 Department of Health
Programme: (1) Statutory Functions

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

What is the current staff establishment involved in enforcing the Undesirable Medical Advertisements Ordinance in the Department of Health?

Asked by: Hon. LI Kwok-ying

Reply:

The current staffing level involved in enforcing the Undesirable Medical Advertisements Ordinance is 2.5 professionals and 10 supporting staff.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)173

Question Serial No.

2472

Head: 37 Department of Health
Programme: (1) Statutory Functions

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Are there any plan and provision earmarked by the Department of Health (DH) for discussion with the industries about the enforcement details and organisation of workshops to enhance their understanding of the Undesirable Medical Advertisements Ordinance (UMAO)? If yes, what are the details of the plan and expenditure involved?

Asked by: Hon. LI Kwok-ying

Reply:

The Department of Health (DH) has organised briefing sessions and workshops for pharmaceutical companies, publishers and advertising agencies to familiarise them with the requirements of the UMAO. Furthermore, guidelines have been developed and uploaded on to DH's Homepage. DH will continue to liaise with parties concerned in this regard.

The expenditure for the above activities will be absorbed from within the existing resources of DH and will not be separately identifiable.

Signature _____

Name in block letters _____ **Dr P Y LAM**

Post Title _____ **Director of Health**

Date _____ **15.3.2007**

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)174

Question Serial No.

2473

Head: 37 Department of Health
Programme: (1) Statutory Functions

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The implementation of new measures on immigration control on Mainland pregnant women has started since 1 February 2007 and the Department of Health has to deploy medical staff to conduct examination for those Mainland pregnant women suspected of failing to meet the immigration requirements. What is the staff establishment involved? Is there any provision earmarked for providing the above medical professional support at other border control points?

Asked by: Hon. LI Kwok-ying

Reply:

Since 1 February 2007, the Department of Health (DH) has been providing a team of one doctor and one nurse at each of the Lo Wu and Lok Ma Chau Immigration Control Points to offer professional support to the Immigration Department. The above duties are currently covered by 12 doctors, 14 nurses and four midwives specifically engaged for the purpose and mostly on a part-time basis.

The expenditure for the above staff will be absorbed from within DH's allocated resources. There is at present no plan to deploy medical staff at other control points and no provision has been earmarked for that purpose.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)175

Question Serial No.

2474

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please set out the number and the breakdown by age group of the participants served under each project in respect of the Government Influenza Vaccination Programme implemented by the Department of Health in 2005-06 and 2006-07. What is the unit cost of vaccination given under each project?

Asked by: Hon. LI Kwok-ying

Reply:

The vaccine uptake by groups covered under the Government Influenza Vaccination Programme (GIVP) in 2005-06 and 2006-07 are listed below:

Eligible Clients	Uptake in 2005-06	Uptake in 2006-07* (as at 3.3.2007)
Residents in Residential Care Homes for the Elderly	57 000	56 000
Residents in Residential Care Homes for the Disabled	9 600	11 000
Community living elderly with chronic illnesses requiring follow-up in public hospitals or clinics or elderly receiving Comprehensive Social Security Assistance (CSSA)	94 300	118 600
Persons under 65 years with chronic illnesses and on CSSA or in-patients of Hospital Authority (HA) with chronic illnesses	16 200	18 700
Health care workers in the Government, HA, and Residential Care Homes	60 000	49 000
Poultry workers or staff to be involved in culling operation	11 000	8 200
Children (6 to 23 months) from families receiving CSSA	3 900	2 600
Pregnant women on CSSA	26	17
TOTAL	252 026	264 117
Cost per dose of vaccine	\$28.0	\$33.3

* Programme still in progress

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)176

Question Serial No.

2475

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Were there any unused stock of influenza vaccines under the Government Influenza Vaccination Programme (GIVP) implemented by the Department of Health in 2005-06 and 2006-07? If yes, how would those remaining vaccines be treated? How many doses of influenza vaccines are estimated to be procured in 2007-08 and what is the unit cost?

Asked by: Hon. LI Kwok-ying

Reply:

There were around 25 000 unused doses of vaccines in the Department of Health in 2005-06. They served for contingency purpose and were discarded upon expiry. Since the 2006-07 GIVP is still in progress, the number of unused vaccines is not yet available.

DH undertakes reviews to assess vaccination coverage and effectiveness of the programme. It also conducts research for better understanding of population needs and service planning. The Scientific Committee on Vaccine Preventable Diseases will recommend target groups to receive vaccination. The Administration will take into account the aforesaid to work out the number of vaccines to be procured. At this stage, the number of doses and unit cost of vaccine for 2007-08 are not yet available.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)177

Question Serial No.

2476

Head: 37 Department of Health
Programme: (3) Health Promotion

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Regarding the problems of obesity and balanced diet in school children, what are the plans and measures in 2007-08? What will be the expenditure and staff establishment involved?

Asked by: Hon. LI Kwok-ying

Reply:

The Department of Health (DH) launched the 'EatSmart@school.hk' campaign in September 2006 to promote healthy eating habits among primary school children. Comprehensive strategies are adopted, including alliance building, research and evaluation, publicity and advocacy, education and empowerment, and creating supportive environments in primary schools. In 2007-08, DH will facilitate schools to develop and implement policies that support healthy eating, promote collaboration among food suppliers, parents and schools, and strengthen nutritional education for parents and food suppliers. The campaign instils into school children the importance of healthy eating and encourages schools to limit the sale of unhealthy snacks.

Activities under the campaign are carried out by a multi-disciplinary team of doctors, nurses, dietitians, health promotion officers and educational, research and marketing personnel. Expenditures on these activities will be absorbed in the Department's overall provision on health promotion and will not be separately identifiable.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)178

Question Serial No.

2477

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

Subhead (No. & title):

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

What is the number of couples seeking assisted reproduction service from the Hospital Authority (HA) and Family Planning Association of Hong Kong (HKFPA) in 2005-06 and 2006-07? What are the expenditures of the HA and HKFPA in the provision of such service?

Asked by: Hon. LI Kwok-ying

Reply:

The Hospital Authority (HA) is providing a range of assisted reproduction services, which include In-vitro Fertilization (IVF) and Frozen-thawed embryo replacement cycle (FE). The number of couples served by the three tertiary infertility services centers at Kwong Wah Hospital, Queen Mary Hospital and Prince of Wales Hospital in the 2005 and 2006 calendar years are given in the table below. Data collated on the basis of financial year is not readily available. Assisted reproduction services are part and parcel of the services provided by Obstetrics and Gynaecology Departments, and their costs cannot be separately identified.

Hospital	Jan – Dec 2005		Jan – Dec 2006	
	Number of new infertile patients seen	Number of IVF and FE treatment cycles provided	Number of new infertile patients seen	Number of IVF and FE treatment cycles provided
Kwong Wah	184	93	157	111
Queen Mary	515	839	490	678
Prince of Wales	355	239	430	258

The number of couples who first sought sub-fertility services from the Family Planning Association of Hong Kong (FPAHK) in 2005 and 2006 were 1 407 and 1 434 respectively. The sub-fertility services provided by FPAHK are not covered by subvention under the Health, Welfare and Food Bureau.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)179

Question Serial No.

2481

Head: 37 Department of Health
Programme: (2) Disease Prevention

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The actual number of laboratory tests relating to public health is 2 240 000 for 2006. Please set out the categories of laboratory tests performed and the allocation of the relevant expenditures.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The types of laboratory tests relating to public health and their respective recurrent expenditures are as follows:

<u>Type of laboratory tests</u>	<u>No. of laboratory tests in 2006</u>	<u>Estimated Recurrent expenditure for 2006-07</u>
		(\$million)
Virology	570 000	51.5
Cytology	540 000	39.8
Microbiology	1 130 000	96.2
Total	2 240 000	187.5

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)180

Question Serial No.

2482

Head: 37 Department of Health
Programme: (4) Curative Care

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The target under "appointment time for new dermatology cases within 12 weeks (% of cases)" could not be achieved in 2006 and a longer waiting time was recorded because a number of experienced doctors had left the service. Please advise:

1. which hospitals had been affected and how would the quality of healthcare service be affected?
2. will the Administration recruit more staff to solve the problem? If yes, what will be the expenditure involved? What will the estimated reduction in the waiting time for new and old dermatology cases respectively be?
3. if no, what will the estimated waiting time for new and old cases be?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

More than 95% of dermatology patients served by the Department of Health (DH) are treated in the outpatient clinics of Social Hygiene Service.

In 2006, 70% of new dermatology cases were given an appointment within 12 weeks. This represented an improvement from the situation in 2005. New cases are prioritised to ensure that urgent ones are attended to in a timely manner. An internal triage system for screening new skin referrals has been established and over 95% of new skin cancer referrals were attended to within two weeks in 2006.

DH has endeavoured to fill vacancies arising from staff wastage as soon as possible. However, it takes time for the newly recruited doctors to gain experience in the dermatology specialty and to clear the accumulated cases. DH expects that the manpower situation would improve, which in turn would shorten the waiting time.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)181

Question Serial No.

2492

Head: 37 Department of Health
Programme: (3) Health Promotion

Subhead (No. & title):

Controlling Officer: Director of Health

Director of Bureau: Secretary for Health, Welfare and Food

Question:

In 2007-08, the Department will enhance its public health promotion programmes, promoting a healthy living concept to the public, with emphasis on healthy eating. Regarding the promotion of healthy eating, could the Administration advise –

1. how to enhance the promotion of the existing programmes? What are the contents of the existing programmes? What are the new performance indicators set for the existing work in 2007-08? and
2. have additional resources been allocated to new publicity projects to promote organic diet to different groups such as the general public, traders, students, parents and school lunch providers in order to popularise the culture of organic diet, to enhance the knowledge of the public, especially the grassroot level, on organic food so that they can have more choices? If yes, please provide the details.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Department of Health (DH) launched the 'EatSmart@school.hk' campaign in September 2006 to promote healthy eating habits among primary school children. Comprehensive strategies are adopted, including alliance building, research and evaluation, publicity and advocacy, education and empowerment, and creating supportive environments in primary schools. In 2007-08, DH will facilitate schools to develop and implement policies that support healthy eating, promote collaboration among food suppliers, parents and schools, and strengthen nutritional education for parents and food suppliers.

The DH envisages an increase in the number of schools setting up healthy eating policies, an increase in the proportion of lunch and snack choices meeting nutritional standards promulgated by the Department, and improvement in students' knowledge, attitude and practice of healthy eating.

The DH has no plan in 2007-08 to allocate additional resources to specifically promote organic diet.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)182

Question Serial No.

2458

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The number of hospital beds for the mentally ill will reduce from 4 622 as at 31 March 2007 (Revised Estimate) to 4 500 as at 31 March 2008 (Target & Plan). In which regions will the reduction of beds take place? Will the patients affected be provided with community support services? Please provide the relevant details including the expenditure involved.

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

In 2007-08, Castle Peak Hospital in New Territories West Cluster will reduce 100 psychiatric beds whilst Kwai Chung Hospital in Kowloon West Cluster will reduce 22 beds. These two stand alone psychiatric institutions have in recent years discharged more chronic patients to the community through intensive treatment and rehabilitation. With more patients returning to the community, the two hospitals can reduce beds and at the same time deploy resources to support discharged patients in the community by providing more specialist outpatient sessions and community outreach services. In addition, patients discharged from the hospitals can make use of community rehabilitation facilities such as the Community Mental Health LINK service operated by non-government organizations in various districts. The provision of services for the mentally ill patients therefore will not be affected by the rationalization of psychiatric beds. On the contrary, patients can be reintegrated into the community at a much faster pace and enjoy a better quality of life. The HA estimated that there might be a nominal savings of around \$33.7 million per year from the bed reduction. This savings, however, will be fully redeployed for the enhancement of ambulatory and community care for the mentally ill, such as specialist outpatient and outreach services.

Signature _____

Name in block letters _____

Ms Sandra LEE

Post Title _____

Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____

16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)183

Question Serial No.

2466

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

“Training of health care professionals” is included in the Matters Requiring Special Attention in 2007-08. Please provide details on the training to be provided to the health care professionals in 2007-08, the expenditure involved and anticipated effectiveness of the training programmes.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Hospital Authority (HA) supports both on-the-job training and special courses for healthcare professionals.

On-the-job training

Doctors

The HA has planned to recruit over 320 doctors in 2007-08 to join its specialist training programmes and will provide the required on-the-job training to these specialist trainee doctors to enable them to meet the specialist training requirements of the Hong Kong Academy of Medicine.

Nurses

The HA plans to recruit over 600 nurses in 2007-08. All the newly graduated nurse recruits will go through a two-year structured preceptor-ship programme with clinical supervision and rotation as part of their career development. This will help prepare these nurses for professional development and clinical specialization.

Allied health professionals

The HA plans to recruit over 190 allied health professionals in 2007-08. All these new recruits will go through a three-year structured training programme in accordance with the Allied Health training and development framework to meet the service needs of the HA.

Resources linked to On-the-job training

Since this component of training of healthcare professionals is conducted in conjunction with service provision, information on resource allocation in providing such training in HA is not separately identifiable.

Training and development expenditure for special programmes

The HA has earmarked over \$10 million for its central training and development programme in 2007-08 for all HA staff. Details of the training programme for 2007-08 are being finalised and hence are not available at this stage.

Anticipated effectiveness of the training programmes

The anticipated effectiveness of the training programmes can be measured against the performance of the trainees to meet service needs and also success rate in acquiring the necessary specialist qualification or other professional development.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)184

Question Serial No.

2467

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

Subhead (No. & title):

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

As shown under outpatient services, the estimated number of specialist outpatient new attendances in 2007-08 will increase from the revised estimate of 550 000 in 2006-07 to 559 000, and the estimated number of follow-up attendances will increase from the revised estimate of 5 427 000 to 5 457 000. In this connection, would the Government please inform this Committee :

1. of the reasons for the estimated increase in the number of attendances?
2. of the detailed distribution of the numbers of new and follow-up attendances for various specialist outpatient services?
3. whether additional resources will be provided to cope with the increased attendances and what will the additional provision be?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

- 1 & 2. The number of specialist outpatient (SOP) new attendances is expected to increase by 4 000 from the revised estimate of 555 000 for 2006-07 to the estimate of 559 000 for 2007-08 and the number of SOP follow-up attendances to increase by 30 000 from the revised estimate of 5 427 000 for 2006-07 to 5 457 000 for 2007-08. The above increases are essentially the result of the opening of the redeveloped Pok Oi Hospital and the new Rehabilitation Block of Tuen Mun Hospital in the New Territories West (NTW) Hospital Cluster in 2007-08.
3. Additional resources will be provided to the NTW Hospital Cluster in 2007-08. The exact amount is being finalized and subject to the HA's budget allocation to hospital clusters.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____
Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)185

Question Serial No.

2468

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)
Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Under rehabilitation and palliative care services, a comparison of the estimates of 2007-08 and 2006-07 shows that the number of home visits by community nurses, the number of allied health (community) attendances and allied health (outpatient) attendances have not increased. In this regard, would the Government advise this Committee how it will implement the idea of community health services put forth in the Policy Address with the budgetary provision?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The 2007-08 Budget earmarked \$96 million in the next four years to implement a trial scheme in two districts to provide one-stop support services to elderly patients who have difficulty taking care of themselves after being discharged from hospitals. The proposed one-stop support services aim to strengthen the rehabilitation of elderly patients, and to reduce their frequency of hospital re-admissions.

The Government will also implement the Community Mental Health Intervention Project (CMHIP) with an allocation of \$20 million, to provide intensive and multi-disciplinary outreaching intervention to persons living in the community with suspected mental health problems, but have not yet received any psychiatric treatment.

In 2007-08, the Hospital Authority (HA) will launch a number of initiatives to enhance community health services, reduce frequent hospital admission of elderly patients and facilitate patients' early discharge. Outreaching services and community nursing support will be strengthened through enhanced collaboration with non-governmental organizations and volunteers. Preventive and anticipatory care will be provided by multi-disciplinary healthcare professionals to the high risk elderly patients living in the community, to ensure continuation of their rehabilitation after the discharge.

Signature _____

Name in block letters _____

Ms Sandra LEE

Post Title _____

Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____

16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)186

Question Serial No.

2478

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

Subhead (No. & title):

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

In 2007-08, the Administration will enhance its infectious disease emergency response system by strengthening the work of the Centre for Health Protection and building up its surge capacity in dealing with infectious diseases. Please specify the details of the work and the expenditures involved. Please also advise of the effectiveness of the work in 2006-07.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Centre for Health Protection (CHP) is a public health infrastructure set up for enhancing Hong Kong's capacity for disease prevention and control. It has a key role to play in enhancing our infectious disease emergency response system. In 2007-08, the CHP will continue to work towards its three strategic directions, namely real-time surveillance, rapid intervention and responsive risk communication in enhancing the emergency response system for infectious diseases. For example, the CHP has drawn up and will regularly update its preparedness plans for major infectious disease outbreaks with public health significance. It will continue to strengthen its disease surveillance system; stockpile antivirals; build surge capacity and collaborate with regional and international partners in the prevention and control of infectious diseases. It will also conduct exercises and drills for emergency response against major infectious disease outbreaks.

The total allocation to the CHP for its overall functions, which include prevention and control of infectious diseases, is \$940 million for 2007-08.

CHP carried out various programmes and measures to enhance Hong Kong's preparedness against major infectious disease outbreaks. These ongoing efforts have been effective so far and we will continue to monitor the work of CHP to meet changing circumstances.

Signature

Name in block letters

Post Title

Date

Ms Sandra LEE

Permanent Secretary for Health, Welfare and Food
(Health and Welfare)

13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)187

Question Serial No.

2479

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Under the Target for "inpatient services", the estimated number of hospital beds for the mentally ill for 2007-08 is 4 500, which is 122 less than the revised estimated number of 4 622 for 2006-07. Please advise on the following :

1. the basis for calculating the number of hospital beds required; and
2. the amount of savings achieved subsequent to the reduction in the number of hospital beds. How will the savings be spent?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

In general, the demand for hospital beds is projected based on the assessment of individual clusters, having regard to a number of factors including utilization of inpatient services, availability of community residential facilities and rehabilitation services, and development and expected achievements of ambulatory and community psychiatric services of individual clusters.

The Hospital Authority's (HA's) plan to reduce the number of psychiatric beds by 122 from 4 622 in 2006-07 to 4 500 in 2007-08 is in line with the world trend in mental health service which shifts inpatient service to ambulatory and community care to promote better integration in the community and help patients achieve a better quality of life. The HA estimated that there might be a nominal savings of around \$33.7 million per year from the bed reduction. This savings, however, will be fully redeployed for the enhancement of ambulatory and community care for the mentally ill, such as specialist outpatient and outreach services.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN/SUPPLEMENTARY QUESTION**

Reply Serial No.

HWFB(H)188

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

Question Serial No.

2480

Programme : (6) Hospital Authority

Controlling Officer : Permanent Secretary for Health, Welfare and Food
(Health and Welfare)

Bureau Secretary : Secretary for Health, Welfare and Food

Question : The Financial Secretary has in the Budget Speech announced that \$96 million will be allocated to implement a trial scheme in the next four years in two districts to provide one-stop support services to elderly dischargees who have difficulty taking care of themselves. In this connection, please provide details of the following:

- (a) average length of stay of elders in public hospitals and the percentage of bed-days occupied by them?
- (b) what will be the impact of the one-stop support service on the average length of stay of elders in public hospitals? What is the estimated percentage of hospital bed-days that can be spared? What will be the frequency, in terms of days and service, of the one-stop support service for elderly dischargees? Will there be significant improvement on the rehabilitation of the elderly dischargees? What is the estimated decrease in the percentage of their hospital re-admission rate?
- (c) currently, the rehabilitative care of elderly dischargees are taken care of by community nurses. In implementing the one-stop support services, will the Administration consider enhancing the functions, staffing and outreach services of community nurses and health care teams? If so, what is the estimated expenditure?

Asked by : Hon LEE Kok-long, Joseph

Reply :

- (a) From April 2006 to January 2007, the average length of stay of elders aged 65 or above in public hospitals was 9.2 days. About 49% of the bed-days in public hospitals was occupied by elders.

- (b) The proposed one-stop support services aim to reduce undue hospital stay and the frequency of hospital re-admissions of elderly patients, and to strengthen the rehabilitation of elderly dischargees. The trial scheme will provide useful data and information for assessing the effectiveness of the services in achieving these objectives.
- (c) In consultation with the Elderly Commission and relevant parties, the Health, Welfare and Food Bureau will work out the details of the trial scheme, including the service contents, the mode of delivery, the districts for implementing the trial scheme, the medical and social welfare interface, and the cost involved. The interface between the existing services and the new service elements under the trial scheme will also be considered.

Signature	_____
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Health, Welfare and Food (Health and Welfare)
Date	13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)189

Question Serial No.

2514

Head: 140 Government Secretariat : Health, Subhead (No. & title):
Welfare and Food Bureau (Health and
Welfare Branch)

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Would the Administration explain why the revised estimate of this Programme in 2006-07 has decreased by as much as 8.6% in comparison with the original estimate? Is the work under this Programme affected by the reduction in provision?

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

The decrease of \$15 million (8.6%) in 2006-07 revised estimate for Programme (2) : Health, as compared with the 2006-07 original estimate, is mainly due to lower cashflow requirements for the departmental expenses and a non-recurrent expenditure item, i.e. the Research Fund for the Control of Infectious Diseases (RFCID). The RFCID has a well-established two-tiered peer review mechanism to assess research applications. The number of applications in 2005-06 that were assessed to meet the funding requirements was less than expected and thus the estimated cashflow requirements for 2006-07 was reduced. The work under this Programme will not be affected by the reduction in cashflow requirements.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____
Permanent Secretary for Health,
Welfare and Food (Health and
Welfare)

Date _____ 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)190

Question Serial No.

2515

Head: 140 Government Secretariat: Health, Subhead (No. & title):
Welfare and Food Bureau (Health and
Welfare Branch)

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

It is stated under Matters Requiring Special Attention that the Administration will “review strategies on health care financing...” Would the Administration inform this Committee of the latest progress of this initiative, the options being considered for public consultation, the expected launch date of the public consultation, and the expected expenditure and staffing arrangement involved.

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

We are still studying various issues related to health care reform and financing arrangements and we have not fixed any options at this stage for public consultation. We currently plan to initiate further public consultations around mid-2007. The review and planned public consultation exercise is part of the day-to-day operations of the Bureau and we have no separate estimates on the expenditure required.

Signature _____

Name in block
letters _____ Ms Sandra LEE

Post Title _____
Permanent Secretary for Health, Welfare and Food
(Health and Welfare)

Date _____ 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)191

Question Serial No.

2628

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

In response to a member's question (HWFB017) at the Finance Committee meeting on "implement measures for improving the quality of clinical care" as mentioned in the 2006-07 Budget, the Administration has committed a total of \$45 million to provide an additional 6 000 mentally ill patients with new psychiatric drugs so as "to improve the quality of life and maintain independent living of the mentally ill patients. With less side-effects than conventional drugs, the new drugs would enable the patients to have better control of their medical condition and improve their compliance of treatment". Please provide details of the utilization of the provision. Has the provision been fully used? If no, what are the reasons? What is the amount of provision involved? How many mentally ill patients have been provided with the new psychiatric drugs under this initiative?

Asked by: Hon. KWOK Ka-ki

Reply:

In 2006-07, the Hospital Authority (HA) has been allocated \$45 million for the purchase of new psychiatric drugs. Up to end December 2006, a total of about 4,000 patients have been prescribed new psychiatric drugs with the allocation for 2006-07. It is estimated that by end March 2007, not less than 5,500 patients will be prescribed new psychiatric drugs.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____
Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)192

Question Serial No.

2621

Head: 140 Government Secretariat: Health, Welfare and Food Bureau (Health and Welfare Branch) Subhead (No. & title):

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

According to Section III of Appendix B in the budget speech of the Financial Secretary, the estimate of total government expenditure on health for 2006-07, originally set at \$32,312 million, has been revised to \$32,053 million and is \$259 million less than the original estimate. Please set out the expenditure items where saving has been achieved and the amounts saved?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The decrease of \$259 million for government expenditure on health in 2006-07 revised estimate as compared with the original estimate is mainly due to lower cashflow requirements for the Hospital Authority's capital works projects having regard to their latest works schedules. It is also attributable to the advanced delivery of certain consignments of antivirals for influenza pandemic from 2006-07 to 2005-06 in the Department of Health, hence advancing the payments to 2005-06 and reducing the cashflow requirements in 2006-07.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Date _____ 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)193

Question Serial No.

2622

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please provide a breakdown of expenditure items and amounts on the capital projects for the construction of extension block of Prince of Wales Hospital and phase 2 redevelopment of Caritas Medical Centre.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

- (a) The project estimate of the Prince of Wales Hospital extension block as approved by the Finance Committee (FC) of the Legislative Council in July 2006 is \$1,882.1 million in money-of-the-day prices, with breakdown of expenditure items and estimated expenditure shown in the table below.

	Estimated expenditure (\$ Million)
(a) Site works	14.0
(b) Construction works	1,351.4
(c) Furniture and equipment (F&E)	250.0
(d) Consultancy fees	5.3
(e) Contingencies	136.5
(f) Provisions for price adjustment over the period 2007 to 2014	124.9
Total	1,882.1

(b) The redevelopment of Caritas Medical Centre, phase 2 comprises two stages. The first stage is the preparatory works and the second stage is the main works. The preparatory works is in progress and will be substantially completed by mid 2007. A breakdown of expenditure items and amounts of the preparatory works is shown in the table below.

	Estimated Expenditure (\$ Million)	Actual Expenditure (Up to end February 2007) (\$ Million)
(a) Consultancy fees	49.5	26.5
(b) Site investigation	2.0	1.7
(c) Price adjustments over the period 2003 to 2006	(3.6)	-
Total	47.9	28.2

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 16.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)194

Question Serial No.

2623

Head: 140 Government Secretariat: Health, Subhead (No. & title):
Welfare and Food Bureau (Health and
Welfare Branch)

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

It is stated in paragraph 82 of the Financial Secretary's Budget Speech that the Secretary for Health, Welfare and Food will consult the public on reform of health care service delivery and related financing arrangements this year, and will study the proposal to provide a tax deduction for premiums paid to private medical insurance schemes. Regarding the reform consultation, please set out the expenditure benchmarked for this proposal, the staff establishment for the preparation of reform options and the timetable involved. Regarding the study on tax deduction, please set out the funding for the study, the staff establishment involved and the expected number of beneficiaries of the tax deduction.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

We currently plan to initiate further public consultations on health care reform including financing arrangements around mid-2007. The review and planned public consultation exercise is part of the day-to-day operations of the Bureau and we have no separate estimates on the expenditure required.

The proposal of providing tax deduction for private medical insurance premiums will be studied in the context of health care reform and financing arrangements, for which public consultations will be initiated around mid-2007. The study is planned to be undertaken internally by the Health, Welfare and Food Bureau in collaboration with the Financial Services and Treasury Bureau and to be absorbed within the existing resources of the Bureaux. There is no separate estimate on the resources required for the study.

Signature _____

Name in block
letters _____

Ms Sandra LEE

Post Title _____

Permanent Secretary for Health, Welfare and Food
(Health and Welfare)

Date _____

13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)195

Question Serial No.

2629

Head: 140 Government Secretariat: Health, Subhead (No. & title):
Welfare and Food Bureau (Health and
Welfare Branch)

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

In 2007-08, the Administration will review strategies on health care financing in consultation with the revamped Health and Medical Development Advisory Committee with a view to formulating options for consultation. Have provisions been earmarked for such work and what is the timetable for it?

Asked by: Hon. FANG Kang, Vincent

Reply:

We currently plan to initiate further public consultations on health care reform including financing arrangements around mid-2007. The review and planned public consultation exercise is part of the day-to-day operations of the Bureau and we have no separate estimates on the expenditure required.

Signature _____

Name in block
letters _____

Ms Sandra LEE

Post Title _____
Permanent Secretary for Health, Welfare and Food
(Health and Welfare)

Date _____

13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)196

Question Serial No.

2630

Head: 140 Government Secretariat: Health, Subhead (No. & title):
Welfare and Food Bureau (Health and
Welfare Branch)

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

In 2007-08, the Administration will push ahead on various fronts, including taking forward the health care reforms, exploring the feasibility of medical centres of excellence and introducing an electronic medical record system. All of these are related to the overall strategies on health care financing. Will they be implemented separately, or carried out together upon completion of the consultation on health care financing?

Asked by: Hon. FANG Kang, Vincent

Reply:

We currently plan to initiate further public consultations on health care reform including financing arrangements around mid-2007. Meanwhile, we will also proceed with other individual health care related initiatives previously consulted upon such as exploring the feasibility of medical centres of excellence and electronic medical record system.

Signature _____

Name in block
letters _____ Ms Sandra LEE

Post Title _____
Permanent Secretary for Health, Welfare and Food
(Health and Welfare)

Date _____ 13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)197

Question Serial No.

2631

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

Subhead (No. & title):

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Last year, the Hospital Authority encountered serious wastage in maternity nurses and manpower shortage in some specialties. Would the Administration inform this Committee whether the manpower requirement of health care professionals of the public health care system has been reviewed? Is there a comprehensive manpower plan for the deployment of health care professionals under the existing health care system? Will the training resources for health care professionals be increased in 2007-08 to strengthen the efforts in disease prevention and treatment?

Asked by: Hon. FANG Kang, Vincent

Reply:

The Hospital Authority (HA) has been monitoring closely the utilization of services and turnover rates of staff so as to ensure that adequate service is provided to meet the public's demand. The HA conducts review on its manpower plan regularly, having regard to projection on future service demand, operational requirements and supply of healthcare professionals from universities and other institutes.

The HA has a comprehensive manpower plan which takes into account the supply and demand of manpower and new service demand. In 2007-08, the HA plans to recruit 320 doctors, 600 nurses and 191 allied health staff.

As for training on disease prevention and treatment, the HA plans to allocate over \$6.6 million in 2007-08 to support training programmes on disease management for HA's health care professionals. The amount of funding is 5% more than that of 2006-07. The HA will also relieve and sponsor more nurses to undertake enhancement/specialty courses to strengthen their disease management skills. It is estimated that the number of nurses taking the enhancement/specialty courses will increase from 5,800 in 2006-07 to 6,000 in 2007-08.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 19.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)198

Question Serial No.

2632

Head: 140 Government Secretariat: Health, Welfare and Food Bureau (Health and Welfare Branch) Subhead (No. & title):

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

What is the progress of the implementation of the registration system for proprietary Chinese medicines? Of the 16 000 applications submitted for registration, only 4 000 have been processed. As the Administration has promised to complete the processing in 2007-08, is there any need to increase the manpower involved?

Asked by: Hon. FANG Kang, Vincent

Reply:

The Chinese Medicines Board is responsible for registering proprietary Chinese medicines (pCm) with Department of Health (DH) as its executive arm. As at 1 March 2007, the Chinese Medicines Board received 16 000 applications for registration of pCm, including 14 000 for transitional registration. The progress of registration is as follows –

Status	No. of applications
Approved in principle	3 600
Withdrawn	550
Assessment completed	1 750
Assessment in progress	5 600
Information incomplete	4 500
Total	16 000

It is expected that the Chinese Medicines Board would complete the transitional registration of pCm in 2007-08. DH will deploy additional manpower to facilitate the registration process.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare and Food
(Health and Welfare)

Date _____ 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)199

Question Serial No.

2647

Head: 140 Government Secretariat: Health, Subhead (No. & title):
Welfare and Food Bureau (Health and
Welfare Branch)

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Regarding the review of strategies on health care financing in consultation with the revamped Health and Medical Development Advisory Committee with a view to formulating options for public consultation, please provide details of staff deployment, staff establishment, fund required, timetable and main subjects for review. Please also specify whether extra fund is earmarked for conducting relevant research?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

We currently plan to initiate further public consultations on health care reform including financing arrangements around mid-2007. The review and planned public consultation exercise is part of the day-to-day operations of the Bureau and we have no separate estimates on the expenditure required.

Signature _____

Name in block
letters _____

Ms Sandra LEE

Post Title _____
Permanent Secretary for Health, Welfare and Food
(Health and Welfare)

Date _____

13.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)200

Question Serial No.

2648

Head: 140 Government Secretariat: Health, Subhead (No. & title):
Welfare and Food Bureau (Health and
Welfare Branch)

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Has the Health, Welfare and Food Bureau earmarked funding to outsource / purchase healthcare services from the private sector? If yes, please provide details of the amount involved and the services to be outsourced?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

HWFB has not budgeted any provision in 2007-08 for purchasing medical services from the private sector or outsourcing of public medical services.

Signature _____

Name in block
letters _____ Ms Sandra LEE _____

Post Title _____ Permanent Secretary for Health, Welfare and Food
(Health and Welfare) _____

Date _____ 13.3.2007 _____

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)201

Question Serial No.

2649

Head: 140 Government Secretariat: Subhead (No. & title):
Health, Welfare and Food Bureau (Health
and Welfare Branch)

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Why no figures on the expenditure and estimate for 2005-06 and 2006-07 have been provided against the Subhead "Hospital Authority – equipment and information systems (block vote)" under the Capital Account? Please list the revised estimate of this Subhead for 2004-05, 2005-06, 2006-07 respectively; and also all items of equipment and computerisation projects under this Subhead and the amount of expenditure for each item in 2006-07. The estimate of this Subhead for 2007-08 is \$678 million, why should there be a substantial increase over the figures for the past few years?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The Health, Welfare and Food Bureau (HWFB) was re-organised to have two Branches from 2 May 2006: the Food and Environmental Hygiene Branch and the Health and Welfare Branch. The actual expenditure in 2005-06 and revised estimate for 2006-07 for Subhead 979 Hospital Authority (HA) : equipment and information systems (block vote) are reflected under the former Head 149 Government Secretariat : HWFB. The expense for this subhead is reflected under Head 140 with effect from 2007-08.

The revised estimates for 2004-05, 2005-06 and 2006-07 for Subhead 979 are as follows:

2004-05 \$ (Million)	2005-06 \$ (Million)	2006-07 \$ (Million)
300	278	290

A breakdown of the expenditure items in the revised estimate for 2006-07 under Subhead 979 is as follows:

Expenditure Item	2006-07 Revised Estimate \$ (Million)
Procurement of medical equipment (e.g. magnetic resonance imaging scanners and computerised tomography scanners)	150
Procurement of essential electrical and mechanical items (e.g. medical gas compressors and anaesthetic gas scavenging systems)	50
Development and implementation of information technology/information system projects	90
Total	290

The main reason for the increase in the provision for the HA under Subhead 979 for 2007-08 is that new medical equipment items need to be procured to replace those aging ones and those with obsolete technology in various HA hospitals. A total of \$430 million (i.e. an increase of \$280 million over the previous year) has been earmarked for this purpose. Besides, a total of \$178 million (i.e. an increase of \$88 million over the previous year) is allocated to the HA to meet the cashflow requirements for the development and implementation of six committed information technology/information system projects carried forward from previous years and for two newly approved projects.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date _____ 15.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)202

Question Serial No.

2650

Head: 140 Government Secretariat: Health, Welfare and Food Bureau (Health and Welfare Branch) Subhead (No. & title): 700 General non-recurrent

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please list the items of research receiving fund from the Health and Health Services Research Fund, names of the recipient organisations and the amount of funding for each item in 2006-07.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

In 2006/07, the Health and Health Services Research Fund (HHSRF) approved a total of 12 projects amounting to \$5.89 million. A brief summary of the approved projects is listed in the following table:

Institution	Research theme		No. of projects	Fund amount (\$ million)
	Public health	Health services		
University of Hong Kong (HKU)	2	1	3	1.29
HKU with				
- Chinese University of Hong Kong (CUHK) and Department of Health	1	-	1	0.75
- University of California, San Francisco (USA), and University of Missouri-Columbia (USA)	1	-	1	0.66
- Private sector	-	1	1	0.36
CUHK	-	1	1	0.70
CUHK with				
- Hospital Authority	-	1	1	0.49
- Prince of Wales Hospital, United Christian Hospital and North District Hospital	-	1	1	0.62
- United Christian Hospital	-	1	1	0.08
- Hong Kong Baptist University with Hong Kong Polytechnic University (PolyU)	-	1	1	0.47
- PolyU with Illinois Institute of Technology (USA)	-	1	1	0.47
Total:	4	8	12	5.89

In addition to the newly approved projects, the estimated expenditure of HHSRF in 2006/07 also met the cashflow requirements of a total of 30 projects that were approved from 2004/05 to 2005/06. The total approved fund was \$12.41 million and a brief summary of the approved projects is listed in the following table:

Institution	Research theme			No. of projects	Fund amount (\$ million)
	Public health	Health services	Chinese medicine		
HKU	1	3	-	4	1.46
HKU with collaborators ¹ :	4	4	-	8	3.44
CUHK	1	6	1	8	3.84
CUHK with collaborators ² :	-	7	-	7	2.78
PolyU with Indiana University-Purdue University (USA), Tung Wah Hospital and HKU	-	2	-	2	0.80
<i>Ruttonjee Hospital with Tang Shiu Kin Hospital</i>	-	1	-	1	0.09
Total:	6	23	1	30	12.41

Note:

¹University of Birmingham (UK), University of Sheffield (UK), University of Liverpool (UK) and School of Tropical Medicine, Liverpool (UK), Harvard University (USA), CUHK, Hospital Authority, Department of Health, Family Planning Association of Hong Kong, Po Leung Kuk, Kwong Wah Hospital, Pamela Youde Nethersole Eastern Hospital

²University of Wisconsin-Milwaukee (USA), HKU, Hong Kong Baptist University, PolyU, Department of Health, Shatin Hospital, Taiipo Hospital, Castle Peak Hospital

Signature _____
Name in block letters Ms Sandra LEE
Post Title Permanent Secretary for Health, Welfare and Food (Health and Welfare)
Date 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)203

Question Serial No.

2651

Head: 140 Government Secretariat: Health, Welfare and Food Bureau (Health and Welfare Branch) Subhead (No. & title): 700 General non-recurrent

Programme: (2) Health

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Please list the items of research on control of infectious diseases funded by the Health, Welfare and Food Bureau, names of the recipient organisations and the amount of funding for each item in 2006-07.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The Research Fund for the Control of Infectious Diseases (RFCID) was set up after the SARS epidemic in 2003 with a capital amount of \$500 million to support research on infectious diseases. The RFCID supports research commissioned by the Health, Welfare and Food Bureau to address specific health problems, fill scientific gaps and respond to public health needs and threats. The RFCID also supports investigator-initiated research, i.e. those from individual researchers that encourage the development of innovations.

In 2006/07, a total of 23 projects amounting to \$15.29 million were approved. A brief summary of the approved projects is listed in the following table:

Institution	Research theme		No. of projects	Fund amount (\$ million)
	Infectious disease epidemiology, infection control and public health	Basic and laboratory research		
Commissioned projects:				
Centre for Health Protection of the Department of Health (DH)	1	-	1	0.32
Investigator-initiated projects:				
University of Hong Kong (HKU)	1	8	9	6.82
HKU with DH	1	-	1	0.26
Chinese University of Hong Kong (CUHK)	2	4	6	3.91
CUHK with				
- HKU	-	1	1	0.80
- DH	-	1	1	0.78
- Alice Ho Miu Ling Nethersole Hospital	-	1	1	0.79
- Colorado State University (USA)	-	1	1	0.08
- University of New South Wales (Australia)	-	1	1	0.77
Hong Kong Baptist University (HKBU) with Simon Fraser University (Canada)	-	1	1	0.76
Total:	5	18	23	15.29

In addition to the newly approved projects, the estimated expenditure of RFCID in 2006/07 also met the cashflow requirements of four commissioned projects and a total of 97 investigator-initiated projects that were approved from 2004/05 to 2005/06. The total approved fund was \$129.83 million and a brief summary of the approved projects is listed in the following table:

Commissioned Projects:

Institution	Research theme	Fund amount (\$ million)
HKU	Basic laboratory, epidemiology and public health research, as well as upgrade its bio-safety level 3 laboratory with enhancement for animal experimentation	30
CUHK	Clinical trial and public health research in emerging infectious diseases	25
Hospital Authority Consortium (with Hong Kong University of Science and Technology (HKUST), Hong Kong Polytechnic University (PolyU) and HKU)	Nosocomial infection and long-term follow-up of SARS patients	8.2
Centre for Health Protection of DH	Cost-effectiveness of primary prevention of infections covered by immunisation programme, public health control of infections with regional significance, prevention of spread of healthcare associated infections in community	4.8
Total:		68.0

Investigator-initiated projects:

Institution	Research theme			No. of projects	Fund amount (\$ million)
	Infectious disease epidemiology, infection control and public health	Clinical and health services	Basic and laboratory research		
HKU	4	1	33	38	24.37
HKU with collaborators ¹ :	6	3	5	14	8.86
CUHK	3	4	17	24	15.52
CUHK with collaborators ² :	4	2	1	7	4.77
HKUST	-	-	3	3	2.33
HKUST with collaborators ³ :	-	-	5	5	3.18
PolyU	1	-	1	2	0.83
PolyU with collaborators ⁴ :	-	-	2	2	0.42
HKBU with CUHK	-	-	1	1	0.80
Queen Mary Hospital	-	-	1	1	0.75
Total:	18	10	69	97	61.83

Note:

¹ Overseas collaborators: Imperial College London (UK), Chulalongkorn University (Thailand), University of Hanoi (Vietnam), Epidemiology and Disease Control Division, and Communicable Diseases Division, Ministry of Health Singapore (Singapore), The Second Affiliated Hospital (Guangzhou, China), Guangxi Medical University (China), Shantou University Medical College (China), The South Medical University (Guangzhou, China), Guangzhou Occupational Diseases Prevention & Treatment Center (China), Center for Disease Control and Prevention of Guangdong Province (China)

Local collaborators: CUHK, PolyU, Hospital Authority, Department of Health, Pamela Youde Nethersole Eastern Hospital, United Christian Hospital, Princess Margaret Hospital, Grantham Hospital, Kowloon Hospital, Haven of Hope Hospital, Family Planning Association of Hong Kong

² University of Wales (UK), California State University (USA), Cambridge Institute for Medical Research (UK), Hong Kong Red Cross Blood Transfusion Services, Shatin Hospital, Shauiwan Jockey Club Clinic, Department of Health

³ CUHK, HKU, Princess Margaret Hospital, The First Military Medical University (Guangzhou, China), Biotechnology organisation

⁴ CUHK, United Christian Hospital

Signature _____
Name in block letters Ms Sandra LEE
Post Title Permanent Secretary for Health, Welfare and Food
(Health and Welfare)
Date 14.3.2007

Examination of Estimates of Expenditure 2007-08

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

HWFB(H)204

Question Serial No.

2618

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

Subhead (No. & title):

Programme: (6) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food (Health and Welfare)

Director of Bureau: Secretary for Health, Welfare and Food

Question:

The mainland wives of local civil servants giving birth in Hong Kong are entitled to free medical services in general wards. In this connection, will the Administration inform this Committee of the annual figures of such cases in 2004-05, 2005-06 and 2006-07; the expenditures involved in these three years; the expected number of such cases in 2007-08; and the estimated expenditure involved? Furthermore, will the Administration review the policy concerned; if so, what are the details; if not, what are the reasons?

Asked by: Hon. CHOY So-yuk

Reply:

Under the Civil Service Regulations (CSRs), civil service eligible persons (i.e. civil servants, pensioners and their eligible dependants (including spouses)) are eligible for free medical advice and treatment, X-ray examinations and medicines when these benefits are provided by the Government or Hospital Authority (HA) medical services. A charge is made for hospital maintenance in accordance with CSRs. The HA obstetric services fall within the scope of medical benefits for civil servants. The HA has an agreement with the Government to provide civil service eligible persons with all necessary services and facilities, including obstetric services. The Government has no plan to change the existing arrangements as medical benefits form part of the conditions of service of civil servants.

The number of non-local wives of civil servants who gave birth in public hospitals, as well as the cost of relevant medical services provided, in 2004-05, 2005-06 and the first 11 months in 2006-07, are set out in the table below. The HA does not have a projected figure for the number of such cases in 2007-08.

Year	Number of Deliveries	Total Cost (\$ Million)
2004-05	204	4.1
2005-06	247	4.6
2006-07 (first 11 months)	207	3.9 (estimated)

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Health, Welfare
and Food (Health and Welfare)

Date 15.3.2007