Index Page

Replies to initial written questions raised by Finance Committee Members in examining the Estimates of Expenditure 2016-17

Director of Bureau : Secretary for Food and Health
Session No. : 12
File Name : FHB(H)-2-e1

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)001	1571	Alan LEONG Kah-kit	140	(2) Subvention : Hospital Authority
FHB(H)002	2208	Alan LEONG Kah-kit	140	(2) Subvention : Hospital Authority
FHB(H)003	3101	Alan LEONG Kah-kit	140	(1) Health
FHB(H)004	3102	Alan LEONG Kah-kit	140	(1) Health
FHB(H)005	0374	Albert HO Chun-yan	140	(1) Health
FHB(H)006	0375	Albert HO Chun-yan	140	(2) Subvention : Hospital Authority
FHB(H)007	0376	Albert HO Chun-yan	140	(2) Subvention : Hospital Authority
FHB(H)008	0377	Albert HO Chun-yan	140	N/A
FHB(H)009	0378	Albert HO Chun-yan	140	(2) Subvention : Hospital Authority
FHB(H)010	0379	Albert HO Chun-yan	140	(2) Subvention : Hospital Authority
FHB(H)011	0380	Albert HO Chun-yan	140	N/A
FHB(H)012	1161	Albert HO Chun-yan	140	(2) Subvention : Hospital Authority
FHB(H)013	0044	Alice MAK Mei-kuen	140	(2) Subvention : Hospital Authority
FHB(H)014	0046	Alice MAK Mei-kuen	140	(1) Health
FHB(H)015	0047	Alice MAK Mei-kuen	140	N/A
FHB(H)016	0070	Alice MAK Mei-kuen	140	(2) Subvention : Hospital Authority
FHB(H)017	0218	Alice MAK Mei-kuen	140	(2) Subvention : Hospital Authority
FHB(H)018	0224	Alice MAK Mei-kuen	140	(2) Subvention : Hospital Authority
FHB(H)019	0291	Alice MAK Mei-kuen	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)020	0293	Alice MAK Mei-kuen	140	(2) Subvention : Hospital Authority
FHB(H)021	2525	Alice MAK Mei-kuen	140	(2) Subvention : Hospital Authority
FHB(H)022	2526	Alice MAK Mei-kuen	140	(2) Subvention : Hospital Authority
FHB(H)023	2537	Alice MAK Mei-kuen	140	(2) Subvention : Hospital Authority
FHB(H)024	3041	Alice MAK Mei-kuen	140	(1) Health
FHB(H)025	2419	CHAN Han-pan	140	(1) Health
FHB(H)026	2420	CHAN Han-pan	140	(1) Health
FHB(H)027	2421	CHAN Han-pan	140	(1) Health
FHB(H)028	2422	CHAN Han-pan	140	(1) Health
FHB(H)029	2424	CHAN Han-pan	140	(1) Health
FHB(H)030	2425	CHAN Han-pan	140	(1) Health
FHB(H)031	2657	CHAN Han-pan	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)032	2658	CHAN Han-pan	140	(1) Health
FHB(H)033	3035	CHAN Han-pan	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)034	3036	CHAN Han-pan	140	(1) Health
FHB(H)035	1505	CHAN Kin-por	140	(1) Health
FHB(H)036	1506	CHAN Kin-por	140	(1) Health
FHB(H)037	1507	CHAN Kin-por	140	(1) Health
FHB(H)038	1508	CHAN Kin-por	140	(1) Health
FHB(H)039	2491	CHEUNG Kwok-che	140	(2) Subvention : Hospital Authority
FHB(H)040	2492	CHEUNG Kwok-che	140	(2) Subvention : Hospital Authority
FHB(H)041	2494	CHEUNG Kwok-che	140	(2) Subvention : Hospital Authority
FHB(H)042	2495	CHEUNG Kwok-che	140	(2) Subvention : Hospital Authority
FHB(H)043	2496	CHEUNG Kwok-che	140	(2) Subvention : Hospital Authority
FHB(H)044	3198	CHEUNG Kwok-che	140	(2) Subvention : Hospital Authority
FHB(H)045	2840	Fernando CHEUNG Chiu-hung	140	(2) Subvention : Hospital Authority
FHB(H)046	2862	Fernando CHEUNG Chiu-hung	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)047	2689	Helena WONG Pik-wan	140	(2) Subvention : Hospital Authority
FHB(H)048	0288	Jeffrey LAM Kin-fung	140	(2) Subvention : Hospital Authority
FHB(H)049	0289	Jeffrey LAM Kin-fung	140	(2) Subvention : Hospital Authority
FHB(H)050	0553	Joseph LEE Kok-long	140	(1) Health
FHB(H)051	0554	Joseph LEE Kok-long	140	(1) Health
FHB(H)052	0555	Joseph LEE Kok-long	140	(1) Health
FHB(H)053	0556	Joseph LEE Kok-long	140	(1) Health
FHB(H)054	0557	Joseph LEE Kok-long	140	(1) Health
FHB(H)055	0558	Joseph LEE Kok-long	140	(1) Health
FHB(H)056	0561	Joseph LEE Kok-long	140	(1) Health
FHB(H)057	0562	Joseph LEE Kok-long	140	(1) Health
FHB(H)058	0563	Joseph LEE Kok-long	140	(1) Health
FHB(H)059	0564	Joseph LEE Kok-long	140	(2) Subvention : Hospital Authority
FHB(H)060	0565	Joseph LEE Kok-long	140	(2) Subvention : Hospital Authority
FHB(H)061	0566	Joseph LEE Kok-long	140	(2) Subvention : Hospital Authority
FHB(H)062	0567	Joseph LEE Kok-long	140	(2) Subvention : Hospital Authority
FHB(H)063	0568	Joseph LEE Kok-long	140	(2) Subvention : Hospital Authority
FHB(H)064	0569	Joseph LEE Kok-long	140	(2) Subvention : Hospital Authority
FHB(H)065	0570	Joseph LEE Kok-long	140	(2) Subvention : Hospital Authority
FHB(H)066	0571	Joseph LEE Kok-long	140	(2) Subvention : Hospital Authority
FHB(H)067	0572	Joseph LEE Kok-long	140	(2) Subvention : Hospital Authority
FHB(H)068	0573	Joseph LEE Kok-long	140	(2) Subvention : Hospital Authority
FHB(H)069	0574	Joseph LEE Kok-long	140	(3) Subvention : Prince Philip Dental Hospital

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)070	2013	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)071	2015	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)072	2038	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)073	2044	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)074	2046	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)075	2047	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)076	2048	KWOK Ka-ki	140	(3) Subvention : Prince Philip Dental Hospital
FHB(H)077	2063	KWOK Ka-ki	140	(1) Health
FHB(H)078	2064	KWOK Ka-ki	140	(1) Health
FHB(H)079	2065	KWOK Ka-ki	140	(1) Health
FHB(H)080	2066	KWOK Ka-ki	140	(1) Health
FHB(H)081	2067	KWOK Ka-ki	140	(1) Health
FHB(H)082	2068	KWOK Ka-ki	140	(1) Health
FHB(H)083	2069	KWOK Ka-ki	140	(1) Health
FHB(H)084	2070	KWOK Ka-ki	140	(1) Health
FHB(H)085	2071	KWOK Ka-ki	140	(1) Health
FHB(H)086	2072	KWOK Ka-ki	140	(1) Health
FHB(H)087	2923	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)088	2924	KWOK Ka-ki	140	(3) Subvention : Prince Philip Dental Hospital
FHB(H)089	3132	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)090	3247	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)091	3248	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)092	3249	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)093	3019	LAM Tai-fai	140	(2) Subvention : Hospital Authority
FHB(H)094	2086	LEE Cheuk-yan	140	(2) Subvention : Hospital Authority
FHB(H)095	2087	LEE Cheuk-yan	140	(2) Subvention : Hospital Authority
FHB(H)096	2088	LEE Cheuk-yan	140	(2) Subvention : Hospital Authority
FHB(H)097	2089	LEE Cheuk-yan	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)098	2090	LEE Cheuk-yan	140	(2) Subvention : Hospital Authority
FHB(H)099	2091	LEE Cheuk-yan	140	(2) Subvention : Hospital Authority
FHB(H)100	2950	LEE Cheuk-yan	140	(2) Subvention : Hospital Authority
FHB(H)101	2951	LEE Cheuk-yan	140	(2) Subvention : Hospital Authority
FHB(H)102	1348	LEUNG Che-cheung	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)103	0230	LEUNG Ka-lau	140	(2) Subvention : Hospital Authority
FHB(H)104	0594	LEUNG Ka-lau	140	(2) Subvention : Hospital Authority
FHB(H)105	0595	LEUNG Ka-lau	140	(2) Subvention : Hospital Authority
FHB(H)106	0596	LEUNG Ka-lau	140	(2) Subvention : Hospital Authority
FHB(H)107	0597	LEUNG Ka-lau	140	(2) Subvention : Hospital Authority
FHB(H)108	0598	LEUNG Ka-lau	140	(1) Health
FHB(H)109	0599	LEUNG Ka-lau	140	(1) Health
FHB(H)110	0600	LEUNG Ka-lau	140	(3) Subvention : Prince Philip Dental Hospital
FHB(H)111	0601	LEUNG Ka-lau	140	(1) Health
FHB(H)112	0602	LEUNG Ka-lau	140	(2) Subvention : Hospital Authority
FHB(H)113	0607	LEUNG Ka-lau	140	(1) Health
FHB(H)114	0609	LEUNG Ka-lau	140	(2) Subvention : Hospital Authority
FHB(H)115	0610	LEUNG Ka-lau	140	(1) Health
FHB(H)116	0611	LEUNG Ka-lau	140	(1) Health
FHB(H)117	0612	LEUNG Ka-lau	140	(1) Health
FHB(H)118	0613	LEUNG Ka-lau	140	(2) Subvention : Hospital Authority
FHB(H)119	0616	LEUNG Ka-lau	140	(2) Subvention : Hospital Authority
FHB(H)120	0617	LEUNG Ka-lau	140	(1) Health
FHB(H)121	0618	LEUNG Ka-lau	140	(2) Subvention : Hospital Authority
FHB(H)122	0619	LEUNG Ka-lau	140	(2) Subvention : Hospital Authority
FHB(H)123	0620	LEUNG Ka-lau	140	(1) Health

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)124	0623	LEUNG Ka-lau	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)125	0624	LEUNG Ka-lau	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)126	0626	LEUNG Ka-lau	140	(1) Health
FHB(H)127	0628	LEUNG Ka-lau	140	(2) Subvention : Hospital Authority
FHB(H)128	0629	LEUNG Ka-lau	140	(2) Subvention : Hospital Authority
FHB(H)129	0630	LEUNG Ka-lau	140	(2) Subvention : Hospital Authority
FHB(H)130	0631	LEUNG Ka-lau	140	(2) Subvention : Hospital Authority
FHB(H)131	0632	LEUNG Ka-lau	140	(2) Subvention : Hospital Authority
FHB(H)132	0633	LEUNG Ka-lau	140	(2) Subvention : Hospital Authority
FHB(H)133	0634	LEUNG Ka-lau	140	(1) Health
FHB(H)134	0635	LEUNG Ka-lau	140	(2) Subvention : Hospital Authority
FHB(H)135	0636	LEUNG Ka-lau	140	(1) Health
FHB(H)136	2888	LEUNG Ka-lau	140	N/A
FHB(H)137	2154	LEUNG Kwok-hung	140	(1) Health
FHB(H)138	1645	Michael TIEN Puk-sun	140	(2) Subvention : Hospital Authority
FHB(H)139	3293	Michael TIEN Puk-sun	140	N/A
FHB(H)140	1053	Paul TSE Wai-chun	140	(1) Health
FHB(H)141	1073	Paul TSE Wai-chun	140	(1) Health
FHB(H)142	1075	Paul TSE Wai-chun	140	(2) Subvention : Hospital Authority
FHB(H)143	1077	Paul TSE Wai-chun	140	(1) Health
FHB(H)144	1717	POON Siu-ping	140	(2) Subvention : Hospital Authority
FHB(H)145	1733	POON Siu-ping	140	(2) Subvention : Hospital Authority
FHB(H)146	0638	Priscilla LEUNG Mei-fun	140	(2) Subvention : Hospital Authority
FHB(H)147	0639	Priscilla LEUNG Mei-fun	140	(2) Subvention : Hospital Authority
FHB(H)148	2788	Regina IP LAU Suk-yee	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)149	0338	Tommy CHEUNG Yu-yan	140	(2) Subvention : Hospital Authority
FHB(H)150	0899	Vincent FANG Kang	140	(1) Health
FHB(H)151	0900	Vincent FANG Kang	140	(1) Health
FHB(H)152	1082	WONG Kwok-kin	140	(1) Health
FHB(H)153	1083	WONG Kwok-kin	140	(1) Health
FHB(H)154	1084	WONG Kwok-kin	140	(1) Health
FHB(H)155	1085	WONG Kwok-kin	140	(2) Subvention : Hospital Authority
FHB(H)156	1086	WONG Kwok-kin	140	(2) Subvention : Hospital Authority
FHB(H)157	1087	WONG Kwok-kin	140	(1) Health
FHB(H)158	2987	WONG Kwok-kin	140	(2) Subvention : Hospital Authority
FHB(H)159	0881	WONG Ting-kwong	140	(1) Health
FHB(H)160	2626	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)161	0454	Abraham SHEK Lai-him	37	(1) Statutory Functions
FHB(H)162	0465	Abraham SHEK Lai-him	37	N/A
FHB(H)163	1579	Alan LEONG Kah-kit	37	(2) Disease Prevention
FHB(H)164	1580	Alan LEONG Kah-kit	37	(2) Disease Prevention
FHB(H)165	1581	Alan LEONG Kah-kit	37	(2) Disease Prevention
FHB(H)166	1582	Alan LEONG Kah-kit	37	(2) Disease Prevention
FHB(H)167	1583	Alan LEONG Kah-kit	37	(2) Disease Prevention
FHB(H)168	1584	Alan LEONG Kah-kit	37	(2) Disease Prevention
FHB(H)169	2206	Alan LEONG Kah-kit	37	(2) Disease Prevention
FHB(H)170	2207	Alan LEONG Kah-kit	37	(2) Disease Prevention
FHB(H)171	2209	Alan LEONG Kah-kit	37	(2) Disease Prevention
FHB(H)172	3099	Alan LEONG Kah-kit	37	(2) Disease Prevention
FHB(H)173	3100	Alan LEONG Kah-kit	37	(2) Disease Prevention

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)174	2557	Albert CHAN Wai-yip	37	(1) Statutory Functions
FHB(H)175	0371	Albert HO Chun-yan	37	(1) Statutory Functions
FHB(H)176	0372	Albert HO Chun-yan	37	(2) Disease Prevention
FHB(H)177	0373	Albert HO Chun-yan	37	N/A
FHB(H)178	2463	Albert HO Chun-yan	37	N/A
FHB(H)179	2467	Albert HO Chun-yan	37	(1) Statutory Functions (2) Disease Prevention
FHB(H)180	2468	Albert HO Chun-yan	37	(1) Statutory Functions (2) Disease Prevention
FHB(H)181	2469	Albert HO Chun-yan	37	(2) Disease Prevention
FHB(H)182	3060	Albert HO Chun-yan	37	(2) Disease Prevention (3) Health Promotion (4) Curative Care (5) Rehabilitation (6) Treatment of Drug Abusers (7) Medical and Dental Treatment for Civil Servants
FHB(H)183	0222	Alice MAK Mei-kuen	37	(1) Statutory Functions
FHB(H)184	2528	Alice MAK Mei-kuen	37	(4) Curative Care
FHB(H)185	2535	Alice MAK Mei-kuen	37	(2) Disease Prevention
FHB(H)186	2536	Alice MAK Mei-kuen	37	(1) Statutory Functions
FHB(H)187	3040	Alice MAK Mei-kuen	37	(2) Disease Prevention
FHB(H)188	2423	CHAN Han-pan	37	(1) Statutory Functions
FHB(H)189	3125	CHAN Han-pan	37	(2) Disease Prevention
FHB(H)190	1513	CHAN Kin-por	37	(2) Disease Prevention
FHB(H)191	1514	CHAN Kin-por	37	(1) Statutory Functions
FHB(H)192	1123	CHEUNG Kwok-che	37	(2) Disease Prevention
FHB(H)193	2441	Elizabeth QUAT	37	(2) Disease Prevention
FHB(H)194	2544	Helena WONG Pik-wan	37	(2) Disease Prevention (4) Curative Care (5) Rehabilitation
FHB(H)195	0226	Jeffrey LAM Kin-fung	37	(2) Disease Prevention

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)196	0540	Joseph LEE Kok-long	37	(1) Statutory Functions
FHB(H)197	0548	Joseph LEE Kok-long	37	(1) Statutory Functions
FHB(H)198	0549	Joseph LEE Kok-long	37	(2) Disease Prevention
FHB(H)199	0550	Joseph LEE Kok-long	37	(2) Disease Prevention
FHB(H)200	0551	Joseph LEE Kok-long	37	(5) Rehabilitation
FHB(H)201	0559	Joseph LEE Kok-long	37	(2) Disease Prevention
FHB(H)202	0560	Joseph LEE Kok-long	37	(3) Health Promotion
FHB(H)203	3087	Joseph LEE Kok-long	37	(2) Disease Prevention
FHB(H)204	3088	Joseph LEE Kok-long	37	(2) Disease Prevention
FHB(H)205	3089	Joseph LEE Kok-long	37	(2) Disease Prevention
FHB(H)206	3174	Joseph LEE Kok-long	37	(2) Disease Prevention
FHB(H)207	3175	Joseph LEE Kok-long	37	(4) Curative Care
FHB(H)208	3176	Joseph LEE Kok-long	37	(4) Curative Care
FHB(H)209	0603	LEUNG Ka-lau	37	(2) Disease Prevention
FHB(H)210	0604	LEUNG Ka-lau	37	N/A
FHB(H)211	0605	LEUNG Ka-lau	37	(2) Disease Prevention
FHB(H)212	0606	LEUNG Ka-lau	37	(1) Statutory Functions
FHB(H)213	0608	LEUNG Ka-lau	37	(8) Personnel Management of Civil Servants Working in Hospital Authority
FHB(H)214	0614	LEUNG Ka-lau	37	(1) Statutory Functions
FHB(H)215	0615	LEUNG Ka-lau	37	(2) Disease Prevention
FHB(H)216	0621	LEUNG Ka-lau	37	(2) Disease Prevention
FHB(H)217	0622	LEUNG Ka-lau	37	(2) Disease Prevention
FHB(H)218	0625	LEUNG Ka-lau	37	(4) Curative Care
FHB(H)219	1597	MA Fung-kwok	37	(2) Disease Prevention
FHB(H)220	1716	POON Siu-ping	37	(2) Disease Prevention
FHB(H)221	2353	POON Siu-ping	37	(1) Statutory Functions
FHB(H)222	0669	Priscilla LEUNG Mei-fun	37	(4) Curative Care
FHB(H)223	0942	Starry LEE Wai-king	37	(5) Rehabilitation

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)224	0948	Starry LEE Wai-king	37	(4) Curative Care
FHB(H)225	1088	WONG Kwok-kin	37	(4) Curative Care
FHB(H)226	1089	WONG Kwok-kin	37	(1) Statutory Functions
FHB(H)227	0861	WONG Ting-kwong	37	(1) Statutory Functions
FHB(H)228	0862	WONG Ting-kwong	37	(2) Disease Prevention
FHB(H)229	0863	WONG Ting-kwong	37	(2) Disease Prevention
FHB(H)230	0864	WONG Ting-kwong	37	(3) Health Promotion
FHB(H)231	1901	WONG Yuk-man	37	(1) Statutory Functions
FHB(H)232	1902	WONG Yuk-man	37	(2) Disease Prevention
FHB(H)233	1903	WONG Yuk-man	37	(3) Health Promotion
FHB(H)234	1904	WONG Yuk-man	37	(2) Disease Prevention
FHB(H)235	4537	Albert CHAN Wai-yip	140	(2) Subvention : Hospital Authority
FHB(H)236	7210	Alice MAK Mei-kuen	140	(2) Subvention : Hospital Authority
FHB(H)237	7223	Alice MAK Mei-kuen	140	(2) Subvention : Hospital Authority
FHB(H)238	7236	Alice MAK Mei-kuen	140	(2) Subvention : Hospital Authority
FHB(H)239	7237	Alice MAK Mei-kuen	140	(2) Subvention : Hospital Authority
FHB(H)240	7263	CHAN Han-pan	140	(2) Subvention : Hospital Authority
FHB(H)241	5278	Charles Peter MOK	140	N/A
FHB(H)242	5296	Charles Peter MOK	140	N/A
FHB(H)243	5317	Charles Peter MOK	140	N/A
FHB(H)244	5736	Charles Peter MOK	140	N/A
FHB(H)245	4294	CHEUNG Kwok-che	140	(2) Subvention : Hospital Authority
FHB(H)246	4295	CHEUNG Kwok-che	140	(1) Health
FHB(H)247	4297	CHEUNG Kwok-che	140	(2) Subvention : Hospital Authority
FHB(H)248	4307	CHEUNG Kwok-che	140	(2) Subvention : Hospital Authority
FHB(H)249	4372	CHEUNG Kwok-che	140	(2) Subvention : Hospital Authority
FHB(H)250	6482	CHEUNG Kwok-che	140	(2) Subvention : Hospital Authority
FHB(H)251	6855	CHEUNG Kwok-che	140	N/A

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)252	3649	Fernando CHEUNG Chiu-hung	140	(2) Subvention : Hospital Authority
FHB(H)253	3651	Fernando CHEUNG Chiu-hung	140	(2) Subvention : Hospital Authority
FHB(H)254	5989	Fernando CHEUNG Chiu-hung	140	(2) Subvention : Hospital Authority
FHB(H)255	6017	Fernando CHEUNG Chiu-hung	140	(2) Subvention : Hospital Authority
FHB(H)256	6033	Fernando CHEUNG Chiu-hung	140	(2) Subvention : Hospital Authority
FHB(H)257	6034	Fernando CHEUNG Chiu-hung	140	(2) Subvention : Hospital Authority
FHB(H)258	6371	Fernando CHEUNG Chiu-hung	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)259	6381	Fernando CHEUNG Chiu-hung	140	(2) Subvention : Hospital Authority
FHB(H)260	6382	Fernando CHEUNG Chiu-hung	140	(2) Subvention : Hospital Authority
FHB(H)261	6383	Fernando CHEUNG Chiu-hung	140	(2) Subvention : Hospital Authority
FHB(H)262	6400	Fernando CHEUNG Chiu-hung	140	(1) Health
FHB(H)263	6408	Fernando CHEUNG Chiu-hung	140	(2) Subvention : Hospital Authority
FHB(H)264	6409	Fernando CHEUNG Chiu-hung	140	(2) Subvention : Hospital Authority
FHB(H)265	6410	Fernando CHEUNG Chiu-hung	140	(2) Subvention : Hospital Authority
FHB(H)266	6411	Fernando CHEUNG Chiu-hung	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)267	7100	Fernando CHEUNG Chiu-hung	140	(2) Subvention : Hospital Authority
FHB(H)268	7101	Fernando CHEUNG Chiu-hung	140	(2) Subvention : Hospital Authority
FHB(H)269	7102	Fernando CHEUNG Chiu-hung	140	(2) Subvention : Hospital Authority
FHB(H)270	7119	Fernando CHEUNG Chiu-hung	140	(2) Subvention : Hospital Authority
FHB(H)271	4147	Joseph LEE Kok-long	140	(1) Health
FHB(H)272	4148	Joseph LEE Kok-long	140	(1) Health
FHB(H)273	4150	Joseph LEE Kok-long	140	(1) Health
FHB(H)274	4151	Joseph LEE Kok-long	140	(1) Health
FHB(H)275	4152	Joseph LEE Kok-long	140	(1) Health
FHB(H)276	4153	Joseph LEE Kok-long	140	(1) Health
FHB(H)277	4154	Joseph LEE Kok-long	140	(1) Health
FHB(H)278	4155	Joseph LEE Kok-long	140	(1) Health
FHB(H)279	4156	Joseph LEE Kok-long	140	(1) Health
FHB(H)280	4157	Joseph LEE Kok-long	140	(1) Health
FHB(H)281	4158	Joseph LEE Kok-long	140	(1) Health
FHB(H)282	4159	Joseph LEE Kok-long	140	(2) Subvention : Hospital Authority
FHB(H)283	4160	Joseph LEE Kok-long	140	(2) Subvention : Hospital Authority
FHB(H)284	4161	Joseph LEE Kok-long	140	(2) Subvention : Hospital Authority
FHB(H)285	4162	Joseph LEE Kok-long	140	(2) Subvention : Hospital Authority
FHB(H)286	4163	Joseph LEE Kok-long	140	(2) Subvention : Hospital Authority
FHB(H)287	4164	Joseph LEE Kok-long	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)288	4165	Joseph LEE Kok-long	140	(3) Subvention : Prince Philip Dental Hospital
FHB(H)289	4166	Joseph LEE Kok-long	140	(2) Subvention : Hospital Authority
FHB(H)290	7218	Joseph LEE Kok-long	140	(1) Health
FHB(H)291	3589	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)292	3591	KWOK Ka-ki	140	(1) Health
FHB(H)293	3641	KWOK Ka-ki	140	(1) Health
FHB(H)294	4800	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)295	4801	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)296	4802	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)297	4803	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)298	4804	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)299	4807	KWOK Ka-ki	140	(1) Health
FHB(H)300	4808	KWOK Ka-ki	140	(1) Health
FHB(H)301	4809	KWOK Ka-ki	140	(1) Health
FHB(H)302	4810	KWOK Ka-ki	140	(1) Health
FHB(H)303	4811	KWOK Ka-ki	140	(1) Health
FHB(H)304	4813	KWOK Ka-ki	140	(1) Health
FHB(H)305	4814	KWOK Ka-ki	140	(1) Health
FHB(H)306	4817	KWOK Ka-ki	140	N/A
FHB(H)307	4818	KWOK Ka-ki	140	(1) Health
FHB(H)308	4819	KWOK Ka-ki	140	(1) Health
FHB(H)309	4820	KWOK Ka-ki	140	(1) Health
FHB(H)310	4821	KWOK Ka-ki	140	(1) Health
FHB(H)311	4822	KWOK Ka-ki	140	(1) Health
FHB(H)312	4823	KWOK Ka-ki	140	(1) Health
FHB(H)313	4824	KWOK Ka-ki	140	(1) Health
FHB(H)314	4825	KWOK Ka-ki	140	(1) Health
FHB(H)315	4826	KWOK Ka-ki	140	(1) Health
FHB(H)316	4827	KWOK Ka-ki	140	(1) Health
FHB(H)317	4828	KWOK Ka-ki	140	(1) Health
FHB(H)318	4829	KWOK Ka-ki	140	(1) Health
FHB(H)319	4830	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)320	4831	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)321	4832	KWOK Ka-ki	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)322	4833	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)323	4834	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)324	4835	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)325	4836	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)326	4837	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)327	4838	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)328	4839	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)329	4840	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)330	4841	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)331	4842	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)332	4843	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)333	4844	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)334	4845	KWOK Ka-ki	140	(1) Health
FHB(H)335	6696	KWOK Ka-ki	140	(1) Health
FHB(H)336	6697	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)337	6698	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)338	6699	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)339	6700	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)340	6701	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)341	4519	LEUNG Kwok-hung	140	(2) Subvention : Hospital Authority
FHB(H)342	4520	LEUNG Kwok-hung	140	(2) Subvention : Hospital Authority
FHB(H)343	4775	MA Fung-kwok	140	(2) Subvention : Hospital Authority
FHB(H)344	3434	WU Chi-wai	140	(1) Health
FHB(H)345	4650	WU Chi-wai	140	(1) Health
FHB(H)346	4651	WU Chi-wai	140	(1) Health

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)347	7235	Alice MAK Mei-kuen	37	(1) Statutory Functions
FHB(H)348	4300	CHEUNG Kwok-che	37	(3) Health Promotion
FHB(H)349	4377	CHEUNG Kwok-che	37	(4) Curative Care
FHB(H)350	6121	CHEUNG Kwok-che	37	(5) Rehabilitation
FHB(H)351	6398	Fernando CHEUNG Chiu-hung	37	(5) Rehabilitation
FHB(H)352	6950	Fernando CHEUNG Chiu-hung	37	(5) Rehabilitation
FHB(H)353	6952	Fernando CHEUNG Chiu-hung	37	(5) Rehabilitation
FHB(H)354	7107	Fernando CHEUNG Chiu-hung	37	(2) Disease Prevention
FHB(H)355	7108	Fernando CHEUNG Chiu-hung	37	(2) Disease Prevention
FHB(H)356	4995	IP Kin-yuen	37	(2) Disease Prevention (3) Health Promotion
FHB(H)357	4140	Joseph LEE Kok-long	37	(5) Rehabilitation
FHB(H)358	6591	Kenneth CHAN Ka-lok	37	(1) Statutory Functions
FHB(H)359	4795	Kenneth LEUNG	37	(2) Disease Prevention
FHB(H)360	6337	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)361	6708	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)362	6712	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)363	6993	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)364	6994	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)365	6996	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)366	6997	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)367	6998	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)368	7000	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)369	7002	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)370	7004	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)371	7006	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)372	7007	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)373	7008	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)374	7010	KWOK Ka-ki	37	(4) Curative Care
FHB(H)375	7012	KWOK Ka-ki	37	(5) Rehabilitation

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)376	7024	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)377	4751	MA Fung-kwok	37	(3) Health Promotion
FHB(H)378	4613	Michael TIEN Puk-sun	37	(4) Curative Care
FHB(H)379	4083	WONG Kwok-hing	37	N/A
FHB(H)380	4084	WONG Kwok-hing	37	N/A
FHB(H)381	4085	WONG Kwok-hing	37	N/A

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)001

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1571)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

1) What were the numbers of staff in the medical, nursing and allied health grades in different departments of each hospital in each cluster under the Hospital Authority and their ratios to patients in the past 3 years?

Cluster	Grade	2013-14		2014-15		2015-16	
		Number of staff	Staff ratio per patient	Number of staff	Staff ratio per patient	Number of staff	Staff ratio per patient

2) What are the estimated numbers of staff in the medical, nursing and allied health grades in different departments of each hospital in each cluster under the Hospital Authority and their ratios to patients for 2016-17?

Cluster	Grade	2016-17	
		Estimated number of staff	Staff ratio per patient

Asked by: Hon Alan LEONG Kah-kit (Member Question No. 20)

Reply:

(1) Table 1 below sets out the doctor-to-patient, nurse-to-patient and allied health (AH) professional-to-patient ratios by cluster in the Hospital Authority (HA) in 2013-14, 2014-15 and 2015-16.

Cluster	Doctor			Nurse			Allied Health Professional		
	Number of doctors	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	Number of nurses	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	Number of allied health professionals	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2013-14									
HKEC	575	5.1	3.2	2 443	21.6	13.8	746	6.6	4.2
HKWC	602	5.5	3.2	2 553	23.2	13.7	838	7.6	4.5
KCC	679	5.5	3.3	3 175	25.8	15.7	978	7.9	4.8
KEC	627	5.2	3.7	2 474	20.6	14.7	685	5.7	4.1
KWC	1 300	4.9	3.5	5 337	20.3	14.4	1 479	5.6	4.0
NTEC	879	5.3	3.4	3 707	22.3	14.1	1 018	6.1	3.9
NTWC	702	5.3	3.5	3 027	23.0	15.0	797	6.0	3.9
2014-15									
HKEC	584	5.1	3.2	2 517	22.1	13.7	762	6.7	4.2
HKWC	608	5.4	3.1	2 679	23.6	13.5	883	7.8	4.5
KCC	703	5.5	3.4	3 275	25.4	15.6	989	7.7	4.7
KEC	644	5.1	3.6	2 613	20.8	14.8	706	5.6	4.0
KWC	1 318	4.9	3.5	5 608	20.7	14.7	1 566	5.8	4.1
NTEC	881	5.2	3.3	3 897	23.1	14.5	1 081	6.4	4.0
NTWC	723	5.3	3.4	3 163	23.3	15.1	831	6.1	4.0
2015-16 (As at 31 December 2015)									
HKEC	599	5.3	3.2	2 607	22.9	14.1	798	7.0	4.3
HKWC	629	5.6	3.1	2 799	24.8	13.9	918	8.1	4.5
KCC	730	5.6	3.4	3 323	25.4	15.6	1 022	7.8	4.8
KEC	668	5.3	3.7	2 667	21.0	14.8	754	5.9	4.2
KWC	1 354	4.9	3.5	5 689	20.7	14.7	1 644	6.0	4.3
NTEC	921	5.4	3.3	3 969	23.0	14.3	1 172	6.8	4.2
NTWC	760	5.5	3.5	3 326	23.9	15.5	880	6.3	4.1

Table 2 below sets out the doctor-to-patient and nurse-to-patient ratios for major specialties in 2013-14, 2014-15 and 2015-16.

Specialty	Doctors	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	Nurses	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2013-14						
Medicine	1 171	2.6	1.8	6 140	13.9	9.4
Surgery	616	3.6	2.2	1 974	11.6	6.9
Obstetrics & Gynaecology	215	2.4	1.5	1 120	12.7	7.9
Paediatrics	331	3.7	2.8	1 340	15.0	11.2
Orthopaedics & Traumatology	317	3.6	2.9	1 011	11.5	9.4
Psychiatry	338	18.6	18.4	2 316	127.1	126.1
2014-15						
Medicine	1 202	2.6	1.8	6 480	14.3	9.6
Surgery	632	3.6	2.1	2 061	11.7	6.9
Obstetrics & Gynaecology	203	2.1	1.3	1 161	12.3	7.7
Paediatrics	342	3.8	2.8	1 392	15.4	11.3
Orthopaedics & Traumatology	317	3.5	2.8	1 061	11.8	9.5
Psychiatry	338	19.1	19.0	2 362	133.7	132.7
2015-16 (as at 31 December 2015)						
Medicine	1 251	2.7	1.8	6 705	14.4	9.6
Surgery	664	3.7	2.2	2 132	12.0	7.0
Obstetrics & Gynaecology	196	2.1	1.3	1 184	12.7	8.0
Paediatrics	354	4.0	2.9	1 439	16.1	11.7
Orthopaedics & Traumatology	331	3.6	2.9	1 083	11.8	9.6
Psychiatry	351	19.8	19.6	2 381	134.2	133.3

Table 3 below sets out the number of AH professionals and their ratios to patients for major AH grades in 2013-14, 2014-15 and 2015-16.

Grade	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2013-14			
Medical Laboratory Technologist	1 310	1.3	0.8
Radiographer (Diagnostic Radiographer & Radiation Therapist)	1 002	1.0	0.6
Medical Social Worker	301	0.3	0.2
Occupational Therapist	698	0.7	0.4
Physiotherapist	869	0.8	0.6
Pharmacist	522	0.5	0.3

Grade	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
Dispenser	1 129	1.1	0.7
Others	778	0.8	0.5
2014-15			
Medical Laboratory Technologist	1 347	1.3	0.8
Radiographer (Diagnostic Radiographer & Radiation Therapist)	1 017	1.0	0.6
Medical Social Worker	315	0.3	0.2
Occupational Therapist	731	0.7	0.4
Physiotherapist	886	0.8	0.5
Pharmacist	574	0.5	0.4
Dispenser	1 186	1.1	0.7
Others	832	0.8	0.5
2015-16 (As at 31 December 2015)			
Medical Laboratory Technologist	1 412	1.3	0.9
Radiographer (Diagnostic Radiographer & Radiation Therapist)	1 060	1.0	0.6
Medical Social Worker	327	0.3	0.2
Occupational Therapist	779	0.7	0.5
Physiotherapist	965	0.9	0.6
Pharmacist	606	0.6	0.4
Dispenser	1 247	1.2	0.8
Others	863	0.8	0.5

Notes:

(1) The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to the rounding effect.

(2) Medicine specialty includes Hospice, Rehabilitation and Infirmary. Surgery specialty includes Neurosurgery and Cardiothoracic Surgery. Paediatrics specialty includes Adolescent Medicine and Neonatology. Psychiatry specialty includes Mentally Handicapped.

(3) The group of "Others" for AH grades includes Audiology Technicians, Clinical Psychologists, Dental Technicians, Dietitians, Mould Laboratory Technicians, Optometrists, Orthoptist, Physicists, Podiatrists, Prosthetists & Orthoptists, Scientific Officers (Medical)-Pathology, Scientific Officers (Medical)-Audiology, Scientific Officers (Medical)-Radiology, Scientific Officers (Medical)-Radiotherapy And Speech Therapists.

(4) For Medical Social Worker (MSW), only MSWs employed by HA are included.

(5) Doctors are responsible for rendering services for the whole continuum of services spanning from inpatient, outpatient, ambulatory and outreach services. Therefore, year on year comparison of the manpower ratios for inpatient services may not be a

meaningful indicator of the changes in the workload of doctors. Variations are also noted among specialties and clusters as the throughputs are related to the mode of care delivery, the condition of individual patients and the complexity of individual cases.

(6) It should be noted that the number of nurses and the nurse-to-patient ratios vary among different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to population profile and other factors, including specialisation of the specialties in the cluster. They also vary due to the varying complexity of conditions of patients and the different diagnostic services, treatments and prescriptions required. Therefore, the number of nurses and the nurse-to-patient ratios cannot be directly compared among clusters.

(7) As the condition of each patient and the complexity of each case vary among different allied health grades, the workload of relevant allied health staff cannot be assessed and compared simply based on the ratio of the number of allied health staff to the number of discharge and deaths.

(8) For the ratios of manpower per 1 000 inpatient and day inpatient discharges and deaths, the manpower position refers to that as at 31 March of the respective years (except for 2015-16, the manpower status as at 31 December 2015 is drawn); whereas the number of inpatient and day inpatient discharges and deaths refers to the throughput for the whole financial year (except for 2015-16, the throughput from 1 January 2015 to 31 December 2015 was taken). The numbers of inpatient and day inpatient discharges and deaths for 2015-16 are provisional figures.

(9) In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than one day.

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

(2) The estimated number of doctors, nurses and AH professionals in 2016-17 are 5 822, 24 959 and 7 484 respectively. Breakdown by cluster and the anticipated ratios to patients in 2016-17 are not available yet.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2208)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

What were the numbers of attendances at the general and specialist outpatient clinics of the Hospital Authority and the actual expenditures involved in the past 3 financial years? Of these attendances, how many involved the elderly and the chronically ill? What percentages did the attendances of these patients account for in the total number of attendances? What were the expenditure ratios?

Asked by: Hon Alan LEONG Kah-kit (Member Question No. 38)

Reply:

The service of general out-patient clinics (GOPCs) provided by the Hospital Authority (HA) is primarily targeted at serving the elderly, the low-income group and the chronically ill. In the past 3 years, target patients (i.e. elderly patients aged 65 or above, chronic patients and patients receiving Comprehensive Social Security Assistance (CSSA)) accounted for about 70% of the doctor consultations.

The table below sets out the number of general outpatient attendances in the past 3 years.

2013-14 (Actual)	**2014-15 (Actual)**	**2015-16 (Revised Estimate)**
5 813 706	5 905 262	5 913 000

The table below sets out the total costs of GOPC services in the past 3 years.

2013-14 (Actual) ($ million)	2014-15 (Actual) ($ million)	2015-16 (Revised Estimate) ($ million)
2,236	2,431	2,624

Based on the corresponding activities of the above-mentioned target patients (i.e. elderly patients aged 65 or above, chronic patients and patients receiving CSSA) and the average unit cost for GOPC services during the period, they are estimated to have incurred around 64% of the total costs of GOPC services.

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

The table below sets out the number of specialist outpatient (SOP) attendances in the past 3 years.

2013-14 (Actual)	2014-15 (Actual)	2015-16 (Revised Estimate)
7 040 883	7 191 780	7 200 000

In the past 3 years, elderly patients aged 65 or above accounted for about 34% of the total attendances of the SOP clinics under HA.

The table below sets out the total costs of SOP services in the past 3 years.

2013-14 (Actual) ($ million)	2014-15 (Actual) ($ million)	2015-16 (Revised Estimate) ($ million)
9,888	10,680	11,419

Based on the corresponding activities of elderly patients aged 65 or above and the average unit cost for SOP services during the period, elderly patients are estimated to have incurred around 26% of the total costs of SOP services.

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

Chronic diseases are diseases of long duration and generally with slow progression. Patients with chronic diseases are treated by multi-disciplinary team approach in various settings in HA. Patients may be suffering from multiple chronic diseases and doctors may prescribe different examinations and treatments having regard to individual patients' conditions. As such, HA does not have the requested breakdown on the management of patients with chronic diseases.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3101)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out in detail the policies and initiatives regarding the provision of community healthcare services by the Department of Health, the actual expenditure incurred by the initiatives in the past 3 financial years, and the estimated expenditure for 2016-17.

Asked by: Hon Alan LEONG Kah-kit (Member Question No. 43)

Reply:

The "Primary Care Development Strategy Document" promulgated in 2010 sets out the following major strategies on enhancing primary care in Hong Kong -

(a) developing primary care conceptual models and reference frameworks for specific diseases and population groups;

(b) developing a Primary Care Directory to promote the family doctor concept and a multi-disciplinary approach in enhancing primary care; and

(c) devising feasible service models to deliver community-based primary care services through appropriate pilot projects, including establishing community health centres/networks.

The Primary Care Office (PCO) was established in September 2010 under the Department of Health (DH) to support and co-ordinate the implementation of primary care development strategies and actions. The financial provision for PCO is $88.0 million respectively in 2013-14, 2014-15, 2015-16 and 2016-17. The latest progress and work plan of the major primary care initiatives under PCO are as follows -

(a) Primary Care Conceptual Models and Reference Frameworks

Reference Frameworks for diabetes care, hypertension care and preventive care in children as well as older adults have been developed. A mobile application of these reference frameworks has also been launched. Development of new modules under these reference frameworks (e.g. module on cognitive impairment for older adults and module on development for children) is in progress while the promulgation of the existing reference frameworks continues.

(b) Primary Care Directory

The web-based and mobile application versions of the sub-directories for doctors, dentists and Chinese medicine practitioners have been launched. We will continue to promote the Primary Care Directory to the public as well as to primary care service providers for enrolment.

(c) Community Health Centres (CHCs)

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, was commissioned in mid-2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. The North Lantau CHC and Kwun Tong CHC commenced service in 2013 and 2015 respectively. Allied health services have been strengthened in CHCs. We are exploring the feasibility of developing CHC projects in other districts and will consider the scope of services and modus operandi that suit district needs most.

(d) Publicity Activities

A variety of publicity activities are being conducted through various channels to enhance public understanding and awareness of the importance of primary care, drive attitude change and foster public participation and action.

Apart from PCO, other divisions of DH have been implementing projects and initiatives seeking to enhance primary care in Hong Kong such as health promotion and education and prevention of non-communicable diseases. However, as these services form an integral part of the respective DH's services, such expenditure could not be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3102)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown of the caseload of each community health centre in the past 3 years, including the numbers of first-time health assessments, subsequent health assessments, consultations during which assessment findings are explained and treatment sessions.

Asked by: Hon Alan LEONG Kah-kit (Member Question No. 44)

Reply:

The Community Health Centre (CHC) in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, was commissioned in mid-2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. The North Lantau CHC and Kwun Tong CHC commenced services in September 2013 and March 2015 respectively.

CHCs provide integrated multi-disciplinary healthcare services, including general outpatient clinic (GOPC) services, as well as health risk assessments, disease prevention and health promotion, and support for self-health awareness services, through medical, nursing and allied health services. Similar to other public GOPCs, patients under the care of the CHCs mainly comprise 2 categories: chronic disease patients with stable medical conditions (such as patients with diabetes mellitus or hypertension); and episodic disease patients with relatively mild symptoms (such as those suffering from influenza, cold, fever, gastroenteritis, etc.).

The number of GOP attendances in the Tin Shui Wai (Tin Yip Road) CHC, North Lantau CHC and Kwun Tong CHC from 2013-14 to 2015-16 (up to 31 December 2015) are as follows:

	2013-14	2014-15	2015-16 (up to 31 December 2015) [Provisional figures]
Tin Shui Wai (Tin Yip Road) CHC	71 124	75 448	62 193
North Lantau CHC	29 580 (Commenced service in September 2013)	59 774	48 694
Kwun Tong CHC	-	5 336 (Commenced service in March 2015)	174 094

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0374)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding the implementation of the recommendations made by the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong, what are the details? What are the manpower and expenditure involved in 2016-17?

2. Regarding the Health and Medical Research Fund, please list the research projects, the amount of grants awarded and the institutions (or personnel) responsible for respective projects in 2015-16.

Asked by: Hon Albert HO Chun-yan (Member Question No. 11)

Reply:

(1) The Review Committee on the Regulation of Pharmaceutical Products in Hong Kong (the Review Committee) put forward 75 recommendations to strengthen the regulatory control of pharmaceutical products in Hong Kong. The Food and Health Bureau (FHB) and departments concerned have been taking forward the recommendations made by the Review Committee progressively.

Among the 75 recommendations, 67 recommendations have already been put in place, including 10 recommendations which have been implemented upon the enactment of the Pharmacy and Poisons (Amendment) Ordinance 2015 in early 2015 and six recommendations relating to Hospital Authority's measures to ensure the continuity of supply, safety and quality of drugs procured and to improve the storage and inventory monitoring system. Recommendations implemented in 2015 include the upgrade of the Hong Kong Good Manufacturing Practice standard to PIC/S standard, promulgation of Code of Practice for various groups of licensed traders, promotion of

pharmacovigilance activities and the review of the effectiveness of the enhanced pharmacovigilance measures.

As for the recommendation to impose licensing requirement on retailers of non-poisons pharmaceutical products, we have decided not to implement this recommendation in view of the significant impact on the trade as indicated in the Regulatory Impact Assessment consultancy study. For the remaining six recommendations (include enhancing the registered drugs database and strengthening the presence of registered pharmacist at the authorised seller of poisons), the Government will keep in view the situation and further study if it is appropriate to put in place the recommendations.

Between 2011 and 2013, a total of 63 additional posts (an Assistant Director of Health, a Chief Pharmacist, four Senior Pharmacists, 37 Pharmacists, five Scientific Officers (Medical) and 15 general grade posts) were created in the Department of Health to carry out relevant regulatory duties. The full year additional provision amounts to $46.8 million.

(2) On 9 December 2011, the Finance Committee of the Legislative Council approved a new commitment of $1,415 million for setting up the Health and Medical Research Fund (HMRF), by consolidating the former Health and Health Services Research Fund (HHSRF) and the Research Fund for the Control of Infectious Diseases (RFCID), with a broadened scope for funding health and medical research in Hong Kong. Research projects funded under the former HHSRF and the RFCID have been subsumed under the HMRF.

The HMRF aims to build research capacity and to encourage, facilitate and support health and medical research to inform health policies, improve population health, strengthen the health system, enhance healthcare practices, advance standard and quality of care, and promote clinical excellence, through generation and application of evidence-based scientific knowledge derived from local research in health and medicine. It provides funding support for health and medical research activities, research infrastructure and research capacity building in Hong Kong in various forms, including investigator-initiated research projects and government-commissioned research programmes.

In 2015-16, $222.2 million have been approved to support a total of 178 research projects. Details of these approved projects, including the project titles, responsible research institutions, approved funding and latest position, are available from the Research Fund Secretariat website at http://rfs.fhb.gov.hk.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0375)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

1. Please list the actual, revised and estimated expenditures on community nursing service in 2014-15, 2015-16 and 2016-17.

2. What were the respective ratios of community nurses to patients in the general and psychiatric streams in 2014 and 2015?

3. In 2015-16, the number of home visits made by community nurses was 863 000. Please provide the average number of home visits made by community nurses during working hours per week.

Asked by: Hon Albert HO Chun-yan (Member Question No. 12)

Reply:

1. The table below sets out the costs of community nursing service of the Hospital Authority (HA) from 2014-15 to 2016-17.

Year	Community Nursing Service Costs ($ million)
2014-15	421
2015-16	(Revised Estimate) 452
2016-17	(Estimate) 470

The service costs include the nursing staff cost for providing services to patients and other operating costs (such as medical supplies and travelling expenses).

2. The table sets out the ratio of Community Nurse (CN) in HA to the number of patients attended by CNs in 2013-2014 and 2014-15.

Year	No. of CNs [(1)]	No. of Patients Served	Ratio of CNs to No. of Patients Served
2013-14 (as at March 2014)	449	51 069	1 : 114
2014-15 (as at March 2015)	468	52 697	1 : 113

HA provides mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As the treatment plan for each patient is different and hence the staffing requirements, the staffing ratios may not necessarily reflect the actual level of service provision. Therefore, HA does not have ready breakdown of the requested ratios.

3. At present, each CN attends to around 1 800 home visits on average per year.

Note:

(1) The manpower figures of CN are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0376)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding the 231 additional beds to be opened by the Hospital Authority in 2016-17, please state the number of these additional beds by department and their distribution among hospitals.

Asked by: Hon Albert HO Chun-yan (Member Question No. 13)

Reply:

The table below sets out the breakdown of the 231 hospital beds to be opened in 2016-17 in the Hospital Authority by cluster and hospital.

Cluster / Hospital	**Number of hospital beds to be opened in 2016-17**			
	Acute General	Convalescent	Mentally Handicapped	Total
HKEC	**20**	**-**	**-**	**20**
PYNEH	*20*	-	-	*20*
KCC	**24**	**-**	**-**	**24**
QEH	*24*	-	-	*24*
KEC	**16**	**-**	**-**	**16**
TKOH	*6*	-	-	*6*
UCH	*10*	-	-	*10*
NTEC	**42**	**20**	**-**	**62**
AHNH	*10*	-	-	*10*
PWH	*32*	-	-	*32*
SH	-	*20*	-	*20*

Cluster / Hospital	Number of hospital beds to be opened in 2016-17			
	Acute General	Convalescent	Mentally Handicapped	Total
NTWC	**14**	**75**	**20**	**109**
POH	-	*38*	-	*38*
SLH	-	-	*20*	*20*
TMH	*14*	*37*	-	*51*
HA Overall	**116**	**95**	**20**	**231**

While the exact distribution of the additional beds among specialties has yet to be finalised, the additional beds are expected to be distributed among Medicine, Ophthalmology, Orthopaedics, Surgery and Mentally Handicapped, with more than half of them to be added to Medicine.

Abbreviations

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

Hospital
AHNH – Alice Ho Miu Ling Nethersole Hospital
POH – Pok Oi Hospital
PWH – Prince of Wales Hospital
PYNEH – Pamela Youde Nethersole Eastern Hospital
QEH – Queen Elizabeth Hospital
SH – Shatin Hospital
SLH – Siu Lam Hospital
TKOH – Tseung Kwan O Hospital
TMH – Tuen Mun Hospital
UCH – United Christian Hospital

- End -

Examination of Estimates of Expenditure 2016-17 | Reply Serial No. **FHB(H)008**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0377)

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

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

Programme: (-) Not Specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

1. The provision for personal allowances in 2015-16 is 30% higher than that of 2014-15, and the estimated provision for personal allowances in 2016-17 is 31% higher than that of 2015-16. Please state the number of persons eligible for the allowances in 2015-16 and 2016-17 and the reasons for the increase.

Asked by: Hon Albert HO Chun-yan (Member Question No. 14)

Reply:

The allowances under Personal Emoluments comprise acting allowance and overtime allowance. The number of officers receiving acting allowance (excluding those on short-term acting appointments) is 16 and 13 respectively in 2015-16 and 2016-17, whereas the number of officers receiving overtime allowance is 3 in both financial years. The increase in provision for allowances in 2016-17 is mainly due to increased acting allowance to be paid to eligible officers as a result of pay rise effect and the full-year provision for acting allowance for those officers who started acting appointments during 2015-16.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0378)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

1. What are the actual, revised and estimated expenditures on primary, secondary and tertiary care services in 2014-15, 2015-16 and 2016-17 respectively?

Asked by: Hon Albert HO Chun-yan (Member Question No.16)

Reply:

The secondary and tertiary care services of the Hospital Authority (HA) are mainly provided in the form of inpatient, specialist outpatient (including allied health) and Accident & Emergency (A&E) services. The table below sets out the actual and estimated costs of these services in 2014-15, 2015-16 and 2016-17 respectively.

Services	**Total Service Costs ($ million)**		
	2014-15 (Actual)	**2015-16 (Revised Estimate)**	**2016-17 (Estimate)**
Inpatient	33,287	36,344	37,753
Specialist outpatient	10,680	11,419	11,864
A&E	2,529	2,754	2,860

The table below sets out the actual and estimated costs of the primary care services of HA in 2014-15, 2015-16 and 2016-17 respectively.

Services	**Total Service Costs ($ million)**		
	2014-15 (Actual)	**2015-16 (Revised Estimate)**	**2016-17 (Estimate)**
General outpatient	2,431	2,624	2,726
Family medicine specialist outpatient	318	339	352

HA's service costs include the direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as anaesthetic and operating theatres, pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment) as appropriate.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0379)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding the hiring of retired doctors, please provide a breakdown of the number of retired doctors hired by the Hospital Authority in 2014-15, 2015-16 and 2016-17 by hospital cluster.

2. What are the actual, revised and estimated expenditure for hiring retired doctors in 2014-15, 2015-16 and 2016-17?

Asked by: Hon Albert HO Chun-yan (Member Question No. 17)

Reply:

1. & 2.

A Special Retired and Rehire Scheme to rehire suitable clinical doctors upon their retirement or completion of contract at normal retirement age in 2015-16 and 2016-17 to help alleviate the expertise gap and manpower issues has been implemented by the Hospital Authority from 1 April 2015. As at 31 December 2015, arrangements have been made to re-employ 63 suitable retired/retiring doctors in 2015-16 and 2016-17, with breakdown on the number of rehirees by retiring year and by cluster as follows:

Retiring year	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Total
2014-15	Not Applicable							
2015-16	1	4	3	4	6	1	8	27
2016-17	4	6	5	7	7	5	2	36
Total	5	10	8	11	13	6	10	63

The full year projection of the expenditure of the scheme in 2015-16 was $35 million, while the estimated expenditure of the scheme for 2016-17 is $109 million.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0380)

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

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

In paragraph 148 of the 2015-16 Budget Speech, the Financial Secretary (FS) mentioned that he had "asked all policy bureaux" "to achieve more efficient use of resources through re-engineering and re-prioritising" and that he had "also launched the '0-1-1' envelope savings programme to reduce operating expenditure by a total of two per cent over the next three financial years. Resources saved will be re-allocated for new services."

In this year's Budget, FS also mentioned that to contain expenditure, he had required policy bureaux to achieve more efficient use of resources through re-engineering, phasing out dated procedures and re-prioritising.

In this regard, please advise on the procedures re-engineered and phased out to contain expenditure in 2015-16, and how the "0-1-1" envelope savings programme will be implemented as well as the services and expenditure involved in 2016-17.

Asked by: Hon Albert HO Chun-yan (Member Question No. 38)

Reply:

"0-1-1" envelope savings programme is a fiscal planning tool aimed at achieving more efficient use of public resources through greater efforts in re-engineering and re-prioritization (R&R) such that the savings can be re-deployed to the implementation of new or enhanced services.

The programme involves reduction of 1% from the respective operating expenditure envelopes of policy bureaux for 2016-17 and 2017-18 through implementing R&R measures. We have urged department/subvented bodies under the Health Branch to implement all possible R&R measures so as to improve the cost-effectiveness of the provisions allocated to them.

On the other hand, the Health Branch will enhance a number of medical and healthcare initiatives starting 2016-17, such as additional funding for research projects and facilities in areas of advanced medical research, measures to tackle antimicrobial resistance, promotion of breastfeeding and temporary Chinese medicine testing centre. To this end, provision for 2016-17 is $184.2 million (0.4%) higher than the revised estimate for 2015-16.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No.1161)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the salaries, allowances, Mandatory Provident Fund and Civil Service Provident Fund contributions of specialists, trainees/non-specialists, interns, dentists, registered nurses, enrolled nurses, resident nursing trainees and allied health staff of the Hospital Authority under the 2016 Estimates.

Please also advise on the respective number of registered nurses, enrolled nurses and resident nursing trainees.

Asked by: Hon Albert HO Chun-yan (Member Question No. 71)

Reply:

As the budget of the Hospital Authority (HA) for 2016-17 is being worked out, details of staff costs by staff group are not yet available. Healthcare services are labour-intensive. Past statistics indicate that staff costs account for around 70% of HA's total recurrent expenditure. Above 75% of the staff costs are on medical, nursing and allied health staff.

The projected number of nursing manpower in HA in 2016-17 (as at 31 March 2017) is 24 959. The table below sets out the breakdown of qualified nursing staff and nursing trainee in 2016-17.

	Number of nursing manpower 2016-17 (as at 31 March 2017)
Qualified Staff	24 309
Nursing Trainee	650
Total	24 959

Notes:

(1) Qualified staff includes both registered nurses and enrolled nurses.

(2) The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0044)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide by hospital cluster the following data (including the total number for the clusters) in each of the last five financial years:

1. The population, the average annual increase in population, the population of persons aged 65 or above, and the average annual increase in population of persons aged 65 or above within the catchment area of the cluster;

2. The estimated expenditure, and the annual growth rate of estimated expenditure; and

3. The number of essential healthcare personnel, and the annual growth rate of essential healthcare personnel.

Asked by: Hon Alice MAK Mei-kuen (Member Question No. 7)

Reply:

(1) The tables below set out the total population and the breakdown in respect of those aged 65 or above for each hospital cluster of the Hospital Authority (HA) in 2011, 2012, 2013, 2014 and 2015.

Population Estimates in 2011 (as at mid-2011)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	776 500	120 800
Central & Western, Southern	HKWC	530 200	74 000
Kowloon City, Yau Tsim	KCC	500 200	77 700
Kwun Tong, Sai Kung	KEC	1 058 800	140 800
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 907 500	289 100
Sha Tin, Tai Po, North	NTEC	1 231 300	136 800
Tuen Mun, Yuen Long	NTWC	1 066 000	102 000
Overall Hong Kong		**7 071 600**	**941 400**

Population Estimates in 2012 (as at mid-2012)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	780 200	125 800
Central & Western, Southern	HKWC	533 600	76 900
Kowloon City, Yau Tsim	KCC	508 700	80 700
Kwun Tong, Sai Kung	KEC	1 074 900	146 000
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 929 300	298 200
Sha Tin, Tai Po, North	NTEC	1 246 500	144 500
Tuen Mun, Yuen Long	NTWC	1 080 300	108 100
Overall Hong Kong		**7 154 600**	**980 300**

Population Estimates in 2013 (as at mid-2013)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	777 600	132 000
Central & Western, Southern	HKWC	534 100	80 700
Kowloon City, Yau Tsim	KCC	508 800	85 500
Kwun Tong, Sai Kung	KEC	1 088 100	151 700
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 931 800	304 500
Sha Tin, Tai Po, North	NTEC	1 258 200	152 600
Tuen Mun, Yuen Long	NTWC	1 088 300	114 500
Overall Hong Kong		**7 187 500**	**1 021 500**

Population Estimates in 2014 (as at mid-2014)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	772 500	134 900
Central & Western, Southern	HKWC	529 400	83 400
Kowloon City, Yau Tsim	KCC	534 900	89 900
Kwun Tong, Sai Kung	KEC	1 097 000	157 700
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 941 700	317 200
Sha Tin, Tai Po, North	NTEC	1 266 700	160 900
Tuen Mun, Yuen Long	NTWC	1 098 700	121 700
Overall Hong Kong		**7 241 700**	**1 065 900**

Projected Population in 2015 (as at mid-2015)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	767 300	142 100
Central & Western, Southern	HKWC	525 400	87 500
Kowloon City, Yau Tsim	KCC	540 300	95 100
Kwun Tong, Sai Kung	KEC	1 105 100	164 800
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 952 800	330 800
Sha Tin, Tai Po, North	NTEC	1 290 300	172 300
Tuen Mun, Yuen Long	NTWC	1 116 700	130 600
Overall Hong Kong		**7 298 600**	**1 123 300**

The table below sets out the average annual growth rate of the population and of the population aged 65 or above in respect of each hospital cluster of HA over the period from mid-2011 to mid-2015.

Districts	Corresponding Hospital Cluster	Average Annual Growth Rate (%) over the period from 2011 to 2015	
		Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	-0.3	4.1
Central & Western, Southern	HKWC	-0.2	4.3
Kowloon City, Yau Tsim	KCC	1.9	5.2
Kwun Tong, Sai Kung	KEC	1.1	4.0
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	0.6	3.4
Sha Tin, Tai Po, North	NTEC	1.2	5.9
Tuen Mun, Yuen Long	NTWC	1.2	6.4
Overall Hong Kong		**0.8**	**4.5**

Note

The above population figures are based on the mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department. Individual figures may not add up to the total due to rounding and inclusion of marine population.

(2) The table below sets out the total operating expenditure and its annual growth rate in respect of each hospital cluster of HA in 2011-12, 2012-13, 2013-14, 2014-15 and 2015-16.

Cluster	2011-12	2012-13		2013-14		2014-15		2015-16 (projection as of 31 December 2015)	
	Total Expenditure ($billion)	Total Expenditure ($billion)	Annual Growth Rate	Total Expenditure ($billion)	Annual Growth Rate	Total Expenditure ($billion)	Annual Growth Rate	Total Expenditure ($billion)	Annual Growth Rate
HKEC	4.29	4.74	10.5%	4.91	3.6%	5.46	11.2%	5.83	6.8%
HKWC	4.80	5.20	8.3%	5.57	7.1%	5.99	7.5%	6.52	8.8%
KCC	5.43	5.90	8.7%	6.30	6.8%	6.85	8.7%	7.26	6.0%
KEC	3.91	4.30	10.0%	4.68	8.8%	5.20	11.1%	5.61	7.9%
KWC	8.72	9.55	9.5%	10.25	7.3%	11.27	10.0%	12.04	6.8%
NTEC	6.42	7.02	9.3%	7.45	6.1%	8.07	8.3%	8.73	8.2%
NTWC	5.03	5.51	9.5%	5.85	6.2%	6.44	10.1%	7.10	10.2%
Cluster Total	**38.60**	**42.22**	**9.4%**	**45.01**	**6.6%**	**49.28**	**9.5%**	**53.09**	**7.7%**

The operating expenditure as shown in the table above represents the resources utilised to meet the daily operational needs of clusters, such as staff costs, drug expenditure (including items self-financed by patients), medical supplies and utility charges, etc. It does not include capital expenditure such as those for capital works projects, major equipment acquisition, and corporate-wide information technology development projects, etc.

The operating expenditure of a cluster depends not only on the size and demographics of the population residing within its catchment district, but also on other factors such as service demand generated from cross-cluster movement of patients and the provision of designated services. Furthermore, since the portfolio of hospitals was not originally planned on a cluster basis and not all clusters started at the same stage, the level and scope of hospital facilities and expertise available in different clusters also vary. In light of the above, operating expenditure varies among clusters and cannot be compared directly.

(3) The tables below set out the number of doctors and nurses and their annual growth rate in respect of each hospital cluster of HA in 2011-12, 2012-13, 2013-14, 2014-15 and 2015-16.

Cluster	2011-12 (as at 31 March 2012)	2012-13 (as at 31 March 2013)		2013-14 (as at 31 March 2014)		2014-15 (as at 31 March 2015)		2015-16 (as at 31 December 2015)	
	No. of Doctor	No. of Doctor	Annual Growth Rate	No. of Doctor	Annual Growth Rate	No. of Doctor	Annual Growth Rate	No. of Doctor	Annual Growth Rate
HKEC	555	572	3.0%	575	0.5%	584	1.5%	599	2.6%
HKWC	588	599	1.8%	602	0.5%	608	1.1%	629	3.4%
KCC	662	674	1.7%	679	0.7%	703	3.6%	730	3.7%
KEC	603	607	0.7%	627	3.4%	644	2.7%	668	3.7%
KWC	1 208	1 245	3.1%	1 300	4.4%	1 318	1.4%	1 354	2.7%
NTEC	861	874	1.6%	879	0.6%	881	0.2%	921	4.5%
NTWC	674	676	0.4%	702	3.8%	723	2.9%	760	5.2%
Cluster Total	**5 151**	**5 248**	**1.9%**	**5 365**	**2.2%**	**5 462**	**1.8%**	**5 660**	**3.6%**

Cluster	2011-12 (as at 31 March 2012)	2012-13 (as at 31 March 2013)		2013-14 (as at 31 March 2014)		2014-15 (as at 31 March 2015)		2015-16 (as at 31 December 2015)	
	No. of Nurse	No. of Nurse	Annual Growth Rate	No. of Nurse	Annual Growth Rate	No. of Nurse	Annual Growth Rate	No. of Nurse	Annual Growth Rate
HKEC	2 199	2 348	6.8%	2 443	4.0%	2 517	3.0%	2 607	3.6%
HKWC	2 498	2 600	4.1%	2 553	-1.8%	2 679	4.9%	2 799	4.5%
KCC	2 949	3 069	4.1%	3 175	3.5%	3 275	3.2%	3 323	1.5%
KEC	2 209	2 313	4.7%	2 474	7.0%	2 613	5.6%	2 667	2.1%
KWC	4 884	5 088	4.2%	5 337	4.9%	5 608	5.1%	5 689	1.4%
NTEC	3 388	3 524	4.0%	3 707	5.2%	3 897	5.1%	3 969	1.8%
NTWC	2 731	2 834	3.8%	3 027	6.8%	3 163	4.5%	3 326	5.2%
Cluster Total	**20 858**	**21 776**	**4.4%**	**22 716**	**4.3%**	**23 751**	**4.6%**	**24 381**	**2.7%**

Notes

1) The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.

2) The manpower figures for doctors exclude Interns and Dental Officers.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0046)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the elderly health care vouchers,

(1) please advise on the estimated expenditure, actual expenditure and administrative expenses involved in the Elderly Health Care Voucher Scheme in **each** of the past 3 years; and

(2) please set out in the table below the number of places of practice, number of voucher claim transactions and total amount of vouchers claimed in **each** of the past 3 years.

Breakdown by healthcare professionals	2013	2014	2015
Medical Practitioners			
Chinese Medicine Practitioners			
Dentists			
Occupational Therapists			
Medical Laboratory Technologists			
Radiation Therapists			
Enrolled Nurses			
Registered Nurses			
Chiropractors			
Optometrists			
Total			

Asked by: Hon Alice MAK Mei-kuen (Member Question No. 10)

Reply :

(1) The estimated and actual voucher expenditures under the Elderly Health Care Voucher (EHV) Scheme and the administrative expenses incurred by the Department of Health (DH) for administering the EHV Scheme in the past three years are as follows:

	(in $ million)		
	2012-13	**2013-14**	**2014-15**
Estimated voucher expenditure	298.0	507.0	846.0
Actual voucher expenditure	196.0	341.0	682.2
Administrative expenses incurred by DH for administering the EHV Scheme	11.1	10.5	9.9

(2) The relevant statistics on the EHV Scheme in the past three years are as follows:

Number of Places of Practice (as at 31 December)

	2013	**2014**	**2015**
Medical Practitioners	2 086	2 422	2 995
Chinese Medicine Practitioners	1 726	2 336	2 993
Dentists	561	845	1 046
Occupational Therapists	75	94	97
Physiotherapists	379	473	524
Medical Laboratory Technologists	49	49	54
Radiographers	30	32	28
Nurses	138	175	187
Chiropractors	83	87	101
Optometrists	416	450	607
Sub-total (Hong Kong):	5 543	6 963	8 632
University of Hong Kong - Shenzhen Hospital [Note]	-	-	1
Total:	5 543	6 963	8 633

Note: The Pilot Scheme for use of EHV at the University of Hong Kong - Shenzhen Hospital was launched on 6 October 2015.

Number of Voucher Claim Transactions

	2013	2014	2015
Medical Practitioners	1 229 078	1 734 967	2 006 263
Chinese Medicine Practitioners	190 017	383 613	533 700
Dentists	36 783	73 586	109 840
Occupational Therapists	79	584	478
Physiotherapists	6 922	13 201	19 947
Medical Laboratory Technologists	1 941	3 697	5 646
Radiographers	1 507	3 047	4 971
Nurses	317	921	1 457
Chiropractors	823	1 975	3 125
Optometrists	2 972	5 956	21 326
Sub-total (Hong Kong):	1 470 439	2 221 547	2 706 753
University of Hong Kong - Shenzhen Hospital [Note]	-	-	2 287
Total:	1 470 439	2 221 547	2 709 040

Note: Since the launch of the Pilot Scheme on 6 October 2015.

Amount of Vouchers Claimed (in $'000)

	2013	2014	2015
Medical Practitioners	256,296	444,401	611,860
Chinese Medicine Practitioners	31,968	82,369	142,265
Dentists	20,805	55,131	98,563
Occupational Therapists	28	390	230
Physiotherapists	1,758	3,981	6,381
Medical Laboratory Technologists	1,046	2,273	3,820
Radiographers	512	1,358	2,365
Nurses	265	773	1,389
Chiropractors	485	1,276	1,825
Optometrists	1,541	5,587	37,092
Sub-total (Hong Kong):	314,704	597,539	905,790
University of Hong Kong - Shenzhen Hospital [Note]	-	-	537
Total:	314,704	597,539	906,327

Note: Since the launch of the Pilot Scheme on 6 October 2015.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0047)

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

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the elderly health care vouchers, please provide the following information:
(1) the number of eligible persons as well as the number and percentage of eligible persons who had used the vouchers in **each of the** past 5 financial years; and
(2) the number of voucher claim transactions **each month** and the total number of voucher claim transactions in each of the past 3 financial years.

Asked by: Hon Alice MAK Mei-kuen (Member Question No.12)

Reply:

(1) & (2). Under the Elderly Health Care Voucher (EHV) Scheme, eligible elders are issued the annual voucher amount on a calendar year basis. The relevant statistics are as follows:

	2011	**2012**	**2013**	**2014**	**2015**
Number of elders who had made use of vouchers (as at 31 December of the year)	358 000	424 000	488 000	551 000	600 000
Number of eligible elders (i.e. elders aged 70 or above)*	707 000	714 000	724 000	737 000	760 000
Percentage of eligible elders who had made use of vouchers	51%	59%	67%	75%	79%

*Source: Hong Kong Population Projections 2010 - 2039, Hong Kong Population Projections 2012 - 2041 and Hong Kong Population Projections 2015 – 2064, Census and Statistics Department

Number of Voucher Claim Transactions

	2013	2014	2015
January	187 301	244 652	336 283
February	140 998	161 524	260 407
March	156 258	194 934	267 718
April	143 186	165 732	237 371
May	123 671	146 590	214 846
June	102 327	177 142	211 935
July	108 533	199 131	191 850
August	103 638	192 565	179 340
September	93 129	177 915	178 075
October	98 553	180 603	201 784 [Note]
November	100 984	180 118	201 410
December	111 861	200 641	228 021
Total	1 470 439	2 221 547	2 709 040

Note: The number of voucher claim transactions made under the Pilot Scheme for use of EHV at the University of Hong Kong - Shenzhen Hospital, which was launched on 6 October 2015, is included in the figures from October 2015 and on.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0070)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the inpatient services of the hospitals under the Hospital Authority, please provide by cluster the following information for each of the past 5 financial years:

(1) the "total number of inpatient and day inpatient discharges and deaths" and, among which, the number and percentage of persons aged 65 or above; and

(2) the "average cost of inpatient services per patient day (overall)" and "average cost of inpatient services per patient day (persons aged 65 or above)".

Asked by: Hon Alice MAK Mei-kuen (Member Question No. 13)

Reply:

(1) The table below sets out the total number of inpatient and day inpatient discharges and deaths (IPDP D&D) by hospital cluster under the Hospital Authority (HA), as well as the respective number and percentage of patients aged 65 or above from 2011-12 to 2015-16 (up to 31 December 2015).

			Cluster							Overall HA
			HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
2011-12										
IPDP D&D	**Total No. (all ages)**		170 590	178 198	200 752	167 183	349 269	243 259	191 715	1 500 966
	Aged 65 or above	**No.**	78 166	68 841	88 223	75 180	137 359	92 167	61 900	601 836
		%	46%	39%	44%	45%	39%	38%	32%	40%
2012-13										
IPDP D&D	**Total No. (all ages)**		174 560	180 505	202 846	167 148	362 712	257 812	197 549	1 543 132
	Aged 65 or above	**No.**	80 957	70 043	88 311	75 389	144 016	97 382	64 056	620 154
		%	46%	39%	44%	45%	40%	38%	32%	40%
2013-14										
IPDP D&D	**Total No. (all ages)**		177 500	186 007	202 593	168 030	370 586	262 448	202 167	1 569 331
	Aged 65 or above	**No.**	85 889	74 675	87 439	76 982	151 616	100 428	67 807	644 836
		%	48%	40%	43%	46%	41%	38%	34%	41%
2014-15										
IPDP D&D	**Total No. (all ages)**		183 649	197 818	209 610	176 556	381 842	269 422	209 789	1 628 686
	Aged 65 or above	**No.**	89 052	78 058	89 385	80 150	157 071	104 575	69 478	667 769
		%	48%	39%	43%	45%	41%	39%	33%	41%
2015-16 (up to 31 December 2015) [Provisional figures]										
IPDP D&D	**Total No. (all ages)**		138 941	151 546	160 248	135 468	289 842	209 557	161 767	1 247 369
	Aged 65 or above	**No.**	68 224	61 158	68 208	61 439	120 089	83 241	54 956	517 315
		%	49%	40%	43%	45%	41%	40%	34%	41%

In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than one day. The figures presented in the above table include the number of discharges and deaths of both inpatients and day inpatients.

(2) The table below sets out the average cost per patient day for each type of bed by hospital cluster from 2011-12 to 2015-16:

2011-12

Types of Beds	Average cost per patient day ($)							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
General (acute & convalescent)	4,120	4,590	3,730	3,920	3,840	3,900	3,780	3,950
Infirmary	1,310	1,290	1,610	1,510	1,280	1,030	1,110	1,270
Mentally ill	2,120	4,000	1,930	2,390	1,680	2,200	1,790	1,930
Mentally handicapped*	-	-	-	-	1,810	-	1,080	1,190

2012-13

Types of Beds	Average cost per patient day ($)							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
General (acute & convalescent)	4,420	4,900	3,910	4,240	4,060	4,100	3,940	4,180
Infirmary	1,420	1,370	1,670	1,790	1,320	1,120	1,130	1,360
Mentally ill	2,250	4,520	2,150	2,370	1,880	2,590	1,970	2,150
Mentally handicapped*	-	-	-	-	1,880	-	1,100	1,220

2013-14

Types of Beds	Average cost per patient day ($)							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
General (acute & convalescent)	4,470	5,180	4,110	4,350	4,240	4,180	4,060	4,330
Infirmary	1,470	1,410	1,720	1,680	1,310	1,170	1,270	1,400
Mentally ill	2,300	4,710	2,310	2,520	1,970	2,590	2,150	2,270
Mentally handicapped*	-	-	-	-	1,990	-	1,170	1,290

2014-15

Types of Beds	Average cost per patient day ($)							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
General (acute & convalescent)	4,690	5,410	4,330	4,610	4,550	4,490	4,370	4,600
Infirmary	1,560	1,430	1,820	1,570	1,350	1,290	1,420	1,470
Mentally ill	2,580	5,100	2,560	2,990	2,160	2,630	2,330	2,470
Mentally handicapped*	-	-	-	-	2,360	-	1,260	1,400

2015-16 (Revised Estimate)

Types of Beds	Projected average cost per patient day ($)							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
General (acute & convalescent)	5,110	5,850	4,600	5,040	4,920	4,860	4,900	5,000
Infirmary	1,680	1,550	1,930	1,690	1,450	1,360	1,450	1,570
Mentally ill	2,840	5,370	2,450	3,420	2,120	2,810	2,480	2,550
Mentally handicapped*	-	-	-	-	2,200	-	1,380	1,500

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

The inpatient service costs include direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as anaesthetic and operating theatres, pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment). The average cost per patient day represents an average computed with reference to the total costs of the respective inpatient service and the corresponding activities (in terms of patient days) provided. HA does not collate age-specific unit cost and therefore cost per patient day for patients aged 65 or above is not available.

It should be noted that the average cost per patient day varies among different clusters owing to the varying complexity of conditions of patients and different diagnostic services, treatments and prescriptions required as well as length of stay of patients in the clusters. The service costs also vary among different clusters due to different case-mix, i.e. the mix of patients of different conditions in the clusters, which may differ according to the population profile and other factors, including specialisation of the specialties in the clusters. Hence, clusters with greater number of patients or

heavier load of patients having more complex conditions or requiring more costly treatment would incur a higher service cost. Therefore, the service costs cannot be directly compared among clusters.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0218)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the accident and emergency (A&E) services provided by public hospitals, please list:
(1) the total number of doctors working in A&E departments, their average weekly working hours, weekly overtime hours and extra payroll cost incurred of all public hospitals in each of the past 5 years; and
(2) the average waiting time and longest waiting time for A&E services in Triage 4 (Semi-urgent) and Triage 5 (Non-urgent) categories at all public hospitals in each of the past 5 years.

Asked by: Hon Alice MAK Mei-kuen (Member Question No. 32)

Reply:

(1) & (2)

The table below sets out the manpower of doctors in the Accident and Emergency (A&E) specialty by hospital under the Hospital Authority (HA) for 2011-12, 2012-13, 2013-14, 2014-15 and 2015-16 (up to 31 December 2015).

Cluster	Hospital	2011-12 (as at 31 March 2012)	2012-13 (as at 31 March 2013)	2013-14 (as at 31 March 2014)	2014-15 (as at 31 March 2015)	2015-16 (as at 31 December 2015)
HKEC	PYNEH	31	33	34	33	34
	RH	13	17	17	17	18
	SJH	4	4	4	5	4

Cluster	Hospital	2011-12 (as at 31 March 2012)	2012-13 (as at 31 March 2013)	2013-14 (as at 31 March 2014)	2014-15 (as at 31 March 2015)	2015-16 (as at 31 December 2015)
HKWC	QMH	30.13	30	29	26	26
KCC	QEH	37.55	39	40	41	48
KEC	TKOH	18	20	23	21	24
	UCH	36.1	35	36	37	39
KWC	CMC	23	26	23	27	24
	KWH	23.8	28	27	26	25
	NLTH^	0	0	15	22	22
	PMH	29	28	30	31	32
	YCH	30	26	31	28	28
NTEC	AHNH	23	22	24	24	24
	NDH	18	19	20	20	20
	PWH	27.36	24	23	22	24
NTWC	POH	21	23	24	25	25
	TMH	39	36	39	41	42

Note: The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff but excluding Interns and Dental Officers.

^ NLTH has commenced its A&E services since September 2013.

Doctors in A&E departments are generally rostered to work on shift with an average weekly working hour of 44 hours. Furthermore, to deal with the heavy workload of A&E departments, HA has introduced various measures to strengthen healthcare support at A&E departments, including the A&E Support Session Programme where additional medical and nursing staff, including those from and outside-A&E departments, are recruited to work extra hours on a voluntary basis with payment of special honorarium. The extra manpower is deployed to handle semi-urgent and non-urgent cases so that the pressure and workload of A&E staff can be reduced, thus allowing them to focus on more urgent cases. In 2015-16, HA has earmarked $16 million for the Programme.

(2) The tables below set out the average waiting time for A&E services in Triage 4 and 5 in each A&E department under HA for 2011-12, 2012-13, 2013-14, 2014-15 and 2015-16 (up to 31 December 2015). The statistics of longest waiting time at each A&E department are not readily available.

2011-12

Cluster	Hospital	Average waiting time (minute) for A&E services	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	66	104
	RH	44	91
	SJH	19	26

Cluster	Hospital	Average waiting time (minute) for A&E services	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKWC	QMH	76	133
KCC	QEH	96	130
KEC	TKOH	51	60
	UCH	126	221
KWC	CMC	44	43
	KWH	118	140
	PMH	77	123
	YCH	95	124
NTEC	AHNH	19	21
	NDH	63	104
	PWH	106	106
NTWC	POH	63	84
	TMH	86	99
Overall HA		**76**	**103**

2012-13

Cluster	Hospital	Average waiting time (minute) for A&E services	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	72	108
	RH	45	91
	SJH	20	29
HKWC	QMH	79	139
KCC	QEH	144	177
KEC	TKOH	59	63
	UCH	121	210
KWC	CMC	48	50
	KWH	139	169
	PMH	110	157
	YCH	93	124
NTEC	AHNH	23	24
	NDH	82	132
	PWH	134	131
NTWC	POH	84	105
	TMH	121	135
Overall HA		**90**	**114**

2013-14

Cluster	Hospital	Average waiting time (minute) for A&E services	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	80	121

Cluster	Hospital	Average waiting time (minute) for A&E services	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
	RH	65	119
	SJH	21	32
HKWC	QMH	90	155
KCC	QEH	174	207
KEC	TKOH	71	79
	UCH	122	184
KWC	CMC	69	64
	KWH	151	179
	NLTH^	23	24
	PMH	108	160
	YCH	125	159
NTEC	AHNH	26	29
	NDH	106	160
	PWH	174	163
NTWC	POH	111	124
	TMH	149	161
Overall HA		**106**	**124**

2014-15

Cluster	Hospital	Average waiting time (minute) for A&E services	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	103	143
	RH	69	127
	SJH	24	37
HKWC	QMH	110	177
KCC	QEH	156	183
KEC	TKOH	72	85
	UCH	137	206
KWC	CMC	66	63
	KWH	229	244
	NLTH^	28	33
	PMH	103	150
	YCH	132	161
NTEC	AHNH	27	30
	NDH	102	154
	PWH	188	172
NTWC	POH	111	120
	TMH	142	156
Overall HA		**110**	**127**

2015-16 (up to 31 December 2015) [Provisional figures]

Cluster	Hospital	Average waiting time (minute) for A&E services	
		Triage 4 (Semi-urgent)	**Triage 5 (Non-urgent)**
HKEC	PYNEH	115	153
	RH	79	139
	SJH	21	26
HKWC	QMH	103	163
KCC	QEH	140	180
KEC	TKOH	83	91
	UCH	152	227
KWC	CMC	64	63
	KWH	171	194
	NLTH^	25	41
	PMH	96	140
	YCH	143	174
NTEC	AHNH	27	31
	NDH	96	139
	PWH	177	173
NTWC	POH	110	123
	TMH	132	150
Overall HA		**107**	**130**

^ NLTH has commenced its A&E services since September 2013.

Abbreviations

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

Hospital
PYNEH – Pamela Youde Nethersole Eastern Hospital
RH – Ruttonjee Hospital
SJH – St. John Hospital
QMH – Queen Mary Hospital
QEH – Queen Elizabeth Hospital
TKOH – Tseung Kwan O Hospital
UCH – United Christian Hospital
CMC – Caritas Medical Centre
KWH – Kwong Wah Hospital
NLTH – North Lantau Hospital

PMH – Princess Margaret Hospital
YCH – Yan Chai Hospital
AHNH – Alice Ho Miu Ling Nethersole Hospital
NDH – North District Hospital
PWH – Prince of Wales Hospital
POH – Pok Oi Hospital
TMH – Tuen Mun Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0224)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the healthcare personnel of public hospitals, please:

(1) list by hospital cluster the numbers of doctors, nurses, allied health staff and care-related support staff as well as their average salaries and total emolument expenditure in the past 5 financial years; and

(2) list by hospital cluster the numbers of "new recruits" and "leavers" of doctors, nurses, allied health staff and care-related support staff in the past 5 financial years.

Asked by: Hon Alice MAK Mei-kuen (Member Question No. 31)

Reply:

(a) The tables below provide the number of "doctors", "nursing staff", "allied health professionals" and "care-related support staff" of the Hospital Authority (HA) in each cluster, their average salary as well as their total salary expenditure in 2011-12, 2012-13, 2013-14, 2014-15 and 2015-16:

2011-12

Cluster	Staff Group	No. of Staff (as at 31 March 2012)	Average Salary ($ million)	Total Salary Expenditure ($ million)
HKEC	Doctors	555	1.6	880
	Nursing Staff	2 199	0.5	1,166
	Allied Health Professionals	660	0.6	416
	Care-related Support Staff	1 144	0.2	193
HKWC	Doctors	588	1.5	900
	Nursing Staff	2 498	0.5	1,329
	Allied Health Professionals	777	0.7	511
	Care-related Support Staff	1 108	0.2	181
KCC	Doctors	662	1.6	1,047
	Nursing Staff	2 948	0.5	1,612
	Allied Health Professionals	876	0.6	555
	Care-related Support Staff	1 433	0.2	216
KEC	Doctors	603	1.5	906
	Nursing Staff	2 209	0.5	1,176
	Allied Health Professionals	606	0.6	353
	Care-related Support Staff	1 010	0.2	169
KWC	Doctors	1 208	1.6	1,904
	Nursing Staff	4 884	0.6	2,765
	Allied Health Professionals	1 294	0.6	819
	Care-related Support Staff	2 184	0.2	378
NTEC	Doctors	861	1.5	1,293
	Nursing Staff	3 388	0.6	1,870
	Allied Health Professionals	962	0.6	618
	Care-related Support Staff	1 795	0.2	294
NTWC	Doctors	674	1.5	1,025
	Nursing Staff	2 731	0.6	1,512
	Allied Health Professionals	704	0.6	424
	Care-related Support Staff	1 715	0.2	271

2012-13

Cluster	Staff Group	No. of Staff (as at 31 March 2013)	Average Salary ($ million)	Total Salary Expenditure ($ million)
HKEC	Doctors	572	1.7	955
	Nursing Staff	2 348	0.5	1,275
	Allied Health Professionals	717	0.6	459
	Care-related Support Staff	1 220	0.2	212
HKWC	Doctors	599	1.6	963
	Nursing Staff	2 600	0.5	1,417
	Allied Health Professionals	826	0.7	557
	Care-related Support Staff	1 164	0.2	202
KCC	Doctors	674	1.7	1,130
	Nursing Staff	3 069	0.6	1,748
	Allied Health Professionals	940	0.7	620
	Care-related Support Staff	1 551	0.2	252
KEC	Doctors	607	1.6	983
	Nursing Staff	2 313	0.6	1,278
	Allied Health Professionals	645	0.6	390
	Care-related Support Staff	1 083	0.2	193
KWC	Doctors	1 245	1.6	2,037
	Nursing Staff	5 088	0.6	2,985
	Allied Health Professionals	1 359	0.7	897
	Care-related Support Staff	2 292	0.2	413
NTEC	Doctors	874	1.6	1,400
	Nursing Staff	3 524	0.6	2,006
	Allied Health Professionals	999	0.7	669
	Care-related Support Staff	1 935	0.2	337
NTWC	Doctors	676	1.6	1,106
	Nursing Staff	2 834	0.6	1,638
	Allied Health Professionals	752	0.6	465
	Care-related Support Staff	1 802	0.2	310

2013-14

Cluster	Staff Group	No. of Staff (as at 31 March 2014)	Average Salary ($ million)	Total Salary Expenditure ($ million)
HKEC	Doctors	575	1.7	987
	Nursing Staff	2 443	0.6	1,360
	Allied Health Professionals	746	0.7	489
	Care-related Support Staff	1 341	0.2	241
HKWC	Doctors	602	1.7	1,012
	Nursing Staff	2 553	0.6	1,499
	Allied Health Professionals	838	0.7	584
	Care-related Support Staff	1 231	0.2	221
KCC	Doctors	679	1.8	1,190
	Nursing Staff	3 175	0.6	1,849
	Allied Health Professionals	978	0.7	658
	Care-related Support Staff	1 748	0.2	285
KEC	Doctors	627	1.7	1,044
	Nursing Staff	2 474	0.6	1,392
	Allied Health Professionals	685	0.6	428
	Care-related Support Staff	1 211	0.2	221
KWC	Doctors	1 300	1.7	2,153
	Nursing Staff	5 337	0.6	3,180
	Allied Health Professionals	1 479	0.7	969
	Care-related Support Staff	2 478	0.2	454
NTEC	Doctors	879	1.7	1,469
	Nursing Staff	3 707	0.6	2,136
	Allied Health Professionals	1018	0.7	704
	Care-related Support Staff	2 099	0.2	377
NTWC	Doctors	702	1.7	1,164
	Nursing Staff	3 027	0.6	1,763
	Allied Health Professionals	797	0.6	501
	Care-related Support Staff	2 028	0.2	348

2014-15

Cluster	Staff Group	No. of Staff (as at 31 March 2015)	Average Salary ($ million)	Total Salary Expenditure ($ million)
HKEC	Doctors	584	1.8	1,065
	Nursing Staff	2 517	0.6	1,513
	Allied Health Professionals	762	0.7	535
	Care-related Support Staff	1 485	0.2	308
HKWC	Doctors	608	1.8	1,075
	Nursing Staff	2 679	0.6	1,614
	Allied Health Professionals	883	0.7	640
	Care-related Support Staff	1 422	0.2	281
KCC	Doctors	703	1.8	1,265
	Nursing Staff	3 275	0.6	1,998
	Allied Health Professionals	989	0.7	712
	Care-related Support Staff	1 968	0.2	371
KEC	Doctors	644	1.8	1,149
	Nursing Staff	2 613	0.6	1,527
	Allied Health Professionals	706	0.7	473
	Care-related Support Staff	1 436	0.2	303
KWC	Doctors	1 318	1.8	2,367
	Nursing Staff	5 608	0.6	3,478
	Allied Health Professionals	1 566	0.7	1,069
	Care-related Support Staff	2 831	0.2	579
NTEC	Doctors	881	1.8	1,599
	Nursing Staff	3 897	0.6	2,324
	Allied Health Professionals	1081	0.7	767
	Care-related Support Staff	2 358	0.2	480
NTWC	Doctors	723	1.7	1,265
	Nursing Staff	3 163	0.6	1,946
	Allied Health Professionals	831	0.7	553
	Care-related Support Staff	2 216	0.2	422

2015-16

Cluster	Staff Group	No. of Staff (as at 31 December 2015)	Average Salary ($ million) (Full Year Projection)	Total Salary Expenditure ($ million) (Full Year Projection)
HKEC	Doctors	599	1.9	1,151
	Nursing Staff	2 607	0.6	1,642
	Allied Health Professionals	798	0.7	567
	Care-related Support Staff	1 486	0.2	321
HKWC	Doctors	629	1.9	1,182
	Nursing Staff	2 799	0.6	1,746
	Allied Health Professionals	918	0.7	685
	Care-related Support Staff	1 477	0.2	309
KCC	Doctors	730	1.9	1,385
	Nursing Staff	3 323	0.6	2,110
	Allied Health Professionals	1022	0.7	755
	Care-related Support Staff	2 037	0.2	393
KEC	Doctors	668	1.9	1,256
	Nursing Staff	2 667	0.6	1,639
	Allied Health Professionals	754	0.7	515
	Care-related Support Staff	1 464	0.2	319
KWC	Doctors	1 354	1.9	2,590
	Nursing Staff	5 689	0.7	3,710
	Allied Health Professionals	1 644	0.7	1,157
	Care-related Support Staff	2 904	0.2	624
NTEC	Doctors	921	1.9	1,768
	Nursing Staff	3 969	0.6	2,508
	Allied Health Professionals	1172	0.7	835
	Care-related Support Staff	2 399	0.2	511
NTWC	Doctors	760	1.8	1,395
	Nursing Staff	3 326	0.6	2,111
	Allied Health Professionals	880	0.7	610
	Care-related Support Staff	2 334	0.2	460

Note

(1) The "Doctors" group includes consultants, senior medical officers / associate consultants, medical officers / residents, visiting medical officers, but excluding interns and dental officers.

(2) The "Nursing Staff" group includes senior nursing officers, department operations managers, ward managers / nursing officers / advanced practice nurses, registered nurses, enrolled nurses, midwives, student nurses, etc.

(3) The "Allied Health Professionals" group includes radiographers, medical technologists / medical laboratory technicians, occupational therapists, physiotherapists, pharmacists, medical social workers, etc.

(4) The "Care-related Support Staff" includes health care assistants, ward attendants, patient care assistants, etc.

(5) The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

(6) The total salary expenditure includes basic salary, allowance, gratuity and other on cost such as provision of home loan interest subsidy benefit and death & disability (D&D) benefit. The figures for 2015-16 represent full-year projection.

(b) The tables below provide the intake and attrition (wastage) numbers of "doctors", "nursing staff", "allied health professionals" and "care-related support staff" of the Hospital Authority (HA) in each cluster in 2011-12, 2012-13, 2013-14, 2014-15 and 2015-16:

2011-2012

Cluster	Staff Group	Intake No.	Attrition (Wastage) No.	
			FT	PT
HKEC	Doctors	40	23	4
	Nursing Staff	218	110	1
	Allied Health Professionals	72	37	0
	Care-related Support Staff	229	141	1
HKWC	Doctors	47	32	6
	Nursing Staff	217	168	0
	Allied Health Professionals	63	20	0
	Care-related Support Staff	205	173	0
KCC	Doctors	37	20	1
	Nursing Staff	264	144	4
	Allied Health Professionals	90	39	0
	Care-related Support Staff	408	232	0
KEC	Doctors	48	30	2
	Nursing Staff	210	120	4
	Allied Health Professionals	52	18	1
	Care-related Support Staff	152	84	0
KWC	Doctors	85	57	2
	Nursing Staff	357	222	1
	Allied Health Professionals	110	36	3
	Care-related Support Staff	290	245	0
NTEC	Doctors	85	37	6
	Nursing Staff	246	141	1
	Allied Health Professionals	80	32	0
	Care-related Support Staff	412	242	0
NTWC	Doctors	63	24	5
	Nursing Staff	229	119	0
	Allied Health Professionals	81	36	0
	Care-related Support Staff	445	256	0

2012-2013

Cluster	Staff Group	Intake No.	Attrition (Wastage) No.	
			FT	PT
HKEC	Doctors	56	22	6
	Nursing Staff	302	127	0
	Allied Health Professionals	70	19	2
	Care-related Support Staff	288	212	0
HKWC	Doctors	41	29	3
	Nursing Staff	242	152	2
	Allied Health Professionals	79	33	2
	Care-related Support Staff	230	187	0
KCC	Doctors	49	23	2
	Nursing Staff	263	144	3
	Allied Health Professionals	83	24	0
	Care-related Support Staff	438	312	0
KEC	Doctors	49	29	9
	Nursing Staff	229	104	7
	Allied Health Professionals	63	15	1
	Care-related Support Staff	166	109	0
KWC	Doctors	110	62	4
	Nursing Staff	414	198	1
	Allied Health Professionals	112	44	2
	Care-related Support Staff	377	314	0
NTEC	Doctors	56	22	13
	Nursing Staff	264	146	0
	Allied Health Professionals	63	36	0
	Care-related Support Staff	434	310	0
NTWC	Doctors	58	39	7
	Nursing Staff	236	125	1
	Allied Health Professionals	78	32	0
	Care-related Support Staff	377	276	0

2013-2014

Cluster	Staff Group	Intake No.	Attrition (Wastage) No.	
			FT	PT
HKEC	Doctors	34	27	5
	Nursing Staff	228	116	0
	Allied Health Professionals	54	21	1
	Care-related Support Staff	323	199	0
HKWC	Doctors	40	30	0
	Nursing Staff	304	135	1
	Allied Health Professionals	65	36	2
	Care-related Support Staff	278	216	0
KCC	Doctors	41	26	8
	Nursing Staff	273	162	1
	Allied Health Professionals	64	36	1
	Care-related Support Staff	534	343	0
KEC	Doctors	45	25	4
	Nursing Staff	276	125	2
	Allied Health Professionals	56	19	0
	Care-related Support Staff	230	140	0
KWC	Doctors	87	36	6
	Nursing Staff	426	211	0
	Allied Health Professionals	135	36	4
	Care-related Support Staff	452	317	0
NTEC	Doctors	58	34	7
	Nursing Staff	281	135	0
	Allied Health Professionals	76	36	0
	Care-related Support Staff	398	263	0
NTWC	Doctors	74	29	6
	Nursing Staff	309	136	0
	Allied Health Professionals	75	30	0
	Care-related Support Staff	560	339	0

2014-2015

Cluster	Staff Group	Intake No.	Attrition (Wastage) No.	
			FT	PT
HKEC	Doctors	43	24	7
	Nursing Staff	244	126	4
	Allied Health Professionals	48	22	1
	Care-related Support Staff	211	187	0
HKWC	Doctors	50	36	5
	Nursing Staff	238	144	15
	Allied Health Professionals	82	29	1
	Care-related Support Staff	423	310	0
KCC	Doctors	62	35	5
	Nursing Staff	257	138	2
	Allied Health Professionals	60	48	0
	Care-related Support Staff	469	355	0
KEC	Doctors	50	19	4
	Nursing Staff	212	139	1
	Allied Health Professionals	52	24	2
	Care-related Support Staff	189	159	0
KWC	Doctors	85	54	12
	Nursing Staff	428	215	1
	Allied Health Professionals	151	51	4
	Care-related Support Staff	398	319	0
NTEC	Doctors	65	37	14
	Nursing Staff	274	161	1
	Allied Health Professionals	94	47	0
	Care-related Support Staff	369	296	0
NTWC	Doctors	62	26	11
	Nursing Staff	262	135	1
	Allied Health Professionals	66	32	0
	Care-related Support Staff	383	283	2

2015-2016

Cluster	Staff Group	Intake No. (Apr – Dec 2015)	Attrition (Wastage) No. (Jan – Dec 2015)	
			FT	PT
HKEC	Doctors	40	25	4
	Nursing Staff	216	139	0
	Allied Health Professionals	72	30	0
	Care-related Support Staff	197	239	0
HKWC	Doctors	51	41	3
	Nursing Staff	229	165	18
	Allied Health Professionals	65	34	3
	Care-related Support Staff	305	304	0
KCC	Doctors	54	31	2
	Nursing Staff	224	173	1
	Allied Health Professionals	66	37	0
	Care-related Support Staff	309	311	0
KEC	Doctors	48	30	7
	Nursing Staff	196	153	0
	Allied Health Professionals	64	18	1
	Care-related Support Staff	160	187	0
KWC	Doctors	90	62	10
	Nursing Staff	348	261	1
	Allied Health Professionals	124	53	1
	Care-related Support Staff	320	368	0
NTEC	Doctors	67	26	6
	Nursing Staff	285	164	0
	Allied Health Professionals	105	42	0
	Care-related Support Staff	288	335	0
NTWC	Doctors	69	34	15
	Nursing Staff	271	148	1
	Allied Health Professionals	64	28	0
	Care-related Support Staff	317	289	0

Note

(1) Intake refers to total number of permanent & contract staff (both full-time and part-time) joining HA on headcount basis during the period.

(2) Intake number of Doctors includes number of Interns appointed as Residents.

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

(4) Since April 2013, attrition (wastage) for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0291)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the recurrent allocation to the Hospital Authority (HA),

- what were the provisions for the HA in the past 5 years (i.e. from 2011-12 to 2015-16)? What percentage did the provision account for in the Government's overall public health expenditure of the year?

- what were the HA's expenditures on various items, including staff costs and drug expenditure, in the past 5 years (i.e. from 2011-12 to 2015-16)? What was the respective percentage of each expenditure item in the total recurrent operating expenditure?

	2011-12	**2012-13**	**2013-14**	**2014-15**	**2015-16**
Staff costs (percentage in the total recurrent operating expenditure)	--(--%)	--(--%)	--(--%)	--(--%)	--(--%)
Drug expenditure (percentage in the total recurrent operating expenditure)	--(--%)	--(--%)	--(--%)	--(--%)	--(--%)
…	--(--%)	--(--%)	--(--%)	--(--%)	--(--%)
Total expenditure	--	--	--	--	--

Asked by: Hon Alice MAK Mei-kuen (Member Question No. 45)

Reply:

(1)
The table below sets out the Government's financial provision to the Hospital Authority (HA) in the past 5 years:

	2011-12 (Actual)	2012-13 (Actual)	2013-14 (Actual)	2014-15 (Actual)	2015-16 (Revised Estimates)
Financial Provision to HA ($ billion)	38.63	52.89[N1]	46.32	49.80	51.53
Percentage in Total Government Expenditure on Health	85.3%	88.8%	68.5%[N2]	86.6%	84.8%

N1 The actual financial provision for 2012-13 includes a one-off injection of $10 billion from the Government into the Samaritan Fund.

N2 The decrease in percentage is due to a substantial increase in 2013-14 Government's total expenditure on health attributed mainly to the inclusion of a one-off grant of $13 billion to HA for carrying out minor works projects, which has been accounted for in the total Government expenditure on health for that year but which will only be reflected in HA's actual expenditure over a period of several years.

(2)
The table below sets out the staff costs, drug expenditure and other expenditure of HA as well as the respective percentages of such expenditure in HA's total recurrent operating expenditure [N3] in the past 5 years:

		2011-12	2012-13	2013-14	2014-15	2015-16 (Projection)
Staff Costs	Amount ($ billion)	29.24	31.86	34.07	37.21	40.30
	% of total recurrent operating expenditure	73.3%	72.3%	72.6%	72.3%	72.7%
Drug Expenditure	Amount ($ billion)	4.21	4.79	5.02	5.33	5.69
	% of total recurrent operating expenditure	10.5%	10.9%	10.7%	10.4%	10.2%
Other Expenditure	Amount ($ billion)	6.46	7.41	7.83	8.89	9.48
	% of total recurrent operating expenditure	16.2%	16.8%	16.7%	17.3%	17.1%
Total ($ billion)		39.91	44.06	46.92	51.43	55.47

N3 The recurrent operating expenditure represents the resources utilised to meet HA's daily operational needs, such as staff costs, drug expenditure (including items self-financed by patients), medical supplies and utility charges, etc. It is funded by the Government's financial provision and HA's income including medical income.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0293)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide information in the following table based on the current position of the Drug Formulary:

Category	Number of drugs
Total number of drugs in the Formulary	
General drugs	
Special drugs	
Self-financed items	
Drugs covered by the safety net	
Drugs supported by the Community Care Fund	

Asked by: Hon Alice MAK Mei-kuen (Member Question No. 44)

Reply:
The table below sets out the number of drugs in the Hospital Authority Drug Formulary as at January 2016.

Drug Category	Number of Drugs
Total number of drugs in the Formulary	Around 1 300 *
General drugs	891
Special drugs	343
Self-financed items	74
Drugs covered by the safety net	22
Drugs supported by the Community Care Fund	10

* Note: A drug may fall in more than 1 category due to different therapeutic indications or dose presentations.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2525)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Please provide information on financial assistance under the Samaritan Fund in the table below:

Year	Total number of applications for financial assistance under the Samaritan Fund		Number of cases approved for subsidy		Amount of subsidies granted ($m)	
	Non-drug items	Drugs	Full subsidy granted	Partial subsidy granted	Non-drug items	Drugs
2013-14						
2014-15						
2015-16						

Year	Average amount of subsidy granted per case ($)	
	Non-drug items	Drugs
2013-14		
2014-15		
2015-16		

Asked by: Hon Alice MAK Mei-kuen (Member Question No. 43)

Reply:

The 2 tables below set out information on financial assistance under the Samaritan Fund.

Year	Total number of applications for financial assistance under the Samaritan Fund		Number of cases approved for subsidy		Amount of subsidies granted ($ million)	
	Non-drug items	Drugs	Full subsidy granted	Partial subsidy granted	Non-drug items	Drugs
2013-14	3 464	2 027	4 665	825	97.7	280.2
2014-15	3 699	2 230	4 941	987	140.4	310.8
2015-16 (Up to 31 December 2015)	2 976	1 689	3 985	678	109.4	244.1

Year	Average amount of subsidy granted in each case ($)	
	Non-drug items	Drugs
2013-14	28,221	138,234
2014-15	37,970	139,367
2015-16 (up to 31 December 2015)	36,785	144,506

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2526)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the drug expenditure of the Hospital Authority (HA), please provide the following details for the past 3 years (i.e. from 2013-14 to 2015-16):

- the drug expenditure of HA on General drugs and Special drugs by cluster, and their percentage in the total drug expenditure of HA;
- the number of General drugs, Special drugs, self-financed drugs with safety net and self-financed drugs without safety net prescribed to patients by cluster; and their percentages in the total number of drugs prescribed by HA and by cluster respectively; and
- for self-financed drugs purchased through HA, the expenditures on those with safety net and those without safety net, and the respective numbers of patients involved.

Asked by: Hon Alice MAK Mei-kuen (Member Question No. 42)

Reply:

(1) The table below sets out the consumption expenditure [(1)] by cluster on General drugs and Special drugs prescribed to patients and their respective percentages in the total consumption expenditures of the Hospital Authority (HA) on these drugs from 2013-14 to 2015-16 (projection based on expenditure figure as at 31 December 2015).

Cluster	Drug Category	2013-14		2014-15		2015-16 (Projection based on expenditure figure as at 31 December 2015)	
		Expenditure ($ million)	% of HA's Total Drug Expenditure	Expenditure ($ million)	% of HA's Total Drug Expenditure	Expenditure ($ million)	% of HA's Total Drug Expenditure
Hong Kong East	General drugs	194.9	8.7%	209.3	8.6%	206.2	8.2%
	Special drugs	192.6	10.4%	199.1	10.4%	196.9	9.9%
Hong Kong West	General drugs	230.5	10.3%	246.0	10.1%	256.6	10.2%
	Special drugs	317.3	17.1%	315.1	16.5%	321.9	16.2%
Kowloon Central	General drugs	324.6	14.6%	362.9	14.9%	373.3	14.8%
	Special drugs	234.3	12.6%	238.8	12.5%	248.4	12.5%
Kowloon East	General drugs	403.6	18.1%	446.3	18.4%	477.1	19.0%
	Special drugs	179.6	9.7%	191.4	10.0%	205.6	10.4%
Kowloon West	General drugs	490.4	22.0%	528.0	21.7%	540.7	21.5%
	Special drugs	418.6	22.5%	424.5	22.3%	430.0	21.7%
New Territories East	General drugs	332.8	14.9%	364.3	15.0%	382.0	15.2%
	Special drugs	309.8	16.7%	314.7	16.5%	339.1	17.1%
New Territories West	General drugs	250.8	11.3%	270.9	11.2%	280.0	11.1%
	Special drugs	205.5	11.1%	221.8	11.6%	243.1	12.2%
HA Total[(2)]	**General drugs**	**2,227.5**	**100.0%**	**2 427.6**	**100.0%**	**2 516.0**	**100.0%**
	Special drugs	**1,857.7**	**100.0%**	**1 905.4**	**100.0%**	**1 985.1**	**100.0%**

Note [(1)]: Consumption expenditure refers to the expenditure on General drugs and Special drugs prescribed to patients at standard fees and charges.

Note [(2)]: Figures may not add up to 100% of respective total figures due to rounding.

(2) The table below sets out the number and the percentage of General drugs, Special drugs, Self-financed items with safety net and Self-financed items without safety net, in all drug items prescribed to patients in seven respective clusters from 2013-14 to 2015-16 (actual figures up to 31 December 2015):

Cluster	Category		2013-14	2014-15	2015-16 (Actual figure up to 31 December 2015)
Hong Kong East	General drugs	Item dispensed ('000)	4 422.1	4 352.2	3 312.5
		Percentage of HA Total	11.4%	11.2%	11.0%
		Percentage of Cluster Total	86.8%	85.3%	86.8%
	Special drugs	Item dispensed ('000)	564.2	636.1	424.4
		Percentage of HA Total	13.2%	13.4%	13.2%
		Percentage of Cluster Total	11.1%	12.5%	11.1%
	Self-financed drugs with safety net	Item dispensed ('000)	1.3	1.6	1.1
		Percentage of HA Total	5.8%	6.3%	5.6%
		Percentage of Cluster Total	0.03%	0.03%	0.03%
	Self-financed drugs without safety net	Item dispensed ('000)	109.1	109.9	79.8
		Percentage of HA Total	18.9%	18.7%	18.3%
		Percentage of Cluster Total	2.1%	2.2%	2.1%
	Total	**Item dispensed ('000)**	**5 096.7**	**5 099.8**	**3 817.8**
		Percentage of Cluster Total	**100.0%**	**100.0%**	**100.0%**

Cluster	Category		2013-14	2014-15	2015-16 (Actual figure up to 31 December 2015)
Hong Kong West	General drugs	Item dispensed ('000)	2 993.7	2 948.5	2 245.4
		Percentage of HA Total	7.7%	7.6%	7.4%
		Percentage of Cluster Total	83.6%	82.4%	83.6%
	Special drugs	Item dispensed ('000)	427.5	465.8	316.1
		Percentage of HA Total	10.0%	9.8%	9.8%
		Percentage of Cluster Total	11.9%	13.0%	11.8%
	Self-financed drugs with safety net	Item dispensed ('000)	3.8	4.3	3.5
		Percentage of HA Total	16.9%	17.2%	17.3%
		Percentage of Cluster Total	0.11%	0.12%	0.13%
	Self-financed drugs without safety net	Item dispensed ('000)	155.1	160.5	119.5
		Percentage of HA Total	26.9%	27.2%	27.4%
		Percentage of Cluster Total	4.3%	4.5%	4.5%
	Total	**Item dispensed ('000)**	**3 580.2**	**3 579.1**	**2 684.5**
		Percentage of Cluster Total	**100.0%**	**100.0%**	**100.0%**

Cluster	Category		2013-14	2014-15	2015-16 (Actual figure up to 31 December 2015)
Kowloon Central	General drugs	Item dispensed ('000)	4 238.2	4 239.5	3 263.7
		Percentage of HA Total	11.0%	10.9%	10.8%
		Percentage of Cluster Total	89.2%	88.2%	88.9%
	Special drugs	Item dispensed ('000)	449.1	501.7	357.5
		Percentage of HA Total	10.5%	10.6%	11.1%
		Percentage of Cluster Total	9.4%	10.4%	9.7%
	Self-financed drugs with safety net	Item dispensed ('000)	6.4	7.2	5.9
		Percentage of HA Total	28.6%	28.3%	29.2%
		Percentage of Cluster Total	0.14%	0.15%	0.16%
	Self-financed drugs without safety net	Item dispensed ('000)	59.7	60.9	46.1
		Percentage of HA Total	10.4%	10.3%	10.6%
		Percentage of Cluster Total	1.3%	1.3%	1.3%
	Total	**Item dispensed ('000)**	**4 753.5**	**4 809.2**	**3 673.1**
		Percentage of Cluster Total	**100.0%**	**100.0%**	**100.0%**

Cluster	Category		2013-14	2014-15	2015-16 (Actual figure up to 31 December 2015)
Kowloon East	General drugs	Item dispensed ('000)	5 282.0	5 347.8	4 140.3
		Percentage of HA Total	13.7%	13.7%	13.7%
		Percentage of Cluster Total	90.1%	89.3%	90.6%
	Special drugs	Item dispensed ('000)	528.6	591.2	385.9
		Percentage of HA Total	12.3%	12.5%	12.0%
		Percentage of Cluster Total	9.0%	9.9%	8.4%
	Self-financed drugs with safety net	Item dispensed ('000)	1.3	1.6	1.3
		Percentage of HA Total	5.8%	6.2%	6.5%
		Percentage of Cluster Total	0.02%	0.03%	0.03%
	Self-financed drugs without safety net	Item dispensed ('000)	47.9	51.2	40.6
		Percentage of HA Total	8.3%	8.7%	9.3%
		Percentage of Cluster Total	0.8%	0.9%	0.9%
	Total	**Item dispensed ('000)**	**5 859.8**	**5 991.8**	**4 568.1**
		Percentage of Cluster Total	**100.0%**	**100.0%**	**100.0%**

Cluster	Category		2013-14	2014-15	2015-16 (Actual figure up to 31 December 2015)
Kowloon West	General drugs	Item dispensed ('000)	10 294.2	10 577.8	8 273.6
		Percentage of HA Total	26.6%	27.2%	27.4%
		Percentage of Cluster Total	89.4%	88.8%	90.1%
	Special drugs	Item dispensed ('000)	1 121.5	1 232.4	837.0
		Percentage of HA Total	26.2%	26.0%	26.1%
		Percentage of Cluster Total	9.7%	10.4%	9.1%
	Self-financed drugs with safety net	Item dispensed ('000)	4.6	4.7	3.9
		Percentage of HA Total	20.4%	18.7%	19.3%
		Percentage of Cluster Total	0.04%	0.04%	0.04%
	Self-financed drugs without safety net	Item dispensed ('000)	91.4	90.5	65.9
		Percentage of HA Total	15.9%	15.4%	15.1%
		Percentage of Cluster Total	0.8%	0.8%	0.7%
	Total	**Item dispensed ('000)**	**11 511.7**	**11 905.4**	**9 180.4**
		Percentage of Cluster Total	**100.0%**	**100.0%**	**100.0%**

Cluster	Category		2013-14	2014-15	2015-16 (Actual figure up to 31 December 2015)
New Territories East	General drugs	Item dispensed ('000)	6 343.5	6 323.3	4 934.1
		Percentage of HA Total	16.4%	16.2%	16.3%
		Percentage of Cluster Total	89.3%	88.4%	89.6%
	Special drugs	Item dispensed ('000)	668.5	732.9	503.3
		Percentage of HA Total	15.6%	15.5%	15.7%
		Percentage of Cluster Total	9.40%	10.2%	9.1%
	Self-financed drugs with safety net	Item dispensed ('000)	2.3	2.4	1.8
		Percentage of HA Total	10.2%	9.4%	9.2%
		Percentage of Cluster Total	0.03%	0.03%	0.03%
	Self-financed drugs without safety net	Item dispensed ('000)	92.6	94.1	67.8
		Percentage of HA Total	16.1%	16.0%	15.5%
		Percentage of Cluster Total	1.3%	1.3%	1.2%
	Total	**Item dispensed ('000)**	**7 106.9**	**7 152.6**	**5 507.0**
		Percentage of Cluster Total	**100.0%**	**100.0%**	**100.0%**

Cluster	Category		2013-14	2014-15	2015-16 (Actual figure up to 31 December 2015)
New Territories West	General drugs	Item dispensed (‘000)	5 111	5 156.2	4 015.6
		Percentage of HA Total	13.2%	13.2%	13.3%
		Percentage of Cluster Total	90.3%	89.5%	90.8%
	Special drugs	Item dispensed (‘000)	522.7	576.2	388.6
		Percentage of HA Total	12.2%	12.2%	12.1%
		Percentage of Cluster Total	9.2%	10.0%	8.8%
	Self-financed drugs with safety net	Item dispensed (‘000)	2.8	3.5	2.6
		Percentage of HA Total	12.4%	14.0%	12.9%
		Percentage of Cluster Total	0.05%	0.06%	0.06%
	Self-financed drugs without safety net	Item dispensed (‘000)	20.5	22.2	16.8
		Percentage of HA Total	3.6%	3.8%	3.8%
		Percentage of Cluster Total	0.4%	0.4%	0.4%
	Total	**Item dispensed (‘000)**	**5 657.0**	**5 758.2**	**4 423.5**
		Percentage of Cluster Total	**100.0%**	**100.0%**	**100.0%**

Cluster	Category		2013-14	2014-15	2015-16 (Actual figure up to 31 December 2015)
HA Total	General drugs	Item dispensed ('000)	38 684.7	38 945.2	30 185.0
		Percentage of HA Total	88.8%	87.9%	89.2%
	Special drugs	Item dispensed ('000)	4 282.2	4 736.3	3 212.8
		Percentage of HA Total	9.8%	10.7%	9.5%
	Self-financed drugs with safety net	Item dispensed ('000)	22.6	25.3	20.1
		Percentage of HA Total	0.05%	0.06%	0.06%
	Self-financed drugs without safety net	Item dispensed ('000)	576.3	589.3	436.5
		Percentage of HA Total	1.3%	1.3%	1.3%
	Total	Item dispensed ('000)	43 565.8	44 296.1	33 854.4
		Percentage of HA Total	100.0%	100.0%	100.0%

Note: Figures may not add up to 100% of respective total figures due to rounding.

(3) The table below sets out the number of patients who purchased Self-financed drugs through HA, the total expenditure incurred by these patients (excluding civil servants / HA employees and their dependents), the number of patients granted with subsidy under the Samaritan Fund and the total amount of subsidies granted to cover expenses on Self-financed drugs from 2013-14 to 2015-16 (actual figure up to 31 December 2015).

	2013-14	2014-15	2015-16 (Up to 31December 2015)
Number of patients purchasing Self-financed drugs through HA	29 191[#]	33 676[#]	30 259[#]
Total expenditure incurred by these patients on purchasing Self-financed drugs through HA ($ million)	643.4[#]	616.4[#]	509.1[#]
Number of patients provided with subsidy under Samaritan Fund to cover expenses on Self-financed drugs with safety net	1 906	2 106	1 664
Amount of subsidies granted under Samaritan Fund to cover expenses on Self-financed drugs with safety net ($ million)	280.2	310.8	244.1

[#] Data of civil servants / HA employees and their dependents excluded

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2537)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding psychiatric services, please set out:

- the number of psychiatric patients in the past 5 years (from 2011-12 to 2015-16) by year, type of mental disorder and form of treatment (hospital or community);
- the number of psychiatric doctors, nurses, community nurses and allied health professionals in the past 5 years (from 2011-12 to 2015-16) by year and hospital cluster; and
- the average waiting time for first appointment at psychiatric specialist out-patient clinics in the past 5 years (from 2011-12 to 2015-16) by year and hospital cluster.

Asked by: Hon Alice MAK Mei-kuen (Member Question No. 46)

Reply:

The table below sets out the total number of psychiatric patients treated, the number of patients diagnosed with severe mental illness (SMI) and the number of psychiatric patients treated in inpatient settings in the Hospital Authority (HA) in the past 5 years:

Year	Total no. of psychiatric patients treated	No. of patients diagnosed with SMI	No. of psychiatric patients treated in inpatient settings
2011-12	186 900	44 600	14 300
2012-13	197 600	45 500	14 900
2013-14	208 100	46 500	15 200
2014-15	217 400	47 500	14 600

Year	Total no. of psychiatric patients treated	No. of patients diagnosed with SMI	No. of psychiatric patients treated in inpatient settings
2015 (January - December) [Provisional figures]	225 900	48 000	14 600

Note: Figures are rounded to the nearest hundred.

The table below sets out the number of psychiatric doctors, psychiatric nurses, community psychiatric nurses (CPNs), clinical psychologists, medical social workers and occupational therapists working in psychiatric stream in HA in the past 5 years:

	Psychiatric doctors[1 & 2]	**Psychiatric Nurses**[1 & 3] **(including CPNs)**	**Community Psychiatric Nurses**[1 & 4] **(CPNs)**	**Allied Health Professionals**		
				Clinical Psychologists[1]	**Medical Social Workers**[5]	**Occupational Therapists**[1]
2011-12 (as at 31 March 2012)						
HKEC	32	214	11	7	N/A	13
HKWC	24	96	6	3	N/A	13
KCC	34	224	11	8	N/A	19
KEC	36	113	17	5	N/A	16
KWC	70	568	22	14	N/A	50
NTEC	62	305	23	8	N/A	32
NTWC	75	640	36	9	N/A	46
Overall	**334**	**2 161**	**125**	**54**	**243**	**189**
2012-13 (as at 31 March 2013)						
HKEC	35	219	9	7	N/A	16
HKWC	24	116	7	4	N/A	20
KCC	36	247	11	9	N/A	23
KEC	35	119	18	8	N/A	15
KWC	68	568	24	17	N/A	54
NTEC	61	337	17	9	N/A	35
NTWC	73	691	42	11	N/A	55
Overall	**332**	**2 296**	**127**	**65**	**243**	**218**
2013-14 (as at 31 March 2014)						
HKEC	35	230	9	8	N/A	17
HKWC	24	113	7	5	N/A	20
KCC	34	238	12	10	N/A	26
KEC	35	133	14	8	N/A	15
KWC	69	608	23	18	N/A	59
NTEC	61	349	23	10	N/A	35
NTWC	77	703	42	12	N/A	55
Overall	**335**	**2 375**	**130**	**71**	**243**	**227**
2014-15 (as at 31 March 2015)						
HKEC	36	231	9	8	N/A	17
HKWC	24	112	8	5	N/A	22
KCC	36	245	12	10	N/A	24

	Psychiatric doctors[1 & 2]	Psychiatric Nurses[1 & 3] (including CPNs)	Community Psychiatric Nurses[1 & 4] (CPNs)	Allied Health Professionals		
				Clinical Psychologists[1]	Medical Social Workers[5]	Occupational Therapists[1]
KEC	35	135	16	9	N/A	15
KWC	71	651	21	21	N/A	62
NTEC	58	367	21	12	N/A	39
NTWC	74	700	43	12	N/A	57
Overall	**333**	**2 442**	**129**	**77**	**243**	**236**
2015-16 (as at 31 December 2015)						
HKEC	37	241	9	8	N/A	18
HKWC	25	110	7	4	N/A	21
KCC	36	244	12	11	N/A	26
KEC	35	141	16	10	N/A	18
KWC	76	652	21	21	N/A	67
NTEC	65	372	16	12	N/A	41
NTWC	73	699	46	12	N/A	58
Overall	**346**	**2 459**	**127**	**78**	**243**	**248**

Notes:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but exclude those in HA Head Office. Individual figures may not add up to the total due to rounding.
2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except interns.
3. Psychiatric nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatric departments of other non-psychiatric hospitals, as well as all other nurses in psychiatric stream.
4. The job duty of CPN is mainly to provide short-term community support for discharged psychiatric patients to facilitate their community re-integration.
5. Information on the number of medical social workers supporting psychiatric services in HA is provided by the Social Welfare Department.

The tables below set out the number of specialist outpatient (SOP) psychiatric new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases and their respective median waiting time in each cluster from 2011-12 to 2015-16 (up to 31 December 2015):

2011-12

	Priority 1		Priority 2		Routine	
Cluster	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)
HKEC	590	<1	620	2	2 200	3
HKWC	190	1	450	2	3 280	5
KCC	450	<1	1 060	4	1 590	9
KEC	650	<1	1 750	3	4 540	16
KWC	500	<1	1 070	2	10 630	7
NTEC	1 350	1	1 970	4	5 730	31
NTWC	710	1	1 590	5	3 970	12
Overall	4 440	<1	8 520	3	31 930	12

2012-13

	Priority 1		Priority 2		Routine	
Cluster	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)
HKEC	580	1	660	3	2 130	8
HKWC	280	1	450	3	3 250	8
KCC	490	<1	960	4	1 240	11
KEC	550	1	1 900	5	4 510	28
KWC[2]	390	<1	940	3	13 440	17
NTEC	1 520	1	2 020	4	4 870	24
NTWC	510	1	1 790	4	4 140	13
Overall	4 330	1	8 720	4	33 590	16

2013-14

	Priority 1		Priority 2		Routine	
Cluster	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)
HKEC	450	1	870	3	2 130	7
HKWC	180	1	620	3	3 310	14
KCC	240	<1	960	4	1 570	16
KEC	350	1	2 110	4	4 520	48
KWC	400	1	840	4	13 100	17
NTEC	1 470	1	2 290	4	4 880	40
NTWC	550	1	1 890	5	4 400	24
Overall	3 630	1	9 580	4	33 900	20

2014-15

	Priority 1		Priority 2		Routine	
Cluster	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)
HKEC	380	1	920	3	2 190	9
HKWC	520	1	880	3	2 810	32
KCC	180	<1	980	3	1 690	16
KEC	360	1	1 890	5	4 620	34
KWC	400	1	560	4	13 310	21
NTEC	1 220	1	2 450	4	5 350	45
NTWC	530	1	1 970	7	4 430	49
Overall	3 590	1	9 650	4	34 400	22

2015-16 (up to 31 December 2015) [provisional figures]

	Priority 1		Priority 2		Routine	
Cluster	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)
HKEC	250	1	660	3	1 810	9
HKWC	560	<1	680	3	2 560	86
KCC	80	<1	740	3	1 270	16
KEC	350	<1	1 480	4	3 750	53
KWC	230	<1	450	3	10 130	14
NTEC	1 020	1	1 950	4	4 450	52
NTWC	360	1	1 440	6	3 220	49
Overall	2 840	<1	7 390	4	27 190	23

Notes:

1. Figures are rounded to the nearest ten.
2. The surge in the median waiting time since 2012-13 in the KWC, as compared to that of previous years, is due to an adjustment made to align the measurement of waiting time with that adopted by other clusters.

In 2016-17, HA will allocate additional manpower and resources to the psychiatric services in HKWC, KWC and NTEC with a view to enhancing the services provided therein. HA will continue to assess regularly its manpower requirements and review its service provision to ensure that its service can meet the needs of the patients.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3041)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Concerning influenza vaccination,

(1) Please list out the number of participants in respective groups, the coverage rate, the expenditure under the various vaccination programmes for the past five years:
(2) Please list out the number of vaccines procured and the expenditure under various vaccination programmes for the past five years.

Asked by: Hon Alice MAK Mei-kuen (Member Question No. 29)

Reply:

The Department of Health (DH) has been administering several programmes/schemes to provide free/subsidized seasonal influenza vaccination to eligible elders and children, which include –

- Government Vaccination Programme (GVP), which provides free seasonal influenza vaccination to eligible target groups, including eligible elders aged 65 or above; and

- Vaccination Subsidy Schemes (VSS), which provides subsidised seasonal influenza vaccination to children between the age of six months to less than six years under Children Influenza Vaccination Subsidy Scheme (CIVSS), and subsidised seasonal influenza vaccination to elderly aged 65 or above under Elderly Vaccination Subsidy Scheme(EVSS), among other target groups;

For better protection of elderly from possible summer influenza season and prevent outbreak in residential care homes for the elderly (RCHEs), the DH conducted a one-off exercise from

May to August 2015 to provide one dose of free vaccination of 2015 Southern Hemisphere Seasonal Influenza Vaccination (2015 SHSIV) to residents of RCHEs as well as the community elders aged 75 years old or above under the existing GVP.

Since the commencement of the 2015-16 vaccination season in October 2015, there have been two enhancements on a trial basis. The GVP has been extended to cover all elders aged 65 years or above, and persons with intellectual disability (PIDs) have also been included as a target group under GVP (for clients of public clinics or hospitals) and VSS. As announced in the 2016 Policy Address, these enhancements will be regularized as from the 2016-17 vaccination season.

The statistics on influenza vaccination under these programme and schemes are detailed at **Annex I and Annex II**. As some target group members may have received influenza vaccination outside the Government's free vaccination programme and subsidy schemes, they are not reflected in the statistics.

Annex I

(1) The numbers of recipients of seasonal influenza vaccination under the Government Vaccination Programme (GVP) and Vaccination Subsidy Schemes (VSS), which include Childhood Influenza Vaccination Subsidy Scheme (CIVSS) and Elderly Vaccination Subsidy Scheme (EVSS) for the past five years

Target groups	**Vaccination programme/ scheme**	**2011-12**			**2012-13**			**2013-14**		
		No. of recipients	**Subsidy Paid ($ million)**	**Percentage of population in the age group**	**No. of recipients**	**Subsidy Paid ($ million)**	**Percentage of population in the age group**	**No. of recipients**	**Subsidy Paid ($ million)**	**Percentage of population in the age group**
Children between the age of 6 months and less than 6 years	GVP	2 700	Not applicable	9.7% Note 2	2 700	Not applicable	12.5% Note 2	2 700	Not applicable	12.9% Note 2
	CIVSS	43 700	3.5		60 400	7.9		62 000	10.7	
Elderly aged 65 or above	GVP	176 500	Not applicable	31.7%	180 500	Not applicable	32.8%	176 100	Not applicable	32.7%
	EVSS	120 900	15.7		141 700	18.4		160 100	20.8	
Others Note 1		53 900	Not applicable		58 600	Not applicable		61 900	Not applicable	
TOTAL		**397 700**	**19.2**		**443 900**	**26.3**		**462 800**	**31.5**	

Annex I (Cont'd)

Target groups	Vaccination programme/ scheme	2014-15			2015-16 (as at 28 Feb 2016)		
		No. of recipients	Subsidy Paid ($ million)	Percentage of population in the age group	No. of recipients	Subsidy Paid ($ million)	Percentage of population in the age group
Children between the age of 6 months and less than 6 years	GVP	2 400	Not applicable	18% Note 2	2 200	Not applicable	13.2% Note 2
	CIVSS	55 200	11.5		39 300	7.7	
Elderly aged 65 or above	GVP	193 200	Not applicable	35%	311 100#	Not applicable	39.5%
	EVSS	179 500	28.7		132 700	21.2	
Others Note 1		62,500	Not applicable		68,100		
TOTAL		**492 800**	**40.2**		**553 400**	**28.9**	

Note 1 : Others include (a) health care workers; (b) poultry workers; (c) pig farmers or pig-slaughtering industry personnel; and (d) pregnant women or people aged 50 to below 65 receiving Comprehensive Social Security Assistance or holding valid Certificate for Waiver of Medical Charges, (e) persons with intellectual disability (as from October/November 2015) etc.

Note 2: The figures from 2011-12 to 2013-14 are calculated based on the projection of new born during the period from 2009 to 2014. Those for 2014-15 and 2015-16 are calculated based on the Hong Kong Population Projections 2015-2064.

In addition, a total of 98 000 recipients were provided with free 2015 Southern Hemisphere Seasonal Influenza Vaccination under GVP from May to August 2015. The subsidy paid amounts to $2.2 million.

(2) Quantities of seasonal influenza vaccines (SIV) procured under the Government Vaccination Programme for the past five years

Year	Number of doses of SIV procured	Amount $ million
2011-12	300 000	8.4
2012-13	285 000	7.9
2013-14	285 000	7.7
2014-15	278 000#	14.1#
2015-16	400 000*	21.0*

In addition, a total of 100,000 doses of Southern Hemisphere Seasonal Influenza Vaccines at a cost of $4.0 million was procured in 2014-15.

* as at 7 March 2016

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2419)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

(a) please tabulate the details of Hong Kong Chinese Materia Medica (HKCMM) Standards Volume 7, including the number of Chinese Materia Medica (CMM) covered, time taken for research, date of publication and expenditure involved. Please also advise on the number of CMM pending and/or requiring research, future performance targets, arrangements and outcomes of the whole HKCMM Standards Project;

(b) please tabulate the details of HKCMM Standards Volume 8, including the estimated number of CMM to be included, time needed for research, expected date of publication and estimated expenditure involved;

(c) please tabulate the number of applications for registration of proprietary Chinese medicines received by the Chinese Medicine Council of Hong Kong in 2015, as well as the numbers of successful and unsuccessful applications. Please also advise on the average time required from application to registration, and the reasons for applications being rejected;

(d) please advise whether there were any medical cases in association with the intake of registered proprietary Chinese medicine in 2015. If so, please provide the number and details of these cases. Did the Government follow up these cases? What was the expenditure involved?

Asked by: Hon CHAN Han-pan (Member Question No. 39)

Reply:

(a) The details of Hong Kong Chinese Materia Medica (HKCMM) Standards Volume 7 are tabulated as follows:

Number of Chinese Materia Medica (CMM) included	*Time taken for research*	*Date of publication*	*Expenditure ($ million)*
36	28 months	June 2015	27.5

The Government has completed the compilation of HKCMM standards for 236 Chinese Materia Medica (CMM) commonly used in Hong Kong. Research work for another 39 CMM will be published around the first quarter of 2017.

As pledged in the 2016 Policy Address, the Government will continue with the research work. Our target is to set reference standards for around 28 CMM each year. A pilot study on the standard setting for Chinese medicines decoction pieces will also be launched under the HKCMM standards Project.

(b) The details of HKCMM Standards Volume 8 are tabulated as follows:

Estimated number of CMM to be included	*Time needed for research*	*Expected date of publication*	*Estimated expenditure ($ million)*
39	33 months	1st quarter 2017	30.5

(c) The registration regime for proprietary Chinese medicines (pCm) is established under the Chinese Medicine Ordinance (Cap. 549) (CMO). Under the CMO, where a pCm was manufactured or sold in Hong Kong on 1 March 1999, the relevant manufacturer, importer or local agent/representative of a manufacturer outside Hong Kong may apply for transitional registration of the pCms before 30 June 2004. The Chinese Medicines Board (CMB) under the Chinese Medicine Council of Hong Kong has started to accept applications for registration of pCm since 19 December 2003. In 2008, the CMB finished assessing all the applications for transitional registration. "Notice of confirmation of transitional registration of pCm" (i.e. HKP) has been issued to those applications which contain three acceptable basic test reports (i.e. on heavy metals and toxic element, pesticide residues and microbial limit). For applications which contain the aforementioned three basic test reports but are yet to meet the requirements for the transitional registration, "Notice of confirmation of (non-transitional) registration of pCm" (i.e. HKNT) has been issued to them. "Certificate of registration of pCm" (i.e. HKC) will be issued to those pCms that have fulfilled the registration requirements in respect of safety, quality and efficacy.

As of 1 March 2016, the CMB has received a total of 18 074 applications for registration of pCms, of which 14 172 applications have also applied for transitional registration. The CMB have completed processing all the applications for transitional registration and issued 7 800 HKP and 347 HKNT. A total of 639 pCm have been issued with HKC. A total of 8 296 applications were rejected for registration (including cases of withdrawal, etc.) as they had failed either to meet with the definition of pCm under CMO or submit the required documents and reports. As the above statistics have been kept on a cumulative basis under the Department of Health (DH), they are not separately identifiable as annual figures.

By virtue of the CMO, the CMB is tasked with the approving authority for pCm registration applications with professional support by the DH. To protect public health, the CMB has to process each application prudently. The time taken for processing each and every application varies as it would depend on the complexity of the application, the timeliness of the applicant to submit the supporting test reports and the time given by CMB to applicant to resubmit reports during appeal process, etc.

(d) In 2015, the DH did not receive any adverse event from the Hospital Authority that was caused by consumption of registered pCm.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2420)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the development of Chinese medicine,

(a) please tabulate by month the number of attendances at all public Chinese medicine clinics operating on a tripartite collaboration model in 2015; and

(b) please tabulate by month the number of patients, integrated treatments undertaken, their results and expenditure involved in 2015 since the introduction of integrated Chinese and Western medicine treatment.

Asked by: Dr Hon CHAN Han-pan (Member Question No. 40)

Reply:

(a) The monthly total attendances of the 18 Chinese Medicine Centres for Training and Research (CMCTRs) in 2015 are as follows:

Month (in 2015)	Attendances[1]
January	99 647
February	70 840
March	90 364
April	81 198
May	89 176
June	92 588
July	103 880

August	101 941
September	86 832
October	92 928
November	94 449
December	99 881
Total:	**1 103 726**

Note: 1. The above attendances cover all kinds of Chinese Medicine services provided in the CMCTRs (i.e. Chinese Medicine general consultation services, acupuncture, bone-setting, tui-na, etc).

(b) To help gather experiences in the operation of integrated Chinese-Western medicine (ICWM) and Chinese Medicine in-patient services, the Hospital Authority (HA) has been tasked to carry out the ICWM pilot project (pilot project). The pilot project provides ICWM treatment for HA in-patients of selective disease areas, namely stroke care, cancer palliative care and acute low back pain care. The pilot project has been implemented in 2 phases.

Phase I of the pilot project was launched on 22 September 2014 and implemented at Tung Wah Hospital, Tuen Mun Hospital and Pamela Youde Nethersole Eastern Hospital respectively. HA conducted an internal interim review to evaluate the implementation of both the clinical and operational frameworks, and the ICWM service model has been enhanced with regard to the proposed resolutions. Phase I ended on 20 December 2015, which had recruited a total of 238 patients who joined the pilot project on a voluntary basis.

With improvement measures introduced, Phase II was launched immediately after Phase I in seven hospitals (including the 3 hospitals of Phase I and 4 newly added hospital sites, namely Prince of Wales Hospital and Shatin Hospital, Princess Margaret Hospital and Kwong Wah Hospital). Phase II would last for 30 months till May 2018. The budget for providing the clinical services of the pilot project is around $42.5 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2421)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the healthcare staff arrangement in each hospital cluster,

(a) please tabulate by cluster the required manpower, actual number of staff employed as at the end of each year, attrition number and number of retirees in the past 3 years;

(b) please advise on the measures adopted by the Hospital Authority (HA) in the past 3 years to attract and retain staff, and the expenditure involved.

Asked by: Hon CHAN Han-pan (Member Question No. 41)

Reply:

(a) The tables below set out the intake number, attrition number and number of retirees of healthcare staff in each cluster in 2013-14, 2014-15 and 2015-16.

2013-14

Cluster	Intake No.		Attrition No.				No. of Retirees	
	Doctors	Nurses	Doctors		Nurses		Doctors	Nurses
			FT	PT	FT	PT		
HKEC	34	228	27	5	116	0	5	17
HKWC	40	304	30	0	135	1	4	31
KCC	41	273	26	8	162	1	5	36
KEC	45	276	25	4	125	2	1	18
KWC	87	426	36	6	211	0	8	47

NTEC	58	281	34	7	135	0	2	22
NTWC	74	309	29	6	136	0	4	18

2014-15

Cluster	**Intake No.**		**Attrition No.**				**No. of Retirees**	
	Doctors	**Nurses**	**Doctors**		**Nurses**		**Doctors**	**Nurses**
			FT	**PT**	**FT**	**PT**		
HKEC	43	244	24	7	126	4	4	17
HKWC	50	238	36	5	144	15	2	37
KCC	62	257	35	5	138	2	10	36
KEC	50	212	19	4	139	1	3	25
KWC	85	428	54	12	215	1	6	48
NTEC	65	274	37	14	161	1	3	31
NTWC	62	262	26	11	135	1	3	23

2015-16

Cluster	**Intake No. (April-December 2015)**		**Attrition No. (January-December 2015)**				**No. of Retirees (January-December 2015)**	
	Doctors	**Nurses**	**Doctors**		**Nurses**		**Doctors**	**Nurses**
			FT	**PT**	**FT**	**PT**		
HKEC	40	216	25	4	139	0	4	30
HKWC	51	229	41	3	165	18	2	31
KCC	54	224	31	2	173	1	4	32
KEC	48	196	30	7	153	0	7	29
KWC	90	348	62	10	261	1	15	60
NTEC	67	285	26	6	164	0	2	32
NTWC	69	271	34	15	148	1	7	32

Notes:

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

(2) Intake number of Doctors included number of Interns appointed as Residents.

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

(4) Since April 2013, attrition for the HA workforce has been separately monitored and presented for full-time and part-time workforce respectively, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate.

(b) In the past 3 years, HA has earmarked around $321 million each year to attract and retain healthcare professionals. Major measures include enhancing training opportunities by offering corporate scholarships for overseas training, strengthening manpower support, recruitment of additional supporting staff and re-engineering work processes. HA would continue central recruitment of full-time and part-time clinical staff to further increase manpower strength and improve staff retention. A special retired and rehire scheme to re-employ suitable serving healthcare staff upon their retirement has also been implemented in 2015-16 to retain suitable expertise for training and knowledge transfer, and to help alleviate manpower issues.

For the medical grade, HA has created additional Associate Consultant posts for promotion of doctors with 5 years' post-fellowship experience by merits, enhanced training opportunities for doctors and recruited non-local doctors under limited registration to supplement local recruitment drive.

For the nursing grade, HA has enhanced career advancement opportunities of experienced nurses and provided training to registered nursing students and enrolled nursing students at HA's nursing schools.

Apart from the $321 million, there is an additional 3-year time-limited funding of $100 million per annum (from 2015-16 to 2017-18) designated for enhancing staff training and development.

Abbreviations

FT – Full-time
PT – Part-time
HKEC – Hong Kong East Cluster
HKWC – Hong Kong West Cluster
KCC – Kowloon Central Cluster
KEC – Kowloon East Cluster
KWC – Kowloon West Cluster
NTEC – New Territories East Cluster
NTWC – New Territories West Cluster

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial: No. 2422)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the enhancement of healthcare services, please provide the following information:

(a) the numbers of additional hospital beds and operating theatre sessions and the additional quotas for endoscopy examination in public hospitals of all clusters in the past 3 years in table form with a breakdown by hospital cluster, as well as the expenditures involved; and

(b) the additional quotas for general outpatient and Accident and Emergency (A&E) attendances and the average waiting times for outpatient and A&E services in hospitals of all clusters in the past 3 years in table form with a breakdown by hospital cluster, as well as the expenditures involved.

Asked by: Hon CHAN Han-pan (Member Question No. 42)

Reply:

Hospital beds

The Hospital Authority (HA) has earmarked over $300 million, $270 million and $320 million for the opening of beds in 2013-14, 2014-15 and 2015-16 respectively.

The tables below set out the number of hospital beds opened in each hospital cluster in 2013-14, 2014-15 and 2015-16.

Cluster	Number of hospital beds opened in 2013-14		
	Acute	Convalescent/ Rehabilitation	Total
HKEC	-	-	-
HKWC	7	-	7
KCC	1	-	1
KEC	44	72	116
KWC	22	20	42
NTEC	3	-	3
NTWC	80	38	118
HA Overall	**157**	**130**	**287**

Cluster	Number of hospital beds opened in 2014-15		
	Acute	Convalescent/ Rehabilitation	Total
HKEC	40	-	40
HKWC	-	-	-
KCC	24	-	24
KEC	4	-	4
KWC	3	20	23
NTEC	62	-	62
NTWC	52	-	52
HA Overall	**185**	**20**	**205**

Cluster	Number of hospital beds opened in 2015-16		
	Acute	Convalescent/ Rehabilitation	Total
HKEC	21	-	21
HKWC	-	-	-
KCC	-	-	-
KEC	36	-	36
KWC	-	-	-
NTEC	71	-	71
NTWC	82	40	122
HA Overall	**210**	**40**	**250**

Operating theatre (OT) sessions, endoscopic sessions, general outpatient clinic (GOPC) attendances and Accident & Emergency (A&E) support sessions

HA has earmarked a total of $18.7 million, $150.3 million and $124.2 million respectively in 2013-14, 2014-15 and 2015-16 to enhance the following services as set out in the table below:

	2013-14	**2014-15**	**2015-16**
Number of additional OT sessions	-	37 (HKEC, HKWC, KCC, KWC, NTEC & NTWC)	**(Target)** 19 (KEC, NTEC & NTWC)
Number of additional endoscopic sessions		35 (NTEC & KEC)	**(Target)** 19 (HKEC & KWC)
Number of additional GOPC attendances	18 700 (KEC & NTWC)	32 000 (KEC, KWC & NTWC)	**(Target)** 55 000 (KCC, KEC, KWC, NTEC & NTWC)
Total number of A&E support sessions (4-hour sessions) *(Note)*	around 2 750 (HKEC, KCC, KEC, KWC, NTEC & NTWC)	around 3 000 (HKEC, KCC, KEC, KWC, NTEC & NTWC)	**(up to 31 December 2015)** around 3 000 (HKEC, HKWC, KCC, KEC, KWC, NTEC & NTWC)

Note :

To deal with the heavy workload of A&E departments (AEDs), HA has introduced various measures to strengthen the healthcare support at AEDs. For example, HA implements the A&E Support Session Programme where additional medical and nursing staff, including those from and outside AEDs, are recruited to work extra hours on a voluntary basis with payment of special honorarium. The extra manpower are deployed to handle semi-urgent and non-urgent cases so that the pressure and workload of A&E staff can be reduced, thus allowing them to focus on more urgent cases. The Programme was first implemented in seven AEDs in February 2013, later extended to 12 AEDs in March/April 2013 and subsequently extended to all 17 AEDs with effect from 1 November 2015.

General outpatient waiting time

For GOPCs, consultation on timeslots in the next 24 hours are available for booking through HA's telephone appointment system for the patients with episodic diseases. Chronic disease patients requiring follow-up consultations will be assigned a visit timeslot after each consultation and do not need to make separate appointment by phone. Since the telephone booking system allocates current consultation timeslots for patients with episodic illnesses, there is no waiting list or new case waiting time for GOP services.

A&E waiting time

The tables below set out the average waiting time for A&E services in various triage categories in each hospital cluster in 2013-14, 2014-15 and 2015-16 (up to 31 December 2015).

2013-14

Cluster	Average waiting time (minute) for A&E services				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	0	6	16	72	113
HKWC	0	7	22	90	155
KCC	0	9	40	174	207
KEC	0	8	21	95	146
KWC	0	7	24	106	109
NTEC	0	10	31	95	81
NTWC	0	5	29	135	142
Overall HA	**0**	**7**	**27**	**106**	**124**

2014-15

Cluster	Average waiting time (minute) for A&E services				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	0	6	16	87	128
HKWC	0	8	24	110	177
KCC	0	8	37	156	183
KEC	0	8	20	103	158
KWC	0	7	25	112	107
NTEC	0	10	29	99	82
NTWC	0	5	27	130	139
Overall HA	**0**	**7**	**26**	**110**	**127**

2015-16 (up to 31 December 2015) [Provisional figures]

Cluster	Average waiting time (minute) for A&E services				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	0	6	16	98	140
HKWC	0	8	25	103	163
KCC	0	7	29	140	180
KEC	0	8	21	116	173
KWC	0	6	22	100	103
NTEC	0	10	26	94	82
NTWC	0	5	26	124	138
Overall HA	**0**	**7**	**24**	**107**	**130**

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2424)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the work of promoting mental health, please provide the following information:

(a) the numbers of psychiatric healthcare personnel required and the actual numbers of staff employed in hospitals of all clusters in the past 3 years in table form with a breakdown by hospital cluster, as well as the expenditures involved; and

(b) details of the work in promoting mental health in the community in the past 3 years with a breakdown by administrative district, as well as the manpower and expenditures involved.

Asked by: Hon CHAN Han-pan (Member Question No. 45)

Reply:

(a) & (b)

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

The table below sets out the number of psychiatric doctors, psychiatric nurses, community psychiatric nurses, clinical psychologists, medical social workers and occupational therapists working in psychiatric stream in HA in the past 3 years (from 2013-14 to 2015-16):

	Psychiatric doctors[1 & 2]	Psychiatric Nurses[1 & 3] (including Community Psychiatric Nurses)	Community Psychiatric Nurses[1 & 4] (CPNs)	Allied Health Professionals		
				Clinical Psychologists[1]	Medical Social Workers[5]	Occupational Therapists[1]
2013-14 (as at 31 March 2014)						
HKEC	35	230	9	8	N/A	17
HKWC	24	113	7	5	N/A	20
KCC	34	238	12	10	N/A	26
KEC	35	133	14	8	N/A	15
KWC	69	608	23	18	N/A	59
NTEC	61	349	23	10	N/A	35
NTWC	77	703	42	12	N/A	55
Overall	**335**	**2 375**	**130**	**71**	**243**	**227**
2014-15 (as at 31 March 2015)						
HKEC	36	231	9	8	N/A	17
HKWC	24	112	8	5	N/A	22
KCC	36	245	12	10	N/A	24
KEC	35	135	16	9	N/A	15
KWC	71	651	21	21	N/A	62
NTEC	58	367	21	12	N/A	39
NTWC	74	700	43	12	N/A	57
Overall	**333**	**2 442**	**129**	**77**	**243**	**236**
2015-16 (as at 31 December 2015)						
HKEC	37	241	9	8	N/A	18
HKWC	25	110	7	4	N/A	21
KCC	36	244	12	11	N/A	26
KEC	35	141	16	10	N/A	18
KWC	76	652	21	21	N/A	67
NTEC	65	372	16	12	N/A	41
NTWC	73	699	46	12	N/A	58
Overall	**346**	**2 459**	**127**	**78**	**243**	**248**

Notes:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but exclude those in HA Head Office. Individual figures may not add up to the total due to rounding.
2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except interns.
3. Psychiatric nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatric departments of other non-psychiatric hospitals, as well as all other nurses in psychiatric stream.
4. The job duty of CPN is mainly to provide short-term community support for discharged psychiatric patients to facilitate their community re-integration.
5. Information on the number of medical social workers supporting psychiatric services in HA is provided by the Social Welfare Department.

Following the launch of a three-year publicity campaign on mental health by the Government in 2015-16, HA will continue to support the Government's efforts on public education and promotion to enhance awareness of mental health in the community.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2425)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the work of ensuring the healthy development of a twin-track healthcare system in Hong Kong, please provide the following information:

(c) details of the work in facilitating the further development of private hospitals and private healthcare services in the community in the past 3 years and its effectiveness, as well as the manpower and expenditure involved; and

(d) details of the work in promoting private healthcare services in the past 3 years and its effectiveness, as well as the manpower and expenditure involved.

Asked by: Hon CHAN Han-pan (Member Question No. 47)

Reply:

(a) To further develop private hospitals, the Government put out the site reserved for private hospital use at Wong Chuk Hang for open tender in 2012, and entered into the Conditions of Sale (Land Grant) and the Service Deed with the successful tenderer in 2013.

We also support the proposal of the Chinese University of Hong Kong (CUHK) to develop the Chinese University of Hong Kong Medical Centre (CUHKMC). Approval of the Finance Committee of the Legislative Council had been obtained for the provision of a loan of around $4 billion to CUHK for developing this non-profit making private teaching hospital. The Conditions of Grant (Land Lease) will be modified and approved at a nominal premium.

The work on encouraging private hospital development is conducted with existing resources of the FHB and breakdown on the expenditure involved in this area is not available.

(b) The Government had earlier conducted a public consultation on regulation of private healthcare Facilities (PHFs), and will publish the consultation report in due course. In addition, we are taking steps to iron out the details of the new regulatory regime for PHFs in collaboration with various Government departments and stakeholders, with a view to introducing the relevant Bill to the Legislative Council in the 2016/17 legislative session. Related expenditure will be absorbed within the existing resources of the Food and Health Bureau (FHB).

The Department of Health will set up a new Office for Regulation of Private Healthcare Facilities for three years, so as to enhance the capacity of the Department in handling the relevant legislative review. In 2016-17, the number of posts and financial provision earmarked for the regulation of private healthcare institutions and related matters including providing support to the FHB in reviewing the regulatory regime are 59 and $55.7 million, respectively.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)031

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2657)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health; (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget this year that the Government has set aside a dedicated provision of $200 billion to enable the Hospital Authority to devise a ten-year hospital development plan in a long-term manner. In this connection, please provide in table form and by hospital cluster the programmes, with a breakdown by hospitals within respective clusters, to which the dedicated provision will be allocated and the respective amounts of allocation in the coming 10 years (2016-2025)?

Asked by: Hon CHAN Han-pan (Member Question No.43)

Reply:

The following table sets out the projects by hospital cluster under the ten-year hospital development plan (HDP) of the Hospital Authority (HA). The estimated total project costs will be within the Government's dedicated provision of $200 billion for the HDP. HA and relevant government departments are conducting planning and preparatory works for the HDP projects, such as ground investigations, technical assessments and detailed design works. Upon completion of the concerned works, HA will be able to formulate a more concrete timetable and cost estimate for individual projects under the HDP.

Hospital Cluster	Proposed projects
Hong Kong West	Redevelopment of Grantham Hospital, phase 1
	Redevelopment of Queen Mary Hospital (Phase 1) - main works
New Kowloon Central (*Note*)	Redevelopment of Our Lady of Maryknoll Hospital
	New Acute Hospital (NAH) at Kai Tak Development Area (Phase 1)
	NAH at Kai Tak Development Area (Phase 2)
	Redevelopment of Kwong Wah Hospital - main works
	Community Health Centre (CHC) at ex-Mong Kok Market site
Kowloon East	Expansion of Haven of Hope Hospital
	Expansion of United Christian Hospital - main works (superstructure and remaining works)
New Kowloon West (*Note*)	Redevelopment of Kwai Chung Hospital (Phase 1)
	Redevelopment of Kwai Chung Hospital (Phases 2 & 3)
	Expansion of Lai King Building in Princess Margaret Hospital
	CHC in Shek Kip Mei
New Territories East	Redevelopment of Prince of Wales Hospital (Phase 2) (stage 1)
	Expansion of North District Hospital
	Development of a CHC in North District
New Territories West	Extension of Operating Theatre Block for Tuen Mun Hospital
	Hospital Authority Supporting Services Centre at Tin Shui Wai

Note : According to the recommendations of the Steering Committee on Review of HA, the Wong Tai Sin district and Mong Kok area (Kwong Wah Hospital, Wong Tai Sin Hospital and Our Lady of Maryknoll Hospital), which are originally served by Kowloon West Cluster, will be re-grouped to Kowloon Central Cluster.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2658)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

The Government has pledged in 2016 to increase the publicly-funded degree places in medicine, dentistry and other health disciplines by 50, 20 and 68 respectively in the 2016-17 to 2018-19 funding cycle for universities. In this connection, please provide in table form and by year details of the additional places offered in medicine, dentistry and other health disciplines and the expenditures involved.

Asked by: Hon CHAN Han-pan (Member Question No. 50)

Reply:

The table below sets out the additional number of University Grants Committee (UGC)-funded first-year-first-degree places in healthcare disciplines approved for the 2016/17 to 2018/19 triennium –

Healthcare Discipline	**Academic Year**		
	2016/17	**2017/18**	**2018/19**
Medical Doctor	50	50	50
Dentist	20	20	20
Pharmacist	10	10	10
Optometrist	6	6	6
Occupational Therapist	10	10	10
Physiotherapist	20	20	20
Radiographer	12	12	12
Medical Laboratory Technologist	10	10	10

The funding allocated to UGC for implementing its funding recommendations on the recurrent grants for the UGC-funded institutions for the 2016/17 academic year is $17,900 million. The bulk of the funding is allocated to institutions in the form of block grant based on the approved student numbers allocated to institutions. Funding for publicly-funded undergraduate places is subsumed under the block grants.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3035)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health, (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

On enhancing the quality of public medical services, please advise on:

(a) the details of the medical equipment acquired or upgraded for public hospitals in each cluster under the Hospital Authority in 2015-16, the expenditure involved and the utilisation of such equipment; and

(b) whether the equipment needs to be operated or used by healthcare professionals. If yes, has the Government recruited sufficient manpower to use the equipment, and what are the manpower and expenditure involved?

Asked by: Hon CHAN Han-pan (Member Question No. 48)

(a)

The Hospital Authority (HA) procures from time to time a wide variety of new and replacement medical equipment items to meet operational requirements. Individual hospitals procure thousands of medical equipment items costing $150,000 or less each (minor medical equipment items[Note] e.g. rehabilitation equipment and laboratory supporting items) and statistics on procurement of these minor equipment items are not available. Procurement of medical equipment items costing over $150,000 each (major medical equipment items[Note]) is co-ordinated by HA Head Office. In 2015-16, HA procured 738 major medical equipment items at a total cost of $587 million.

Among the hundreds of major medical equipment items procured by HA each year, some are of a unit cost exceeding $5 million. The table below sets out those major medical equipment items of a unit cost exceeding $5 million that were procured by HA in 2015-16 as well as the clusters, hospitals and specialties involved and the expenditure incurred.

Item	Cluster	Hospital	Specialty	Expenditure ($ million)
Radiotherapy Systems, Linear Accelerator	HKEC	PYNEH	ONC	23.6
Radiographic/Fluoroscopic Systems, General-Purpose	HKEC	PYNEH	SUR	7.2
Radiographic/Fluoroscopic Systems, General-Purpose	HKEC	PYNEH	SUR	6.6
Scanning Systems, Magnetic Resonance Imaging, Full-Body	HKWC	QMH	RAD	20.6
Radiographic/Fluoroscopic Systems, Cardiovascular	KCC	QEH	MED	14.0
Scanning Systems, Magnetic Resonance Imaging, Full-Body	KCC	QEH	RAD	24.8
Scanning Systems, Computed Tomography/Positron Emission Tomography	KCC	QEH	RAD	20.0
Monitoring Systems, Physiologic, Acute Care	KEC	TKOH	MED	5.8
Monitoring Systems, Physiologic, Acute Care	KEC	UCH	ICU/HDU	8.0
Radiographic/Fluoroscopic Systems, Angiography/Interventional	KWC	PMH	RAD	9.5
Scanning Systems, Magnetic Resonance Imaging, Full-Body	NTEC	AHNH	RAD	17.2
Radiographic/Fluoro Unit, Digital	NTWC	TMH	RAD	5.2
Radiotherapy Systems, Linear Accelerator	NTWC	TMH	ONC	13.7

Note: Starting from 2016-17, minor medical equipment items refer to those costing $200,000 or less each while major medical equipment items refer to those costing over $200,000 each.

The table below sets out the patient attendances for magnetic resonance imaging (MRI) and computed tomography (CT) scanning service provided by HA in 2015-16 (up to 31 December 2015)

	Number of Patient Attendances
MRI	48 565
CT	307 539

Unlike MRI and CT scanning systems, which are mainly used for examinations, most of the other major items of medical equipment are mainly used for providing support services to patients (e.g. picture archiving information system for digital storage and transmission of MRI, CT and X-ray pictures), providing necessary medical services to patients (e.g. cardiac catheterisation systems for heart diagnostic procedures) and monitoring patients' conditions (e.g. physiotherapy monitoring systems for patients in intensive care units). Statistics on utilisation of these major items of medical equipment in terms of patient attendances are not available.

(b)

Public healthcare services, including operation of necessary medical equipment, are delivered to HA patients by HA staff on a collective basis. HA's medical equipment can be and is operated by doctors, nurses and allied health professionals and their workload incurred by the operation of medical equipment cannot be separately identified. HA will continue to implement various measures in 2016-17 to attract, retain and recruit additional healthcare professionals for quality patient care.

Abbreviations

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

Hospitals
AHNH – Alice Ho Miu Ling Nethersole Hospital
PMH – Princess Margaret Hospital
PYNEH – Pamela Youde Nethersole Eastern Hospital
QEH – Queen Elizabeth Hospital
QMH – Queen Mary Hospital
TMH – Tuen Mun Hospital
TKOH – Tseung Kwan O Hospital
UCH – United Christian Hospital

Specialties
ICU/HDU– Intensive Care Unit/ High Dependency Unit
MED – Medicine
ONC – Oncology
RAD – Radiology
SUR – Surgery

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3036)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Regarding the health services for the elderly, please provide the following information:
(a) the number of attendances and effectiveness of the Outreach Dental Care Programme for the Elderly, and the manpower and expenditure involved since its implementation; and
(b) the number of attendances and effectiveness of the Elderly Health Care Voucher Scheme, and the manpower and expenditure involved in the past 3 years.

Asked by: Hon CHAN Han-pan (Member Question No. 49)

Reply:

(a) The Outreach Dental Care Programme for the Elderly (ODCP) was implemented in October 2014 to provide free outreach dental services for elders in residential care homes/day care centres and similar facilities. Between October 2014 and January 2016, about 50 800 elders (involving about 63 200 attendances) received annual oral check and dental treatments under the ODCP.

The financial provision was $25.1 million in 2014-15 and $44.5 million in 2015-16 respectively, and six civil service posts have been provided under Head 37 – Department of Health for implementing the ODCP.

(b) Regarding the Elderly Health Care Voucher (EHV) Scheme, the number of voucher claim transactions and the percentage of eligible elders who had made use of vouchers in the past three years are provided as follows:

	2013	**2014**	**2015**
Number of voucher claim transactions	1 470 439	2 221 547	2 709 040 Note 1

	2013	2014	2015
Number of elders who had made use of vouchers	488 000	551 000	600 000
Number of eligible elders (i.e. elders aged 70 or above)*	724 000	737 000	760 000
Percentage of eligible elders who had made use of vouchers	67%	75%	79%

Note 1: Including the voucher claim transactions made under the Pilot Scheme for use of EHV at the University of Hong Kong – Shenzhen Hospital, which was launched on 6 October 2015.

*Source: Hong Kong Population Projections 2012 - 2041 and Hong Kong Population Projections 2015 - 2064, Census and Statistics Department

The EHV Scheme is administered by the Health Care Voucher Unit (HCVU) of the Department of Health (DH). Below are the manpower and expenditure involved in the EHV Scheme in the past three years:

	2012-13	2013-14	2014-15
Approved establishment of HCVU	7	7	14[Note 2]
Actual voucher expenditure (in $ million)	196.0	341.0	682.2
Administrative expenses incurred by DH for administering the EHV Scheme (in $ million)	11.1	10.5	9.9

Note 2: Seven civil service posts were approved in 2014-15 to replace the non-civil service contract staff of the HCVU following the conversion of the EHV Scheme into a regular programme in 2014.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)035

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1505)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
It is mentioned under Programme (1) that the Food and Health Bureau (Health Branch) will prepare for the implementation of the Voluntary Health Insurance Scheme (VHIS). Since the specific proposals of the VHIS are yet to be confirmed, it is anticipated that the VHIS will not be ready for implementation by the end of the current term of the Legislative Council. Will the Government inform this Committee:

a) of the time of the implementation of the VHIS;

b) whether a conclusion regarding the Government's current in-depth study on High Risk Pool (HRP) has been reached and whether the HRP be abandoned; and

c) whether the Government, on account that abandonment of the HRP will reduce the attraction of the VHIS, will consider enhancing the incentives for taking out insurance such as raising the amount allowable for tax deduction?

Asked by: Hon CHAN Kin-por (Member Question No. 8)

Reply:
We are refining the details of the Voluntary Health Insurance Scheme (VHIS) proposals taking into account the views collected during the public consultation and the subsequent discussions with stakeholders. We will publish the relevant consultation report as soon as possible, which will report the consultation outcomes and map out the way forward for the VHIS. Issues pertaining to the operational and technical details of the VHIS, including the applicability of the proposed minimum requirements, the arrangement of the High Risk Pool, and the design of VHIS plans, etc., will be addressed in the consultation report. In the meantime, we will also formulate the detailed arrangements for introducing tax deduction under the VHIS.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)036

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1506)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in Matters Requiring Special Attention in 2016-17 under Programme (1) Health that the Government will prepare for the implementation of the Voluntary Health Insurance Scheme (VHIS). In this connection, will the Government please advise on the current progress, including details of the preparatory work, the estimated expenditure and manpower involved and the work schedule. What will be the expected follow-up upon completion of the preparatory work? What is the timetable of introducing relevant legislation as required in response to the offer of tax concessions?

Asked by: Hon CHAN Kin-por (Member Question No. 12)

Reply:

We are refining the details of the Voluntary Health Insurance Scheme (VHIS) proposals taking into account the views collected during the public consultation and the subsequent discussions with stakeholders. We will publish the relevant consultation report as soon as possible, which will report the consultation outcomes and map out the way forward for the VHIS. In the meantime, we will also formulate the detailed arrangements for introducing tax deduction under the VHIS. Both the expenditure and manpower involved will be absorbed within the existing resources of the Bureau and cannot be separately identified.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)037

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1507)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that to cope with an ageing population, the Government has set aside a dedicated provision of $200 billion for a ten-year hospital development plan to enable the Hospital Authority (HA) to expand and upgrade healthcare facilities in a more flexible and long-term manner. Among others, the development plan will provide 5 000 additional hospital beds, increase the number of operating theatres by 40% and cover the redevelopment and expansion of a number of hospitals. In this connection, will the Government please provide the details of the ten-year hospital development plan, if formulated, including the specific objectives of the plan, details of the estimated expenditure, the manpower involved and the implementation timetable? If the project has just gone through preliminary planning, will the Government allocate more resources to facilitate public understanding of the whole plan and their participation in relevant discussions by means of, for example, conducting seminars and public consultations?

Asked by: Hon CHAN Kin-por (Member Question No. 13)

Reply:

The ten-year hospital development plan (HDP) aims to facilitate the long-term planning and taking forward of major hospital development projects by Hospital Authority (HA) for meeting future service needs arising from the rapidly ageing population. The new arrangement can provide more certainty for resource planning and enables HA to expand and upgrade healthcare facilities in a more flexible and long-term manner with a view to ensuring the timely commencement, progression and completion of the hospital development projects.

In addition to the redevelopment projects of the Kwong Wah Hospital (KWH), the Queen Mary Hospital (QMH) and the United Christian Hospital (UCH) which have already commenced, the HDP will cover the redevelopment and expansion of a number of hospitals including Kwai Chung Hospital, Prince of Wales Hospital, Haven of Hope Hospital (HHH), Our Lady of Maryknoll Hospital, Operating Theatre Block of Tuen Mun Hospital (TMH), North District Hospital, Lai King Building of Princess Margaret Hospital and Grantham Hospital as well as the construction of a new acute hospital at Kai Tak Development Area.

HA and Architectural Services Department are conducting planning and preparatory works, such as ground investigations, technical assessments and detailed design works. Upon completion of the concerned works, HA will be able to formulate a more concrete timetable for the projects. Subject to FC funding approval, all these projects are targeted for completion by or before 2026.

HA values relevant stakeholders' as well as local communities' views in the planning of healthcare facilities and services. HA will continue with the adopted practice of engaging key stakeholders, including hospital staff, patient groups and community partners, etc. to collect their views and feedback in the planning process for projects under HDP. Respective District Councils will also be consulted to take on local communities' views and comments.

The detailed operational arrangements, such as the distribution of beds by specialty and the resource implications, including the financial and manpower requirements, will be worked out at a later stage when the detailed design and commissioning plans for respective hospitals are finalised. In general, a phased implementation approach for service commissioning of hospital development projects will be adopted to cater for the prevailing service needs of the community. HA will continue to closely monitor the manpower situation, assess its manpower requirements, make appropriate arrangements in manpower planning, flexibly deploy its staff and recruit additional staff to ensure that the service and operational needs in relation to the projects under the HDP are met.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1508)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that to cope with an ageing population, the Government has set aside a dedicated provision of $200 billion for a ten-year hospital development plan to enable the Hospital Authority (HA) to expand and upgrade healthcare facilities in a more flexible and long-term manner. In addition, as stated in Matters Requiring Special Attention in 2016-17 under Programme (1) Health, the Government will facilitate healthcare service development, including encouraging private hospital development and revamping private healthcare facilities regulatory regime. The Government has all along adopted a dual-track approach in healthcare service development encompassing public and private sectors. Having set aside a dedicated provision of $200 billion to support future development of public hospitals, has the Government also earmarked a huge dedicated provision for the development of private healthcare services with a growing demand and the Voluntary Health Insurance Scheme? If yes, what are the details? Please also advise whether the Government knows about the estimated numbers of additional beds to be provided by different private hospitals in the coming year. Does the Government closely monitor the supply of private hospital beds and what measures will be taken to ensure an adequate supply of such beds? Will the Government formulate long-term development objectives for private hospitals with the ten-year development plan for public hospitals mentioned in the Budget Speech as reference?

Asked by: Hon CHAN Kin-por (Member Question No. 14)

Reply:

The healthcare system of Hong Kong runs on an effective dual-track basis encompassing both public and private elements. We will continue to maintain this dual-track system, which has served us well, and ensure that it can develop in a balanced and sustainable manner. The private healthcare sector is an integral part of the dual-track system. Our policy is to, in tandem with the Government's continuous investment in public hospital

development, promote and facilitate private healthcare development to help redress the imbalance between the public and private sectors in hospital services and increase the overall capacity of the healthcare system in Hong Kong to cope with the rising service demand.

For encouraging the development of private hospitals, we support the proposal of the Chinese University of Hong Kong (CUHK) to develop the Chinese University of Hong Kong Medical Centre (CUHKMC). Approval of the Finance Committee of the Legislative Council had been obtained for the provision of a loan of around $4 billion to CUHK for developing this non-profit making private teaching hospital. The Conditions of Grant (Land Lease) will be modified and approved at a nominal premium.

Apart from a new private hospital to be developed at the Wong Chuk Hang site which was awarded through open tender (which will provide 500 beds upon full commissioning) and the Chinese University of Hong Kong Medical Centre (which will provide 516 beds upon full commissioning), a number of existing private hospitals are undergoing or have plans to undergo redevelopment or expansion. It is expected that upon completion of the redevelopment or expansion projects, around 1 300 additional beds will be provided.

To ensure the sustainable development of the dual-track healthcare system comprising both public and private sectors, we will consider proposals by private organisations, including non-profit making charitable organisations, for developing private hospitals on an individual basis. We will assess the needs of the community in formulating the overall direction of the development of private hospitals.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)039

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2491)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary stated that in the coming decade the specialist outpatient service capacity of the Hospital Authority (HA) will increase substantially to 10 million attendances a year. Please advise on:

1. the estimated increase in the psychiatric service capacity in the coming 5 years (2016 to 2020). Please provide a breakdown by year and hospital.

2. the number of additional psychiatric doctors, nurses, occupational therapists, case managers and other professionals to cope with the estimated increase in the psychiatric service capacity in the coming 5 years (2016 to 2020). Please provide a breakdown by year and type of professional.

3. whether the HA will introduce evening or holiday psychiatric outpatient services in addition to the specialist outpatient services provided at psychiatric day hospitals to facilitate follow-up attendances - such services will help alleviate the impact of follow-up attendances on working ex-mental patients; ex-mental patients will be allowed to rejoin the workforce and reintegrate into society without worries of being rejected or excluded by their employers and coworkers. If yes, what are the details of implementation? If not, what are the reasons?

4. the additional expenditure to be incurred if evening and holiday psychiatric outpatient services are to be introduced.

Asked by: Hon CHEUNG Kwok-che (Member Question No. 45)

Reply:

(1) and (2)

The Hospital Authority (HA) delivers mental health services using an integrated and multi-disciplinary approach to provide comprehensive and continuous medical support to psychiatric patients, including in-patient care, specialist out-patient services, day hospital training and community support services, depending on the severity of the patient's condition. For psychiatric specialist out-patient clinics (SOPCs), the numbers of attendances in the past 3 years in each cluster are set out in the table below. With reference to the past trend, it is estimated that there will be about 1-3% increase in attendances of psychiatric SOPCs in HA each year.

Cluster	**2013-14[1]**	**2014-15[1]**	**2015-16[1,3] (up to 31 December 2015) [provisional figures]**
HKEC	80 800	82 000	61 400
HKWC	60 100	60 400	47 000
KCC	65 600	66 300	50 500
KEC	92 100	94 400	74 100
KWC	223 300	222 900	175 000
NTEC	126 900	127 500	100 900
NTWC	142 400	142 600	109 000
Overall[2]	**791 200**	**796 100**	**617 900**

Notes:

1. Figures are rounded to the nearest hundred.
2. Individual figures may not add up to the total due to rounding.
3. Starting from 2015-16, specialist outpatient (clinical) attendances also include attendances from nurse clinics in specialist outpatient setting for the psychiatry specialty.

To meet the increasing demand, HA will further enhance its psychiatric specialist outpatient services in 2016-17 with details as below:

i. Expanding child and adolescent psychiatric services in the Hong Kong West Cluster and the New Territories West Cluster. It is estimated that 2 additional doctors, 4 nurses, 2 occupational therapists and 2 clinical psychologists will be required to enhance the services.

ii. Strengthening the psychiatric specialist outpatient services in the Kowloon East Cluster. It is estimated that 2 additional doctors, 3 nurses, 2 occupational therapists and 1 clinical psychologist will be required to provide support for patients with common mental disorders.

iii. Establishing a centralised psychiatric gender identity disorder service in the New Territories East Cluster. It is estimated that 1 doctor, 2 nurses, 1 occupational therapist and 1 clinical psychologist will be required.

(3) and (4)

HA provides multi-disciplinary services to mental patients according to their clinical needs. Chronic patients requiring follow-up consultation will be assigned a visiting time slot after each appointment. As SOPCs are not intended for provision of emergency services, patients in need should go to the accident and emergency departments of hospitals where the necessary staffing, equipment and ancillary facilities are in place for appropriate treatment and comprehensive care. To ensure efficient use of SOPC resources and having regard to manpower availability, HA at present has no plan to provide psychiatric specialist out-patient services at night or on public holidays. HA has nevertheless set up designated depot clinics in all the 7 clusters to provide depot injection treatment during non-office hours to facilitate patients in need.

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

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2492)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

The continuous increase in the number of persons seeking psychiatric treatment from the Hospital Authority (HA) in recent years has put the healthcare manpower and community rehabilitation services under great pressure. The HA has to allocate additional resources to cope with the situation. Please list:

1. by year the amount of funding allocated or to be allocated to the psychiatric specialty in the HA's estimates from 2015-16 to 2019-20;

2. by age group the number of psychiatric patients treated and the number of patients diagnosed with severe mental illness (SMI) in each hospital cluster under the HA in 2013-14, 2014-15 and 2015-16; and

3. by type of mental disorder and age group (under 18, 18-64 and 65 or above) the number of psychiatric patients treated in the psychiatric specialty of the HA in 2013-14, 2014-15 and 2015-16.

Asked by: Hon CHEUNG Kwok-che (Member Question No. 47)

Reply:

(1)

The revised estimate on the costs for providing psychiatric services in the Hospital Authority (HA) in 2015-16 is $4,372 million. In 2016-17, HA has earmarked an additional funding of around $60 million to further enhance its psychiatric services. The allocation for psychiatric services from 2017-18 onwards is being worked out and hence not yet available.

(2) & (3)

The table below sets out the number of psychiatric patients treated by cluster and by age group in the past 3 years:

No. of psychiatric patients[1]		**HKEC**	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**Total** [3]
2013-14	Age 0-17	100	4 200	200	3 500	6 800	5 300	4 200	24 100
	Aged 18-64	14 100	10 400	12 200	19 600	38 300	24 700	23 800	139 100
	Aged 65+	5 300	3 300	4 600	5 400	14 200	7 000	5 700	44 900
	Total [2]	19 500	17 900	17 000	28 600	59 300	37 100	33 700	**208 100**
2014-15	Age 0-17	100	4 400	200	3 900	8 000	5 800	4 200	26 500
	Aged 18-64	14 300	10 600	12 600	20 300	39 600	25 700	24 500	143 700
	Aged 65+	5 700	3 500	4 600	5 600	15 000	7 400	6 100	47 200
	Total [2]	20 100	18 500	17 400	29 900	62 600	38 900	34 800	**217 400**
2015 (January – December) [Provisional figures]	Age 0-17	100	4 600	200	4 200	8 400	6 200	4 200	27 700
	Aged 18-64	14 400	10 800	12 800	20 900	41 200	26 300	25 000	147 500
	Aged 65+	6 200	3 700	4 900	6 000	16 000	8 000	6 500	50 700
	Total [2]	20 700	19 100	17 900	31 100	65 700	40 500	35 700	**225 900**

Notes:

1. Age as at 30 June of the reporting year.
2. Figures are rounded to the nearest hundred. Individual figures may not add up to total due to rounding.
3. Sums of clusters may not add up to total as patients may be treated in more than one cluster.

The table below sets out the number of patients diagnosed with SMI by cluster and by age group in the past 3 years:

No. of patients diagnosed with SMI [1]		**HKEC**	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**Total** [3]
2013-14	Age 0-17	<50	<50	<50	100	100	100	<50	300
	Aged 18-64	2 900	2 700	4 200	5 800	12 300	6 100	7 100	39 400
	Aged 65+	600	400	700	1 000	2 300	800	1 100	6 700
	Total [2]	3 400	3 200	4 900	6 800	14 800	7 000	8 200	**46 500**
2014-15	Age 0-17	<50	<50	<50	100	100	100	<50	300
	Aged 18-64	2 900	2 700	4 200	5 900	12 600	6 100	7 200	39 900
	Aged 65+	600	500	700	1 000	2 500	900	1 100	7 200
	Total [2]	3 500	3 200	5 000	7 000	15 300	7 100	8 300	**47 500**
2015 (January – December) [Provisional figures]	Age 0-17	<50	<50	<50	100	100	<50	<50	300
	Aged 18-64	2 800	2 700	4 100	6 000	12 700	6 200	7 100	39 900
	Aged 65+	600	500	800	1 100	2 700	1 000	1 200	7 800
	Total [2]	3 500	3 200	4 900	7 200	15 500	7 200	8 400	**48 000**

Notes:

1. Age as at 30 June of the reporting year.

2. Figures are rounded to the nearest hundred. Individual figures may not add up to total due to rounding.
3. Sums of clusters may not add up to total as patients may be treated in more than one cluster.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2494)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary stated that the Government has set aside a dedicated provision of $200 billion for a ten-year hospital development plan to enable long-term planning by the Hospital Authority. Please advise on:

1. the estimated increase in the capacity of community psychiatric nursing services, community psychiatric services and community psychogeriatric services in the coming 5 years (2016-2020), and the number of additional psychiatric doctors, nurses, case managers and other professionals required. Please provide a breakdown of manpower by year and type of professional for the 3 types of services mentioned above.

2. the estimated increase in the capacity of each type of service in the coming 5 years (2016-2020). Please provide a breakdown of capacity by year for the 3 types of services mentioned above.

Asked by: Hon CHEUNG Kwok-che (Member Question No. 53)

Reply:

(1) & (2)

In 2015-16 (up to 31 December 2015, provisional figure), the number of attendances for community psychiatric services and the number of attendances for community psychogeriatric services in the Hospital Authority (HA) are 211 660 and 73 750 respectively.

For community psychiatric services, HA launched the Case Management Programme (the Programme) in 3 districts (Kwai Tsing, Kwun Tong and Yuen Long) to provide intensive, continuous and personalised support for patients with severe mental illness (SMI) in 2010-11. In 2014-15, the Programme has been extended to cover all the 18 districts in Hong Kong. As at 31 December 2015, HA has recruited a total of 317 case managers to provide personalised and intensive community support to patients with SMI under the Programme. Ongoing recruitment exercise is in progress for filling the vacancies. HA plans to recruit a total of 340 case managers with a view to enhancing community support for 17 000 patients in all the 18 districts.

In 2016-17, HA will further enhance the peer support element into the Programme. It is estimated that 5 additional peer support workers (1 in the Hong Kong East Cluster, Hong Kong West Cluster and Kowloon East Cluster respectively and 2 in the New Territories East Cluster) will be required.

HA provides psychogeriatric outreach services to elderly patients residing in the old age homes through its psychogeriatric teams (PGTs). Services provided include formulation of treatment plans, monitoring of patients' recovery and the follow-up consultations. HA also provides relevant training to staff of residential care homes for the elderly (RCHEs) to equip them with necessary skills to provide better caring services to patients. At present, HA's PGTs cover most of the subvented RCHEs and over 200 private RCHEs in the territory. The service volume during the past few years remains steady.

As the demand on community psychiatric services and psychogeriatric outreach services are multi-factorial including population growth, demographic changes, advancement of medical technology, manpower availability as well as availability of other social and community services, estimated increase in the capacity of community psychiatric services and community psychogeriatric services in the coming 5 years is not available.

HA will continue to assess regularly its manpower requirements and review its service provision to ensure that its service can meet the needs of the patients.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)042

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2495)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
The Financial Secretary has stated that the Government had set aside a dedicated provision of $200 billion for a ten-year hospital development plan to enable the Hospital Authority (HA) to expand and upgrade healthcare facilities. Please list:
1. by year the estimated number of professionals including doctors, nurses, occupational therapists, physiotherapists and medical social workers to be increased in the HA to meet development needs in the coming 5 years (2016-2020);
2. by year and hospital the estimated number of hospital beds to be increased to serve the public in the coming 5 years (2016-2020); and
3. by year and hospital the estimated service capacity of "general out-patient" and "specialist out-patient" services to be increased in the coming 5 years (2016-2020).

Asked by: Hon CHEUNG Kwok-che (Member Question No. 62)

Reply:

The ten-year hospital development plan (HDP) of the Hospital Authority (HA) will provide a total of around 5 000 additional beds and other additional hospital facilities. HA and relevant government departments are conducting planning and preparatory works for the HDP projects, such as ground investigations, technical assessments and detailed design works. Upon completion of the concerned works, HA will be able to formulate a more concrete implementation timetable for individual project under the HDP.

The detailed operational arrangements, such as the resource implications, including the financial and manpower requirements, will be worked out at a later stage when the detailed design and commissioning plans are finalised. In general, a phased implementation approach for service commissioning of hospital development projects will be adopted to cater for the prevailing service needs of the community.

HA will continue to closely monitor the manpower situation, assess its manpower requirements, make appropriate arrangements in manpower planning, flexibly deploy its staff and recruit additional staff to ensure that the service and operational needs in relation to the above projects are met.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2496)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary has stated that the Government would allocate funds to the Hospital Authority (HA) to set up an endowment fund to generate investment returns for enhancing public-private partnership programmes. Please advise on the following:
1. The HA generates investment returns for enhancing public-private partnership programmes through an endowment fund to alleviate pressure on the public healthcare system. What are the treatment services offered, specific details and initiatives under this project?
2. What are the estimated cost for implementing this project and estimated number of service users in each of the coming 5 years (2016 to 2020)?
3. How will the implementation of this project shorten the waiting time of general and specialist out-patient services of the HA?

Asked by: Hon CHEUNG Kwok-che (Member Question No. 64)

Reply:

1. The allocation of $10 billion to the Hospital Authority (HA) for setting up an endowment fund, namely the HA Public-Private Partnership (PPP) Fund, aims to generate investment returns for regularising and enhancing existing clinical PPP programmes, as well as developing new clinical PPP initiatives in the future.

In line with the Government's healthcare reform proposals, HA has launched a variety of clinical PPP initiatives since 2008, including :

(1) Cataract Surgeries Programme (CSP) (launched in 2008)

This Programme aims to address service demand and improve access of HA patients to cataract surgeries through a PPP delivery model. Patients on HA clusters' routine cataract

surgery waiting lists for a specified period are invited to undertake surgeries in the private sector on a voluntary basis with a fixed government subsidy.

(2) Tin Shui Wai Primary Care Partnership Project (TSW PPP) (launched in 2008)

This Programme is a pilot PPP model for the delivery of primary care service and promotion of the family doctor concept in the community. The Programme purchases primary care services from private medical practitioners in the TSW district.

(3) Haemodialysis Public-Private Partnership Programme (HD PPP) (launched in 2010)

Clinically suitable end stage renal disease patients are invited to join the Programme voluntarily. Recruited patients may receive HD treatment in one of the partner community HD centres of their choice. The HD services are procured from 6 qualified community HD centres.

(4) Patient Empowerment Programme (PEP) (launched in 2010)

Suitable primary care chronic disease patients, mainly suffering from diabetes and hypertension, are referred by the HA to attend empowerment sessions. The empowerment sessions are procured from 3 non-governmental organisations in the community.

(5) Pilot Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (Radi Collaboration) (launched in 2012)

This Pilot Project aims at exploring a new operation model to cope with the increasing demand for cancer radiological investigation services through purchase of Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) services from the private sector. Subject to clinical eligibility screening, patients from selected cancer groups that are in need of CT/MRI examinations for sequential clinical management are invited to join the Pilot Project.

(6) General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP) (launched in 2014)

The GOPC PPP Programme was launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts on a pilot basis in mid-2014. Clinically stable patients having hypertension with or without hyperlipidemia, and later diabetes mellitus patients, currently taken care of by HA GOPCs have been invited for voluntary participation. All private doctors practising in these 3 districts are welcome to participate in this Programme.

Each participating patient will receive up to 10 subsidised visits per year, including medical consultations covering both chronic and acute care; drugs for treating their chronic conditions and episodic illnesses to be received directly from private doctors at their clinics; and investigation services provided by HA as specified through private doctors' referral.

A roll-out plan for the Programme has been mapped out having considered the Government commitment, the initial positive feedback from the medical professional bodies, patients, private doctors, and staff as well as the community call for extension of the GOPC PPP to

other districts. It is anticipated that the Programme will be extended to the remaining 15 districts of Hong Kong in 3 years, starting from 2016-17. The proposed roll-out plan is outlined as follows :

District	**2016-17**	**2017-18**	**2018-19**	**Cluster Applicable**
Central and Western		✓		HKWC
Eastern	✓			HKEC
Southern	✓			HKWC / HKEC
Wan Chai	✓			HKEC
Kowloon City	✓			KCC
Sham Shui Po	✓			KWC
Yau Tsim Mong			✓	KWC / KCC
Islands		✓		KWC / HKEC
Kwai Tsing	✓			KWC
North			✓	NTEC
Sai Kung	✓			KEC
Sha Tin	✓			NTEC
Tai Po		✓		NTEC
Tsuen Wan		✓		KWC
Yuen Long	✓			NTWC

In addition to the above existing programmes, 2 new PPP programmes are under planning :

(1) The Infirmary Service PPP Programme aims to enhance the choices of infirmary care services for patients on the Central Infirmary Waiting List managed by HA. 64 beds will be provided under this Programme.

(2) Dovetailing with the Government's Colorectal Cancer Screening Pilot Programme, a Colonoscopy PPP Programme will be launched by HA to offer more choices to patients within the programme's clinical criteria.

In addition to the above programmes, new PPP initiatives to meet the emerging healthcare needs of the public and redress the imbalance between public and private healthcare services will continue to be explored.

2. The estimated expenditure of the clinical PPP initiatives in 2016-17 is as follows :

	2016-17 Estimated Annual Expenditure (in $ million)
GOPC PPP and its expansion	58

Other existing PPP programmes and enhancements	123
New initiatives and development	43
Technology and administration	15
Total:	239

The implementation progress of the existing PPP programmes in terms of estimated number of users are outlined below.

Programmes	**Projected Progress in 2016-17**
GOPC PPP* (N1)	10 000
Other Existing Programmes	
TSW PPP (N1)	1 618
HD PPP (N2)	204
CSP (N3)	17 699
PEP (N1)	112 031
Radi Collaboration (N4)	40 721

* Patient invitation starting July 2014
N1: Cumulative number of patients
N2: Cumulative capacity
N3: Cumulative number of surgeries
N4: Cumulative number of scans

3. Upon implementation of these clinical PPP programmes, relevant capacities vacated could be utilised by other patients in need. This would help HA cope with the demand for relevant clinical services. HA will continue to closely monitor the demand for and utilisation of clinical services so as to map out appropriate measures to better serve the community.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3198)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

On psychiatric specialist services provided by the Hospital Authority, please inform this Committee of the number of dementia patients who received psychiatric specialist services, number of first attendances in psychiatric specialist out-patient clinics (SOPCs) for psychogeriatric patients, number of patients followed up by psychogeriatric outreaching teams and median waiting time for psychogeriatric services in the past 4 years.

	Number of dementia patients	**Number of first attendances in psychiatric SOPCs for psychogeriatric patients**	**Number of patients followed up by psychogeriatric outreaching teams**	**Median waiting time for psychogeriatric services**
2012-13				
2013-14				
2014-15				
2015-16				

Asked by: Hon CHEUNG Kwok-che (Member Question No. 33)

Reply:

The table below sets out the number of dementia patients who have received psychiatric specialist services, the number of first attendances in psychiatric specialist outpatient clinics (SOPCs) for psychogeriatric patients, the number of total attendances for the psychogeriatric outreach services and the median waiting time of psychiatric SOPCs for psychogeriatric services in the Hospital Authority (HA) in the past 4 years.

	2012-13	2013-14	2014-15	2015-16 (up to 31 December 2015) [Provisional figures]
Number of dementia patients[1, 2]	11 380	11 900	11 860	12 000 (January – December 2015)
Number of first attendances in psychiatric SOPCs for psychogeriatric patients[2]	4 990	5 090	4 670	3 800[3]
Number of total attendances for the psychogeriatric outreach services[2]	96 440	98 000	95 220	73 750
Median waiting time of psychiatric SOPCs for psychogeriatric services (weeks)	7	8	14	11

Notes:

1. Referred to patients who have ever been diagnosed with dementia under the psychiatric specialty in HA.
2. Figures are rounded to the nearest ten.
3. Starting from 2015-16, specialist outpatient (SOP) (clinical) attendances also include attendances from nurse clinics in the SOP setting for the psychiatry specialty.

HA does not maintain statistics on the number of patients followed up by the psychogeriatric outreaching teams.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2840)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

1. Please advise on the average, longest and shortest waiting time of child and adolescent psychiatric services for Priority 1, Priority 2 and Routine new cases in each hospital cluster in the past 4 years.

2. Please advise on the number of attendances and the number of patients on the waiting list of child and adolescent psychiatric services in each hospital cluster in the past 4 years.

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 529)

Reply:

(1) The Hospital Authority (HA) has put in place a triage system to ensure that patients with urgent conditions requiring early intervention are treated with priority.

The table below sets out the median waiting time of child and adolescent (C&A) psychiatric new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases in each cluster in the past 4 years from 2012-13 to 2015-16 (up to 31 December 2015).

Cluster	Median waiting time (weeks) of new cases at C&A Psychiatric Specialist Outpatient (SOP) Clinics											
	2012-13			2013-14			2014-15			2015-16 (up to 31 December 2015) [Provisional figures]		
	Priority 1	Priority 2	Routine	Priority 1	Priority 2	Routine	Priority 1	Priority 2	Routine	Priority 1	Priority 2	Routine
HKEC[1]	1	3	18	1	2	31	<1	2	70	2	4	100
HKWC[1]												
KCC[2]	1	2	51	<1	2	59	1	3	40	1	5	44
KWC[2]												
KEC	<1	3	52	<1	2	62	1	3	73	1	5	74
NTEC	<1	4	29	<1	3	57	1	5	49	1	5	80
NTWC	1	3	12	1	4	28	<1	4	62	N/A	1	88
Overall	**<1**	**3**	**23**	**<1**	**3**	**42**	**1**	**4**	**56**	**1**	**4**	**66**

The table below sets out the 90th percentile waiting time of C&A psychiatric new cases in each cluster in the past 4 years from 2012-13 to 2015-16 (up to 31 December 2015).

Cluster	2012-13	2013-14	2014-15	2015-16 (up to 31 December 2015) [Provisional figures]
HKEC[1]	75	100	129	172
HKWC[1]				
KCC[2]	89	96	72	72
KWC[2]				
KEC	82	93	99	99
NTEC	101	113	123	120
NTWC	23	50	80	105
Overall	**86**	**97**	**99**	**122**

(2) The table below sets out the number of C&A psychiatric patients treated and number of C&A psychiatric SOP new case bookings in each cluster in the past 4 years. The number of patients on the waiting list of C&A psychiatric SOP clinics is not available.

Cluster	2012-13		2013-14		2014-15		2015-16 (up to 31 December 2015) [Provisional figures]	
	No. of C&A psychiatric patients[3,4]	Number of new cases[4]	No. of C&A psychiatric patients[3,4]	Number of new cases[4]	No. of C&A psychiatric patients[3,4]	Number of new cases[4]	No. of C&A psychiatric patients[3,4] (2015 January - December) [provisional figures]	Number of new cases[4]
HKEC[1] / **HKWC**[1]	3 900	1 650	4 250	1 800	4 450	1 830	4 610	2 280
KCC[2] / **KWC**[2]	6 170	4 550	6 990	4 090	8 180	4 050	8 620	3 040
KEC	3 160	1 610	3 540	1 720	3 920	1 790	4 190	1 490
NTEC	4 820	1 430	5 340	1 650	5 840	2 340	6 210	1 740
NTWC	3 960	1 640	4 170	1 890	4 210	1 910	4 230	1 310
Overall[5,6]	**21 870**	**10 870**	**24 150**	**11 150**	**26 470**	**11 910**	**27 740**	**9 860**

Notes:

1. The majority of the C&A psychiatric services in HKEC is supported by the C&A psychiatric specialist team of HKWC.
2. The majority of the C&A psychiatric services in KCC is supported by the C&A psychiatric specialist team of KWC.
3. Referred to those patients with age <18 as at 30 June of the reporting year.
4. Figures are rounded to the nearest ten.
5. Individual figures may not add up to total due to rounding.
6. Sums of clusters may not add up to total as a patient may be treated in more than one cluster.

Abbreviations

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

N/A – Not applicable

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2862)

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

Subhead (No. & title): ( )

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

1. What are the total numbers of qualified practicing physiotherapists, occupational therapists, speech therapists, prosthetists-orthotists, nurses and doctors in Hong Kong in the past 4 years?

2. How many of them are respectively practicing at non-subvented service centres, subvented residential care homes for the elderly, subvented residential care homes for persons with disabilities, public hospitals and schools in Hong Kong?

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 152)

Reply:

1. At present, healthcare professionals from 13 healthcare disciplines are subject to statutory regulation, viz. medical practitioners, dentists, dental hygienists, nurses, midwives, Chinese medicine practitioners, pharmacists, chiropractors, medical laboratory technologists, occupational therapists, optometrists, physiotherapists and radiographers. The table below sets out the number of registered physiotherapists, occupational therapists, nurses and medical practitioners in the past 4 years –

Profession	Registration Type	Position as at 31 December			
		2012	2013	2014	2015
Physiotherapist		2 428	2 523	2 624	2 762
Occupational Therapist		1 517	1 580	1 677	1 783
Nurse	Registered Nurse	32 831	34 597	35 821	37 670
	Enrolled Nurse	10 867	11 249	12 226	12 791
Medical Practitioner	Full Registration	13 006	13 203	13 417	13 726
	Limited Registration	175	166	146	150
	Provisional Registration	275	299	398	382

We do not have information on the official number of speech therapists and prosthetist/orthotists in Hong Kong as they are not subject to statutory registration.

2. The Department of Health conducts Health Manpower Surveys (HMS) on a regular basis to obtain up-to-date information on the characteristics and employment status of healthcare personnel practising in Hong Kong. According to the 2012 - 2014 HMS, the estimated distribution of healthcare personnel who were practising in the respective local healthcare professions among different service sectors is set out in the following table –

Survey Year	Healthcare Personnel	Number of Healthcare Personnel❖	Service Sector				
			Hospital Authority	Government	Subvented Sector	Academic Sector	Private Sector
2012	Enrolled Nurse	10 326+	43.4%	7.2%	21.3%	0.4%	27.8%
2012	Doctors	12 176†	42.0%	6.0%	0.6%	2.8%	48.5%
2013	Registered Nurse	34 510+	68.5%	7.3%	4.4%	2.9%	16.9%
2014	Occupational Therapist	1 608§	49.8%	2.8%	32.0%	4.9%	10.5%
2014	Physiotherapist	2 538§	38.5%	1.3%	15.9%	3.4%	40.8%
2014	Prosthetist / Orthotist	165*	76.4%	-	0.6%	1.2%	21.8%
2014	Speech Therapist	641*	12.8%	3.4%	40.4%	8.0%	35.4%

Notes：

❖ To tally with the HMS, the number of healthcare personnel is provided as at the respective reference date of the survey. For health professionals who are subject to statutory registration, figures refer to the number of registrants provided by relevant statutory boards/councils. For healthcare professionals who are not subject to statutory registration, figures refer to the number of healthcare personnel employed by the surveyed institutions.

\+ Figures refer to the number of nursing personnel registered / enrolled with the Nursing Council of Hong Kong under the Nurses Registration Ordinance (Chapter 164) as at the 31st August of the respective survey years.

† Figure refers to the number of doctors fully registered with the Medical Council of Hong Kong on the resident list under the Medical Registration Ordinance (Chapter 161) as at 31st August of the survey year.

§ Figures refer to the number of healthcare professions registered with the respective boards under the Supplementary Medical Professions Ordinance (Chapter 359) as at 31st March of the survey year.

* Figures refer to the number of healthcare personnel who were employed by the surveyed institutions as at 31st March of the survey year.

There may be slight discrepancy between the sum of individual items and the total due to rounding.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)047

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2689)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the actual, revised and estimated expenditures on dementia treatment, publicity and education by the Hospital Authority for 2014-15, 2015-16 and 2016-17.

Asked by: Dr Hon Helena WONG Pik-wan (Member Question No. 52)

Reply:

The Hospital Authority (HA) provides a spectrum of medical services for patients with dementia, including in-patient, specialist out-patient, day hospital and community outreach services, using an integrated and multidisciplinary approach involving doctors, nurses and other healthcare professionals. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements.

Depending on the severity of the condition, patients with dementia may be referred to relevant clinical teams such as the geriatric team or psychogeriatric team as appropriate. As healthcare professionals supporting dementia services also provide support for a variety of clinical services for different groups of patients, HA does not have the requested breakdown on the expenditure for supporting dementia services only.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0288)

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

Subhead (No. & title): (-) Not specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
It is mentioned in the Budget Speech that the Government has set aside a dedicated provision of $200 billion for a 10-year hospital development plan to enable the Hospital Authority (HA) to expand and upgrade healthcare facilities in a more flexible and long-term manner. The plan involves providing 5 000 additional hospital beds and increasing the number of operating theatres to 320. In this connection, would the Government please provide:

1. A breakdown of the locations of the 5 000 additional hospital beds by district and hospital. What is the estimated expenditure involved?

2. A breakdown of the locations of the additional operating theatres that will make up the 320 operating theatres by district and hospital. What is the estimated expenditure involved?

Asked by: Hon Jeffrey LAM Kin-fung (Member Question No. 38)

Reply:
This question is related to the Capital Works Reserve Fund. According to Rule 49 of the Finance Committee Procedures, special meetings of the Finance Committee are convened to examine the annual Estimates of Expenditure prepared by the Government in support of the Appropriation Bill. Expenditure charged to the Capital Works Reserve Fund do not form part of the Appropriation Bill. As such, questions relating to expenditure under the Fund are **not** relevant to the examination of the Estimates of Expenditure or the Appropriation Bill.

The following table sets out the estimated number of additional beds and operating theatres of the projects by cluster under the ten-year hospital development plan (HDP). The estimated project costs will be within the Government's dedicated provision of $200 billion for the HDP.

Cluster	Proposed projects	Estimated no. of additional beds [2]	Estimated no. of additional operating theatres [2]
Hong Kong West	Redevelopment of Grantham Hospital, phase 1	-	3
	Redevelopment of Queen Mary Hospital (Phase 1) - main works	-	14
	Sub-total	***-***	***17***
New Kowloon Central [1]	Redevelopment of Our Lady of Maryknoll Hospital	16	-
	New Acute Hospital (NAH) at Kai Tak Development Area (Phase 1)	2 400	37
	NAH at Kai Tak Development Area (Phase 2)		
	Redevelopment of Kwong Wah Hospital - main works	350	10
	Sub-total	***2 766***	***47***
Kowloon East	Expansion of Haven of Hope Hospital	160	-
	Expansion of United Christian Hospital - main works (superstructure and remaining works)	560	5
	Sub-total	***720***	***5***
New Kowloon West [1]	Redevelopment of Kwai Chung Hospital (Phase 1)	-	-
	Expansion of Lai King Building in Princess Margaret Hospital	400	-
	Redevelopment of Kwai Chung Hospital (Phases 2 & 3)	80	-
	Sub-total	***480***	***-***
New Territories East	Redevelopment of Prince of Wales Hospital (Phase 2) (stage 1)	450	16
	Expansion of North District Hospital	600	-
	Sub-total	***1 050***	***16***
New Territories West	Extension of Operating Theatre Block for Tuen Mun Hospital	-	9
	Sub-total	***-***	***9***
	HA's Total	***5 016***	***94***

[1] According to the recommendations of the Steering Committee on Review of the Hospital Authority, the Wong Tai Sin district and Mongkok area (Kwong Wah Hospital, Wong Tai Sin Hospital and Our Lady of Maryknoll Hospital), which are originally served by Kowloon West Cluster, will be re-grouped to Kowloon Central Cluster.

[2] Actual deliverables of individual projects may be adjusted in the future subject to detailed planning and design.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)049

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0289)

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

Subhead (No. & title): ( )

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget that the Government has set aside a dedicated provision of $200 billion for a ten-year hospital development plan to enable the Hospital Authority to expand and upgrade healthcare facilities in a more flexible and long-term manner. This include setting up community health centres in Mong Kok, Shek Kip Mei and North District, and providing additional services for 410 000 attendances at the general outpatient clinics each year. In this regard, please provide the following information:

1. The expenditure involved in the community health centres in Mong Kok, Shek Kip Mei and North District, their service targets and expected commissioning dates.

2. The expenditure involved in providing additional services for 410 000 attendances at the general outpatient clinics each year; and the districts in which additional services will be provided.

Asked by: Hon Jeffrey LAM Kin-fung (Member Question No. 39)

Reply:
According to Rule 49 of the Finance Committee Procedures, special meetings of the Finance Committee are convened to examine the annual Estimates of Expenditure prepared by the Government in support of the Appropriation Bill.

Expenditure charged to the Capital Works Reserve Fund do **not** form part of the Appropriation Bill. As such, questions relating to expenditure under the Fund are **not** relevant to the examination of the Estimates of Expenditure or the Appropriation Bill.

(1) & (2)

The service of general out-patient clinics and community health centres (CHCs) under the Hospital Authority (HA) is primarily targeted at serving the elderly, the low-income group and the chronically ill. In planning for the provision of public primary care services, the Government will develop CHCs in Mong Kok, Shek Kip Mei and North District, through which additional services for 410 000 attendances will be provided each year. The estimated project costs are within the dedicated provision of $200 billion for the ten-year hospital development plan. As the projects are currently at the initial planning stage, their target timelines for service commencement are subject to detailed planning and design. HA will work out the detailed operational arrangements and resource requirements at a later stage when the respective commissioning plans are available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0553)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

The Government has set aside $200 billion for the ten-year hospital development plan of the Hospital Authority. Please set out the details, expenditure and additional manpower involved in the projects each year by hospital cluster.

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 1)

Reply:

The following table sets out the estimated number of additional beds and operating theatres, and the estimated annual capacity of specialist outpatient clinic and general outpatient clinic attendances by hospital cluster to be provided under the ten-year hospital development plan (HDP) of the Hospital Authority (HA).

Hospital Cluster	**Proposed projects**	**Estimated Additional Provision[1]**			
		beds	**operating theatres**	**annual capacity of specialist outpatient clinic attendances**	**annual capacity of general outpatient clinic attendances**
Hong Kong West	Redevelopment of Grantham Hospital, phase 1	-	3	-	-
	Redevelopment of Queen Mary Hospital (Phase 1) - main works	-	14	-	-
Sub-total of the Hong Kong West Cluster		-	***17***	-	-

Hospital Cluster	Proposed projects	Estimated Additional Provision[1]			
		beds	**operating theatres**	**annual capacity of specialist outpatient clinic attendances**	**annual capacity of general outpatient clinic attendances**
New Kowloon Central[2]	Redevelopment of Our Lady of Maryknoll Hospital	16	-	75 900	20 800
	New Acute Hospital (NAH) at Kai Tak Development Area (Phase 1)	2 400	37	1 410 000	-
	NAH at Kai Tak Development Area (Phase 2)				
	Redevelopment of Kwong Wah Hospital - main works	350	10	255 600	-
	Community Health Centre (CHC) at ex-Mong Kok Market site	-	-	-	88 000
	Sub-total	***2 766***	***47***	***1 741 500***	***108 800***
Kowloon East	Expansion of Haven of Hope Hospital	160	-	-	-
	Expansion of United Christian Hospital - main works (superstructure and remaining works)	560	5	681 800	-
	Sub-total	***720***	***5***	***681 800***	-
New Kowloon West[2]	Redevelopment of Kwai Chung Hospital (Phase 1)	80	-	254 500	-
	Redevelopment of Kwai Chung Hospital (Phases 2 & 3)				
	Expansion of Lai King Building in Princess Margaret Hospital	400	-	-	-
	CHC in Shek Kip Mei	-	-	-	154 000
	Sub-total	***480***	***-***	***254 500***	***154 000***
New Territories East	Redevelopment of Prince of Wales Hospital (Phase 2) (stage 1)	450	16	-	-
	Expansion of North District Hospital	600	-	180 000	-
	Development of a CHC in North District	-	-	-	176 000

Hospital Cluster	Proposed projects	Estimated Additional Provision[1]			
		beds	operating theatres	annual capacity of specialist outpatient clinic attendances	annual capacity of general outpatient clinic attendances
	Sub-total	***1 050***	***16***	***180 000***	***176 000***
New Territories West	Extension of Operating Theatre Block for Tuen Mun Hospital	-	9	-	-
	Hospital Authority Supporting Services Centre at Tin Shui Wai	-	-	-	-
	Sub-total	**-**	***9***	**-**	**-**
	HA's Total	***5 016***	***94***	***2 857 800***	***438 800***

Notes:

1. Actual deliverables of individual projects may be adjusted in the future subject to detailed planning and design.

2. According to the recommendations of the Steering Committee on Review of HA, the Wong Tai Sin district and Mong Kok area (Kwong Wah Hospital, Wong Tai Sin Hospital and Our Lady of Maryknoll Hospital), which are originally served by Kowloon West Cluster, will be re-grouped to Kowloon Central Cluster.

The Hospital Authority (HA) and Architectural Services Department are conducting planning and preparatory works for the above projects, such as ground investigations, technical assessments and detailed design works. Upon completion of the concerned works, HA will be able formulate a more concrete timetable and cost estimate for individual projects under the HDP.

The detailed operational arrangements for individual HDP projects, such as the distribution of beds by specialty and the resource implications, including the financial and manpower requirements, will be worked out at a later stage when the detailed design and commissioning plans are finalised. In general, a phased implementation approach for service commissioning of hospital development projects will be adopted to cater for prevailing service needs of the community. HA will continue to closely monitor the manpower situation, flexibly deploy its staff and recruit additional staff to ensure that the service and operational needs in relation to the projects under the HDP are met.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0554)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Government's provision of $10 billion for the Hospital Authority to establish an endowment fund for enhancing the implementation of public-private partnership initiatives,

a. what are the details of such initiatives and the expenditure and manpower involved?

b. will the initiatives cover optometric services to relieve the burden on the public healthcare system? If so, what are the details? If not, what are the reasons?

c. will the initiatives cover chiropractic services to relieve the burden on the public healthcare system? If so, what are the details? If not, what are the reasons?

d. will the initiatives cover dental services? If so, what are the details? If not, what are the reasons?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 2)

Reply:

(a)

The allocation of $10 billion to the Hospital Authority (HA) for setting up an endowment fund, namely the HA Public-Private Partnership (PPP) Fund, aims to generate investment returns for regularising and enhancing existing clinical PPP programmes, as well as developing new clinical PPP initiatives in the future.

In line with the Government's healthcare reform proposals, HA has launched a variety of clinical PPP initiatives since 2008, including :

(i) Cataract Surgeries Programme (launched in 2008)

This Programme aims to address service demand and improve access of HA patients to cataract surgeries through a PPP delivery model. Patients on HA clusters' routine cataract surgery waiting lists for a specified period are invited to undertake surgeries in the private sector on a voluntary basis with a fixed government subsidy.

(ii) Tin Shui Wai Primary Care Partnership Project (TSW PPP) (launched in 2008)

This Programme is a pilot PPP model for the delivery of primary care service and promotion of the family doctor concept in the community. The Programme purchases primary care services from private medical practitioners in the TSW district.

(iii) Haemodialysis Public-Private Partnership Programme (HD PPP) (launched in 2010)

Clinically suitable end stage renal disease patients are invited to join the Programme voluntarily. Recruited patients may receive HD treatment in one of the partner community HD centres of their choice. The HD services are procured from 6 qualified community HD centres.

(iv) Patient Empowerment Programme (launched in 2010)

Suitable primary care chronic disease patients, mainly suffering from diabetes and hypertension, are referred by the HA to attend empowerment sessions. The empowerment sessions are procured from 3 non-governmental organisations in the community.

(v) Pilot Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (launched in 2012)

This Pilot Project aims at exploring a new operation model to cope with the increasing demand for cancer radiological investigation services through purchase of Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) services from the private sector. Subject to clinical eligibility screening, patients from selected cancer groups that are in need of CT/MRI examinations for sequential clinical management are invited to join the Pilot Project.

(vi) General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP) (launched in 2014)

The GOPC PPP Programme was launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts on a pilot basis in mid-2014. Clinically stable patients having hypertension with or without hyperlipidemia, and later diabetes mellitus patients, currently taken care of by HA GOPCs have been invited for voluntary participation. All private doctors practising in these 3 districts are welcome to participate in this Programme.

Each participating patient will receive up to 10 subsidised visits per year, including medical consultations covering both chronic and acute care; drugs for treating their chronic conditions and episodic illnesses to be received directly from private doctors at their clinics; and investigation services provided by HA as specified through private doctors' referral.

A roll-out plan for the Programme has been mapped out having considered the Government commitment, the initial positive feedback from the medical professional bodies, patients, private doctors, and staff as well as the community call for extension of the GOPC PPP to other districts. It is anticipated that the Programme will be extended to the remaining 15 districts of Hong Kong in 3 years, starting from 2016-17. The proposed roll-out plan is outlined as follows :

District	**2016-17**	**2017-18**	**2018-19**	**Cluster Applicable**
Central and Western		✓		HKWC
Eastern	✓			HKEC
Southern	✓			HKWC / HKEC
Wan Chai	✓			HKEC
Kowloon City	✓			KCC
Sham Shui Po	✓			KWC
Yau Tsim Mong			✓	KWC / KCC
Islands		✓		KWC / HKEC
Kwai Tsing	✓			KWC
North			✓	NTEC
Sai Kung	✓			KEC
Sha Tin	✓			NTEC
Tai Po		✓		NTEC
Tsuen Wan		✓		KWC
Yuen Long	✓			NTWC

In addition to the above existing programmes, 2 new PPP programmes are under planning :

(i) The Infirmary Service PPP Programme aims to enhance the choices of infirmary care services for patients on the Central Infirmary Waiting List managed by HA. 64 beds will be provided under this Programme.

(ii) Dovetailing with the Government's Colorectal Cancer Screening Pilot Programme, a Colonoscopy PPP Programme will be launched by HA to offer more choices to patients within the programme's clinical criteria.

In addition to the above programmes, new PPP initiatives to meet the emerging healthcare needs of the public and redress the imbalance between public and private healthcare services will continue to be explored.

The estimated expenditure for the clinical PPP initiatives in 2016-17 is as follows :

	2016-17 Estimated Annual Expenditure (in $ million)
GOPC PPP and its expansion	58
Other existing PPP programmes and enhancements	123
New initiatives and development	43
Technology and administration	15
Total:	239

(b), (c) & (d)

At present, HA does not provide chiropractic and general dental services. Whilst currently having no plans on PPP for optometric services, HA will continue to communicate with the public and patient groups, and work closely with relevant stakeholders to explore the feasibility of providing other PPP programmes in the future.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0555)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the strategic review of healthcare manpower planning and professional development and the voluntary accredited registers scheme for supplementary healthcare professions mentioned in the 2016 Policy Address, has the Administration earmarked resources and manpower for the relevant implementation work? If yes, what are the details, expenditure and manpower involved? If no, what are the reasons?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 3)

Reply:

In response to the challenges of an ageing population and increasing demand for healthcare services with higher expectations, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong (the Review). The Review aims to make recommendations that would better enable our society to meet the projected demand for healthcare professionals as well as to foster professional development. We expect that the Review will be completed in mid-2016. The Government will publish the report and take forward the recommendations as appropriate upon completion of the Review.

Furthermore, the Government will launch a voluntary accredited registers pilot scheme (the Scheme) in 2016 for healthcare personnel who are currently not subject to statutory regulation. The Scheme is under development at present.

No additional resources have been earmarked for the Review and the Scheme in 2016-17. The Government will absorb the additional workload by flexible redeployment of existing manpower resources.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0556)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the strategic review on healthcare manpower planning and professional development, has the Government assessed the manpower requirement for nurses for future public healthcare services? If yes, please provide the following information:

a. What are the criteria for assessing the manpower requirement for nurses?

b. Has the Government considered the feasibility of putting in place an indicator for nurse-to-patient ratio in its planning for the future manpower requirement for nurses in the Hospital Authority? If yes, what are the details? If not, what are the reasons?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 4)

Reply:

(a) In response to the challenges of an ageing population and increasing demand for healthcare services with higher expectations, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong (the Review). The Review aims to make recommendations that would better enable our society to meet the projected demand for healthcare professionals including nurses as well as to foster professional development. We expect that the Review will be completed in mid-2016. The Government will publish the report and take forward the recommendations as appropriate upon completion of the Review.

(b) As the Hospital Authority (HA) provides different types and levels of services to patients having regard to the conditions and needs of each patient, HA does not prescribe any nurse-to-patient ratio for manpower planning or deployment purposes. Nevertheless, HA has developed a workload assessment model for estimating nursing manpower requirements. The model takes into account patient number, patient dependency and nursing activities, etc. The model is currently being used for

assessing nursing workload and staffing requirements. HA will make reference to the model when planning for new services.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)054

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0557)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the strategic review on healthcare manpower planning and professional development, please advise on:

a. the number of nursing graduates (including registered nurses, enrolled nurses, registered psychiatric nurses and enrolled psychiatric nurses) for the next 5 years, with a breakdown by year of the number of nursing graduates in each of the institutions and nursing schools;

b. the number of nurses currently employed at public and private healthcare facilities, with a breakdown by hospital and by rank; and

c. the estimated number of nurses required in public and private healthcare facilities for the next 5 years, with a breakdown by hospital and by rank.

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 5)

Reply:

(a) We do not have information on the number of nursing graduates for the next 5 years. A breakdown of the training places of pre-service nursing programmes accredited by the Nursing Council of Hong Kong by stream and training school for the 5 academic years from 2016-17 to 2020-21 is set out in the following table –

Nurse Training Schools	Training Places by Academic Year																			
	2016/17				2017/18				2018/19				2019/20				2020/21			
	Pre-registration Nursing Programmes		Pre-enrolment Nursing Programmes		Pre-registration Nursing Programmes		Pre-enrolment Nursing Programmes		Pre-registration Nursing Programmes		Pre-enrolment Nursing Programmes		Pre-registration Nursing Programmes		Pre-enrolment Nursing Programmes		Pre-registration Nursing Programmes		Pre-enrolment Nursing Programmes	
	General	Psychiatric	General	Psychiatric	General	Psychiatric	General	Psychiatric	General	Psychiatric	General	Psychiatric	General	Psychiatric	General	Psychiatric	General	Psychiatric	General	Psychiatric
Hong Kong Baptist Hospital	-	-	64	-	-	-	64	-	-	-	64	-	-	-	64	-			64	
Hong Kong Sanatorium & Hospital	-	-	140	-	-	-	140	-	-	-	140	-	-	-	140	-			140	
St. Teresa's Hospital	-	-	66	-	-	-	80	-	-	-	80	-	-	-	80	-			80	
Union Hospital	-	-	40	-	-	-	40	-	-	-	40	-	-	-	40	-			40	
Tung Wah College	325	-	150	-	325	-	150	-	325	-	150	-	325	-	150	-	325		150	
HKU School of Professional and Continuing Education	32	-	-	-	32	-	-	-	32	-	-	-	32	-	-	-	32			
HKU Space Community College	-	-	40	-	-	-	40	-	-	-	40	-	-	-	40	-			40	
Caritas Institute of Higher Education	120	-	-	-	120	-	-	-	120	-	-	-	120	-	-	-	120			
The Open University of Hong Kong	460	185	155	85	460	185	155	85	460	185	155	85	460	185	155	85	460	185	155	85

Nurse Training Schools	Training Places by Academic Year																			
	2016/17				2017/18				2018/19				2019/20				2020/21			
	Pre-registration Nursing Programmes		Pre-enrolment Nursing Programmes		Pre-registration Nursing Programmes		Pre-enrolment Nursing Programmes		Pre-registration Nursing Programmes		Pre-enrolment Nursing Programmes		Pre-registration Nursing Programmes		Pre-enrolment Nursing Programmes		Pre-registration Nursing Programmes		Pre-enrolment Nursing Programmes	
	General	Psychiatric	General	Psychiatric	General	Psychiatric	General	Psychiatric	General	Psychiatric	General	Psychiatric	General	Psychiatric	General	Psychiatric	General	Psychiatric	General	Psychiatric
The Chinese University of Hong Kong(1)	272	-	-	-	272	-	-	-	272	-	-	-	75	-	-	-	75			
The Hong Kong Polytechnic University(2)	173	70	-	173	70	-	-	-	173	70	-	-	-	-	-	-				
The University of Hong Kong(3)	190	-	-	-	190	-	-	-	190	-	-	-	-	-	-	-	-	-	-	-
The Hospital Authority Nurse Training Schools	300	-	100	-	300	-	100	-	300	-	100	-	300	-	100	-	300	-	100	-

Notes: (1) Figures refer to the approved student intakes of University Grants Committee (UGC)-funded nursing programmes at both the first-year and senior-year levels from 2016/17 to 2018/19. The number of UGC-funded nurse training places after 2018/19 is not yet available. Figures from 2019/20 onwards refer to self-financed Master of Nursing Sciences (pre-registration) Programme.

(2) Figures refer to the approved student intakes of UGC-funded nursing programmes at both the first-year and senior-year levels from 2016/17 to 2018/19. The number of UGC-funded nurse training places after 2018/19 is not yet available. For the self-financed Master of Nursing Programme, the arrangements of which for the academic years from 2016/17 onwards have yet to be finalised.

(3) Figures refer to the approved student intakes of UGC-funded nursing programmes at both the first-year and senior-year levels from 2016/17 to 2018/19. The number of UGC-funded nurse training places after 2018/19 is not yet available.

(b) The Department of Health (DH) conducts Health Manpower Surveys (HMS) on a regular basis to obtain up-to-date information on the characteristics and employment status of healthcare personnel practising in Hong Kong. According to the 2012 HMS on enrolled nurses, the 2013 HMS on registered nurses and the 2014 HMS on registered midwives, the distribution of nurses and midwives who were practising in the local nursing / midwifery profession among different service sectors is set out in the following table –

Survey Year	**Healthcare Profession**	**Number of Healthcare Personnel❖**	**Service Sector**				
			Hospital Authority	**Government**	**Subvented Sector**	**Academic Sector**	**Private Sector**
2012	Enrolled Nurse	10 326+	43.4%	7.2%	21.3%	0.4%	27.8%
2013	Registered Nurse	34 510+	68.5%	7.3%	4.4%	2.9%	16.9%
2014	Registered Midwife	4 630*	62.1%	15.3%	4.1%	3.3%	15.1%

Notes：

❖ To tally with the HMS, the number of healthcare personnel is provided as at the respective reference date of the survey.

\+ Figures refer to the number of nursing personnel registered / enrolled with the Nursing Council of Hong Kong under the Nurses Registration Ordinance (Chapter 164) as at the 31st August of the survey years.

* Figure refers to the number of registered midwives registered with the Midwives Council of Hong Kong under the Midwives Registration Ordinance (Chapter 162) as at the 31st August of the survey year.

There may be slight discrepancy between the sum of individual items and the total due to rounding.

We do not have information on the breakdown of nurses currently employed in the private sector by hospital and by rank. The breakdown information of nurses employed in DH and the Hospital Authority (HA) are set out in the following tables –

DH

	as at 1.2.2016
	Strength
Registered Nurse grade	
Principal Nursing Officer	1
Regional Nursing Officer	0
Chief Nursing Officer	2
Senior Nursing Officer	17
Nursing Officer	290
Registered Nurse	896
Sub-total:	**1 206**
Enrolled Nurse grade	
Enrolled Nurse	184
Sub-total:	**184**
Total:	**1 390**

HA

Cluster / **Rank Group**	as at 31.12.2015							
	HK East	**HK West**	**Kowloon Central**	**Kowloon East**	**Kowloon West**	**NT East**	**NT West**	**Total**
Department Operations Manager / Senior Nursing Officer and above	43	41	44	44	92	55	44	363
Advanced Practice Nurse / Nurse Specialist / Nursing Officer / Ward Manager	479	544	667	506	1 140	759	654	4 749
Registered Nurse	1 717	1 786	2 197	1 749	3 762	2 566	2 109	15 886
Enrolled Nurse / Others	368	428	416	369	696	590	519	3 386
Total	**2 607**	**2 799**	**3 323**	**2 667**	**5 689**	**3 969**	**3 326**	**Around 24 380**

Note:
The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.

(c) In response to the challenges of an ageing population and increasing demand for healthcare services with higher expectations, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong (the Review). The Review aims to make recommendations that would better enable our society to meet the projected demand for healthcare professionals, including nurses, as well as to foster professional development. We expect that the Review will be completed in mid-2016. The Government will publish the report and take forward the recommendations as appropriate upon completion of the Review.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0558)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the strategic review on healthcare manpower planning and professional development, has the Government assessed the manpower requirement for each allied health grade for Hong Kong's overall healthcare services (including public and private healthcare facilities) in future? If yes, please advise on:

a. the number of graduates of each allied health grade for the next 5 years, with a breakdown by institution and by grade;

b. the number of staff in each allied health grade currently employed at public and private healthcare facilities, with a breakdown by hospital and by rank; and

c. the estimated manpower requirement for each allied health grade in public and private healthcare facilities for the next 5 years, with a breakdown by hospital and by rank.

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 6)

Reply:

(a) At present, The Hong Kong Polytechnic University offers University Grants Committee (UGC)-funded training programmes on allied health professions, namely Medical Laboratory Science, Occupational Therapy, Physiotherapy, Radiography and Optometry, with graduates recognised by the Supplementary Medical Professions Council for registration under the Supplementary Medical Professions Ordinance (Cap. 359). The number of training places approved by UGC for the 2016/17 - 2018/19 triennium by programme is set out in the following table –

Programme	Academic Year		
	2016/17	2017/18	2018/19
BSc (Hons) Medical Laboratory Science	54	54	54
BSc (Hons) Occupational Therapy	100	100	100
BSc (Hons) Physiotherapy	130	130	130
BSc (Hons) Radiography	110	110	110
BSc (Hons) Optometry	40	40	40

The number of allied health training places after 2018/19 academic year is not available. We do not have information on the number of graduates of each allied health grade for the next five years.

(b) The Department of Health (DH) conducts Health Manpower Surveys (HMS) on a regular basis to obtain up-to-date information on the characteristics and employment status of healthcare personnel practising in Hong Kong. According to the 2014 HMS on the 16 types of healthcare personnel included in the health services functional constituency and the 2014 HMS on medical laboratory technologists, occupational therapists, optometrists, physiotherapists and radiographers, the estimated distribution of allied health personnel who were practising in the respective local healthcare professions among different service sectors is set out in the following tables –

Healthcare Personnel	Number of Healthcare Personnel◆*	Service Sector				
		Hospital Authority	Government	Subvented Sector	Academic Sector	Private Sector
2014 HMS						
Audiologist	93	25.8%	7.5%	5.4%	-	61.3%
Audiology Technician	31	19.4%	-	6.5%	-	74.2%
Chiropodist / Podiatrist	63	57.1%	-	3.2%	-	39.7%
Clinical Psychologist	515	27.6%	24.1%	8.9%	3.7%	35.7%
Dental Hygienist	332	-	2.7%	-	5.4%	91.9%
Dental Surgery Assistant	3 727	0.3%	8.3%	1.2%	3.8%	86.4%
Dental Technician / Technologist	354	0.8%	13.3%	-	8.5%	77.4%
Dental Therapist	284	-	100.0%	-	-	-
Dietitian	387	34.9%	4.4%	5.9%	0.8%	54.0%
Dispenser	2 201	51.3%	2.7%	3.8%	0.3%	41.8%
Educational Psychologist	246	-	19.1%	25.6%	28.5%	26.8%
Mould Laboratory Technician	46	56.5%	-	-	-	43.5%
Orthoptist	59	25.4%	3.4%	-	-	71.2%
Prosthetist / Orthotist	165	76.4%	-	0.6%	1.2%	21.8%
Scientific Officer (Medical)	224	25.9%	49.1%	-	12.5%	12.5%
Speech Therapist	641	12.8%	3.4%	40.4%	8.0%	35.4%

Healthcare Personnel	Number of registered healthcare personnel❖+	Service Sector				
		Hospital Authority	Government	Subvented Sector	Academic Sector	Private Sector
2014 HMS						
Medical Laboratory Technologist	3 084	46.2%	9.0%	8.4%		36.3%
Occupational Therapist	1 608	49.8%	2.8%	32.0%	4.9%	10.5%
Optometrist	2 097	3.3%	5.4%			91.4%
Physiotherapist	2 538	38.5%	1.3%	15.9%	3.4%	40.8%
Radiographer (Diagnostic)	1 649	50.6%	6.1%			43.3%
Radiographer (Therapeutic)	318	59.6%	-		40.4%	

Notes：

❖ To tally with the HMS, the number of healthcare personnel is provided as at the respective reference date of the survey.

* Figures refer to number of the healthcare personnel employed by the surveyed institutions as at 31st March of the survey year.

+ Figures refer to the number of healthcare professions registered with the respective boards under the Supplementary Medical Professions Ordinance (Cap. 359) as at 31st March of the survey year.

There may be slight discrepancy between the sum of individual items and the total due to rounding.

We do not have information on the breakdown of the allied health grade staff employed in the private sector by hospital and by rank. The breakdown information of the allied health grade staff currently employed in DH and the Hospital Authority (HA) are set out in the following tables –

DH

Grade	Rank	Strength as at 1.2.2016
Clinical Psychologist	Senior Clinical Psychologist	1
	Clinical Psychologist	34
Dental Hygienist		13
Dental Surgery Assistant	Senior Dental Surgery Assistant	53
	Dental Surgery Assistant	289
Dental Technician	Senior Dental Technologist	1
	Dental Technologist	2
	Dental Technician I	32
	Dental Technician II	13
Dental Therapist	Tutor Dental Therapist	1
	Senior Dental Therapist	27
	Dental Therapist	242
Dietitian	Senior Dietitian	0
	Dietitian	17

Dispenser	Chief Dispenser	2
	Senior Dispenser	17
	Dispenser	48

Grade	Rank	Strength as at 1.2.2016
Medical Laboratory Technician	Chief Medical Technologist	0
	Senior Medical Technologist	11
	Medical Technologist	91
	Medical Laboratory Technician I	26
	Medical Laboratory Technician II	125
Occupational Therapist	Senior Occupational Therapist	0
	Occupational Therapist I	15
Optometrist		16
Orthoptist	Orthoptist I	1
	Orthoptist II	1
Physiotherapist	Senior Physiotherapist	0
	Physiotherapist I	12
Radiographer	Senior Radiographer	3
	Radiographer I	13
	Radiographer II	21
Scientific Officer (Medical)		93
Speech Therapist		14
Total:		**1 234**

HA

Cluster / Grade	2015-16 (as at 31.12.2015)							
	HK East	**HK West**	**Kowloon Central**	**Kowloon East**	**Kowloon West**	**NT East**	**NT West**	**Total**
Medical Laboratory Technologist	115	243	231	136	300	236	146	1 407
Radiographer (Diagnostic Radiographer & Radiation Therapist)	127	130	151	95	237	189	130	1 059
Occupational Therapist	82	79	111	77	179	131	119	778
Physiotherapist	115	106	159	120	195	160	110	965
Dispenser	149	127	150	133	318	207	153	1 237
Others	88	120	131	87	163	135	127	851

Notes:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
2. The group of "Others" includes audiology technicians, clinical psychologists, dental technicians, dietitians, mould laboratory technicians, optometrists, orthoptist, physicists, podiatrists, prosthetists & orthotists, scientific officers (medical)-pathology, scientific officers (medical)-audiology,

scientific officers (medical)-radiology, scientific officers (medical)-radiotherapy and speech therapists.

(c) In response to the challenges of an ageing population and increasing demand for healthcare services with higher expectations, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong (the Review). The Review aims to make recommendations that would better enable our society to meet the projected demand for healthcare professionals, as well as to foster professional development. We expect that the Review will be completed in mid-2016. The Government will publish the report and take forward the recommendations as appropriate upon completion of the Review.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0561)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the "Outreach Dental Care Programme for the Elderly", please advise on:

a the expenditure involved, the number of attendances and the manpower required since the implementation of the programme;

b the number of attendances by scope of services (including fillings, extractions and dentures); and

c whether the programme will be extended to the 18 districts so that elders other than those in residential care homes / day care centres and similar facilities can enjoy dental services. If yes, what are the details? If not, what are the reasons?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 9)

Reply:

a The financial provision was $25.1 million in 2014-15 and $44.5 million in 2015-16 respectively, and six civil service posts have been provided under Head 37 – Department of Health for implementing the "Outreach Dental Care Programme for the Elderly" (ODCP). Since the implementation of the ODCP in October 2014 up to end-January 2016, about 50 800 elders (involving about 63 200 attendances) benefitted from the ODCP.

b Between October 2014 and January 2016, about 50 800 elders received annual oral check and dental treatments under the ODCP. Dental treatments received include scaling and polishing, denture cleaning, fluoride/X-ray and other curative treatments (such as fillings, extractions, dentures, etc.).

c We do not have plan to extend the ODCP to cover elders other than those in residential care homes / day care centres and similar facilities. Elders aged 70 or above may make use of the Elderly Health Care Voucher to obtain primary care services

provided by the private sector, including dental services.

Furthermore, the Elderly Dental Assistance Programme under the Community Care Fund provides free dentures and related dental services for elders on low income who are users of the home care service or home help service schemes subvented by the Social Welfare Department and from September 2015 covers elders who are Old Age Living Allowance recipients by phases, starting with those aged 80 or above in the first phase involving some 130 000 elders.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0562)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the Elderly Health Care Voucher Scheme, please advise on:

a the utilisation of elderly health care vouchers, expenditure involved and percentage of beneficiaries in the total number of eligible persons in the past 3 years;

b the expenditure on and effectiveness of another round of publicity launched by the Department of Health in February 2015; and

c whether the voucher amount will be increased or a specific "elderly dental care voucher" will be introduced to subsidise and encourage elders to use dental services to improve their dental health. If yes, what are the details? If not, what are the reasons?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 10)

Reply:

(a) Below are the number of elders who had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme in the past three years and its percentage as compared to the eligible elderly population:

	2013	**2014**	**2015**
Number of elders who had made use of vouchers	488 000	551 000	600 000
Number of eligible elders (i.e. elders aged 70 or above)*	724 000	737 000	760 000
Percentage of eligible elders who had made use of vouchers	67%	75%	79%

*Source: Hong Kong Population Projections 2012 - 2041 and Hong Kong Population Projections 2015 - 2064, Census and Statistics Department

Regarding the utilisation of EHV, the number of voucher claim transactions and the amount of vouchers claimed in the past three years from 2013 to 2015 are as follows:

Number of Voucher Claim Transactions

	2013	2014	2015
Medical Practitioners	1 229 078	1 734 967	2 006 263
Chinese Medicine Practitioners	190 017	383 613	533 700
Dentists	36 783	73 586	109 840
Occupational Therapists	79	584	478
Physiotherapists	6 922	13 201	19 947
Medical Laboratory Technologists	1 941	3 697	5 646
Radiographers	1 507	3 047	4 971
Nurses	317	921	1 457
Chiropractors	823	1 975	3 125
Optometrists	2 972	5 956	21 326
Sub-total (Hong Kong):	1 470 439	2 221 547	2 706 753
University of Hong Kong - Shenzhen Hospital Note 1	-	-	2 287
Total:	1 470 439	2 221 547	2 709 040

Note 1: The Pilot Scheme for use of EHV at the University of Hong Kong - Shenzhen Hospital was launched on 6 October 2015.

Amount of Vouchers Claimed (in $'000)

	2013	2014	2015
Medical Practitioners	256,296	444,401	611,860
Chinese Medicine Practitioners	31,968	82,369	142,265
Dentists	20,805	55,131	98,563
Occupational Therapists	28	390	230
Physiotherapists	1,758	3,981	6,381
Medical Laboratory Technologists	1,046	2,273	3,820
Radiographers	512	1,358	2,365
Nurses	265	773	1,389
Chiropractors	485	1,276	1,825
Optometrists	1,541	5,587	37,092
Sub-total (Hong Kong):	314,704	597,539	905,790
University of Hong Kong - Shenzhen Hospital Note 2	-	-	537
Total:	314,704	597,539	906,327

Note 2: Since the launch of the Pilot Scheme on 6 October 2015.

(b) To encourage more eligible elders to join the EHV Scheme and use the vouchers, the Department of Health launched a round of publicity programme in 2015 which included television and radio announcements of public interest, and advertisements in free newspapers and the public transport system. The expenditure involved was around $1.9 million. Comparing the statistics in 2015 and 2014 as shown in (a) above, while the annual voucher amount to each eligible elder remained at $2,000 in 2015, there was an increase over 2014 in the number of elders who had made use of vouchers and the amount of vouchers claimed by 49 000 (or 9%) and $309 million (or 52%) respectively.

(c) Under the EHV Scheme, eligible elders can use vouchers to pay for primary care services provided by various private healthcare professionals who have enrolled in the Scheme, including dental services. We have converted the EHV Scheme into a regular programme, doubled the annual voucher amount to $2,000 and raised the financial cap on unspent vouchers to $4,000 since 2014 which should provide much more room for eligible elders to use dental services. The present arrangement also provides elders with greater flexibility in using the vouchers for the healthcare services that best suit their needs. We therefore do not have any plan to increase the annual voucher amount or introduce a dental voucher at present.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)058

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0563)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the health promotion and preventive programmes for parents, adolescents, men, women and elders, please advise on:

(a) whether consideration has been given to the provision of free cervical cancer vaccination for teenage girls in the territory. If yes, what are the details? If not, what are the reasons? What policies has the Government put in place to promote the health of teenage girls? Has the Government assessed the resources involved in providing free cervical cancer vaccination for teenage girls in the territory?

(b) whether consideration has been given to the launching of a breast cancer screening programme to carry out population-based mammography screening for women over 40. If yes, what are the details? If not, what are the reasons? What policies has the Government put in place to promote the health of women? Has the Government assessed the resources involved in launching a breast cancer screening programme?

(c) whether consideration has been given to the setting up of Man Health Centres to cater for the health needs of men such as prostate examination. If yes, what are the details? If not, what are the reasons? What policies has the Government put in place to promote the health of men? Has the Government assessed the resources involved in setting up Man Health Centres?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 11)

Reply:

(a)

The Scientific Committee on Vaccine Preventable Diseases (SCVPD) and the Scientific Committee on AIDS and Sexually Transmitted Infections (SCAS) under the Centre for Health Protection recommended in 2013 that human papilloma virus (HPV) vaccine is effective and safe for individual protection against cervical infection and cancer arising from specific types of viruses. As for whether the HPV vaccine should be added to the public health vaccination programme in Hong Kong in the future, SCVPD and SCAS considered that the duration of protection should be further established and universal vaccination programme should be supported by local cost-effectiveness evaluation.

In this connection, a cost-benefit analysis (CBA) of organised population-based vaccination on reducing the economic burden of cervical cancers is being conducted. The SCVPD and SCAS will review its recommendations when the results of CBA are available with a view to coming up with the long-term strategies for preventing cervical cancer in Hong Kong.

As a pilot scheme, the Chief Executive announced in the 2016 Policy Address that the Government will invite the Community Care Fund (CCF) to consider providing teenage girls from eligible low-income families with a free cervical cancer vaccination. The Food and Health Bureau is preparing the proposed implementation plan of the pilot scheme for submission to the CCF Task Force and the Commission on Poverty for consideration.

In parallel, the Department of Health (DH) will continue to provide preventive and promotive care, including education on reproductive health, to teenage students through Student Health Centres and outreaching Adolescent Health Programme to promote health of teenage girls in the territory.

(b)

The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) established under the Cancer Coordinating Committee chaired by the Secretary for Food and Health regularly reviews the local and international scientific evidence, with a view to providing recommendations on suitable measures for cancer prevention and screening for the local population.

Having studied the prevailing and increasing international evidence that questions overall benefits of population-based screening over harm, the CEWG considers there is insufficient evidence to recommend for or against population-based breast cancer screening for asymptomatic women at average risk in Hong Kong. In view of this, a study has been commissioned to develop a locally validated risk prediction tool to identify individuals who are more likely to benefit from screening.

Meanwhile, the DH promotes healthy lifestyles as the primary cancer prevention strategy, such as avoidance of alcohol, having regular physical activity and healthy eating, as well as maintaining a healthy body weight and waistline. The DH also encourages breastfeeding and raises women's breast awareness to seek early attention should abnormal changes be

noted. Currently, women with high risk of developing breast cancer may be arranged to receive mammography screening after medical assessment conducted by the Women Health Centres or Maternal and Child Health Centres of the DH which provide Woman Health Service. If abnormalities are found, the patients concerned will be referred to specialists for follow-up.

(c)

The DH operates a Men's Health Programme which provides through the Men's Health website, customer-centric information, useful links and advice in light of the request of the public to raise public awareness and increase understanding of men's health issues. Other modes of health communication include printed materials, media and web-based publicity and a telephone education hotline. At present, the programme does not include health check and personalised counselling which are provided primarily in the private and non-governmental sectors.

Resources for carrying out the programmes in part (b) and (c) are absorbed by the DH's overall provision for disease preventive and thus cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0564)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

The estimated provision for the Hospital Authority (HA) for 2016-17 is 0.1% higher than the revised estimate for 2015-16, while the revised provision for 2015-16 is higher than the original estimate by 3.3%. With the provision provided by the Government, will the HA need to meet the necessary expenditure by making up the shortfall itself? If yes, will the HA need to use its reserves and how much will be involved? What items and services will be involved?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 12)

Reply:

To meet the growing demand from population growth and ageing, the Hospital Authority (HA) will continue to strengthen its healthcare services to the public. The overall operating expenditure of HA for 2016-17 is projected to reach around $58 billion, representing an increase of around 4% as compared to 2015-16. As in previous years, Government recurrent funding will cater for around 90% of HA's total operating expenditure in 2016-17. With the financial provision of $51.6 billion for 2016-17 from the Government to HA, coupled with HA's own income and redeployment of its internal resources, HA will implement various measures to meet the rising demand for hospital services and to improve the quality of patient care. Examples of such measures are:

(i) increasing a total of 231 beds in Pamela Youde Nethersole Hospital, Queen Elizabeth Hospital, Tseung Kwan O Hospital, United Christian Hospital, Prince of Wales Hospital, Alice Ho Miu Ling Nethersole Hospital, Shatin Hospital, Pok Oi Hospital, Tuen Mun Hospital and Siu Lam Hospital to enhance the capacity of inpatient services;

(ii) providing additional operating theatre sessions to allay the waiting list of surgeries;

(iii) strengthening the services for critical illness and chronic diseases through, for example, increasing the service capacity of echocardiogram for cardiac service, enhancing the service quota of haemodialysis for renal service, and extending the service hours of radiotherapy for cancer service;

(iv) widening the indications of special drugs and re-positioning of self-financed drugs as special drugs in the HA Drug Formulary for diabetes mellitus, stroke management as well as osteoporosis and breast cancer treatment to benefit around 6 700 patients per annum;

(v) increasing the quota for general outpatient clinics in 5 clusters (namely Hong Kong West Cluster, Kowloon East Cluster, Kowloon West Cluster, New Territories East Cluster and New Territories West Cluster) by 27 000 attendances for 2016-17 and 49 000 additional attendances per year thereafter;

(vi) setting up Hong Kong's 5th Joint Replacement Centre located in the Hong Kong West Cluster for performing 260 additional operations for 2016-17 and 350 additional operations per year thereafter;

(vii) strengthening the Community Geriatric Assessment Team (CGAT) service to cover more residential care homes for the elderly (RCHE) and enhancing CGAT support to improve the quality of care for terminally ill patients living in RCHEs; and

(viii) enhancing endoscopy service by performing additional endoscopic procedures.

- End -

Examination of Estimates of Expenditure 2016-17 | Reply Serial No. **FHB(H)060**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0565)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

To implement expenditure control, the Government initiated a 3-year measure as from 2015-16 to contain expenditure. In this regard, please list the expenditure savings of the Hospital Authority in each of the 3 years and the services/items involved.

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 13)

Reply:

To enhance fiscal discipline, the Government has launched expenditure control measures including implementation of the "0-1-1" saving programme for 3 financial years starting from 2015-16 to drive re-engineering and re-prioritization (R&R). Taking into account saving to be delivered through R&R measures and additional provision from Government to meet growing service demand, Government's total subvention to HA for 2016-17 amounts to $51.6 billion (including a recurrent subvention of $50.8 billion and a capital funding of $0.8 billion), which is around $63.9 million higher than the revised estimate ($51.5 billion) for 2015-16.

To cope with the ageing population and the increasing demand for healthcare services, HA will continue to enhance its services for the public. The overall operating expenditure of HA for 2016-17 is projected to reach around $58 billion, representing an increase of around 4% (around $2 billion) as compared to 2015-16. As in previous years, Government recurrent subvention will cater for around 90% of HA's total operating expenditure in 2016-17. With the total financial provision of $51.6 billion for 2016-17 from the Government to HA, coupled with HA's own income and redeployment of its internal resources, HA will implement various measures to meet the rising demand for hospital services and to improve the quality of patient care.

To make the best use of public money, HA has all along been striving for efficient use of its resources in meeting rising healthcare service demand, through ongoing effort in reviewing existing practices in operation for achieving efficiency improvement, while ensuring patient services will not be adversely affected. Examples of programmes of efficiency gain / savings include better economy of scale through bulk purchases and supplier management, energy conservation measures, service re-engineering through modernisation of medical technology, and other initiatives such as change in staff mix or requirement to dovetail with service development. Further efficiency programmes in the coming years and the anticipated savings to be achieved are to be worked out in due course.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0566)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Regarding the manpower of the Hospital Authority (HA), please advise on:
a. the current number of nurses with a breakdown by rank;
b. the number of nurses who left the HA in the past 3 years and their respective years of service and ranks with a breakdown by hospital;
c. the number of nurses who were promoted in the HA in the past 3 years and their respective ranks; and
d. the number of nurses recruited by HA to rejoin its service in the past 3 years and their average years of service with a breakdown by rank.

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No.14)

Reply:

(a) The table below sets out the number of nursing staff currently working in the Hospital Authority (HA) by rank group as at 31 December 2015.

Rank Group	**Number of Nurses (as at 31 Dec 2015)**
DOM/SNO and above	372
APN/NS/NO/WM	4 778
Registered Nurse	15 892
Enrolled Nurse/Others	3 385
Total	24 427

(b) The table sets out the number of full-time nursing staff who left HA in the past 3 years and their respective years of service and rank groups.

Cluster	Respective years of service	2013-14				2014-15				2015-16 (Jan - Dec 2015)			
		DOM/ SNO	APN/NS NO/ WM	RN	EN/ Others	DOM/ SNO	APN/NS NO/ WM	RN	EN/ Others	DOM/ SNO	APN/NS NO/ WM	RN	EN/ Others
HKEC	< 1 year	0	1	15	8	0	0	16	5	0	0	15	5
	1-5 years	0	0	34	14	0	0	35	18	0	2	40	17
	6-10 years	0	0	7	0	0	2	13	0	0	2	12	2
	11-15 years	0	0	2	0	0	0	0	0	0	1	0	1
	16-20 years	0	5	8	4	0	4	9	4	0	3	10	3
	21-25 years	1	8	1	8	1	5	7	5	0	7	7	4
	26-30 years	0	0	0	0	0	0	0	0	0	1	2	0
	> 31 years	0	0	0	0	0	0	2	0	1	3	1	0
HKWC	< 1 year	0	0	14	4	0	0	25	8	0	0	22	6
	1-5 years	0	0	38	20	0	0	45	6	0	1	46	21
	6-10 years	0	0	8	0	0	0	5	1	0	0	17	3
	11-15 years	0	0	2	1	0	0	1	0	0	0	0	1
	16-20 years	2	3	10	3	3	4	11	2	2	4	7	1
	21-25 years	2	8	8	4	0	6	16	5	0	10	12	4
	26-30 years	0	1	0	0	0	1	0	0	0	0	1	0
	> 31 years	0	5	1	1	1	2	0	2	0	5	0	2
KCC	< 1 year	0	0	13	4	0	0	11	6	0	0	19	5
	1-5 years	0	3	34	29	0	0	43	11	0	0	50	12
	6-10 years	0	0	8	0	0	0	12	0	0	0	18	0
	11-15 years	0	2	6	2	0	1	1	0	0	0	3	0
	16-20 years	2	11	12	3	0	10	11	1	1	8	11	3
	21-25 years	0	7	3	8	2	5	6	1	2	9	10	7
	26-30 years	0	1	0	0	0	0	0	1	0	0	1	0
	> 31 years	0	10	1	3	1	8	4	3	0	8	5	1
KEC	< 1 year	0	0	17	5	0	0	11	4	0	0	9	8
	1-5 years	0	0	32	14	0	1	39	17	0	1	45	13
	6-10 years	0	0	7	0	0	0	14	0	0	0	18	0
	11-15 years	0	2	11	0	0	1	4	0	0	0	1	0
	16-20 years	1	6	9	2	0	2	8	5	0	1	17	3
	21-25 years	4	5	3	7	2	10	7	12	1	14	5	15
	26-30 years	0	0	0	0	0	0	0	0	0	1	0	0
	> 31 years	0	0	0	0	0	2	0	0	0	0	0	1
KWC	< 1 year	0	0	19	10	0	0	26	10	0	0	27	4
	1-5 years	0	0	50	19	0	0	50	22	0	0	64	31
	6-10 years	0	0	13	0	0	0	19	1	0	0	19	2
	11-15 years	0	1	12	0	0	0	7	0	0	0	8	0
	16-20 years	0	1	29	3	1	2	22	2	1	4	26	2
	21-25 years	1	19	13	7	5	15	19	7	4	23	31	7
	26-30 years	0	2	3	0	0	0	0	0	0	1	0	0
	> 31 years	0	4	3	2	0	4	0	3	0	4	2	1
NTEC	< 1 year	0	0	8	4	0	0	11	3	0	0	12	8
	1-5 years	0	0	39	12	0	0	46	18	0	0	45	18
	6-10 years	0	0	14	1	0	0	17	1	0	0	15	0
	11-15 years	0	1	8	0	0	0	2	1	0	1	3	0
	16-20 years	0	4	15	5	4	0	12	3	1	2	15	2
	21-25 years	1	6	5	5	1	11	14	5	1	6	14	7
	26-30 years	0	1	1	1	0	0	0	1	0	0	0	1

Cluster	Respective years of service	2013-14				2014-15				2015-16 (Jan - Dec 2015)			
		DOM/ SNO	APN/NS NO/ WM	RN	EN/ Others	DOM/ SNO	APN/NS NO/ WM	RN	EN/ Others	DOM/ SNO	APN/NS NO/ WM	RN	EN/ Others
	> 31 years	1	2	1	0	2	7	1	1	2	8	1	2
NTWC	< 1 year	0	0	9	4	0	0	16	3	0	0	14	0
	1-5 years	0	0	44	14	0	0	35	14	0	1	49	13
	6-10 years	0	0	14	0	0	0	16	1	0	0	12	1
	11-15 years	0	0	2	1	0	1	3	0	0	0	1	0
	16-20 years	1	4	13	3	2	2	14	2	2	4	10	1
	21-25 years	0	5	6	7	1	8	6	3	2	12	7	4
	26-30 years	0	1	0	0	0	1	0	0	0	1	1	0
	> 31 years	0	5	1	2	0	6	0	1	0	6	3	4

Note:

(1) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.
(2) Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.

(c) The table below sets out the number of nurses promoted in HA in the past 3 years by rank group.

Rank Group	Number of Nurses Promoted		
	2013 -14	2014 -15	2015 -16 (as at December 2015)
DOM/SNO and above	47	39	25
APN/NS/NO/WM	502	405	340

(d) The table below sets out the number of rehired nurses with years of services and breakdown by rank group in the past 3 years.

Rank Group	Years of Service in Previous HA Employment						
	Less Than 1 year	1-5 years	6-10 years	11-15 years	16-20 years	21 years or above	Total
2013-14 (as at 31 March 2014)							
APN/NS/NO/WM	0	1	0	0	0	1	2
Registered Nurse	381	260	22	51	38	6	758
Enrolled Nurse/ Others	69	51	1	2	1	2	126
Total	450	312	23	53	39	9	886
2014-15 (as at 31 March 2014)							
APN/NS/NO/WM	1	0	0	0	0	1	2
Registered Nurse	473	167	31	27	38	9	745
Enrolled Nurse/ Others	49	36	1	0	4	3	93
Total	523	203	32	27	42	13	840
2015-16 (as at December 2015)							
APN/NS/NO/WM	0	0	0	0	0	2	2
Registered Nurse	437	110	18	18	30	4	617
Enrolled Nurse/ Others	21	26	0	1	2	2	52
Total	458	136	18	19	32	8	671

Note:

(1) Re-appointment refers to ex-staff rejoining HA as permanent or contract staff (on headcount basis) in 2013-14, 2014-15 and 2015-16 with break of service irrespective of terms of employment/rank.

(2) For the purpose of this analysis, only staff members who have completed years of experience are grouped into the respective categories. For example, staff with less than 6 years, say 5.5 years, would be counted towards the group of "1 - 5" years.

Abbreviations:

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

Rank Group
DOM – Department Operations Manager
SNO – Senior Nursing Officer
WM – Ward Manager
APN – Advanced Practice Nurse
NS – Nurse Specialist
NO – Nursing Officer
RN – Registered Nurse
EN – Enrolled Nurse

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0567)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower of the Hospital Authority (HA), please advise on:
a. the current number of staff in various allied health grades with a breakdown by grade and by rank;
b. the number of allied health staff who left the HA in the past 3 years and their respective years of service and ranks with a breakdown by hospital;
c. the number of allied health staff who were promoted in the HA in the past 3 years with a breakdown by grade; and
d. the number of allied health staff recruited by HA to rejoin its service in the past 3 years and their average years of service with a breakdown by grade.

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 15)

Reply:

(a) The table below sets out the number of allied health staff in 2015-16 by major allied health grade in the Hospital Authority (HA).

Grade	Number of staff (as at 31 December 2015)
Medical Laboratory Technologist	1 412
Radiographer (Diagnostic Radiographer & Radiation Therapist)	1 060
Social Worker	327
Occupational Therapist	779
Physiotherapist	965
Pharmacist	606
Dispenser	1 247
Others	863

Notes:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
2. The group of "Others" includes audiology technicians, clinical psychologists, dental technicians, dietitians, mould laboratory technicians, optometrists, orthoptist, physicists, podiatrists, prosthetists & orthotists, scientific officers (medical)-pathology, scientific officers (medical)-audiology, scientific officers (medical)-radiology, scientific officers (medical)-radiotherapy and speech therapists.
3. For social worker, only HA employed social workers are included.

(b) The tables below set out the number of full-time allied health staff who left HA in 2013-14, 2014-15 and 2015-16 and their respective years of service by cluster and by major allied health grade:

2013-14

Cluster	Grade	Attrition number (Full-time staff) / Years of service							
		<1 year	1-5 years	6-10 years	11-15 years	16-20 years	21-25 years	26-30 years	>31 years
HKEC	Medical Laboratory Technologist	0	2	0	0	0	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	1	0	0	1	0	0	0
	Social Worker	0	1	0	0	1	0	0	0
	Occupational Therapist	0	0	0	0	1	0	0	0
	Physiotherapist	0	1	1	1	0	1	0	0
	Pharmacist	0	0	0	0	0	0	0	0
	Dispenser	1	1	2	0	1	0	0	1
	Others	2	1	0	0	0	0	0	0
HKWC	Medical Laboratory Technologist	2	0	0	0	3	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	4	0	0	1	1	0	0
	Social Worker	2	0	0	0	0	0	0	0
	Occupational Therapist	3	2	0	1	0	0	0	0
	Physiotherapist	1	4	0	0	0	2	0	0
	Pharmacist	0	1	0	0	0	0	0	0
	Dispenser	0	0	1	0	1	1	0	0
	Others	2	0	0	1	2	0	0	0
KCC	Medical Laboratory Technologist	0	2	0	0	3	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	0	0	1
	Social Worker	0	0	0	0	0	0	0	0
	Occupational Therapist	0	1	0	1	0	1	0	0
	Physiotherapist	1	14	0	2	0	0	0	0
	Pharmacist	0	1	1	0	0	0	0	0
	Dispenser	0	2	1	0	1	0	0	0
	Others	2	1	0	0	1	0	0	0
KEC	Medical Laboratory Technologist	2	2	0	0	1	2	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	1	0	0
	Social Worker	0	0	0	0	0	0	0	0
	Occupational Therapist	2	0	0	0	0	0	0	0
	Physiotherapist	0	3	0	0	1	0	0	0
	Pharmacist	0	2	0	0	0	0	0	0
	Dispenser	0	0	1	0	0	0	0	0
	Others	1	0	0	0	1	0	0	0
KWC	Medical Laboratory Technologist	1	0	0	0	1	3	0	1
	Radiographer (Diagnostic	0	0	0	0	2	2	0	0

Cluster	Grade	Attrition number (Full-time staff) / Years of service							
		<1 year	1-5 years	6-10 years	11-15 years	16-20 years	21-25 years	26-30 years	>31 years
	Radiographer & Radiation Therapist)								
	Social Worker	0	1	0	0	0	1	0	0
	Occupational Therapist	1	2	0	0	0	1	0	0
	Physiotherapist	0	4	1	1	0	1	0	1
	Pharmacist	1	2	0	0	0	0	0	0
	Dispenser	1	3	0	0	1	0	0	1
	Others	0	0	0	2	1	0	0	0
NTEC	Medical Laboratory Technologist	1	0	1	0	0	1	0	1
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	2	2	1	0	0	0	0	0
	Social Worker	0	0	0	0	0	0	0	0
	Occupational Therapist	3	2	0	0	0	0	0	0
	Physiotherapist	1	3	0	0	4	1	0	0
	Pharmacist	1	2	0	0	1	0	0	0
	Dispenser	0	2	0	0	1	0	0	0
	Others	1	1	1	0	2	0	0	1
NTWC	Medical Laboratory Technologist	0	1	0	0	1	2	1	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	2	1	1	0	0	2	0	0
	Social Worker	0	0	0	0	0	0	0	0
	Occupational Therapist	1	5	0	0	3	0	0	0
	Physiotherapist	1	1	0	2	2	0	0	0
	Pharmacist	0	1	0	0	0	0	0	0
	Dispenser	0	0	0	0	0	0	0	0
	Others	0	1	0	0	1	0	0	1

2014-15

Cluster	Grade	Attrition number (Full-time staff) / Years of service							
		<1 year	1-5 years	6-10 years	11-15 years	16-20 years	21-25 years	26-30 years	>31 years
HKEC	Medical Laboratory Technologist	0	2	0	0	2	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	1	0	1	1	0	0
	Social Worker	1	0	0	0	0	0	0	0
	Occupational Therapist	0	0	0	0	1	0	0	0
	Physiotherapist	1	2	0	0	0	1	0	0
	Pharmacist	0	1	0	0	0	0	0	0
	Dispenser	1	1	1	1	1	1	0	1
	Others	1	0	0	0	0	0	0	0
HKWC	Medical Laboratory Technologist	2	1	0	0	2	1	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	3	0	0	1	0	0	0
	Social Worker	0	2	0	0	0	0	0	0
	Occupational Therapist	1	2	0	0	1	0	0	0
	Physiotherapist	1	0	0	1	0	0	0	0
	Pharmacist	0	1	0	0	0	0	0	0
	Dispenser	1	1	0	0	0	1	0	0
	Others	1	2	0	0	2	1	0	0
KCC	Medical Laboratory Technologist	0	1	0	0	0	2	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	6	0	1	2	0	0	0
	Social Worker	0	0	0	0	0	0	0	0
	Occupational Therapist	1	2	0	1	0	1	0	0
	Physiotherapist	1	12	2	1	1	0	0	0

Cluster	Grade	Attrition number (Full-time staff) / Years of service							
		<1 year	1-5 years	6-10 years	11-15 years	16-20 years	21-25 years	26-30 years	>31 years
	Pharmacist	1	0	0	0	0	0	0	0
	Dispenser	2	0	0	1	1	1	0	1
	Others	1	1	0	2	1	0	0	2
KEC	Medical Laboratory Technologist	0	0	0	0	1	3	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	1	0	0	0	0	0	0
	Social Worker	0	0	0	0	0	0	0	0
	Occupational Therapist	0	1	0	0	1	1	0	0
	Physiotherapist	0	4	3	1	1	0	0	0
	Pharmacist	0	0	0	0	0	1	0	0
	Dispenser	1	1	1	2	0	0	0	0
	Others	1	0	0	0	0	0	0	0
KWC	Medical Laboratory Technologist	3	0	0	0	0	4	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	4	4	0	0	2	3	0	0
	Social Worker	3	2	0	0	1	0	0	0
	Occupational Therapist	0	3	0	0	1	0	0	0
	Physiotherapist	1	3	0	0	0	2	0	0
	Pharmacist	0	0	0	0	2	2	0	0
	Dispenser	1	1	0	1	2	1	1	0
	Others	1	0	0	0	3	0	0	0
NTEC	Medical Laboratory Technologist	0	2	0	0	0	0	0	4
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	2	3	0	1	0	0	0	0
	Social Worker	0	1	0	0	0	1	0	0
	Occupational Therapist	1	4	2	0	0	0	0	0
	Physiotherapist	2	5	2	1	3	1	0	0
	Pharmacist	0	2	0	0	1	0	0	0
	Dispenser	0	0	0	0	2	2	0	0
	Others	3	0	0	0	1	1	0	0
NTWC	Medical Laboratory Technologist	0	0	0	0	1	0	0	1
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	1	1	0	0	1	0	0
	Social Worker	1	1	0	0	0	0	0	0
	Occupational Therapist	2	1	0	0	1	0	0	0
	Physiotherapist	3	3	0	1	2	0	0	0
	Pharmacist	0	4	1	0	0	0	0	0
	Dispenser	0	0	0	2	1	0	0	1
	Others	1	0	1	0	0	1	0	0

2015-16 (Rolling period from 1 January 2015 to 31 December 2015)

Cluster	Grade	Attrition number (Full-time staff) / Years of service							
		<1 year	1-5 years	6-10 years	11-15 years	16-20 years	21-25 years	26-30 years	>31 years
HKEC	Medical Laboratory Technologist	0	3	1	0	1	3	0	1
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	3	0	0	0	0	1	0
	Social Worker	0	1	0	0	0	0	0	0
	Occupational Therapist	0	1	1	0	1	0	0	0
	Physiotherapist	1	0	0	0	1	2	0	0
	Pharmacist	0	0	0	0	0	0	0	1

Cluster	Grade	Attrition number (Full-time staff) / Years of service							
		<1 year	1-5 years	6-10 years	11-15 years	16-20 years	21-25 years	26-30 years	>31 years
	Dispenser	2	0	0	1	1	2	0	0
	Others	1	0	0	0	1	0	0	0
HKWC	Medical Laboratory Technologist	1	3	0	0	4	4	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	5	1	0	0	0	0	0
	Social Worker	1	3	0	0	0	0	0	0
	Occupational Therapist	1	0	1	0	1	1	0	0
	Physiotherapist	0	1	0	0	0	1	0	0
	Pharmacist	0	1	0	1	0	0	0	0
	Dispenser	0	0	0	0	0	0	0	0
	Others	1	1	0	0	0	1	0	0
KCC	Medical Laboratory Technologist	0	0	0	0	0	2	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	8	0	0	1	1	1	0
	Social Worker	0	1	0	0	0	0	0	0
	Occupational Therapist	0	2	0	0	0	0	0	0
	Physiotherapist	2	10	0	0	1	0	0	0
	Pharmacist	0	1	0	0	0	0	0	0
	Dispenser	2	2	0	1	0	0	0	0
	Others	0	0	0	0	0	1	0	1
KEC	Medical Laboratory Technologist	0	0	0	0	3	1	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	0	0	0
	Social Worker	0	0	0	0	0	0	0	0
	Occupational Therapist	1	1	0	0	3	0	0	0
	Physiotherapist	0	1	1	1	1	0	0	0
	Pharmacist	0	0	0	0	0	0	0	0
	Dispenser	0	0	0	2	1	1	0	0
	Others	0	1	0	0	0	0	0	0
KWC	Medical Laboratory Technologist	0	0	0	0	1	5	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	5	1	0	0	3	0	0
	Social Worker	5	2	1	0	1	0	0	0
	Occupational Therapist	1	1	1	1	0	0	0	0
	Physiotherapist	0	3	2	0	0	0	0	0
	Pharmacist	0	1	0	0	1	0	0	0
	Dispenser	0	2	0	2	2	5	0	0
	Others	2	3	0	0	0	1	0	0
NTEC	Medical Laboratory Technologist	0	3	0	1	0	1	0	2
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	1	0	1	1	0	0	0
	Social Worker	0	1	0	0	1	0	0	0
	Occupational Therapist	3	3	2	0	1	1	0	0
	Physiotherapist	0	4	1	0	2	0	0	0
	Pharmacist	0	2	0	0	0	0	0	2
	Dispenser	0	1	0	1	1	1	0	0
	Others	0	1	1	0	2	0	0	0
NTWC	Medical Laboratory Technologist	0	0	0	0	1	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	7	0	0	0	1	0	0
	Social Worker	0	0	0	0	0	0	0	0
	Occupational Therapist	1	2	2	1	0	1	0	0
	Physiotherapist	1	2	0	0	0	0	0	1
	Pharmacist	0	1	0	0	0	0	0	0
	Dispenser	0	0	0	4	0	0	0	1
	Others	0	1	0	0	1	0	0	0

Notes:

1. Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.
2. Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented, i.e., Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.
3. For the purpose of this analysis, only staff members who have completed years of experience are grouped into the respective categories. For example, staff with less than 6 years, say 5.5 years of experience, would be counted towards the group of "1-5 years".

(c) The table below sets out the number of allied health staff who were promoted in HA in 2013-14, 2014-15 and 2015-16 by major allied health grade:

Grade	Number of promotions		
	2013-14	2014-15	2015-16 (up to 31 December 2015)
Medical Laboratory Technologist	68	24	62
Radiographer (Diagnostic Radiographer & Radiation Therapist)	43	49	33
Social Worker	1	5	1
Occupational Therapist	34	34	25
Physiotherapist	49	42	42
Pharmacist	4	5	3
Dispenser	16	14	23
Others	14	12	11

(d) The tables below set out the number of allied health staff recruited by HA to rejoin its service in 2013-14, 2014-15 and 2015-16 and their years of service by major allied health grade:

2013-14

Grade	Number of re-appointed staff / Years of service in previous HA employment				
	<1 year	1-5 years	6-10 years	11-15 years	16-20 years
Medical Laboratory Technologist	7	6	0	0	0
Radiographer (Diagnostic Radiographer & Radiation Therapist)	7	19	0	0	1
Social Worker	4	3	0	0	0
Occupational Therapist	10	7	1	1	0
Physiotherapist	5	10	3	0	0
Pharmacist	43	4	0	0	0
Dispenser	45	8	0	0	0
Others	20	2	0	0	0

2014-15

Grade	Number of re-appointed staff / Years of service in previous HA employment				
	<1 year	1-5 years	6-10 years	11-15 years	16-20 years
Medical Laboratory Technologist	3	0	0	0	0
Radiographer (Diagnostic Radiographer & Radiation Therapist)	6	4	1	0	0
Social Worker	7	0	0	0	0
Occupational Therapist	13	2	2	0	0
Physiotherapist	6	6	1	0	1
Pharmacist	38	2	0	0	0
Dispenser	14	1	1	0	1
Others	20	2	0	1	0

2015-16 (up to 31 December 2015)

Grade	Number of re-appointed staff / Years of service in previous HA employment				
	<1 year	**1-5 years**	**6-10 years**	**11-15 years**	**16-20 years**
Medical Laboratory Technologist	2	3	0	0	0
Radiographer (Diagnostic Radiographer & Radiation Therapist)	3	2	1	0	0
Social Worker	5	1	0	0	0
Occupational Therapist	2	0	0	0	0
Physiotherapist	4	4	1	2	0
Pharmacist	18	1	1	0	0
Dispenser	3	2	0	0	0
Others	11	1	0	0	1

Notes:

1. Re-appointment refers to ex-staff rejoining HA as permanent or contract staff (on headcount basis) in 2013-14 – 2015-16 with break of service irrespective of terms of employment / rank.
2. For the purpose of this analysis, only staff members who have completed years of experience are grouped into the respective categories. For example, staff with less than 6 years, say 5.5 years of experience, would be counted towards the group of "1-5 years".

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0568)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the nursing manpower of the Hospital Authority (HA), please advise on:
a. the manpower of various nursing ranks of the HA in the past 3 years;
b. the ratio of registered nurses to advanced practice nurses of the HA in the past 3 years;
c. the average nurse-to-patient ratio of the HA in the past 3 years with a breakdown by hospital and department; and
d. whether a nurse-to-patient ratio be set down so as to plan future manpower requirement. If yes, what are the details? If no, what are the reasons?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 16)

Reply:

(a) The number of nurses, by rank, working in the Hospital Authority (HA) in the past 3 years is listed below:

Rank Group	**Number of Nurses**		
	2013 -14	**2014 -15**	**2015 -16 (as at 31 December 2015)**
DOM/SNO and above	355	363	372
APN/NS/NO/WM	4 511	4 658	4 778
Registered Nurse	14 411	15 053	15 892
Enrolled Nurse/Others	3 482	3 717	3 385
Total	22 759	23 791	24 427

Note :
The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to the rounding effect.

(b) The ratio of Registered Nurse to Advanced Practice Nurse (including Nursing Officer, Nurse Specialist and Ward Manager) as at 31 March 2014 and 31 March 2015 is 3.2:1, whereas at 31 December 2015 is 3.3:1.

(c) The tables below set out the number of nurses and nurse-to-patient ratios in 2013-14, 2014-15 and 2015-16 (as at 31 December 2015) by cluster and by major specialty for inpatients and day inpatients in HA.

Nurse-to-patient ratios by cluster

Cluster	**Number of Nurses**	**Ratio per 1 000 inpatient discharges and deaths**	**Ratio per 1 000 inpatient and day inpatient discharges and deaths**
2013-14 (as at 31 March 2014)			
HKEC	2 443	21.6	13.8
HKWC	2 553	23.2	13.7
KCC	3 175	25.8	15.7
KEC	2 474	20.6	14.7
KWC	5 337	20.3	14.4
NTEC	3 707	22.3	14.1
NTWC	3 027	23.0	15.0
2014-15 (as at 31 March 2015)			
HKEC	2 517	22.1	13.7
HKWC	2 679	23.6	13.5
KCC	3 275	25.4	15.6
KEC	2 613	20.8	14.8
KWC	5 608	20.7	14.7
NTEC	3 897	23.1	14.5
NTWC	3 163	23.3	15.1
2015-16 (as at 31 December 2015)			
HKEC	2 607	22.9	14.1
HKWC	2 799	24.8	13.9
KCC	3 323	25.4	15.6
KEC	2 667	21.0	14.8
KWC	5 689	20.7	14.7
NTEC	3 969	23.0	14.3
NTWC	3 326	23.9	15.5

Nurse-to-patient ratio by major specialty

Specialty	Number of Nurses	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2013-14 (as at 31 March 2014)			
Medicine	6 140	13.9	9.4
Obstetrics & Gynaecology	1 120	12.7	7.9
Orthopaedics & Traumatology	1 011	11.5	9.4
Paediatrics	1 340	15.0	11.2
Psychiatry	2 316	127.1	126.1
Surgery	1 974	11.6	6.9
2014-15 (as at 31 March 2015)			
Medicine	6 480	14.3	9.6
Obstetrics & Gynaecology	1 161	12.3	7.7
Orthopaedics & Traumatology	1 061	11.8	9.5
Paediatrics	1 392	15.4	11.3
Psychiatry	2 362	133.7	132.7
Surgery	2 061	11.7	6.9
2015-16 (as at 31 December 2015)			
Medicine	6 705	14.4	9.6
Obstetrics & Gynaecology	1 184	12.7	8.0
Orthopaedics & Traumatology	1 083	11.8	9.6
Paediatrics	1 439	16.1	11.7
Psychiatry	2 381	134.2	133.3
Surgery	2 132	12.0	7.0

Note :

(1) The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

(2) The specialty of medicine includes hospice, rehabilitation and infirmary. Surgery specialty includes neurosurgery and cardiothoracic surgery. Paediatrics specialty includes adolescent medicine and neonatology. Psychiatry specialty includes services for the mentally handicapped.

(3) As the condition of each patient and the complexity of each case vary among different specialties, the workload of relevant healthcare staff cannot be assessed and compared simply on the ratio of the number of healthcare staff to the number of patient discharges and deaths.

(4) It should be noted that the number of nurses and the nurse-to-patient ratios vary among different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to population

profile and other factors, including specialisation of the specialties in the cluster. They also vary due to the varying complexity of conditions of patients and the different diagnostic services, treatments and prescriptions required. Therefore the number of nurses and the nurse-to-patient ratios cannot be directly compared among clusters.

(5) For the manpower per 1 000 inpatient and day inpatient discharges and deaths ratios, manpower status is drawn as at 31 March of respective years (except for 2015-16 the manpower status is drawn as at 31 December 2015), whereas number of inpatient and day inpatient discharges and deaths refers to the throughput for the whole financial year (except for 2015-16 the number refers to the actual number from 1 January 2015 to 31 December 2015). The numbers of inpatient and day inpatient discharges and deaths for the 2015-16 are provisional figures.

(6) In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who have admitted into hospitals via Accident & Emergency department or stayed for more than one day. The calculation of the number of discharges and deaths includes that of both inpatients and day inpatients.

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

(d) As HA provides different types and levels of services to patients having regard to the conditions and needs of each patient, HA does not prescribe any nurse-to-patient ratio for manpower planning or deployment purposes. Nevertheless, HA has developed a workload assessment model for estimating nursing manpower requirements. The model takes into account patient number, patient dependency and nursing activities, etc. The model is currently being used for assessing nursing workload and staffing requirements. HA will make reference to the model when planning for new services.

Abbreviations

Cluster

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

Rank Group

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0569)

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

Subhead (No. & title): (-) Not specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Regarding the manpower of nurses of the Hospital Authority, please provide the following information:
a. The number of nurses who provided hospice care in the past 3 years. Please provide a breakdown by cluster.
b. The number of patients who received hospice care in the past 3 years.
c. Will the Government consider allocating more resources to extend the hospice care service to further implement the policy of ageing in place? If yes, what are the details and the resources involved? If not, what are the reasons?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 17)

Reply:
(a) At present, palliative care services in the Hospital Authority (HA) are mainly provided by healthcare personnel of the Palliative Care Units (PCUs) and Oncology Centres. Since the Oncology Centres are subsumed under the overall establishment of the Oncology Departments, separate statistics on the number of nurses working specifically for the provision of palliative care are not readily available. The number of nurses serving under PCUs and Oncology Centres in the past 3 years are set out in the table below:

	As at 31 December 2013	**As at 31 December 2014**	**As at 31 December 2015**
Number of nurses serving under PCUs	199	202	206
Number of nurses serving under Oncology Centres	365	426	435

Note: The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

(b) HA provides palliative care including inpatient service, outpatient service, day care service, home care service and bereavement counseling to terminally-ill patients. Statistics on the utilisation of these services in 2013-14, 2014-15 and 2015-16 (up to 31 December 2015) are set out in the table below.

Palliative Care Service	**Number of Attendances** [Note]		
	2013-14	**2014-15**	**2015-16 (up to 31 December 2015) [Provisional Figures]**
Palliative care inpatient service (Total number of inpatient / day inpatient discharges and deaths)	8 240	8 254	6 022
Palliative care specialist outpatient service	9 260	9 449	6 859
Palliative home visits	33 386	33 199	25 734
Palliative day care attendances	12 321	12 275	9 324
Bereavement service	3 930	3 034	2 507

Note: The above statistics refer to the throughputs in Hospice Specialty only.

(c) HA endeavours to enhance palliative care services. In recent years, HA has allocated additional resources to improve the service model and strengthen multi-disciplinary services with a view to alleviating the physical and emotional distress of patients and improving their quality of life at the final stage of their lives.

HA has enhanced its palliative care service coverage from 2010-11 onwards by extending the service to cover patients with end-stage organ failures, e.g. end-stage renal disease, in addition to terminally-ill patients suffering from cancer. The additional resources involved is around $34 million per year. In 2012-13, HA has strengthened the professional input from medical social workers and clinical psychologists to improve the psychosocial care services including counseling, crisis management, etc. to terminally-ill patients and their caregivers. The additional resources involved is around $12 million per year. In 2015-16, HA has strengthened the Community Geriatric Assessment Team service in phases to provide better support for terminally ill residents living in residential care homes for the elderly (RCHEs) in collaboration with RCHEs. The additional resources involved for this programme is around $7 million in 2015-16. Furthermore, additional resources of around $5 million has been earmarked for the expansion of this programme in 2016-17.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0570)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower of nurses of the Hospital Authority, please provide the following information:

a. The number of psychiatric nurses in the past 3 years, with a breakdown by hospital and by rank.

b. The average number of cases handled by each psychiatric nurse (including community psychiatric nurses), with a breakdown by hospital and by rank.

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 18)

Reply:

(a) & (b)

The Hospital Authority (HA) provides mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As the treatment plan for each patient is different and hence the staffing requirements, the staffing ratios may not necessarily reflect the actual level of service provision. Therefore, HA does not have ready breakdown of the requested ratios.

The table below sets out the number of psychiatric nurses by rank in each cluster in the past 3 years:

Cluster	Psychiatric Nurses[1 & 2] (including Community Psychiatric Nurses)	2013-14	2014-15	2015-16 (as at 31 December 2015)
HKEC	DOM/SNO and above	3	4	4
	APN/NS/NO/WM	49	49	49
	Registered Nurse	121	128	144
	Enrolled Nurse/Others/Trainees	58	51	45
	Total[3]	**230**	**231**	**241**
HKWC	DOM/SNO and above	2	2	2
	APN/NS/NO/WM	31	32	32
	Registered Nurse	55	54	55
	Enrolled Nurse/Others/Trainees	25	25	22
	Total[3]	**113**	**112**	**110**
KCC	DOM/SNO and above	3	3	3
	APN/NS/NO/WM	49	50	50
	Registered Nurse	127	129	129
	Enrolled Nurse/Others/Trainees	59	63	62
	Total[3]	**238**	**245**	**244**
KEC	DOM/SNO and above	2	2	2
	APN/NS/NO/WM	29	32	31
	Registered Nurse	72	71	80
	Enrolled Nurse/Others/Trainees	30	29	28
	Total[3]	**133**	**135**	**141**
KWC	DOM/SNO and above	13	14	13
	APN/NS/NO/WM	155	163	162
	Registered Nurse	292	316	327
	Enrolled Nurse/Others/Trainees	148	158	150
	Total[3]	**608**	**651**	**652**
NTEC	DOM/SNO and above	3	3	3
	APN/NS/NO/WM	83	86	89
	Registered Nurse	158	169	174
	Enrolled Nurse/Others/Trainees	105	109	106
	Total[3]	**349**	**367**	**372**
NTWC	DOM/SNO and above	6	8	7
	APN/NS/NO/WM	139	134	134
	Registered Nurse	341	354	362
	Enrolled Nurse/Others/Trainees	217	204	195
	Total[3]	**703**	**700**	**699**
Overall[3]	DOM/SNO and above	32	36	34
	APN/NS/NO/WM	534	546	547
	Registered Nurse	1 166	1 221	1 270
	Enrolled Nurse/Others/Trainees	642	639	608
	Total[3]	**2 375**	**2 442**	**2 459**

Notes:

1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and

temporary staff, but excluding those in HA Head Office.

2. Psychiatric nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital in KWC, and Castle Peak Hospital and Siu Lam Hospital in NTWC), nurses working in psychiatry department of other non-psychiatric hospitals as well as all nurses in psychiatric stream.
3. Individual figures may not add up to the total due to rounding.

Abbreviations:

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

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0571)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

To attract, motivate and retain staff, the Hospital Authority creates the post of Nurse Consultant to provide better career progression pathways for nurses. In this regard, please advise on the following:

a. The number of Nurse Consultants following the creation of the post so far? Please provide the number of nurses promoted each year with a breakdown by cluster and specialty.
b. Will the Government plan to continue creating more Nurse Consultant posts? If yes, please provide the breakdown by cluster and specialty. If not, what are the reasons?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 19)

Reply:

(a)

The rank of Nurse Consultant was first created in the Hospital Authority (HA) in 2008-09. A total of 106 Nurse Consultant posts have been created in HA in the past 5 years. They provide nursing services in Accident and Emergency, Intensive Care Unit, Medicine, Obstetrics and Gynaecology, Orthopaedics and Traumatology, Paediatrics, Psychiatry, Surgery, and other specialties. The table below sets out the breakdown of Nurse Consultant posts created in each hospital cluster from 2008-09 to 2015-16.

Cluster	No. of Nurse Consultant Post Created									Cluster Total
	Accident & Emergency (1)	Intensive Care Unit	Medicine (2)	Obstetrics & Gynaecology	Orthopaedics & Traumatology	Paediatrics	Psychiatry	Surgery (3)	Others (4)	
2008-09										
HKEC									1	1
HKWC			1							1
KCC			1							1
KEC									1	1
KWC			1							1
NTEC			1							1
NTWC							1			1
2011-12										
HKEC		1	2		1		1		1	6
HKWC		1	1	1		2	1		1	7
KCC			1	1	1		1	1	2	7
KEC			2			1	1		2	6
KWC	1	2	2	1			1	1	5	13
NTEC	1		2	1			1	1	3	9
NTWC	1		1		1			2	2	7
2012-13										
HKEC								1	1	2
HKWC								1	1	2
KCC	1	1				1			1	4
KEC			1						1	2
KWC			2				1		1	4
NTEC						1		1	1	3
NTWC			2						1	3
2013-14										
HKEC			2							2
HKWC								2		2
KCC	1							1		2
KEC			1							1
KWC				1		1			2	4
NTEC			1					1	1	3
NTWC		1		1						2
2015-16										
HKEC	1									1
HKWC					1					1
KCC			1							1
KEC									1	1
KWC			1					1		2
NTEC			1							1
NTWC									1	1

Notes:

1) Including Emergency Care and Trauma
2) Including Cardiac Care, Diabetic Care, Gerontology, Renal Care, Respiratory and Stroke Care
3) Including Breast Care, Burns, Urology and Neurosurgery
4) Including Community, Continence Care, Palliative Care, Oncology, Perioperative Care, Wound and Stoma Care, Pain Management and Infection Control

(b)

The creation of the rank of Nurse Consultant aims to enhance the development of the nursing profession, thereby improving the healthcare services of HA and meeting the increasing public demand for healthcare services. HA will constantly review the actual service needs as well as the service mode and demand with a view to enhancing the quality of nursing services. Additional posts of Nurse Consultant will be considered to dovetail with the strategic priorities in the annual plans of HA for better healthcare services.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0572)

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

Subhead (No. & title): (-) Not specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Regarding rehabilitation and palliative care services, please advise on the resources and manpower involved in the past 3 years with a breakdown by clusters and hospitals.

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 20)

Reply:
The Hospital Authority (HA) has been providing a comprehensive range of rehabilitation and palliative care services (e.g. inpatient, outpatient, day care service and outreach service) to patients based on their clinical needs.

Rehabilitation is a component of medicine that is generally incorporated into all aspects of healthcare delivery. Through multi-disciplinary teams of healthcare professionals (e.g. doctors, nurses, allied health professionals), HA provides rehabilitation services when patients' conditions have been stabilised after the acute phase so as to help patients regain functions and integrate back into the community as early as possible. Allied health professionals are the principal providers of rehabilitation services across various HA settings. The table below sets out the manpower of key allied health professionals involved in rehabilitation service provision in the past 3 years with a breakdown by cluster.

	2013-14 [as at 31 March 2014]	2014-15 [as at 31 March 2014]	2015-16 [as at 31 December 2015]
HKEC	290	291	308
HKWC	269	292	306
KCC	350	353	371
KEC	277	286	309
KWC	518	552	588
NTEC	354	380	407
NTWC	308	323	350

Notes:
1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
2. The manpower figures above include allied health grades in rehabilitation stream only (i.e. clinical psychologist, dietitian, occupational therapist, physiotherapist, podiatrist, prosthetist & orthotist, medical social worker and speech therapist).

Separate statistics on manpower of doctors and nurses as well as resources specifically for the provision of rehabilitation services are not readily available.

HA provides palliative care services with a comprehensive service model for terminally-ill patients and their families through a multi-disciplinary team of healthcare professionals across various specialties, including doctors, nurses, medical social workers, clinical psychologists, physiotherapists, occupational therapists etc.

At present, palliative care services in HA are mainly provided by healthcare personnel of the Palliative Care Units (PCUs) and Oncology Centres. Since the Oncology Centres are subsumed under the overall establishment of the Oncology Departments, separate statistics on the number of nurses working specifically for the provision of palliative care are not readily available. The table below sets out the number of nurses serving under PCUs and Oncology Centres in the past 3 years.

	As at 31 December 2013	**As at 31 December 2014**	**As at 31 December 2015**
Number of nurses serving under PCUs	199	202	206
Number of nurses serving under Oncology Centres	365	426	435

Note: The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

HA constantly makes assessment on its manpower requirement and flexibly deploys its staff having regard to the service and operation needs. Breakdown of resources and other manpower specifically for the provision of palliative care services is not readily available.

HA will regularly review the demand for various medical services and plan for the development of its services (including rehabilitation and palliative care services) according to factors such as population growth and changes, advancement of medical technology and healthcare manpower, and collaborate with community partners to better meet the needs of patients.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0573)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the tasks of the Hospital Authority (HA) (including the treatment of illnesses that entail high cost, advanced technology and multi-disciplinary professional team work), and assistance offered to patients with rare diseases, please inform this Council of the following:

(a) Will the Government formulate policies to support patients with rare diseases (including multiple sclerosis, tuberous sclerosis complex, myelofibrosis, cryopyrin-associated periodic syndromes, and systemic juvenile idiopathic arthritis)? If so, what are the details and the expenditure involved? If not, what are the reasons?

(b) Please provide the number of rare disease patients currently being treated by the HA with a breakdown by type of diseases.

(c) What kind of assistance has been offered to these patients?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 21)

Reply:

(a) and (c)

Currently, there is no common definition of rare diseases available worldwide, and the interpretation varies among countries with different characteristics of the respective health systems and situations. The Hospital Authority (HA) places high importance in providing optimal care for all patients based on available medical evidence while ensuring optimal and rational use of public resources. From 2008-09 to 2015-16, the Government has allocated a total recurrent funding of $75 million in phases to manage the increasing service demand and sustain the provision of expensive drug treatment for uncommon disorders.

Drug treatment is provided through enzyme replacement therapy (ERT) for patients with specific lysosomal storage disorders (LSD) through the assessment of an independent expert panel, which reviews the suitability of individual patients to receive ERT and the efficacy of such treatment on a case-by-case basis. Review is conducted annually. The 6 ERT drugs used to treat the LSDs, namely Alglucosidase alpha for Pompe disease, Algalsidase beta for Fabry disease, Imiglucerase for Gaucher disease, Laronidase for Mucopolysaccharidosis Type I, Idursulfase for Mucopolysaccharidosis Type II and Glasulfase for Mucopolysaccharidosis Type VI , are all categorised as Special drugs in the HA Drug Formulary (HADF). Patients who meet specific clinical criteria will be provided with treatment at standard fees and charges by HA at a highly subsidised rate.

In addition, HA provides multi-disciplinary care and other conventional treatments for patients with uncommon disorders where appropriate, including rehabilitative care, pain alleviation, surgical treatment and bone marrow transplant.

HA will pay close attention to the latest published evidence on treatment of uncommon disorders in the international medical sector, as well as development of health policy in the management of uncommon disorders in other countries. HA will continue to maintain close contact with patient groups with a view to providing suitable medical services for patients with different diseases.

(b)

Up to December 2015, 24 HA patients with LSD have been provided with ERT. Currently, 19 patients are still undergoing ERT in HA hospitals, with breakdown as follows:

Lysosomal Storage Disorders	**Number of patients undergoing ERT**
Pompe	9
Gaucher	2
Fabry	4
Mucopolysaccharidosis Type I	2
Mucopolysaccharidosis Type II	0
Mucopolysaccharidosis Type VI	2
Total	**19**

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)069

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0574)

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

Subhead (No. & title): (-) Not Specified

Programme: (3) Subvention: Prince Philip Dental Hospital

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

In the light of rising demand for elderly dental services, please advise on the following:
a. Why the Government has not increased the number of training places for student dental technicians, student dental surgery assistants and student dental hygienists?
b. Why the respective estimated capacity utilisation rates for student dental technicians and student dental hygienists in 2016/17 are 88% and 90% only?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 22)

Reply:

a. We do not envisage an increase in demand for the 3 courses and hence have not increased the number of training places. The Prince Philip Dental Hospital (PPDH) will continue to take into account all relevant factors, including the service needs, the manpower requirements for healthcare professionals and the number of potential applicants, in deciding on the number of training places.

b. The Advanced Diploma Course in Dental Technology and Higher Diploma Course in Dental Hygiene are two-year full-time courses. While majority of the Year I students will advance into the second year of study, some will leave PPDH after their first year of study. The estimated capacity utilisation rates for student dental technicians and student dental hygienists, i.e. 88% and 90% respectively, are based on the average performance in the past few years.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)070

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2013)

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

Subhead (No. & title): (-) Not specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Regarding the smoking cessation services provided by the Hospital Authority, will the Government inform this Committee of:

(a) the number of hotline enquiries, follow-up counselling cases and attendances at smoking cessation clinics by age group (including those below 18) in the past 3 years; and

(b) the cessation rate of first-year cases.

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 545)

Reply:
The Hospital Authority operates 16 full-time and 49 part-time smoking cessation clinics, providing smoking cessation services through counselling and provision of medication. Service throughputs in the past 3 years are as follows:

	2013	**2014**	**2015**
Number of enquiries on smoking cessation services	11 031	10 372	9 470
Number of telephone counselling sessions (including initial and follow-up telephone counselling)	56 500	57 474	54 548
New patients attending smoking cessation clinics	17 689	19 018	19 468
Percentage with age < 65	71.4%	71.3%	69.1%
Percentage with age ≥ 65	28.6%	28.7%	30.9%
One-year success quit rate	51.2%	52.4%	54.2%

Notes :

1. A breakdown by age group is not available for the number of enquiries received and the number of telephone counselling sessions conducted.

2. One-year success quit rate refers to the percentage of clients who have self-reported not to have smoked for a consecutive of seven days prior to the 52nd week after their first actual quit attempt.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)071

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2015)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

It is stated under "Matters Requiring Special Attention" that the Hospital Authority (HA) will augment health services for the elderly. In this regard, will the Government provide the following information of all the clusters under the HA?

a. The number of community geriatric nurses, the elderly population in the cluster, and the ratio between the community geriatric nurses and the elderly population in the district at present and in the past 3 years; and

b. The number of elderly persons served by each community geriatric nurse, the number of cases requiring long-term follow-up, the number of visits for each case every year, and the length of every visit for each case.

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 548)

Reply:

Community nurses (CNs) of the Hospital Authority (HA) serve clients of all ages including geriatrics in the community. Up to 31 December 2015 in 2015-16, around 644 000 home visits were made by CNs and the proportion of home visits made for geriatric patients is about 84%.

The table below sets out the number of CNs and their ratio to local elderly persons in 2013-14, 2014-15 and 2015-16 (as at 31 December 2015).

Cluster	No. of CN[(1)]	Elderly population[(2)]	No. of CN to 1 000 elderly population[(3)] ratio	Catchment Districts
2013-14 (as at 31 March 2014)				
HKEC	50	132 000	0.38	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	28	80 700	0.35	Central & Western, Southern
KCC	33	85 500	0.39	Kowloon City, Yau Tsim
KEC	88	151 700	0.58	Kwun Tong, Sai Kung
KWC	141	304 500	0.46	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	58	152 600	0.38	Sha Tin, Tai Po, North
NTWC	52	114 500	0.45	Tuen Mun, Yuen Long
Total:	**449**	**1 021 500**	**0.44**	
2014-15 (as at 31 March 2015)				
HKEC	55	134 900	0.41	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	28	83 400	0.34	Central & Western, Southern
KCC	36	89 900	0.40	Kowloon City, Yau Tsim
KEC	96	157 700	0.61	Kwun Tong, Sai Kung
KWC	143	317 200	0.45	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	56	160 900	0.35	Sha Tin, Tai Po, North
NTWC	54	121 700	0.44	Tuen Mun, Yuen Long
Total:	**468**	**1 065 900**	**0.44**	
2015-16 (as at 31 December 2015) [Provisional figures]				
HKEC	55	142 100	0.39	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	28	87 500	0.32	Central & Western, Southern
KCC	36	95 100	0.38	Kowloon City, Yau Tsim
KEC	96	164 800	0.58	Kwun Tong, Sai Kung
KWC	145	330 800	0.44	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	58	172 300	0.34	Sha Tin, Tai Po, North
NTWC	54	130 600	0.41	Tuen Mun, Yuen Long
Total:	**473**	**1 123 300**	**0.42**	

At present, each CN attends to about 180 cases on average per year. The table below sets out the number of successful home visits, the number of patients served, the number of successful home visits per patient and the average time for each successful home visit excluding travelling time in 2013-14, 2014-15 and 2015-16 (up to 31 December 2015).

Cluster	No. of successful home visits	No. of patients served	No. of successful home visits per patient	Average time (in minutes) per each successful home visit (net of travelling time)
2013-14				
HKEC	101 052	6 869	14.7	17.8

Cluster	No. of successful home visits	No. of patients served	No. of successful home visits per patient	Average time (in minutes) per each successful home visit (net of travelling time)
HKWC	57 122	3 421	16.7	18.7
KCC	65 763	2 706	24.3	22.6
KEC	161 314	10 795	14.9	21.6
KWC	250 546	15 789	15.9	22.7
NTEC	123 519	7 217	17.1	18.2
NTWC	80 320	4 272	18.8	22.2
Total:	**839 636**	**51 069**	**16.4**	**20.9**
2014-15				
HKEC	105 640	7 028	15.0	18.4
HKWC	57 359	3 683	15.6	18.6
KCC	65 983	2 883	22.9	24.5
KEC	163 464	11 065	14.8	21.7
KWC	252 928	16 512	15.3	22.9
NTEC	120 509	7 063	17.1	18.4
NTWC	82 270	4 463	18.4	22.1
Total:	**848 153**	**52 697**	**16.1**	**21.2**
2015-16 (up to 31 December 2015) [Provisional figures]				
HKEC	78 892	5 915	13.3	21.6
HKWC	39 534	2 983	13.3	18.8
KCC	53 575	2 676	20.0	26.7
KEC	122 741	9 179	13.4	22.2
KWC	189 467	13 370	14.2	23.3
NTEC	88 422	5 722	15.5	18.3
NTWC	62 173	3 829	16.2	22.6
Total:	**634 804**	**43 674**	**14.5**	**22.1**

Notes:

(1) The manpower figures of CN are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. They show the position as at end March of respective years (except for 2015-16 in which case the position is as at 31 December 2015). Individual figures may not add up to the total due to rounding.

(2) The population figures are based on the mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department. Individual figures may not add up to the total due to rounding and inclusion of marine population.

Elderly population refers to population aged 65 or above as at the mid-year for respective years.

(3) The CN to population ratios involves the use of the mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

It should be noted that the ratio of CN per 1 000 population varies among the clusters and the variances cannot be used to compare the level of service provision directly among the clusters because:

(a) in planning for its services, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors under consideration; and

(b) the catchment area of cluster for community nursing service may be different from the geographical delineation of population adopted by the Census & Statistics Department.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2038)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding drug treatment services, will the Government advise on the following:

a. What were the number of clients who sought assistance from and the number of clients who were treated successfully in various centres under the Hospital Authority in the past 3 years? What were the staffing of each centre and the expenditure involved?

b. Are there any additional drug treatment-related services included in the estimate for 2016-17? If yes, what are the details and the expenditure involved? If not, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 544)

Reply:

(a) The table below sets out the number of patients treated in the substance abuse clinics (SACs) by cluster in the Hospital Authority (HA) from 2013-14 to 2015-16.

No. of patients treated in the substance abuse clinics [1]	**2013-14**	**2014-15**	**2015 (January – December) [provisional figures]**
HKEC	340	360	370
HKWC	370	390	410
KCC	300	310	310
KEC	310	340	360
KWC	940	990	970
NTEC	800	880	880
NTWC	880	930	980
Overall [2]	**3 880**	**4 130**	**4 220**

Notes:
1. Figures are rounded to the nearest 10.
2. Individual figures may not add up to overall since patients can be treated in more than one cluster.

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

(b) No additional funding has been earmarked for substance abuse services for 2016-17.

Abbreviations

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

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)073

CONTROLLING OFFICER'S REPLY

(Question Serial No.2044)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government please list the numbers of common surgical cases in different specialties (such as General Surgery, Orthopaedics & Traumatology, Gynaecology, Urology, Cardiothoracic Surgery, Otorhinolaryngology and Ophthalmology) and among which the numbers of cases with surgery material costs borne by the patients (including coronary bypass operations, hip and knee replacements) in hospitals under each Hospital Authority cluster in the past 3 years?

Asked by: Dr Hon KWOK Ka-ki (Member Question No.543)

Reply:

The Hospital Authority (HA) has not surveyed the number of common elective surgeries performed in different specialties in public hospitals due to the wide range of procedures performed. The table below sets out the number of some common elective surgeries performed in public hospitals in the past 3 years.

Procedure	**No. of Cases Performed in 2013-14**	**No. of Cases Performed in 2014-15**	**No. of Cases Performed in 2015-16 (up to 31 December 2015)**
Herniorrhaphy	4 187	4 233	3 160
Cholecystectomy	3 227	3 380	2 521
Total Joint Replacement	2 951	3 192	2 611
Transurethral Resection of Prostate	2 424	2 466	1 870
Myomectomy	1 765	1 998	1 568
Total Abdominal Hysterectomy +/-	1 653	1 578	1 186

Procedure	**No. of Cases Performed in 2013-14**	**No. of Cases Performed in 2014-15**	**No. of Cases Performed in 2015-16 (up to 31 December 2015)**
Bilateral Salpingectomy			
Thyroidectomy	947	904	706
Haemorrhoidectomy	779	896	732
Cruciate Ligament Reconstruction	742	780	593
Tonsillectomy	677	736	582

Charges of public medical services in HA are on an all-inclusive basis. Depending on the clinical conditions of the patients and the actual examinations and treatments required, the charges cover items such as clinical, biochemical and pathology investigation, vaccines and general nursing services. The surgical material costs of the elective surgeries listed in the above table are basically covered by the all-inclusive charges of public services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2046)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the commission of services in Tin Shui Wai Hospital in phases by the Hospital Authority under Matters Requiring Special Attention, will the Government advise on the following:

a. What is the current progress of the works for Tin Shui Wai Hospital? What is the anticipated completion date? How do they deviate from the anticipated situation in the original plan?
b. Has the Government earmarked funds and manpower resources to monitor the progress of the works to ensure that there will not be any overspending or delay of the works?
c. What is the number of staff (doctors, nurses and allied health professionals) the hospital currently recruits? What is the number of additional beds to be provided and the departments to be run upon completion of the recruitment? How do they deviate from the service capacity in the original plan?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 453)

Reply:

(a) & (b)

Construction works for Tin Shui Wai Hospital (TSWH) were commenced in February 2013 and the progress is in line with the project schedule for completion in 2016. The current financial position of the project is healthy. Overspending of the approved project estimate is not expected. We will closely monitor the works progress and financial position to ensure that the new hospital project is delivered within the approved allocation and on schedule.

(c)

The New Territories West Cluster is conducting manpower planning for TSWH based on the projected needs of the community and service development. The Hospital Authority will provide the necessary training and support to facilitate smooth commissioning of the new hospital.

TSWH will commence service by phases from the fourth quarter of 2016. TSWH will initially provide eight-hour Accident and Emergency (A&E) service. Commencement of specialist outpatient, haemodialysis and community nursing services will follow in the first quarter of 2017.

Subject to manpower availability, TSWH will launch 24-hour A&E service as well as other clinical services in later phases

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2047)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

It is stated under Matters Requiring Special Attention that the Hospital Authority will open additional beds to meet the growing demand arising from population growth and ageing. Please provide the relevant details, as well as the expenditure, manpower and ranks of the staff involved.

Apart from the above, does the Government have other plans to enhance the service capacity in high needs communities like the New Territories West in order to strengthen the medical services of the New Territories West Cluster? If yes, what are the relevant details, as well as the expenditure, manpower and ranks of the staff involved? If no, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 457)

Reply:

The Hospital Authority (HA) has earmarked around $235 million for the opening of 231 beds in 2016-17. The table below sets out the respective numbers of the 231 hospital beds to be opened in each of the clusters.

Cluster	**Number of beds to be opened in 2016 17**			
	Acute General	Convalescent	Mentally Handicapped	Total
HKEC	20	-	-	**20**
KCC	24	-	-	**24**
KEC	16	-	-	**16**
NTEC	42	20	-	**62**
NTWC	14	75	20	**109**
HA Overall	**116**	**95**	**20**	**231**

HA will deploy existing staff and recruit additional staff to cope with the opening of the above additional beds. The detailed arrangements for manpower deployment are being worked out and are not yet available.

HA has earmarked an additional provision of around $368 million in 2016-17 for implementing initiatives to better manage growing service demand and improve quality of medical services in NTWC. These measures include:

(a) opening a total of 109 additional beds, which comprise:
    (i) 38 convalescent beds in Pok Oi Hospital (POH);
    (ii) 20 mentally handicapped beds in Siu Lam Hospital to enhance infirmary and rehabilitation services;
    (iii) 37 convalescent beds in Tuen Mun Hospital (TMH);
    (iv) 14 day beds in TMH;
(b) opening 6 Operating Theatre sessions in POH to support emergency operations during weekends and on public holidays;
(c) commencing services in Tin Shui Wai Hospital;
(d) implementing In-patient Medication Order Entry in POH;
(e) opening an endoscopy room in POH to support surgical emergency/elective endoscopy service; and
(g) upgrading telecommunication infrastructure to enhance the Picture Archiving Communication System.

NTWC will deploy existing staff and recruit additional staff to maintain the existing services and implement the above initiatives. The detailed arrangement for manpower deployment are being worked out and are not yet available.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2048)

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

Subhead (No. & title): (-) Not Specified

Programme: (3) Subvention: Prince Philip Dental Hospital

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Regarding the Prince Philip Dental Hospital, will the Government provide the following information for the past 3 years:
a. the number of attendances, the number of patients accepted and put on the waiting list, the number of teaching patients received, the average and the longest waiting time for treatment, and the manpower involved in providing treatment in each case;
b. the number of private fee paying cases received and the manpower involved in providing treatment in each case;
c. the costs, fees and charges and subvention per patient (teaching patient / private fee paying patient)?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 459)

Reply:

The Prince Philip Dental Hospital (PPDH) is a purpose-built teaching hospital to provide facilities for the training of dentists and other persons in professions supplementary to dentistry. Unlike the general public hospitals, PPDH only provides dental services which are incidental to teaching and for a limited number of private fee paying patients, but does not provide public dental services.

At present, members of the public seeking dental services at PPDH will be screened. Only those who are found to be suitable for teaching purposes will be accepted as teaching patients. Treatments for teaching patients are mainly carried out by dental students under the supervision of qualified clinicians from the Faculty of Dentistry (the Faculty) of the University of Hong Kong. The waiting time before commencement of treatment will depend on the training needs of the students and their study progress. PPDH does not have the statistics on the number of teaching patients accepted.

As regards private fee paying patients, they are referred by sources outside PPDH.

Treatments for these patients are provided by authorised teaching staff of the Faculty.

The attendance of teaching patients and private fee paying patients of PPDH from 2013-14 to 2015-16 is as follows:

Financial Year	Attendance	
	Teaching Patients	Private Fee Paying Patients
2013-14	123 754	2 354
2014-15	123 320	1 345
2015-16 (as at 29 February 2016)	109 881	1 403

The Hospital does not have a breakdown of its subvention/expenditure/manpower showing the amount for individual services.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)077

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2063)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Has the Government regularly reviewed the medical needs of residents in Tung Chung South and implemented any improvement measures, including increasing the provision of primary care services (such as quotas for public outpatient services) and hospital services (such as number of hospital beds and quotas for specialist outpatient services) of the relevant cluster? If yes, what are the details? If no, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 454)

Reply:

In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in Tung Chung South is incorporated in the service planning of Kowloon West Cluster (KWC). Over the years, KWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 151 000, specialist outpatient attendances by 102 000 and the number of beds by 70 from 2011-12 to 2015-16 in order to meet service demand in the cluster. HA will regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)078

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2064)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Has the Government regularly reviewed the medical needs of residents in Park Island and implemented any improvement measures, including increasing the provision of primary care services (such as quotas for public outpatient services) and hospital services (such as number of hospital beds and quotas for specialist outpatient services) of the relevant cluster? If yes, what are the details? If no, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 456)

Reply:

In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in Park Island is incorporated in the service planning of Kowloon West Cluster (KWC). Over the years, KWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 151 000, specialist outpatient attendances by 102 000 and the number of beds by 70 from 2011-12 to 2015-16 in order to meet service demand in the cluster. HA will regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)079

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2065)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Has the Government regularly reviewed the medical needs of residents in Belvedere Garden and implemented any improvement measures, including increasing the provision of primary care services (such as quotas for public outpatient services) and hospital services (such as number of hospital beds and quotas for specialist outpatient services) of the relevant cluster? If yes, what are the details? If no, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 458)

Reply:

In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in Belvedere Garden is incorporated in the service planning of Kowloon West Cluster (KWC). Over the years, KWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 151 000, specialist outpatient attendances by 102 000 and the number of beds by 70 from 2011-12 to 2015-16 in order to meet service demand in the cluster. HA will regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)080

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2066)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Has the Government regularly reviewed the medical needs of residents in Discovery Bay and implemented any improvement measures, including increasing the provision of primary care services (such as quotas for public outpatient services) and hospital services (such as number of hospital beds and quotas for specialist outpatient services) of the relevant cluster? If yes, what are the details? If no, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 461)

Reply:

In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in Discovery Bay is incorporated in the service planning of Kowloon West Cluster (KWC). Over the years, KWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 151 000, specialist outpatient attendances by 102 000 and the number of beds by 70 from 2011-12 to 2015-16 in order to meet service demand in the cluster. HA will regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)081

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2067)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Has the Government regularly reviewed the medical needs of residents in Tuen Mun and implemented any improvement measures, including increasing the provision of primary care services (such as quotas for public outpatient services) and hospital services (such as number of hospital beds and quotas for specialist outpatient services) of the relevant cluster? If yes, what are the details? If no, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 462)

Reply:

In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in Tuen Mun is incorporated in the service planning of New Territories West Cluster (NTWC). Over the years, NTWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 84 000, specialist outpatient attendances by 67 000 and the number of beds by 333 from 2011-12 to 2015-16 in order to meet the service demand in the cluster. HA will regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2068)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Has the Government regularly reviewed the medical needs of residents in Gold Coast and implemented any improvement measures, including increasing the provision of primary care services (such as quotas for public outpatient services) and hospital services (such as number of hospital beds and quotas for specialist outpatient services) of the relevant cluster? If yes, what are the details? If no, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 463)

Reply:

In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in Gold Coast is incorporated in the service planning of New Territories West Cluster (NTWC). Over the years, NTWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 84 000, specialist outpatient attendances by 67 000 and the number of beds by 333 from 2011-12 to 2015-16 in order to meet the service demand in the cluster. HA will regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)083

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2069)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Has the Government regularly reviewed the medical needs of residents in Kwai Fong and implemented any improvement measures, including increasing the provision of primary care services (such as quotas for public outpatient services) and hospital services (such as number of hospital beds and quotas for specialist outpatient services) of the relevant cluster? If yes, what are the details? If no, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 464)

Reply:

In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in Kwai Fong is incorporated in the service planning of Kowloon West Cluster (KWC). Over the years, KWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 151 000, specialist outpatient attendances by 102 000 and the number of beds by 70 from 2011-12 to 2015-16 in order to meet service demand in the cluster. HA will regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2070)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Has the Government regularly reviewed the medical needs of residents in Tsing Yi and implemented any improvement measures, including increasing the provision of primary care services (such as quotas for public outpatient services) and hospital services (such as number of hospital beds and quotas for specialist outpatient services) of the relevant cluster? If yes, what are the details? If no, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 465)

Reply:

In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in Tsing Yi is incorporated in the service planning of Kowloon West Cluster (KWC). Over the years, KWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 151 000, specialist outpatient attendances by 102 000 and the number of beds by 70 from 2011-12 to 2015-16 in order to meet service demand in the cluster. HA will regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)085

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2071)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Has the Government regularly reviewed the medical needs of residents in Tin Shui Wai and implemented any improvement measures, including increasing the provision of primary care services (such as quotas for public outpatient services) and hospital services (such as number of hospital beds and quotas for specialist outpatient services) of the relevant cluster? If yes, what are the details? If no, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 466)

Reply:

In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in Tin Shui Wai is incorporated in the service planning of New Territories West Cluster (NTWC). Over the years, NTWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 84 000, specialist outpatient attendances by 67 000 and the number of beds by 333 from 2011-12 to 2015-16 in order to meet the service demand in the cluster. HA will regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)086

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2072)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Has the Government regularly reviewed the medical needs of residents in New Yuen Long Centre and implemented any improvement measures, including increasing the provision of primary care services (such as quotas for public outpatient services) and hospital services (such as number of hospital beds and quotas for specialist outpatient services) of the relevant cluster? If yes, what are the details? If no, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 467)

Reply:

In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in New Yuen Long Centre is incorporated in the service planning of New Territories West Cluster (NTWC). Over the years, NTWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 84 000, specialist outpatient attendances by 67 000 and the number of beds by 333 from 2011-12 to 2015-16 in order to meet the service demand in the cluster. HA will regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)087

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2923)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding … (sic) by the Hospital Authority under Matters Requiring Special Attention, will the Government advise on the following:

a. What is the current progress of the works for Tin Shui Wai Hospital? What is the anticipated completion date? How do they deviate from the anticipated situation in the original plan?
b. Has the Government earmarked funds and manpower resources to monitor the progress of the works to ensure that there will not be any overspending or delay of the works?
c. What is the number of staff (doctors, nurses and allied health professionals) the hospital currently recruits? What is the number of additional beds to be provided and the departments to be run upon completion of the recruitment? How do they deviate from the service capacity in the original plan?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 455)

Reply:

(b) & (b)

Construction works for Tin Shui Wai Hospital (TSWH) commenced in February 2013 and the progress is in line with the project schedule for completion in 2016. The current financial position of the project is healthy. Overspending of the approved project estimate is not expected. We will closely monitor the works progress and financial position to ensure that the new hospital project is delivered within the approved allocation and on schedule.

(c)

TSWH will commence service by phases from the 4th quarter of 2016. The New Territories West Cluster is conducting manpower planning for TSWH based on the projected needs of the community and service development. The estimated manpower for TSWH is approximately 1 000 staff when TSWH is in full operation. The Hospital Authority will provide the necessary training and support to facilitate smooth commissioning of the new hospital.

TSWH will initially provide 8-hour Accident and Emergency (A&E) service. Commencement of specialist outpatient, haemodialysis and community nursing services will follow in the 1st quarter of 2017. Subject to manpower availability, TSWH will launch 24-hour A&E service as well as other clinical services in later phases

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2924)

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

Subhead (No. & title): (-) Not Specified

Programme: (3) Subvention: Prince Philip Dental Hospital

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the training places for dentists,

a. how many dentists are there in Hong Kong? How many of them are working in the public and private sectors respectively? What is the ratio of dentist to population?

b. Has the Government considered increasing the number of training places for dentists so as to increase the ratio of dentist to population? If yes, what are the targets for increase for the next 5 and 10 years and the target ratios of dentist to population to be achieved respectively?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 460)

Reply:

(a) As at December 2015, there were 2 171 dentists on the list of registered dentists resident in Hong Kong under the Dentists Registration Ordinance. The ratio of resident dentist to population was 1: 3 374. The Dental Council of Hong Kong does not have a breakdown of the number of dentists working in private and public sectors. However, according to the 2012 Health Manpower Survey conducted by the Department of Health, the distribution of dentists working in different sectors was as follows–

Sector of Work*	Government	Private	Other#	Unknown
Percentage of Dentists	18.2%	72.9%	8.1%	0.9%

Note: The figures may not add up to 100 due to rounding effect.

* Refers to the sector of main job

[#] Figures include Hospital Authority, subvented sector, academic sector and Prince Philip Dental Hospital.

(b) In response to the challenges of an ageing population and increasing demand for healthcare services with higher expectations, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong (the Review). The Review aims to make recommendations that would better enable our society to meet the projected demand for healthcare professionals, including dentists, as well as to foster professional development. We expect that the Review will be completed in mid-2016. The Government will publish the report and take forward the recommendations as appropriate upon completion of the Review.

To meet the anticipated demand for dental manpower, the Government based on the preliminary findings of the Review, has increased the number of University Grants Committee-funded degree places in dentistry from 53 to 73 by 20 in the 2016/17-2018/19 triennium.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3132)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the specialist outpatient services at various hospitals under the Hospital Authority (HA) (including ear, nose and throat; gynaecology; obstetrics; medicine; ophthalmology; orthopaedics and traumatology; paediatrics and adolescent medicine; surgery; geriatric; and psychiatry), would the Government please advise on the number of new cases triaged respectively as first priority, second priority and routine categories in the past 3 years and their respective percentages?

Among the above cases of different priorities, what are the respective lower quartile and median of the waiting time, and the longest waiting time for consultation appointments at HA hospitals?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 433)

Reply:

The tables below set out the number of specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases in the Hospital Authority (HA); their respective percentages in the total number of SOP new cases; and their respective lower quartile (25^{th} percentile), median (50^{th} percentile), and longest (90^{th} percentile) waiting time in each hospital cluster of HA in 2013-14, 2014-15 and 2015-16 (up to 31 December 2015).

2013-14

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25th	50th	90th			25th	50th	90th			25th	50th	90th
				percentile					percentile					percentile		
HKEC	ENT	1 191	15%	<1	<1	<1	2 781	34%	1	3	7	4 239	52%	15	35	45
	MED	2 306	20%	<1	1	2	3 348	28%	2	4	7	6 143	52%	6	15	47
	GYN	814	14%	<1	<1	1	912	16%	3	3	6	4 067	70%	8	12	22
	OPH	5 321	44%	<1	<1	1	1 757	15%	4	7	8	5 011	41%	10	14	36
	ORT	1 892	20%	<1	1	1	2 297	24%	4	6	7	5 370	56%	15	47	51
	PAE	197	15%	<1	1	2	903	67%	3	5	7	256	19%	9	13	26
	PSY	451	13%	<1	1	1	869	25%	2	3	7	2 127	62%	2	7	28
	SUR	1 971	15%	<1	1	2	3 932	30%	4	6	8	7 345	55%	10	20	47
HKWC	ENT	701	11%	<1	<1	1	2 212	33%	3	6	8	3 743	56%	6	21	89
	MED	1 588	13%	<1	<1	1	1 735	14%	3	5	9	8 839	73%	9	31	57
	GYN	1 174	14%	<1	1	2	893	11%	3	4	7	5 616	66%	9	18	62
	OPH	3 672	36%	<1	<1	1	1 435	14%	4	4	8	5 090	50%	13	17	21
	ORT	1 113	10%	<1	<1	2	1 527	14%	2	4	7	8 340	76%	6	14	42
	PAE	391	16%	<1	<1	1	806	33%	2	4	8	1 226	51%	10	16	19
	PSY	178	4%	<1	1	2	624	15%	1	3	6	3 311	80%	3	14	86
	SUR	2 155	15%	<1	1	2	2 426	17%	3	5	8	9 753	68%	6	21	66
KCC	ENT	1 395	9%	<1	<1	<1	859	5%	<1	2	5	13 466	86%	5	21	28
	MED	1 585	13%	<1	<1	1	1 751	15%	3	4	7	8 584	71%	12	38	85
	GYN	476	9%	<1	<1	1	1 771	32%	3	4	6	3 259	59%	5	10	28
	OPH	7 229	30%	<1	<1	<1	5 314	22%	1	2	5	11 438	47%	43	53	60
	ORT	327	4%	<1	<1	1	1 029	13%	<1	2	6	6 797	83%	29	54	93
	PAE	565	26%	<1	<1	1	428	19%	4	5	7	1 203	55%	6	16	20
	PSY	241	9%	<1	<1	1	964	35%	2	4	8	1 570	57%	8	16	36
	SUR	2 294	13%	<1	1	1	2 960	17%	3	4	7	12 100	70%	20	24	65
KEC	ENT	1 758	20%	<1	<1	1	2 666	30%	3	4	7	4 547	51%	32	52	78
	MED	1 735	9%	<1	1	1	4 433	24%	4	7	7	12 518	67%	12	43	75
	GYN	1 622	19%	<1	1	1	1 067	12%	3	6	7	6 033	69%	11	33	89
	OPH	5 551	31%	<1	<1	1	944	5%	3	6	7	11 141	63%	11	23	71
	ORT	3 881	24%	<1	<1	1	3 033	19%	5	7	8	9 144	57%	37	100	149
	PAE	898	22%	<1	<1	1	749	18%	4	7	7	2 502	60%	15	20	35
	PSY	349	5%	<1	1	2	2 110	29%	3	4	7	4 517	62%	12	48	97
	SUR	1 594	7%	<1	1	1	5 726	23%	4	6	7	17 092	70%	6	24	151

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25th	50th	90th			25th	50th	90th			25th	50th	90th
				percentile					percentile					percentile		
KWC	ENT	3 345	19%	<1	<1	1	4 492	26%	4	6	8	9 530	55%	14	24	45
	MED	2 740	9%	<1	<1	2	6 275	21%	4	6	7	20 394	68%	20	43	74
	GYN	987	7%	<1	<1	1	2 617	19%	4	6	7	10 406	74%	12	21	46
	OPH	6 168	33%	<1	<1	<1	6 129	33%	4	5	7	6 499	35%	36	44	49
	ORT	4 251	19%	<1	<1	1	5 647	25%	3	5	8	12 419	55%	46	57	107
	PAE	2 918	38%	<1	<1	1	1 009	13%	4	6	7	3 652	47%	8	10	17
	PSY	396	3%	<1	1	2	840	6%	1	4	8	13 096	91%	1	17	92
	SUR	5 182	14%	<1	1	2	10 720	29%	4	6	7	21 631	58%	17	38	104
NTEC	ENT	4 278	28%	<1	<1	2	3 310	22%	3	3	7	7 493	50%	23	57	87
	MED	2 787	13%	<1	<1	1	2 594	12%	3	5	8	15 318	72%	19	64	83
	GYN	1 600	13%	<1	<1	2	872	7%	3	5	8	7 886	63%	19	48	128
	OPH	7 061	35%	<1	<1	1	2 942	15%	3	4	8	9 948	50%	14	46	70
	ORT	5 903	27%	<1	<1	1	2 237	10%	4	5	7	13 644	63%	17	111	127
	PAE	495	12%	<1	<1	2	723	18%	3	4	7	2 843	70%	10	26	48
	PSY	1 470	17%	<1	1	2	2 285	26%	2	4	8	4 878	56%	15	40	104
	SUR	2 108	9%	<1	<1	2	3 388	14%	3	5	7	18 571	77%	17	27	79
NTWC	ENT	2 654	21%	<1	<1	1	1 216	10%	2	3	7	8 738	69%	13	28	41
	MED	1 121	11%	1	1	2	2 346	23%	5	6	7	6 593	66%	23	38	59
	GYN	1 130	15%	1	1	3	951	13%	4	6	9	5 255	72%	11	15	43
	OPH	7 057	36%	<1	<1	1	3 282	17%	2	4	6	9 282	47%	15	51	68
	ORT	1 759	13%	<1	1	2	1 153	9%	2	4	7	10 137	78%	20	73	82
	PAE	43	2%	<1	1	2	271	12%	4	6	8	1 873	86%	10	13	14
	PSY	547	8%	<1	1	1	1 888	27%	2	5	8	4 399	64%	6	24	49
	SUR	1 386	6%	<1	1	5	3 478	15%	4	7	29	17 673	78%	22	48	59

2014-15

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25th	50th	90th			25th	50th	90th			25th	50th	90th
				percentile					percentile					percentile		
HKEC	ENT	1 217	15%	<1	<1	<1	2 790	34%	1	3	6	4 252	51%	12	35	42
	MED	2 601	21%	<1	1	2	3 705	30%	2	4	7	6 118	49%	12	23	51
	GYN	748	13%	<1	<1	1	908	15%	2	3	6	4 245	72%	7	13	36
	OPH	5 502	43%	<1	<1	1	1 928	15%	4	6	8	5 306	42%	10	12	32
	ORT	1 927	20%	<1	1	1	2 242	23%	4	6	7	5 552	57%	19	46	51
	PAE	237	17%	<1	1	2	921	66%	3	5	7	230	17%	10	14	19
	PSY	384	11%	<1	1	1	917	26%	2	3	6	2 189	63%	4	9	23
	SUR	1 925	14%	<1	1	2	4 270	31%	5	7	8	7 655	55%	15	31	55
HKWC	ENT	811	12%	<1	<1	1	2 762	41%	3	6	8	3 230	47%	8	26	81
	MED	1 804	15%	<1	<1	1	1 924	16%	3	5	9	8 580	70%	10	33	69
	GYN	1 552	20%	<1	<1	2	1 106	14%	4	5	7	4 999	63%	9	18	124
	OPH	3 478	37%	<1	<1	1	1 434	15%	3	4	8	4 546	48%	3	13	24
	ORT	909	8%	<1	<1	2	1 584	14%	3	4	7	8 578	77%	9	16	42
	PAE	532	22%	<1	<1	1	701	28%	1	4	7	1 237	50%	10	12	14
	PSY	516	12%	<1	1	2	875	21%	2	3	6	2 812	67%	8	32	124
	SUR	1 897	13%	<1	<1	2	2 675	19%	3	6	8	9 636	68%	8	15	62
KCC	ENT	1 482	10%	<1	<1	1	1 142	8%	1	2	6	12 105	82%	13	25	35
	MED	1 418	12%	<1	1	1	1 875	15%	3	5	7	8 812	72%	18	42	97
	GYN	427	8%	<1	<1	1	1 809	33%	3	4	7	3 183	59%	11	16	34
	OPH	7 166	29%	<1	<1	<1	4 333	17%	1	4	5	13 391	54%	49	54	58
	ORT	301	4%	<1	1	1	1 029	13%	<1	2	6	6 594	83%	37	66	108
	PAE	711	29%	<1	<1	1	544	22%	5	6	7	1 174	48%	7	16	18
	PSY	179	6%	<1	<1	1	980	34%	1	3	7	1 692	59%	14	16	37
	SUR	2 234	12%	<1	1	1	2 750	15%	3	5	7	13 217	73%	22	32	47
KEC	ENT	1 907	19%	<1	<1	1	2 545	25%	1	3	7	5 663	56%	36	40	57
	MED	1 741	9%	<1	1	1	4 322	23%	4	6	7	12 609	68%	12	55	83
	GYN	1 277	15%	<1	1	1	1 048	13%	4	6	7	6 017	72%	13	51	83
	OPH	5 487	30%	<1	<1	1	540	3%	3	6	7	12 213	67%	11	14	81
	ORT	3 778	23%	<1	<1	1	3 140	19%	6	7	7	9 762	59%	20	105	167
	PAE	1 027	24%	<1	<1	1	741	18%	4	7	7	2 441	58%	15	16	20
	PSY	359	5%	<1	1	2	1 892	27%	3	5	7	4 621	66%	8	34	103
	SUR	1 733	7%	<1	1	1	6 252	24%	6	7	7	17 700	69%	12	23	140

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25th	50th	90th			25th	50th	90th			25th	50th	90th
				percentile					percentile					percentile		
KWC	ENT	3 663	21%	<1	<1	1	3 801	22%	3	5	8	9 921	57%	16	28	53
	MED	2 530	8%	<1	<1	1	6 305	20%	4	6	7	21 351	69%	17	47	72
	GYN	1 032	7%	<1	<1	2	2 239	16%	4	6	7	10 672	76%	11	28	53
	OPH	6 722	34%	<1	<1	<1	6 499	33%	3	4	7	6 629	33%	5	52	58
	ORT	3 981	17%	<1	<1	1	5 343	22%	3	5	8	14 345	60%	25	60	125
	PAE	3 092	38%	<1	<1	1	1 217	15%	4	5	7	3 652	45%	8	11	18
	PSY	399	3%	<1	1	4	560	4%	2	4	8	13 306	93%	2	21	64
	SUR	3 782	10%	<1	1	2	10 504	28%	4	6	7	23 841	62%	16	36	83
NTEC	ENT	4 181	27%	<1	<1	2	3 564	23%	3	4	7	7 893	50%	12	38	96
	MED	2 883	13%	<1	<1	1	2 662	12%	3	5	8	15 413	72%	18	70	95
	GYN	2 024	16%	<1	<1	2	1 032	8%	3	6	8	7 993	63%	17	41	99
	OPH	7 644	37%	<1	<1	1	3 149	15%	3	4	8	9 745	47%	18	62	66
	ORT	5 896	27%	<1	<1	1	2 133	10%	3	4	8	14 036	64%	23	119	140
	PAE	341	8%	<1	<1	2	475	12%	3	4	7	3 297	80%	4	17	36
	PSY	1 221	13%	<1	1	2	2 454	27%	2	4	8	5 353	59%	12	45	131
	SUR	2 031	8%	<1	<1	2	3 065	12%	3	5	8	19 902	79%	17	35	78
NTWC	ENT	2 807	22%	<1	<1	1	1 658	13%	2	3	7	8 379	65%	25	56	73
	MED	1 325	13%	<1	1	2	3 066	31%	5	6	7	5 540	56%	39	61	80
	GYN	1 112	15%	<1	1	2	543	7%	4	6	8	5 621	77%	12	19	68
	OPH	8 769	43%	<1	<1	1	4 058	20%	2	4	7	7 403	37%	17	60	66
	ORT	1 731	13%	<1	1	1	1 231	9%	2	3	7	10 643	78%	28	78	83
	PAE	147	7%	1	1	2	370	16%	2	3	5	1 732	77%	9	10	10
	PSY	531	8%	<1	1	1	1 973	28%	3	7	8	4 431	63%	13	49	74
	SUR	1 461	7%	<1	1	3	3 035	14%	4	6	34	17 668	80%	24	57	67

2015-16 (up to 31 December 2015) [Provisional figures]

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25th	50th	90th			25th	50th	90th			25th	50th	90th
				percentile					percentile					percentile		
HKEC	ENT	866	13%	<1	<1	<1	2 325	34%	1	3	7	3 574	53%	11	35	44
	MED	1 957	20%	<1	1	2	2 852	29%	3	5	7	4 903	50%	13	22	52
	GYN	551	13%	<1	<1	1	589	13%	2	3	7	3 237	74%	17	33	88
	OPH	4 059	38%	<1	<1	1	1 505	14%	4	6	8	5 211	48%	12	21	36
	ORT	1 243	16%	<1	1	1	1 428	18%	4	6	7	5 102	66%	24	59	98
	PAE	139	14%	<1	1	2	692	68%	4	5	7	194	19%	10	12	19
	PSY	249	9%	<1	1	1	658	24%	2	3	5	1 808	67%	5	9	29
	SUR	1 484	14%	<1	1	2	3 256	30%	5	7	8	6 000	56%	18	37	60
HKWC	ENT	510	9%	<1	<1	1	1 852	33%	4	6	8	3 178	57%	<1	14	87
	MED	1 441	15%	<1	<1	1	1 372	14%	2	4	7	6 845	71%	11	36	78
	GYN	1 337	22%	<1	<1	2	879	14%	4	6	8	3 876	63%	12	20	158
	OPH	2 720	39%	<1	<1	1	875	13%	4	4	7	3 335	48%	16	19	32
	ORT	596	7%	<1	<1	1	824	10%	2	3	6	6 758	83%	7	17	60
	PAE	405	20%	<1	<1	2	644	32%	2	4	7	951	48%	9	10	11
	PSY	558	15%	<1	<1	1	676	18%	2	3	6	2 564	68%	15	86	169
	SUR	1 803	16%	<1	<1	2	2 132	18%	3	5	8	7 606	66%	9	20	110
KCC	ENT	1 126	10%	<1	<1	1	1 030	9%	2	4	6	9 289	81%	22	24	31
	MED	1 115	11%	<1	<1	1	1 474	15%	4	5	7	7 060	72%	27	50	102
	GYN	330	8%	<1	<1	1	1 351	33%	4	6	8	2 424	59%	12	26	43
	OPH	5 955	30%	<1	<1	1	3 525	18%	1	4	8	9 601	49%	56	62	69
	ORT	220	3%	<1	1	1	841	13%	<1	1	7	5 577	84%	23	50	87
	PAE	558	30%	<1	<1	1	393	21%	5	6	8	896	49%	7	16	24
	PSY	80	4%	<1	<1	1	737	35%	1	3	7	1 273	61%	6	16	25
	SUR	1 506	11%	<1	1	1	2 115	16%	3	4	7	9 942	73%	22	39	48
KEC	ENT	1 361	18%	<1	<1	1	1 916	26%	1	2	7	4 156	56%	58	66	82
	MED	1 179	8%	<1	1	1	3 768	25%	4	6	7	9 965	67%	14	65	100
	GYN	874	14%	<1	1	1	705	11%	4	6	7	4 749	75%	15	55	112
	OPH	4 245	30%	<1	<1	1	250	2%	3	5	7	9 843	69%	11	15	109
	ORT	2 847	21%	<1	<1	1	2 529	19%	5	7	7	7 873	59%	20	100	135
	PAE	891	25%	<1	<1	1	634	18%	3	5	7	2 026	57%	15	17	24
	PSY	346	6%	<1	<1	1	1 480	26%	2	4	7	3 745	67%	10	53	99
	SUR	1 245	6%	<1	1	1	4 829	24%	6	7	7	13 637	69%	14	21	88

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25th	50th	90th			25th	50th	90th			25th	50th	90th
				percentile					percentile					percentile		
KWC	ENT	2 900	21%	<1	<1	1	2 475	18%	3	5	8	8 486	61%	15	34	50
	MED	2 202	9%	<1	<1	1	5 001	21%	4	6	7	15 942	68%	23	57	76
	GYN	804	7%	<1	<1	1	1 931	16%	4	6	7	8 763	73%	11	25	62
	OPH	5 042	33%	<1	<1	<1	4 356	29%	2	2	3	5 735	38%	4	42	52
	ORT	3 040	17%	<1	<1	1	3 978	22%	3	5	8	11 215	61%	31	63	122
	PAE	2 086	34%	<1	<1	1	791	13%	4	6	8	3 083	51%	9	12	18
	PSY	232	2%	<1	<1	1	449	4%	1	3	7	10 129	94%	1	14	65
	SUR	2 699	9%	<1	<1	2	7 754	25%	4	6	8	20 681	66%	15	28	80
NTEC	ENT	3 118	24%	<1	<1	2	2 863	22%	3	4	7	6 755	53%	14	53	104
	MED	2 344	14%	<1	<1	1	2 172	13%	3	5	8	12 264	72%	19	73	100
	GYN	1 699	17%	<1	<1	2	666	7%	3	6	8	6 105	62%	21	48	100
	OPH	5 776	35%	<1	<1	1	2 774	17%	3	4	8	8 004	48%	23	63	68
	ORT	4 405	26%	<1	<1	1	1 872	11%	3	5	8	10 747	63%	23	111	156
	PAE	263	7%	<1	<1	2	327	9%	3	4	6	2 943	83%	3	11	43
	PSY	1 021	14%	<1	1	2	1 950	26%	3	4	8	4 446	60%	16	52	120
	SUR	1 505	8%	<1	<1	2	2 419	12%	3	5	8	15 903	79%	17	44	79
NTWC	ENT	2 154	22%	<1	<1	1	948	10%	3	4	7	6 803	69%	13	48	68
	MED	929	12%	<1	1	2	2 294	30%	5	6	8	4 525	58%	17	53	78
	GYN	834	16%	<1	1	2	104	2%	3	4	8	4 434	83%	19	39	129
	OPH	7 333	47%	<1	<1	1	2 162	14%	2	3	8	5 957	39%	23	59	68
	ORT	1 397	13%	<1	1	2	1 075	10%	3	4	7	8 018	76%	27	84	87
	PAE	46	3%	<1	1	2	380	21%	3	5	6	1 363	76%	11	12	14
	PSY	358	7%	<1	1	1	1 441	28%	3	6	7	3 220	63%	9	49	98
	SUR	1 123	7%	<1	1	4	2 519	15%	4	6	15	12 965	78%	25	60	74

Notes:

1. Sub-specialty statistics for Geriatrics are grouped under Medicine specialty.
2. HA uses 90th percentile to denote the longest waiting time for SOP service.
3. Individual percentages of the triage categories (i.e. Priority 1, Priority 2 and Routine) may not add up to 100% due to miscellaneous cases not falling into the triage system and the rounding effect.

The triage system is not applicable to obstetric service at the SOP clinics. The table below sets out the number of obstetric new cases and their respective lower quartile (25th percentile), median (50th percentile), and longest (90th percentile) waiting time in each hospital cluster in 2013-14, 2014-15 and 2015-16 (up to 31 December 2015).

Cluster	2013-14				2014-15				2015-16 (Up to 31 December 2015) [Provisional figures]			
	Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
		25th percentile	50th percentile	90th percentile		25th percentile	50th percentile	90th percentile		25th percentile	50th percentile	90th percentile
HKEC	3 541	<1	1	3	3 628	<1	1	3	2 721	1	1	3
HKWC	4 162	1	2	4	4 427	1	3	4	3 512	1	3	5
KCC	6 742	3	8	19	6 827	5	10	20	5 634	8	15	22
KEC	2 874	<1	1	3	3 199	<1	1	3	2 721	<1	1	4
KWC	16 240	3	6	12	14 726	3	6	13	10 137	3	5	10
NTEC	12 404	4	6	22	12 401	3	5	18	10 132	4	5	18
NTWC	3 280	<1	1	1	3 116	1	1	3	2 175	1	2	5

Note:
HA uses 90th percentile to denote the longest waiting time for SOP service.

Abbreviations

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

Specialty:
ENT – Ear, Nose & Throat
MED – Medicine
GYN – Gynaecology
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology
PAE – Paediatrics
PSY – Psychiatry
SUR – Surgery

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3247)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Would the Government please advise this Committee of the number of health care assistants (including phlebotomists) of various ranks by department in each of the hospitals in the Hospital Authority clusters in the past 3 years and their ratios to patients?

Asked by: Dr Hon KWOK Ka-Ki (Member Question No.434)

Reply:

The tables below set out the number of care-related supporting staff (including phlebotomists) of the Hospital Authority (HA), the ratio to inpatient discharges and deaths and the ratio to inpatient and day inpatient discharges and deaths in the past 3 years.

2013-14 (as at 31 March 2014)

Cluster	Number of care-related supporting staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
HKEC	1 341	11.9	7.6
HKWC	1 231	11.2	6.6
KCC	1 748	14.2	8.6
KEC	1 211	10.1	7.2
KWC	2 478	9.4	6.7
NTEC	2 099	12.6	8.0
NTWC	2 028	15.4	10.0
Total	**12 136**	**11.8**	**7.7**

2014-15 (as at 31 March 2015)

Cluster	Number of care-related supporting staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
HKEC	1 485	13.1	8.1
HKWC	1 422	12.5	7.2
KCC	1 968	15.3	9.4
KEC	1 436	11.4	8.1
KWC	2 831	10.4	7.4
NTEC	2 358	14.0	8.8
NTWC	2 216	16.3	10.6
Total	**13 715**	**13.0**	**8.4**

2015-16 (as at 31 December 2015)

Cluster	Number of care-related supporting staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
HKEC	1 486	13.1	8.0
HKWC	1 477	13.1	7.3
KCC	2 037	15.5	9.6
KEC	1 464	11.5	8.1
KWC	2 904	10.6	7.5
NTEC	2 399	13.9	8.6
NTWC	2 334	16.8	10.9
Total	**14 101**	**13.2**	**8.5**

Note:

(1) The manpower figures are calculated on full-time equivalent includes permanent, contract and temporary staff in HA's workforce. Individual figures may not add up to the total due to rounding.

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

(3) For the ratios of manpower per 1 000 inpatient and day inpatient discharges and deaths, the manpower position refers to that as at 31 March of the respective years (except for 2015-16, the manpower status as at 31 December 2015 was drawn); whereas the numbers of inpatient and day inpatient discharges and deaths refer to the throughput for

the whole financial year (except for 2015-16, the throughput from 1 January 2015 to 31 December 2015 was taken). The numbers of inpatient and day inpatient discharges and deaths for 2015-16 are provisional figures.

(4) It is important to note that care-related supporting staff are responsible for rendering services for the whole continuum of services spanning from inpatient, outpatient, ambulatory and outreach services. Therefore, year on year comparison of the manpower ratios for inpatient services may not be a meaningful indicator of the changes in the workload of the staff. The ratios also vary among clusters as throughputs are related to the mode of care delivery, the condition of each patient and the complexity of each case among different specialties and clusters.

(5) In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than 1 day.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3248)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out the number of doctors and their ratio to the population in respect of the clusters, their length of service, vacancy rate, wastage rate and average weekly working hours by rank in specialist outpatient clinics (including Ear, Nose & Throat, Gynaecology, Obstetrics, Medicine, Ophthalmology, Orthopaedics & Traumatology, Paediatrics & Adolescent Medicine, Surgery, Geriatrics, and Psychiatry) under the Hospital Authority clusters in the past 3 years.

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 435)

Reply:

The Hospital Authority (HA) provides inpatient services, ambulatory and outreach services to the public, including day inpatient services, Accident & Emergency (A&E) services, specialist outpatient services, primary care services etc., and the same variety applies to the clinical duties of HA doctor which are subject to the operation needs of individual specialties.

Tables 1 to 3 below set out respectively the manpower, years of service and attrition rate of doctors by clusters and by major specialties in HA in 2013-14, 2014-15 and 2015-16.

The manpower shortfall of doctors in 2015-16 is around 300.

Table 1: Manpower of Doctors in HA in 2013-14, 2014-15 and 2015-16

Cluster	Major Specialty	2013-14 (as at 31 Mar 2014)	2014-15 (as at 31 Mar 2015)	2015-16 (as at 31 Dec 2015)
HKEC	Accident & Emergency	54	54	55
	Anaesthesia	31	31	34
	Family Medicine	55	56	57
	Intensive Care Unit	15	13	14
	Medicine	148	152	160
	Neurosurgery	11	11	9
	Obstetrics & Gynaecology	21	19	17
	Ophthalmology	21	20	20
	Orthopaedics & Traumatology	33	33	29
	Paediatrics	23	25	30
	Pathology	19	18	20
	Psychiatry	35	36	37
	Radiology	36	40	38
	Surgery	45	49	51
	Others	27	27	28
	Total	**575**	**584**	**599**
HKWC	Accident & Emergency	29	26	26
	Anaesthesia	60	65	69
	Cardio-thoracic Surgery	11	11	10
	Family Medicine	40	43	44
	Intensive Care Unit	14	14	14
	Medicine	134	134	137
	Neurosurgery	12	13	12
	Obstetrics & Gynaecology	27	27	26
	Ophthalmology	11	12	14
	Orthopaedics & Traumatology	31	27	32
	Paediatrics	46	46	48
	Pathology	22	24	26
	Psychiatry	24	24	25
	Radiology	39	37	38
	Surgery	74	76	79
	Others	27	29	29
	Total	**602**	**608**	**629**
KCC	Accident & Emergency	40	41	48
	Anaesthesia	54	57	58
	Cardio-thoracic Surgery	16	16	15
	Family Medicine	54	57	58
	Intensive Care Unit	10	10	11
	Medicine	139	147	153
	Neurosurgery	19	20	21
	Obstetrics & Gynaecology	31	28	26
	Ophthalmology	34	36	38
	Orthopaedics & Traumatology	33	38	39
	Paediatrics	43	45	46
	Pathology	30	30	29
	Psychiatry	34	36	36
	Radiology	44	45	45
	Surgery	55	54	61
	Others	43	45	47
	Total	**679**	**703**	**730**
KEC	Accident & Emergency	59	58	63
	Anaesthesia	42	38	42
	Family Medicine	84	87	90
	Intensive Care Unit	10	11	13
	Medicine	143	153	151
	Obstetrics & Gynaecology	28	26	26
	Ophthalmology	18	18	21
	Orthopaedics & Traumatology	40	42	44
	Paediatrics	39	41	41
	Pathology	20	21	20
	Psychiatry	35	35	35

	Radiology	26	28	31
	Surgery	56	58	63
	Others	29	29	29
	Total	**627**	**644**	**668**
Cluster	**Major Specialty**	**2013-14 (as at 31 Mar 2014)**	**2014-15 (as at 31 Mar 2015)**	**2015-16 (as at 31 Dec 2015)**
KWC	Accident & Emergency	126	134	131
	Anaesthesia	86	86	88
	Family Medicine	157	160	170
	Intensive Care Unit	34	35	39
	Medicine	293	295	308
	Neurosurgery	26	23	24
	Obstetrics & Gynaecology	51	48	49
	Ophthalmology	24	25	24
	Orthopaedics & Traumatology	75	78	76
	Paediatrics	84	86	89
	Pathology	49	52	51
	Psychiatry	69	71	76
	Radiology	61	63	63
	Surgery	120	119	125
	Others	45	45	42
	Total	**1 300**	**1 318**	**1 354**
NTEC	Accident & Emergency	67	66	68
	Anaesthesia	60	63	69
	Cardio-thoracic Surgery	5	5	6
	Family Medicine	89	86	90
	Intensive Care Unit	26	28	27
	Medicine	183	187	194
	Neurosurgery	8	8	9
	Obstetrics & Gynaecology	27	28	28
	Ophthalmology	27	27	27
	Orthopaedics & Traumatology	59	53	60
	Paediatrics	58	62	63
	Pathology	33	31	33
	Psychiatry	61	58	65
	Radiology	41	44	41
	Surgery	85	87	92
	Others	52	51	52
	Total	**879**	**881**	**921**
NTWC	Accident & Emergency	63	66	67
	Anaesthesia	43	43	52
	Cardio-thoracic Surgery	2	2	2
	Family Medicine	73	76	78
	Intensive Care Unit	17	17	18
	Medicine	130	136	149
	Neurosurgery	13	14	15
	Obstetrics & Gynaecology	30	27	25
	Ophthalmology	22	22	24
	Orthopaedics & Traumatology	46	46	50
	Paediatrics	38	38	38
	Pathology	22	23	23
	Psychiatry	80	79	78
	Radiology	34	35	37
	Surgery	57	66	70
	Others	31	33	34
	Total	**702**	**723**	**760**

Notes

1. The manpower figures are calculated on full-time equivalent (FTE) includes permanent, contract and temporary staff excluding Interns and Dental Officers.

2. Individual figures may not add up to the total due to rounding.

Table 2: Year of Service of Doctors in HA in 2013-14, 2014-15 and 2015-16

Cluster	Major Specialty	2013-14 (as at 31 Mar 2014)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 Years or above	Total
HKEC	Accident & Emergency	0	10	12	8	19	7	0	56
	Anaesthesia	1	5	9	7	5	5	0	32
	Family Medicine	1	14	18	14	7	4	0	58
	Intensive Care Unit	0	3	4	5	1	2	0	15
	Medicine	4	40	26	16	38	27	0	151
	Neurosurgery	1	3	4	0	2	1	0	11
	Obstetrics & Gynaecology	1	9	8	1	2	1	0	22
	Ophthalmology	0	12	5	2	4	1	0	24
	Orthopaedics & Traumatology	0	7	10	2	10	4	0	33
	Paediatrics	2	10	2	2	6	1	0	23
	Pathology	0	3	6	3	4	3	0	19
	Psychiatry	0	9	9	5	7	6	0	36
	Radiology	1	14	13	1	3	4	0	36
	Surgery	0	16	18	5	7	2	0	48
	Others	1	9	7	5	3	3	0	28
	Total	**12**	**164**	**151**	**76**	**118**	**71**	**0**	**592**
HKWC	Accident & Emergency	1	7	7	3	4	8	0	30
	Anaesthesia	3	18	15	8	15	3	1	63
	Cardio-thoracic Surgery	0	2	1	5	3	0	0	11
	Family Medicine	0	13	11	15	3	0	0	42
	Intensive Care Unit	0	5	4	1	4	0	0	14
	Medicine	1	35	40	13	31	16	0	136
	Neurosurgery	0	5	3	2	1	1	0	12
	Obstetrics & Gynaecology	0	11	12	6	1	2	0	32
	Ophthalmology	2	2	4	1	2	1	0	12
	Orthopaedics & Traumatology	0	10	6	4	6	5	0	31
	Paediatrics	0	13	10	6	14	4	0	47
	Pathology	1	6	2	4	8	1	0	22
	Psychiatry	2	9	5	3	5	1	0	25
	Radiology	0	13	15	4	5	3	0	40
	Surgery	0	26	26	11	10	4	0	77
	Others	1	6	8	3	2	7	0	27
	Total	**11**	**181**	**169**	**89**	**114**	**56**	**1**	**621**
KCC	Accident & Emergency	0	13	7	7	13	1	0	41
	Anaesthesia	1	19	16	5	8	6	0	55
	Cardio-thoracic Surgery	0	6	0	2	4	4	0	16
	Family Medicine	4	16	19	12	4	2	0	57
	Intensive Care Unit	0	2	2	3	0	2	1	10
	Medicine	3	34	34	19	28	24	0	142
	Neurosurgery	0	6	2	2	8	1	0	19
	Obstetrics & Gynaecology	1	15	14	3	2	4	0	39
	Ophthalmology	2	11	11	7	5	0	0	36
	Orthopaedics & Traumatology	1	7	5	2	10	9	0	34
	Paediatrics	0	18	7	2	9	9	0	45
	Pathology	0	5	8	5	11	2	0	31
	Psychiatry	2	14	6	2	8	4	0	36
	Radiology	1	8	15	3	8	9	0	44
	Surgery	1	17	17	4	7	10	0	56
	Others	2	11	9	4	6	12	0	44
	Total	**18**	**202**	**172**	**82**	**131**	**99**	**1**	**705**

Cluster	Major Specialty	2013-14 (as at 31 Mar 2014)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 Years or above	Total
KEC	Accident & Emergency	2	17	9	11	10	10	0	59
	Anaesthesia	0	10	10	8	11	3	0	42
	Family Medicine	1	24	35	21	4	1	0	86
	Intensive Care Unit	0	4	0	1	4	1	0	10
	Medicine	2	46	32	23	27	21	0	151
	Obstetrics & Gynaecology	0	10	9	2	2	5	0	28
	Ophthalmology	1	8	9	3	0	0	0	21
	Orthopaedics & Traumatology	1	14	10	4	6	6	0	41
	Paediatrics	0	12	9	5	7	7	0	40
	Pathology	0	3	4	2	8	3	0	20
	Psychiatry	1	9	9	9	3	5	0	36
	Radiology	0	10	5	0	5	6	0	26
	Surgery	0	17	18	9	8	5	1	58
	Others	1	7	7	3	7	4	0	29
	Total	**9**	**191**	**166**	**101**	**102**	**77**	**1**	**647**
KWC	Accident & Emergency	8	32	29	11	31	21	0	132
	Anaesthesia	0	18	24	15	20	9	0	86
	Family Medicine	6	56	68	27	11	5	0	173
	Intensive Care Unit	0	6	9	6	8	5	0	34
	Medicine	5	80	56	43	75	49	0	308
	Neurosurgery	0	12	6	4	2	3	0	27
	Obstetrics & Gynaecology	0	16	19	3	8	7	0	53
	Ophthalmology	2	9	5	3	6	0	0	25
	Orthopaedics & Traumatology	1	20	17	10	17	11	0	76
	Paediatrics	3	34	20	11	10	20	0	98
	Pathology	1	6	17	3	13	9	0	49
	Psychiatry	2	23	13	11	16	8	0	73
	Radiology	6	19	15	3	10	11	0	64
	Surgery	1	51	22	14	20	17	0	125
	Others	1	12	11	5	10	6	0	45
	Total	**36**	**394**	**331**	**169**	**257**	**181**	**0**	**1 368**
NTEC	Accident & Emergency	5	12	8	7	29	9	0	70
	Anaesthesia	3	21	17	8	10	3	0	62
	Cardio-thoracic Surgery	0	2	0	1	2	0	0	5
	Family Medicine	3	26	29	25	6	2	0	91
	Intensive Care Unit	0	8	6	3	8	1	0	26
	Medicine	2	55	56	20	43	13	1	190
	Neurosurgery	0	2	2	1	3	0	0	8
	Obstetrics & Gynaecology	1	8	8	6	3	1	0	27
	Ophthalmology	1	12	7	5	5	0	0	30
	Orthopaedics & Traumatology	0	12	13	10	19	5	0	59
	Paediatrics	3	17	11	7	15	7	0	60
	Pathology	2	5	7	5	12	2	0	33
	Psychiatry	0	15	22	13	10	1	0	61
	Radiology	1	11	11	6	9	3	0	41
	Surgery	4	30	27	10	9	10	0	90
	Others	0	10	15	10	11	6	0	52
	Total	**25**	**246**	**239**	**137**	**194**	**63**	**1**	**905**
NTWC	Accident & Emergency	4	16	18	6	13	8	0	65
	Anaesthesia	1	20	13	4	5	3	0	46
	Cardio-thoracic Surgery	0	0	0	1	1	0	0	2
	Family Medicine	2	19	28	17	7	4	0	77
	Intensive Care Unit	0	8	3	4	2	0	0	17
	Medicine	2	50	30	11	25	16	0	134
	Neurosurgery	1	6	1	2	2	2	0	14
	Obstetrics & Gynaecology	0	9	11	2	3	5	0	30
	Ophthalmology	0	11	3	2	4	3	0	23
	Orthopaedics & Traumatology	1	16	14	1	10	7	0	49
	Paediatrics	0	11	12	2	8	6	0	39
	Pathology	1	4	7	3	4	3	0	22
	Psychiatry	3	22	19	12	19	7	0	82
	Radiology	0	16	9	1	4	5	0	35

	Surgery	1	25	13	6	10	6	0	61
	Others	0	8	11	5	5	4	0	33
	Total	**16**	**241**	**192**	**79**	**122**	**79**	**0**	**729**
Cluster	**Major Specialty**	**2014-15 (as at 31 Mar 2015)**							
		<1 Year	**1 - <6 Years**	**6 - <11 Years**	**11 - <16 Years**	**16 - <21 Years**	**21 - <26 Years**	**26 Years or above**	**Total**
HKEC	Accident & Emergency	0	10	10	9	16	11	0	56
	Anaesthesia	1	8	7	6	4	6	0	32
	Family Medicine	2	12	11	22	7	5	0	59
	Intensive Care Unit	0	2	4	4	1	2	0	13
	Medicine	2	43	30	15	31	33	0	154
	Neurosurgery	1	4	3	0	2	2	0	12
	Obstetrics & Gynaecology	0	5	10	2	2	1	0	20
	Ophthalmology	0	12	4	2	4	1	0	23
	Orthopaedics & Traumatology	1	5	12	0	10	5	0	33
	Paediatrics	0	11	6	2	5	2	0	26
	Pathology	1	2	6	4	2	4	0	19
	Psychiatry	3	9	8	4	6	8	0	38
	Radiology	1	16	15	1	2	5	0	40
	Surgery	0	15	22	4	6	4	0	51
	Others	0	10	6	5	3	4	0	28
	Total	**12**	**164**	**154**	**80**	**101**	**93**	**0**	**604**
HKWC	Accident & Emergency	0	4	8	3	4	8	0	27
	Anaesthesia	1	26	12	11	10	7	1	68
	Cardio-thoracic Surgery	1	0	3	5	2	0	0	11
	Family Medicine	3	9	11	17	4	0	0	44
	Intensive Care Unit	1	4	3	2	3	1	0	14
	Medicine	3	39	34	19	21	21	0	137
	Neurosurgery	0	5	4	1	2	1	0	13
	Obstetrics & Gynaecology	1	8	15	6	0	2	0	32
	Ophthalmology	2	2	4	1	3	1	0	13
	Orthopaedics & Traumatology	0	6	9	3	5	5	0	28
	Paediatrics	1	13	7	7	12	7	0	47
	Pathology	0	6	5	3	6	4	0	24
	Psychiatry	0	11	5	2	5	2	0	25
	Radiology	0	14	12	4	4	4	0	38
	Surgery	0	30	26	8	10	5	0	79
	Others	0	7	10	3	2	7	0	29
	Total	**13**	**184**	**168**	**95**	**93**	**75**	**1**	**629**
KCC	Accident & Emergency	2	13	7	9	7	5	0	43
	Anaesthesia	0	15	20	8	6	8	0	57
	Cardio-thoracic Surgery	0	6	0	2	4	4	0	16
	Family Medicine	3	22	7	20	6	1	1	60
	Intensive Care Unit	0	2	2	3	0	2	1	10
	Medicine	2	41	31	26	20	31	0	151
	Neurosurgery	0	6	3	1	7	3	0	20
	Obstetrics & Gynaecology	1	11	15	2	2	4	0	35
	Ophthalmology	2	11	12	7	5	1	0	38
	Orthopaedics & Traumatology	3	13	6	3	8	8	0	41
	Paediatrics	1	19	9	2	2	15	0	48
	Pathology	0	5	6	6	12	2	0	31
	Psychiatry	1	11	12	1	6	6	1	38
	Radiology	1	8	18	4	8	6	0	45
	Surgery	1	17	17	3	8	9	0	55
	Others	2	14	11	3	4	13	0	47
	Total	**19**	**214**	**176**	**100**	**105**	**118**	**3**	**735**
KEC	Accident & Emergency	0	19	6	13	10	11	0	59
	Anaesthesia	2	8	9	8	9	4	0	40
	Family Medicine	4	25	21	36	3	2	0	91
	Intensive Care Unit	0	4	1	1	3	2	0	11
	Medicine	2	55	25	31	19	28	0	160
	Obstetrics & Gynaecology	1	8	8	2	2	5	0	26
	Ophthalmology	1	10	8	1	1	0	0	21
	Orthopaedics & Traumatology	0	13	11	8	5	6	0	43
	Paediatrics	1	15	7	5	5	8	0	41

	Pathology	0	2	5	3	4	7	0	21
	Psychiatry	0	5	14	5	7	5	0	36
	Radiology	0	10	6	1	4	7	0	28
	Surgery	3	18	20	7	9	4	1	62
	Others	0	4	10	4	7	4	0	29
	Total	**14**	**196**	**151**	**125**	**88**	**93**	**1**	**668**
Cluster	**Major Specialty**	**2014-15 (as at 31 Mar 2015)**							
		<1 Year	**1 - <6 Years**	**6 - <11 Years**	**11 - <16 Years**	**16 - <21 Years**	**21 - <26 Years**	**26 Years or above**	**Total**
KWC	Accident & Emergency	7	34	29	16	30	26	0	142
	Anaesthesia	2	13	23	15	23	10	0	86
	Family Medicine	6	52	47	53	12	6	0	176
	Intensive Care Unit	1	9	8	6	5	6	0	35
	Medicine	6	85	50	44	56	69	0	310
	Neurosurgery	0	10	5	2	5	2	0	24
	Obstetrics & Gynaecology	1	14	18	5	5	7	0	50
	Ophthalmology	0	11	6	3	3	2	0	25
	Orthopaedics & Traumatology	0	23	18	9	15	14	0	79
	Paediatrics	0	38	19	13	10	20	0	100
	Pathology	1	10	15	5	10	11	0	52
	Psychiatry	3	24	14	10	12	12	0	75
	Radiology	3	23	18	5	7	13	0	69
	Surgery	1	45	30	10	18	19	0	123
	Others	0	7	17	4	10	7	0	45
	Total	**31**	**398**	**317**	**200**	**221**	**224**	**0**	**1 391**
NTEC	Accident & Emergency	1	12	11	7	21	17	0	69
	Anaesthesia	1	23	19	6	8	7	0	64
	Cardio-thoracic Surgery	0	1	2	1	1	0	0	5
	Family Medicine	3	27	6	45	5	3	0	89
	Intensive Care Unit	1	11	6	2	7	1	0	28
	Medicine	5	54	51	24	36	22	1	193
	Neurosurgery	0	2	3	1	1	1	0	8
	Obstetrics & Gynaecology	3	10	7	4	4	1	0	29
	Ophthalmology	1	11	8	5	4	1	0	30
	Orthopaedics & Traumatology	1	10	12	9	17	4	0	53
	Paediatrics	1	17	15	6	10	14	0	63
	Pathology	0	7	8	4	10	2	0	31
	Psychiatry	2	15	19	10	10	4	0	60
	Radiology	0	9	17	5	9	4	0	44
	Surgery	3	25	31	11	6	14	0	90
	Others	0	5	18	11	7	10	0	51
	Total	**22**	**239**	**233**	**151**	**156**	**105**	**1**	**907**
NTWC	Accident & Emergency	1	17	20	6	16	8	0	68
	Anaesthesia	1	18	15	5	4	3	0	46
	Cardio-thoracic Surgery	0	0	0	1	1	0	0	2
	Family Medicine	2	24	12	29	7	5	0	79
	Intensive Care Unit	1	8	2	3	2	1	0	17
	Medicine	3	53	29	15	23	19	0	142
	Neurosurgery	1	7	2	2	1	2	0	15
	Obstetrics & Gynaecology	1	8	7	4	3	5	0	28
	Ophthalmology	0	8	4	2	4	4	0	22
	Orthopaedics & Traumatology	0	17	13	0	7	11	0	48
	Paediatrics	1	8	14	3	6	8	0	40
	Pathology	0	5	7	4	3	4	0	23
	Psychiatry	0	21	19	13	16	11	0	80
	Radiology	0	14	12	1	3	6	0	36
	Surgery	0	30	17	8	9	7	0	71
	Others	1	8	11	6	4	4	0	34
	Total	**12**	**246**	**184**	**102**	**109**	**98**	**0**	**751**

Cluster	Major Specialty	2015-16 (as at 31 Dec 2015)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 Years or above	Total
HKEC	Accident & Emergency	0	12	8	9	14	14	0	57
	Anaesthesia	1	9	9	6	5	5	0	35
	Family Medicine	1	12	11	23	8	5	0	60
	Intensive Care Unit	0	3	4	4	1	2	0	14
	Medicine	0	49	24	22	26	40	1	162
	Neurosurgery	0	3	2	1	1	3	0	10
	Obstetrics & Gynaecology	0	2	10	2	2	1	0	17
	Ophthalmology	1	11	3	3	3	3	0	24
	Orthopaedics & Traumatology	0	6	9	2	6	6	0	29
	Paediatrics	0	15	7	2	2	5	0	31
	Pathology	0	6	4	4	2	5	0	21
	Psychiatry	0	10	9	6	5	9	0	39
	Radiology	0	14	13	4	0	7	0	38
	Surgery	0	16	20	8	5	4	0	53
	Others	1	10	5	5	4	3	0	28
	Total	**4**	**178**	**138**	**101**	**84**	**112**	**1**	**618**
HKWC	Accident & Emergency	0	6	6	4	3	8	0	27
	Anaesthesia	2	24	18	9	10	8	1	72
	Cardio-thoracic Surgery	0	1	3	4	1	1	0	10
	Family Medicine	0	14	9	19	2	1	0	45
	Intensive Care Unit	0	5	1	4	2	2	0	14
	Medicine	1	43	29	25	13	29	0	140
	Neurosurgery	0	4	3	3	1	1	0	12
	Obstetrics & Gynaecology	0	8	14	5	1	2	0	30
	Ophthalmology	1	6	4	1	1	2	0	15
	Orthopaedics & Traumatology	0	11	8	4	5	5	0	33
	Paediatrics	0	13	10	7	11	8	0	49
	Pathology	1	7	4	3	5	6	0	26
	Psychiatry	2	10	4	3	5	4	0	28
	Radiology	0	14	13	5	2	5	0	39
	Surgery	0	28	29	8	11	6	0	82
	Others	0	6	11	2	3	7	0	29
	Total	**7**	**200**	**166**	**106**	**76**	**95**	**1**	**651**
KCC	Accident & Emergency	3	19	7	6	8	7	0	50
	Anaesthesia	0	17	21	7	6	8	0	59
	Cardio-thoracic Surgery	0	5	1	2	4	3	0	15
	Family Medicine	1	19	9	23	5	2	1	60
	Intensive Care Unit	0	3	3	2	0	1	1	10
	Medicine	1	41	31	33	19	33	0	158
	Neurosurgery	0	8	3	0	6	4	0	21
	Obstetrics & Gynaecology	1	12	11	4	1	4	0	33
	Ophthalmology	1	14	12	6	6	1	0	40
	Orthopaedics & Traumatology	2	16	6	3	7	8	0	42
	Paediatrics	1	22	7	4	1	15	0	50
	Pathology	1	3	7	5	7	7	0	30
	Psychiatry	1	9	15	1	4	7	1	38
	Radiology	1	9	16	5	2	12	0	45
	Surgery	0	23	16	6	7	10	0	62
	Others	2	17	9	4	3	14	0	49
	Total	**15**	**237**	**174**	**111**	**86**	**136**	**3**	**762**
KEC	Accident & Emergency	2	22	7	11	10	12	0	64
	Anaesthesia	1	13	9	7	7	7	0	44
	Family Medicine	1	30	16	40	4	2	0	93
	Intensive Care Unit	0	6	1	1	3	2	0	13
	Medicine	4	47	26	35	16	31	0	159
	Obstetrics & Gynaecology	1	8	9	2	3	4	0	27
	Ophthalmology	1	11	8	1	1	0	0	22
	Orthopaedics & Traumatology	0	10	12	10	6	7	0	45
	Paediatrics	1	13	9	6	3	9	0	41
	Pathology	1	4	3	3	2	8	0	21
	Psychiatry	1	3	14	6	5	6	0	35
	Radiology	0	10	9	2	0	10	0	31

	Surgery	2	22	18	8	10	5	1	66
	Others	1	2	11	5	7	4	0	30
	Total	**16**	**201**	**152**	**137**	**77**	**107**	**1**	**691**
Cluster	**Major Specialty**	**2015-16 (as at 31 Dec 2015)**							
		<1 Year	**1 - <6 Years**	**6 - <11 Years**	**11 - <16 Years**	**16 - <21 Years**	**21 - <26 Years**	**26 Years or above**	**Total**
KWC	Accident & Emergency	5	35	27	15	19	36	1	138
	Anaesthesia	1	10	24	15	24	14	0	88
	Family Medicine	3	64	35	61	16	6	0	185
	Intensive Care Unit	1	15	6	6	5	6	0	39
	Medicine	7	97	48	44	54	74	1	325
	Neurosurgery	0	11	4	3	5	2	0	25
	Obstetrics & Gynaecology	0	17	17	7	4	6	0	51
	Ophthalmology	0	9	7	4	1	3	0	24
	Orthopaedics & Traumatology	1	20	17	8	14	17	0	77
	Paediatrics	2	38	20	14	7	22	0	103
	Pathology	3	10	12	6	11	10	0	52
	Psychiatry	1	21	19	14	9	14	1	79
	Radiology	0	22	21	7	4	14	0	68
	Surgery	2	40	37	11	16	23	0	129
	Others	0	5	18	4	5	10	0	42
	Total	**26**	**414**	**312**	**219**	**194**	**257**	**3**	**1425**
NTEC	Accident & Emergency	0	10	14	6	21	20	0	71
	Anaesthesia	1	26	21	6	9	7	0	70
	Cardio-thoracic Surgery	1	1	2	1	0	1	0	6
	Family Medicine	2	29	8	45	5	3	0	92
	Intensive Care Unit	0	10	6	2	7	2	0	27
	Medicine	3	61	50	29	27	31	1	202
	Neurosurgery	0	3	3	1	1	1	0	9
	Obstetrics & Gynaecology	1	9	11	3	3	2	0	29
	Ophthalmology	1	9	11	4	4	1	0	30
	Orthopaedics & Traumatology	2	17	15	4	13	10	0	61
	Paediatrics	0	21	12	4	11	16	0	64
	Pathology	1	7	5	7	7	6	0	33
	Psychiatry	1	20	18	11	9	6	0	65
	Radiology	0	10	11	7	6	7	0	41
	Surgery	0	29	32	11	7	15	0	94
	Others	0	5	18	11	5	13	0	52
	Total	**13**	**267**	**237**	**152**	**135**	**141**	**1**	**946**
NTWC	Accident & Emergency	3	15	19	8	13	11	0	69
	Anaesthesia	1	23	18	6	3	4	0	55
	Cardio-thoracic Surgery	0	0	0	1	0	1	0	2
	Family Medicine	2	29	10	26	7	7	0	81
	Intensive Care Unit	0	8	5	2	2	1	0	18
	Medicine	1	62	30	19	15	26	0	153
	Neurosurgery	0	9	2	2	1	2	0	16
	Obstetrics & Gynaecology	0	9	5	4	0	7	0	25
	Ophthalmology	0	7	6	2	3	6	0	24
	Orthopaedics & Traumatology	0	18	16	0	7	11	0	52
	Paediatrics	3	10	12	3	5	7	0	40
	Pathology	0	7	5	4	5	3	0	24
	Psychiatry	1	21	21	12	9	16	0	80
	Radiology	0	14	14	1	4	5	0	38
	Surgery	2	27	17	9	8	9	1	73
	Others	1	10	9	7	3	5	0	35
	Total	**14**	**269**	**189**	**106**	**85**	**121**	**1**	**785**

Notes

1. The manpower figures are calculated on headcount basis includes permanent, contract, temporary staff excluding Interns and Dental Officers.

2. For the purpose of this analysis, only staff members who have completed years of experience are grouped into the respective categories. For example, staff with

less than 6 years, say 5.5 years, would be counted towards the group of "1 - <6" years.

Table 3: Attrition Rate of Full-time Doctors in HA in 2013-14, 2014-15 and 2015-16

Cluster	Major Specialty	Full-time Attrition Rate		
		2013-14	2014-15	2015-16 (Rolling 12 months from 1 Jan 15 to 31 Dec 15)
HKEC	Accident & Emergency	3.7%	1.8%	3.7%
	Anaesthesia	12.8%	13.0%	3.1%
	Family Medicine	3.7%	3.8%	3.8%
	Intensive Care Unit	-	-	-
	Medicine	2.7%	4.0%	2.0%
	Neurosurgery	-	-	8.9%
	Obstetrics & Gynaecology	4.5%	4.9%	11.3%
	Ophthalmology	-	10.5%	5.4%
	Orthopaedics & Traumatology	-	3.0%	19.5%
	Paediatrics	9.6%	-	-
	Pathology	5.1%	10.5%	5.3%
	Psychiatry	2.9%	6.0%	-
	Radiology	11.1%	2.6%	5.2%
	Surgery	10.7%	4.2%	4.0%
	Others	3.8%	-	7.4%
	Total	**4.8%**	**4.2%**	**4.3%**
HKWC	Accident & Emergency	-	3.8%	16.1%
	Anaesthesia	10.6%	8.3%	9.4%
	Cardio-thoracic Surgery	-	9.4%	-
	Family Medicine	-	4.8%	2.4%
	Intensive Care Unit	-	7.1%	7.3%
	Medicine	3.8%	6.0%	5.2%
	Neurosurgery	8.2%	-	7.7%
	Obstetrics & Gynaecology	3.8%	7.7%	3.9%
	Ophthalmology	8.3%	16.4%	14.9%
	Orthopaedics & Traumatology	-	13.2%	13.4%
	Paediatrics	2.3%	2.2%	4.3%
	Pathology	16.8%	-	-
	Psychiatry	12.7%	-	12.5%
	Radiology	2.7%	11.3%	5.4%
	Surgery	6.6%	6.5%	6.4%
	Others	7.5%	-	7.1%
	Total	**5.1%**	**6.0%**	**6.7%**
KCC	Accident & Emergency	2.5%	10.1%	9.5%
	Anaesthesia	1.9%	1.8%	1.7%
	Cardio-thoracic Surgery	-	-	6.3%
	Family Medicine	1.9%	3.8%	1.8%
	Intensive Care Unit	-	-	9.8%
	Medicine	3.5%	3.5%	2.7%
	Neurosurgery	9.8%	5.1%	4.8%
	Obstetrics & Gynaecology	-	11.2%	24.9%
	Ophthalmology	14.3%	5.7%	2.8%
	Orthopaedics & Traumatology	8.8%	8.6%	2.6%
	Paediatrics	-	4.8%	4.6%
	Pathology	-	3.3%	14.1%
	Psychiatry	6.2%	3.0%	3.0%
	Radiology	6.7%	8.9%	-
	Surgery	3.7%	5.5%	1.7%
	Others	2.4%	7.2%	4.6%
	Total	**3.9%**	**5.1%**	**4.4%**

Cluster	Major Specialty	Full-time Attrition Rate		
		2013-14	2014-15	2015-16 (Rolling 12 months from 1 Jan 15 to 31 Dec 15)
KEC	Accident & Emergency	3.5%	3.4%	6.8%
	Anaesthesia	2.5%	-	7.7%
	Family Medicine	7.0%	4.8%	2.3%
	Intensive Care Unit	-	-	-
	Medicine	1.5%	2.1%	4.7%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	-	11.3%	7.5%
	Ophthalmology	16.7%	5.4%	-
	Orthopaedics & Traumatology	5.0%	4.9%	2.3%
	Paediatrics	7.8%	2.5%	5.0%
	Pathology	5.5%	-	14.8%
	Psychiatry	2.9%	-	2.9%
	Radiology	4.0%	-	7.1%
	Surgery	5.4%	5.4%	3.4%
	Others	-	-	3.5%
	Total	**4.1%**	**3.0%**	**4.6%**
KWC	Accident & Emergency	2.7%	3.2%	2.4%
	Anaesthesia	2.4%	7.2%	3.6%
	Family Medicine	2.7%	3.3%	4.5%
	Intensive Care Unit	-	12.1%	2.8%
	Medicine	3.5%	1.7%	5.7%
	Neurosurgery	-	12.8%	-
	Obstetrics & Gynaecology	2.0%	14.5%	8.3%
	Ophthalmology	-	4.3%	8.3%
	Orthopaedics & Traumatology	4.0%	1.3%	5.2%
	Paediatrics	1.3%	2.5%	2.4%
	Pathology	4.3%	4.1%	9.8%
	Psychiatry	2.9%	7.3%	4.2%
	Radiology	9.2%	3.4%	6.5%
	Surgery	1.7%	5.0%	3.3%
	Others	2.0%	2.3%	7.2%
	Total	**2.9%**	**4.2%**	**4.8%**
NTEC	Accident & Emergency	3.3%	-	-
	Anaesthesia	6.9%	3.3%	1.5%
	Cardio-thoracic Surgery	17.9%	19.0%	-
	Family Medicine	7.0%	5.9%	3.5%
	Intensive Care Unit	-	7.5%	7.1%
	Medicine	2.7%	5.9%	3.7%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	17.4%	3.7%	3.6%
	Ophthalmology	-	-	3.9%
	Orthopaedics & Traumatology	-	10.7%	7.1%
	Paediatrics	7.1%	-	1.7%
	Pathology	-	9.4%	9.3%
	Psychiatry	3.3%	5.0%	-
	Radiology	-	-	-
	Surgery	3.6%	1.2%	3.4%
	Others	3.8%	3.9%	-
	Total	**3.9%**	**4.2%**	**2.9%**

Cluster	Major Specialty	Full-time Attrition Rate		
		2013-14	2014-15	2015-16 (Rolling 12 months from 1 Jan 15 to 31 Dec 15)
NTWC	Accident & Emergency	-	-	3.1%
	Anaesthesia	7.2%	4.9%	2.2%
	Cardio-thoracic Surgery	-	-	-
	Family Medicine	5.4%	4.0%	5.3%
	Intensive Care Unit	10.8%	5.5%	11.4%
	Medicine	4.0%	3.8%	3.6%
	Neurosurgery	7.1%	8.0%	-
	Obstetrics & Gynaecology	10.0%	17.7%	20.0%
	Ophthalmology	-	4.7%	4.5%
	Orthopaedics & Traumatology	2.2%	2.1%	-
	Paediatrics	-	-	5.5%
	Pathology	15.1%	4.6%	-
	Psychiatry	2.6%	3.8%	7.7%
	Radiology	3.0%	3.0%	2.9%
	Surgery	5.4%	1.7%	6.2%
	Others	3.2%	3.1%	3.1%
	Total	**4.2%**	**3.7%**	**4.7%**

Notes

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

2. Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.

3. Rolling Attrition (Wastage) Rate = (Total no. of staff left HA in the past 12 months /Average strength in the past 12 months) x 100%.

Table 4 below sets out the average weekly working hours of doctors by specialty according to the surveys conducted in 2013-14 and 2014-15. From 2010-11 onwards, only specialties with doctors reported to have worked more than 65 hours per week in 2009-10 are required to report the doctor working hour data on a yearly basis from July to December. On the other hand, full-scale monitoring for all specialties has been conducted from July to December every alternate year starting from 2011. Thus, the average weekly working hours of doctors in 2014-15 are not available for all specialties. The average weekly working hours of doctors in 2015-16 are being collected and are not available at present.

Table 4: Average Weekly Working Hours of Doctors in 2013-14 and 2014-15

Cluster	Specialty	2013-14	2014-15
HKEC	Accident & Emergency	42.6	N/A
	Anaesthesia	48.3	N/A
	Family Medicine	45.0	N/A
	Intensive Care Unit	55.2	57.5
	Medicine	55.1	56.0
	Neurosurgery	54.2	54.9
	Obstetrics & Gynaecology	53.5	60.5
	Ophthalmology	49.5	44.4
	Orthopaedics & Traumatology	55.4	52.4
	Paediatrics	59.1	59.2
	Pathology	40.3	N/A
	Psychiatry	46.5	N/A
	Radiology	46.5	N/A
	Surgery	53.7	58.8
	Total	**50.9**	**55.8**
HKWC	Accident & Emergency	44.0	N/A
	Anaesthesia	51.8	N/A
	Cardio-thoracic Surgery	59.2	58.6
	Family Medicine	45.0	N/A
	Intensive Care Unit	46.5	44.6
	Medicine	53.8	51.7
	Neurosurgery	55.3	49.9
	Obstetrics & Gynaecology	55.2	54.4
	Ophthalmology	45.0	52.2
	Orthopaedics & Traumatology	57.4	55.3
	Paediatrics	58.8	57.4
	Pathology	48.1	N/A
	Psychiatry	47.8	N/A
	Radiology	46.9	N/A
	Surgery	57.3	56.1
	Total	**52.6**	**53.7**
KCC	Accident & Emergency	42.9	N/A
	Anaesthesia	51.7	N/A
	Cardio-thoracic Surgery	48.9	50.4
	Family Medicine	45.0	N/A
	Intensive Care Unit	51.8	48.4
	Medicine	54.2	55.0
	Neurosurgery	47.1	48.8
	Obstetrics & Gynaecology	50.3	53.8
	Ophthalmology	45.1	51.1
	Orthopaedics & Traumatology	54.3	53.9
	Paediatrics	53.1	53.1

Cluster	Specialty	2013-14	2014-15
	Pathology	45.2	N/A
	Psychiatry	45.9	N/A
	Radiology	45.0	N/A
	Surgery	55.3	56.8
	Total	**50.4**	**53.4**
KEC	Accident & Emergency	43.2	N/A
	Anaesthesia	50.9	N/A
	Family Medicine	44.0	N/A
	Intensive Care Unit	52.2	47.5
	Medicine	48.9	47.3
	Obstetrics & Gynaecology	63.2	58.4
	Ophthalmology	48.0	49.2
	Orthopaedics & Traumatology	56.3	57.6
	Paediatrics	55.1	50.0
	Pathology	46.3	N/A
	Psychiatry	48.3	N/A
	Radiology	50.1	N/A
	Surgery	56.6	56.3
	Total	**50.2**	**51.5**
KWC	Accident & Emergency	45.0	N/A
	Anaesthesia	48.2	N/A
	Family Medicine	44.0	N/A
	Intensive Care Unit	49.8	49.8
	Medicine	51.4	49.8
	Neurosurgery	56.7	63.1
	Obstetrics & Gynaecology	57.0	57.2
	Ophthalmology	46.3	45.8
	Orthopaedics & Traumatology	54.3	54.7
	Paediatrics	55.6	54.4
	Pathology	47.9	N/A
	Psychiatry	47.2	N/A
	Radiology	46.3	N/A
	Surgery	55.8	54.7
	Total	**50.2**	**52.6**
NTEC	Accident & Emergency	43.5	N/A
	Anaesthesia	53.3	N/A
	Cardio-thoracic Surgery	64.2	70.1
	Family Medicine	44.0	N/A
	Intensive Care Unit	47.2	52.5
	Medicine	52.1	53.1
	Neurosurgery	73.8	73.9
	Obstetrics & Gynaecology	62.0	66.2
	Ophthalmology	55.8	54.3
	Orthopaedics & Traumatology	60.0	61.8
	Paediatrics	54.6	53.5
	Pathology	49.5	N/A
	Psychiatry	46.5	N/A
	Radiology	46.4	N/A
	Surgery	62.9	63.6
	Total	**52.7**	**56.9**
NTWC	Accident & Emergency	41.5	N/A
	Anaesthesia	51.2	N/A
	Family Medicine	42.6	N/A
	Intensive Care Unit	N/A	55.6
	Medicine	49.1	47.0
	Neurosurgery	57.0	56.2
	Obstetrics & Gynaecology	57.2	53.9
	Ophthalmology	52.1	49.5
	Orthopaedics & Traumatology	55.6	57.1

Cluster	Specialty	2013-14	2014-15
	Paediatrics	54.5	54.7
	Pathology	42.8	N/A
	Psychiatry	44.1	N/A
	Radiology	45.0	N/A
	Surgery	58.6	52.6
	Total	**49.2**	**51.9**

Notes

According to HA's prevailing human resource policy, conditioned hours of HA employees are expressed in terms of weekly basis. The average weekly working hours are calculated on actual calendar day on weekly basis based on rostered hours and self-reported hours of duties when the doctors are on off-site calls. Figures on average monthly working hours of doctors are not available.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3249)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Would the Government please advise on the numbers of doctors, nurses and allied health professionals by clusters of the Hospital Authority, and their ratios to the overall population and population aged 65 or above in their respective clusters in the past 3 years.

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 436)

Reply:

The tables below set out the number of doctors, nurses and allied health professionals in the Hospital Authority (HA) by cluster in 2013-14, 2014-15 and 2015-16, together with their respective ratios to overall population as well as population aged 65 or above.

2013-14 (as at 31 March 2014)

Cluster	Number of doctors and ratio per 1 000 geographical population of catchment districts			Catchment Districts
	Doctors	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	575	0.7	4.4	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	602	1.1	7.5	Central & Western, Southern
KCC	679	1.3	7.9	Kowloon City, Yau Tsim
KEC	627	0.6	4.1	Kwun Tong, Sai Kung
KWC	1 300	0.7	4.3	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	879	0.7	5.8	Sha Tin, Tai Po, North
NTWC	702	0.6	6.1	Tuen Mun, Yuen Long

Cluster	Number of nurses and ratio per 1 000 geographical population of catchment districts			Catchment Districts
	Nurses	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	2 443	3.1	18.5	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 553	4.8	31.6	Central & Western, Southern
KCC	3 175	6.2	37.1	Kowloon City, Yau Tsim
KEC	2 474	2.3	16.3	Kwun Tong, Sai Kung
KWC	5 337	2.8	17.5	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 707	2.9	24.3	Sha Tin, Tai Po, North
NTWC	3 027	2.8	26.4	Tuen Mun, Yuen Long

Cluster	Number of allied health professionals and ratio per 1 000 geographical population of catchment districts			Catchment Districts
	Allied Health Professionals	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	746	1.0	5.7	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	838	1.6	10.4	Central & Western, Southern
KCC	978	1.9	11.4	Kowloon City, Yau Tsim
KEC	685	0.6	4.5	Kwun Tong, Sai Kung
KWC	1 479	0.8	4.9	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	1 018	0.8	6.7	Sha Tin, Tai Po, North
NTWC	797	0.7	7.0	Tuen Mun, Yuen Long

2014-15 (as at 31 March 2015)

Cluster	Number of doctors and ratio per 1 000 geographical population of catchment districts			Catchment Districts
	Doctors	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	584	0.8	4.3	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	608	1.1	7.3	Central & Western, Southern
KCC	703	1.3	7.8	Kowloon City, Yau Tsim
KEC	644	0.6	4.1	Kwun Tong, Sai Kung
KWC	1 318	0.7	4.2	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	881	0.7	5.5	Sha Tin, Tai Po, North
NTWC	723	0.7	5.9	Tuen Mun, Yuen Long

Cluster	Number of nurses and ratio per 1 000 geographical population of catchment districts			Catchment Districts
	Nurses	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	2 517	3.3	18.7	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 679	5.1	32.1	Central & Western, Southern
KCC	3 275	6.1	36.4	Kowloon City, Yau Tsim
KEC	2 613	2.4	16.6	Kwun Tong, Sai Kung
KWC	5 608	2.9	17.7	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 897	3.1	24.2	Sha Tin, Tai Po, North
NTWC	3 163	2.9	26.0	Tuen Mun, Yuen Long

Cluster	Number of allied health professionals and ratio per 1 000 geographical population of catchment districts			Catchment Districts
	Allied Health Professionals	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	762	1.0	5.6	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	883	1.7	10.6	Central & Western, Southern
KCC	989	1.8	11.0	Kowloon City, Yau Tsim
KEC	706	0.6	4.5	Kwun Tong, Sai Kung
KWC	1 566	0.8	4.9	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	1 081	0.9	6.7	Sha Tin, Tai Po, North
NTWC	831	0.8	6.8	Tuen Mun, Yuen Long

2015-16 (as at 31 December 2015)

Cluster	Number of doctors and ratio per 1 000 geographical population of catchment districts			Catchment Districts
	Doctors	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	599	0.8	4.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	629	1.2	7.2	Central & Western, Southern
KCC	730	1.4	7.7	Kowloon City, Yau Tsim
KEC	668	0.6	4.1	Kwun Tong, Sai Kung
KWC	1 354	0.7	4.1	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	921	0.7	5.3	Sha Tin, Tai Po, North
NTWC	760	0.7	5.8	Tuen Mun, Yuen Long

Cluster	Number of nurses and ratio per 1 000 geographical population of catchment districts			Catchment Districts
	Nurses	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	2 607	3.4	18.3	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 799	5.3	32.0	Central & Western, Southern
KCC	3 323	6.2	34.9	Kowloon City, Yau Tsim
KEC	2 667	2.4	16.2	Kwun Tong, Sai Kung
KWC	5 689	2.9	17.2	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 969	3.1	23.0	Sha Tin, Tai Po, North
NTWC	3 326	3.0	25.5	Tuen Mun, Yuen Long

Cluster	Number of allied health professionals and ratio per 1 000 geographical population of catchment districts			Catchment Districts
	Allied Health Professionals	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	798	1.0	5.6	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	918	1.7	10.5	Central & Western, Southern
KCC	1 022	1.9	10.7	Kowloon City, Yau Tsim
KEC	754	0.7	4.6	Kwun Tong, Sai Kung
KWC	1 644	0.8	5.0	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	1 172	0.9	6.8	Sha Tin, Tai Po, North
NTWC	880	0.8	6.7	Tuen Mun, Yuen Long

Notes:

It should be noted that the ratios of doctors, nurses and allied health professionals per 1 000 population vary among clusters and the variances cannot be used to compare the level of service provision directly among the clusters because:

(a) in planning for its services, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors under consideration;

(b) patients may receive treatment in hospitals other than those in their own residential districts; and

(c) some specialised services are available only in certain hospitals, and hence certain clusters and the beds in these clusters are providing services for patients throughout the territory.

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

The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to the rounding effect.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3019)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

What were the average waiting times for first appointments at the various specialist outpatient clinics in each hospital cluster under the Hospital Authority in the past 5 years? What were the expenditures and the numbers of healthcare staff involved in the various specialist outpatient clinics? Are there any plans to shorten the waiting time in future and what is the target waiting time? What are the estimated expenditures and numbers of healthcare staff involved in the various specialist outpatient clinics in 2016-17?

Asked by: Dr Hon LAM Tai-fai (Member Question No. 65)

Reply:

The tables below set out the median (50^{th} percentile) waiting time of specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases in each hospital cluster of the Hospital Authority (HA) for 2011-12, 2012-13, 2013-14, 2014-15 and 2015-16 (up to 31 December 2015).

2011-12

Median Waiting Time (weeks)

Cluster	Specialty	Priority 1	Priority 2	Routine
HKEC	ENT	<1	4	21
	MED	1	4	14
	GYN	<1	4	13
	OPH	<1	7	26
	ORT	<1	5	30
	PAE	1	4	7
	PSY	<1	2	3
	SUR	1	6	19
HKWC	ENT	<1	4	14
	MED	<1	3	18
	GYN	<1	4	13
	OPH	<1	4	14
	ORT	<1	3	15
	PAE	<1	5	18
	PSY	1	2	5
	SUR	<1	5	16
KCC	ENT	<1	1	3
	MED	<1	4	17
	GYN	<1	4	21
	OPH	<1	4	44
	ORT	<1	4	24
	PAE	<1	3	8
	PSY	<1	4	9
	SUR	1	3	17
KEC	ENT	<1	6	33
	MED	1	7	34
	GYN	1	6	66
	OPH	<1	7	25
	ORT	<1	7	103
	PAE	<1	6	27
	PSY	<1	3	16
	SUR	1	7	98

Cluster	Specialty	Priority 1	Priority 2	Routine
KWC	ENT	<1	6	22
	MED	<1	5	35
	GYN	1	5	12
	OPH	<1	3	6
	ORT	<1	5	53
	PAE	<1	5	8
	PSY	<1	2	7
	SUR	1	5	25
NTEC	ENT	<1	3	54
	MED	<1	5	40
	GYN	<1	5	39
	OPH	<1	4	78
	ORT	<1	5	69
	PAE	<1	5	17
	PSY	1	4	31
	SUR	<1	5	37
NTWC	ENT	<1	4	26
	MED	1	6	41
	GYN	2	4	17
	OPH	<1	2	10
	ORT	<1	4	43
	PAE	1	3	13
	PSY	1	5	12
	SUR	<1	5	27

2012-13

Median Waiting Time (weeks)

Cluster	Specialty	Priority 1	Priority 2	Routine
HKEC	ENT	<1	3	24
	MED	1	4	14
	GYN	<1	3	16
	OPH	<1	7	24
	ORT	1	6	32
	PAE	1	5	10
	PSY	1	3	8
	SUR	1	7	22
HKWC	ENT	<1	4	16
	MED	<1	3	25
	GYN	<1	5	15
	OPH	<1	4	16
	ORT	<1	3	15
	PAE	<1	5	18
	PSY	1	3	8
	SUR	<1	5	20
KCC	ENT	<1	<1	9
	MED	1	5	25
	GYN	<1	4	11
	OPH	<1	2	51
	ORT	<1	3	43
	PAE	<1	5	9
	PSY	<1	4	11
	SUR	1	4	19
KEC	ENT	<1	5	40
	MED	1	7	40
	GYN	1	6	44
	OPH	<1	4	22
	ORT	<1	6	107
	PAE	<1	6	19
	PSY	1	5	28
	SUR	1	7	91

Cluster	Specialty	Priority 1	Priority 2	Routine
KWC	ENT	<1	6	21
	MED	<1	5	35
	GYN	<1	5	14
	OPH	<1	4	35
	ORT	<1	5	51
	PAE	<1	5	9
	PSY	<1	3	17
	SUR	1	5	31
NTEC	ENT	<1	3	36
	MED	<1	5	52
	GYN	<1	6	49
	OPH	<1	4	73
	ORT	<1	5	90
	PAE	<1	5	23
	PSY	1	4	24
	SUR	<1	5	31
NTWC	ENT	<1	4	20
	MED	1	6	35
	GYN	2	5	16
	OPH	<1	3	32
	ORT	1	4	63
	PAE	1	5	15
	PSY	1	4	13
	SUR	1	5	37

2013-14

Median Waiting Time (weeks)

Cluster	Specialty	Priority 1	Priority 2	Routine
HKEC	ENT	<1	3	35
	MED	1	4	15
	GYN	<1	3	12
	OPH	<1	7	14
	ORT	1	6	47
	PAE	1	5	13
	PSY	1	3	7
	SUR	1	6	20
HKWC	ENT	<1	6	21
	MED	<1	5	31
	GYN	1	4	18
	OPH	<1	4	17
	ORT	<1	4	14
	PAE	<1	4	16
	PSY	1	3	14
	SUR	1	5	21
KCC	ENT	<1	2	21
	MED	<1	4	38
	GYN	<1	4	10
	OPH	<1	2	53
	ORT	<1	2	54
	PAE	<1	5	16
	PSY	<1	4	16
	SUR	1	4	24
KEC	ENT	<1	4	52
	MED	1	7	43
	GYN	1	6	33
	OPH	<1	6	23
	ORT	<1	7	100
	PAE	<1	7	20
	PSY	1	4	48
	SUR	1	6	24

Cluster	Specialty	Priority 1	Priority 2		Routine
KWC	ENT	<1		6	24
	MED	<1		6	43
	GYN	<1		6	21
	OPH	<1		5	44
	ORT	<1		5	57
	PAE	<1		6	10
	PSY	1		4	17
	SUR	1		6	38
NTEC	ENT	<1		3	57
	MED	<1		5	64
	GYN	<1		5	48
	OPH	<1		4	46
	ORT	<1		5	111
	PAE	<1		4	26
	PSY	1		4	40
	SUR	<1		5	27
NTWC	ENT	<1		3	28
	MED	1		6	38
	GYN	1		6	15
	OPH	<1		4	51
	ORT	1		4	73
	PAE	1		6	13
	PSY	1		5	24
	SUR	1		7	48

2014-15

Median Waiting Time (weeks)

Cluster	Specialty	Priority 1	Priority 2	Routine
HKEC	ENT	<1	3	35
	MED	1	4	23
	GYN	<1	3	13
	OPH	<1	6	12
	ORT	1	6	46
	PAE	1	5	14
	PSY	1	3	9
	SUR	1	7	31
HKWC	ENT	<1	6	26
	MED	<1	5	33
	GYN	<1	5	18
	OPH	<1	4	13
	ORT	<1	4	16
	PAE	<1	4	12
	PSY	1	3	32
	SUR	<1	6	15
KCC	ENT	<1	2	25
	MED	1	5	42
	GYN	<1	4	16
	OPH	<1	4	54
	ORT	1	2	66
	PAE	<1	6	16
	PSY	<1	3	16
	SUR	1	5	32
KEC	ENT	<1	3	40
	MED	1	6	55
	GYN	1	6	51
	OPH	<1	6	14
	ORT	<1	7	105
	PAE	<1	7	16
	PSY	1	5	34
	SUR	1	7	23

Cluster	Specialty	Priority 1	Priority 2	Routine
KWC	ENT	<1	5	28
	MED	<1	6	47
	GYN	<1	6	28
	OPH	<1	4	52
	ORT	<1	5	60
	PAE	<1	5	11
	PSY	1	4	21
	SUR	1	6	36
NTEC	ENT	<1	4	38
	MED	<1	5	70
	GYN	<1	6	41
	OPH	<1	4	62
	ORT	<1	4	119
	PAE	<1	4	17
	PSY	1	4	45
	SUR	<1	5	35
NTWC	ENT	<1	3	56
	MED	1	6	61
	GYN	1	6	19
	OPH	<1	4	60
	ORT	1	3	78
	PAE	1	3	10
	PSY	1	7	49
	SUR	1	6	57

2015-16 (up to 31 December 2015) [Provisional figures]

Median Waiting Time (weeks)

Cluster	Specialty	Priority 1	Priority 2	Routine
HKEC	ENT	<1	3	35
	MED	1	5	22
	GYN	<1	3	33
	OPH	<1	6	21
	ORT	1	6	59
	PAE	1	5	12
	PSY	1	3	9
	SUR	1	7	37
HKWC	ENT	<1	6	14
	MED	<1	4	36
	GYN	<1	6	20
	OPH	<1	4	19
	ORT	<1	3	17
	PAE	<1	4	10
	PSY	<1	3	86
	SUR	<1	5	20
KCC	ENT	<1	4	24
	MED	<1	5	50
	GYN	<1	6	26
	OPH	<1	4	62
	ORT	1	1	50
	PAE	<1	6	16
	PSY	<1	3	16
	SUR	1	4	39
KEC	ENT	<1	2	66
	MED	1	6	65
	GYN	1	6	55
	OPH	<1	5	15
	ORT	<1	7	100
	PAE	<1	5	17
	PSY	<1	4	53
	SUR	1	7	21

Cluster	Specialty	Priority 1	Priority 2	Routine
KWC	ENT	<1	5	34
	MED	<1	6	57
	GYN	<1	6	25
	OPH	<1	2	42
	ORT	<1	5	63
	PAE	<1	6	12
	PSY	<1	3	14
	SUR	<1	6	28
NTEC	ENT	<1	4	53
	MED	<1	5	73
	GYN	<1	6	48
	OPH	<1	4	63
	ORT	<1	5	111
	PAE	<1	4	11
	PSY	1	4	52
	SUR	<1	5	44
NTWC	ENT	<1	4	48
	MED	1	6	53
	GYN	1	4	39
	OPH	<1	3	59
	ORT	1	4	84
	PAE	1	5	12
	PSY	1	6	49
	SUR	1	6	60

The table below sets out the costs of SOP services in HA for major specialties from 2011-12 to 2014-15.

Specialty	SOP Service Costs ($ million)			
	2011-12	2012-13	2013-14	2014-15
ENT	231	252	263	277
O&G	402	437	448	481
MED	3,124	3,457	3,647	3,965
OPH	468	508	557	600
ORT	453	494	503	546
PAE	293	306	321	356
PSY	808	902	928	976
SUR	919	975	979	1,009

The total cost of SOP services provided by HA in 2015-16 and 2016-17 are estimated to be $11,419 million and $11,864 million respectively. The relevant estimated costs by specialty are not yet available.
The SOP service costs include direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as utility expenses and repair and maintenance of medical equipment).

It should be noted that SOP service costs vary among different specialties owing to the diverse nature of care, different medical technology and treatments across specialties. Therefore, the SOP service costs cannot be directly compared among different specialties.

HA delivers health services using an integrated and multi-disciplinary approach involving doctors and nurses. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As healthcare professionals supporting the SOP services in HA also provide support for other services, HA does not have the requested breakdown on the manpower for supporting SOP services.

We fully understand the public's concern on the waiting time for SOP consultation. HA has implemented a series of measures as set out below to tackle the problem accordingly.

(i) Triage and prioritisation

HA has implemented the triage system for new referrals to SOP clinics (SOPCs) to ensure patients with urgent conditions requiring early intervention are treated with priority. Under the current triage system, referrals of new patients are usually first screened by a nurse and then by a specialist doctor of the relevant specialty for classification into priority 1 (urgent), priority 2 (semi-urgent) and routine categories. HA's targets are to maintain the median waiting time for cases in priority 1 and priority 2 categories within 2 weeks and 8 weeks respectively. HA has all along been able to keep the median waiting time of priority 1 and priority 2 cases within this pledge. HA will continue to implement the triage system which is effective in ensuring that the cases most in need will be treated timely.

(ii) Enhancing public primary care service

HA is committed to enhancing public primary care services. Patients with stable and less complex conditions can be managed at the Family Medicine and general outpatient clinics (GOPCs), thereby reducing the service demand at SOPC level. HA will continue to promote primary care so that Family Medicine Specialist Clinics (FMSCs) and GOPCs will play a gatekeeping role and help alleviate pressure on SOPC waiting time.

(iii) Annual plan programmes implemented to manage SOPC waiting time

In 2016-17, HA will address the issue of SOPC waiting time through service development programmes that have incorporated SOPC elements. For instance, both KEC and KWC will enhance its FMSC services to help alleviate pressure on SOPC waiting time. In addition, KWC will expand SOPC capacity for the Medicine, Surgery and Orthopaedics &

Traumatology services. It is expected that the total number of attendances at SOPC in 2016-17 will increase by around 30 000 as compared with previous year.

(iv) Reducing the disparity in waiting time at SOPCs in different clusters

HA is aware of the disparity in waiting time at SOPCs in different clusters and has implemented measures to improve the situation.

Firstly, in order to enhance transparency, HA has, since April 2013, uploaded the SOPC waiting time on HA's website by phases. Effective from 30 January 2015, the SOPC waiting time information for all eight major specialties (namely ENT, MED, GYN, OPH, ORT, PAE, PSY and SUR) is available on HA's website. This information facilitates patients' understanding of the waiting time situation in HA and assists them to make informed decisions when considering whether they should pursue cross-cluster treatment.

To let more patients benefit from cross-cluster referral arrangement according to patients' preferences, HA has reminded frontline staff to accept new case bookings from patients residing in other clusters as appropriate. In February 2015, HA has produced a poster on procedures and practice on the booking of first appointment at SOPC for the information of both the public and staff.

While patients may book medical appointments at SOPCs of their choices, HA will take due account of individual patients' clinical condition and nature of service required in arranging cross-cluster appointment for SOPC services. For example, for patients who require community support and frequent follow-up treatments, HA staff may recommend and arrange the patients to seek medical care at SOPCs close to their residence to provide greater convenience to the patients as well as to encourage compliance with treatment plan.

On 8 March 2016, HA launched a "Mobile App" to facilitate patients' choice on cross-cluster new case booking in the specialty of Gynaecology. HA, upon review, will further roll out this mobile app to other appropriate specialties in 2016-17.

(v) Optimising appointment scheduling practices of SOPCs

HA completed the comprehensive review of the appointment scheduling practices of SOPCs and has identified good practices on scheduling appointments for patients in order to optimise the use of the earliest available slots. Such good practices have been incorporated into the SOPC Operation Manual which was issued to all SOPCs on 1 January 2016.

The SOPC Phone Enquiry System, first piloted in the Queen Elizabeth Hospital in KCC, aims to facilitate patients to give advance notice to SOPCs of their intention to cancel or reschedule their appointments. HA has extended the system to the other six clusters in 2015-16. With the full implementation of the system in all clusters, cancelled appointments can be put to effective use and the released quotas can be fully utilized.

Abbreviations

Specialty:
ENT – Ear, Nose & Throat
MED – Medicine
GYN – Gynaecology
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology
PAE – Paediatrics
PSY – Psychiatry
SUR – Surgery

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

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)094

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2086)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown by item of the number of applications approved and the expenditure incurred in 2014-15 and 2015-16 respectively under the Samaritan Fund managed by the Hospital Authority.

Asked by: Hon LEE Cheuk-yan (Member Question No. 42)

Reply:

The table below sets out the number of applications approved and the corresponding amount of subsidy granted under the Samaritan Fund in 2014-15 and 2015-16 (up to 31 December 2015).

Items	**2014-15**		**2015-16 (up to 31 December 2015)**	
	Number of applications approved	Amount of subsidies granted ($ million)	Number of applications approved	Amount of subsidies granted ($ million)
Drugs	2 230	310.8	1 689	244.1
Non-drugs:				
Cardiac Pacemakers	556	32.2	386	21.9
Percutaneous Transluminal Coronary Angioplasty (PTCA)	1 869	103.4	1 469	80.3

Items	2014-15		2015-16 (up to 31 December 2015)	
	Number of applications approved	Amount of subsidies granted ($ million)	Number of applications approved	Amount of subsidies granted ($ million)
and other consumables for interventinal cardiology				
Intraocular Lens	1 133	1.6	1 037	1.5
Home use equipment and appliances	47	0.6	20	0.5
Gamma knife surgeries in private hospital	1	0.1	0*	0*
Harvesting bone marrow in foreign countries	14	1.4	21	4.7
Myoelectric prosthesis / custom-made prosthesis/appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	78	1.1	41	0.5
Total	5 928	451.2	4 663	353.5

* No application for this item has been received.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)095

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2087)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the specialist outpatient services (including ear, nose and throat; gynaecology; medicine; ophthalmology; orthopaedics and traumatology; paediatrics and adolescent medicine; surgery and psychiatry) at various hospitals under the Hospital Authority (HA), please list the number of new cases triaged as Priority 1, Priority 2 and Routine cases in 2014-15 and 2015-16 and their respective percentages in the total number of specialist outpatient new cases. Among these cases of different priorities, what are their respective lower quartile, median, upper quartile and the 95th percentile waiting time for consultation at the HA hospitals?

Asked by: Hon LEE Cheuk-yan (Member Question No. 43)

Reply:

The tables below set out the number of specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases; their respective percentages in the total number of SOP new cases; and their respective lower quartile (25th percentile), median (50th percentile), upper quartile (75th percentile) and longest (90th percentile) waiting time in each hospital cluster of the Hospital Authority (HA) in 2014-15 and 2015-16 (up to 31 December 2015).

2014-15

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
HKEC	ENT	1 217	15%	<1	<1	<1	<1	2 790	34%	1	3	5	6	4 252	51%	12	35	37	42
	MED	2 601	21%	<1	1	1	2	3 705	30%	2	4	6	7	6 118	49%	12	23	48	51
	GYN	748	13%	<1	<1	<1	1	908	15%	2	3	4	6	4 245	72%	7	13	23	36
	OPH	5 502	43%	<1	<1	<1	1	1 928	15%	4	6	7	8	5 306	42%	10	12	16	32
	ORT	1 927	20%	<1	1	1	1	2 242	23%	4	6	7	7	5 552	57%	19	46	50	51
	PAE	237	17%	<1	1	1	2	921	66%	3	5	7	7	230	17%	10	14	16	19
	PSY	384	11%	<1	1	1	1	917	26%	2	3	5	6	2 189	63%	4	9	18	23
	SUR	1 925	14%	<1	1	1	2	4 270	31%	5	7	7	8	7 655	55%	15	31	46	55
HKWC	ENT	811	12%	<1	<1	1	1	2 762	41%	3	6	7	8	3 230	47%	8	26	60	81
	MED	1 804	15%	<1	<1	1	1	1 924	16%	3	5	7	9	8 580	70%	10	33	45	69
	GYN	1 552	20%	<1	<1	1	2	1 106	14%	4	5	6	7	4 999	63%	9	18	20	124
	OPH	3 478	37%	<1	<1	1	1	1 434	15%	3	4	5	8	4 546	48%	3	13	19	24
	ORT	909	8%	<1	<1	1	2	1 584	14%	3	4	6	7	8 578	77%	9	16	30	42
	PAE	532	22%	<1	<1	1	1	701	28%	1	4	6	7	1 237	50%	10	12	13	14
	PSY	516	12%	<1	1	1	2	875	21%	2	3	4	6	2 812	67%	8	32	82	124
	SUR	1 897	13%	<1	<1	1	2	2 675	19%	3	6	7	8	9 636	68%	8	15	47	62
KCC	ENT	1 482	10%	<1	<1	<1	1	1 142	8%	1	2	4	6	12 105	82%	13	25	31	35
	MED	1 418	12%	<1	1	1	1	1 875	15%	3	5	6	7	8 812	72%	18	42	67	97
	GYN	427	8%	<1	<1	1	1	1 809	33%	3	4	6	7	3 183	59%	11	16	25	34
	OPH	7 166	29%	<1	<1	<1	<1	4 333	17%	1	4	4	5	13 391	54%	49	54	57	58
	ORT	301	4%	<1	1	1	1	1 029	13%	<1	2	4	6	6 594	83%	37	66	76	108
	PAE	711	29%	<1	<1	1	1	544	22%	5	6	7	7	1 174	48%	7	16	17	18
	PSY	179	6%	<1	<1	1	1	980	34%	1	3	6	7	1 692	59%	14	16	23	37
	SUR	2 234	12%	<1	1	1	1	2 750	15%	3	5	6	7	13 217	73%	22	32	38	47
KEC	ENT	1 907	19%	<1	<1	<1	1	2 545	25%	1	3	4	7	5 663	56%	36	40	50	57
	MED	1 741	9%	<1	1	1	1	4 322	23%	4	6	7	7	12 609	68%	12	55	66	83
	GYN	1 277	15%	<1	1	1	1	1 048	13%	4	6	7	7	6 017	72%	13	51	55	83
	OPH	5 487	30%	<1	<1	1	1	540	3%	3	6	7	7	12 213	67%	11	14	69	81
	ORT	3 778	23%	<1	<1	1	1	3 140	19%	6	7	7	7	9 762	59%	20	105	123	167
	PAE	1 027	24%	<1	<1	<1	1	741	18%	4	7	7	7	2 441	58%	15	16	17	20
	PSY	359	5%	<1	1	1	2	1 892	27%	3	5	7	7	4 621	66%	8	34	89	103
	SUR	1 733	7%	<1	1	1	1	6 252	24%	6	7	7	7	17 700	69%	12	23	63	140

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
KWC	ENT	3 663	21%	<1	<1	1	1	3 801	22%	3	5	7	8	9 921	57%	16	28	45	53
	MED	2 530	8%	<1	<1	1	1	6 305	20%	4	6	7	7	21 351	69%	17	47	62	72
	GYN	1 032	7%	<1	<1	1	2	2 239	16%	4	6	7	7	10 672	76%	11	28	47	53
	OPH	6 722	34%	<1	<1	<1	<1	6 499	33%	3	4	6	7	6 629	33%	5	52	54	58
	ORT	3 981	17%	<1	<1	1	1	5 343	22%	3	5	7	8	14 345	60%	25	60	81	125
	PAE	3 092	38%	<1	<1	<1	1	1 217	15%	4	5	7	7	3 652	45%	8	11	14	18
	PSY	399	3%	<1	1	2	4	560	4%	2	4	7	8	13 306	93%	2	21	43	64
	SUR	3 782	10%	<1	1	1	2	10 504	28%	4	6	7	7	23 841	62%	16	36	61	83
NTEC	ENT	4 181	27%	<1	<1	1	2	3 564	23%	3	4	6	7	7 893	50%	12	38	58	96
	MED	2 883	13%	<1	<1	<1	1	2 662	12%	3	5	7	8	15 413	72%	18	70	80	95
	GYN	2 024	16%	<1	<1	1	2	1 032	8%	3	6	7	8	7 993	63%	17	41	67	99
	OPH	7 644	37%	<1	<1	<1	1	3 149	15%	3	4	6	8	9 745	47%	18	62	65	66
	ORT	5 896	27%	<1	<1	<1	1	2 133	10%	3	4	7	8	14 036	64%	23	119	134	140
	PAE	341	8%	<1	<1	1	2	475	12%	3	4	6	7	3 297	80%	4	17	30	36
	PSY	1 221	13%	<1	1	1	2	2 454	27%	2	4	7	8	5 353	59%	12	45	99	131
	SUR	2 031	8%	<1	<1	1	2	3 065	12%	3	5	6	8	19 902	79%	17	35	70	78
NTWC	ENT	2 807	22%	<1	<1	<1	1	1 658	13%	2	3	5	7	8 379	65%	25	56	66	73
	MED	1 325	13%	<1	1	1	2	3 066	31%	5	6	7	7	5 540	56%	39	61	73	80
	GYN	1 112	15%	<1	1	2	2	543	7%	4	6	7	8	5 621	77%	12	19	39	68
	OPH	8 769	43%	<1	<1	<1	1	4 058	20%	2	4	5	7	7 403	37%	17	60	63	66
	ORT	1 731	13%	<1	1	1	1	1 231	9%	2	3	5	7	10 643	78%	28	78	82	83
	PAE	147	7%	1	1	1	2	370	16%	2	3	4	5	1 732	77%	9	10	10	10
	PSY	531	8%	<1	1	1	1	1 973	28%	3	7	7	8	4 431	63%	13	49	65	74
	SUR	1 461	7%	<1	1	2	3	3 035	14%	4	6	19	34	17 668	80%	24	57	64	67

2015-16 (up to 31 December 2015) [Provisional figures]

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
HKEC	ENT	866	13%	<1	<1	<1	<1	2 325	34%	1	3	5	7	3 574	53%	11	35	35	44
	MED	1 957	20%	<1	1	1	2	2 852	29%	3	5	7	7	4 903	50%	13	22	41	52
	GYN	551	13%	<1	<1	<1	1	589	13%	2	3	4	7	3 237	74%	17	33	61	88
	OPH	4 059	38%	<1	<1	1	1	1 505	14%	4	6	7	8	5 211	48%	12	21	31	36
	ORT	1 243	16%	<1	1	1	1	1 428	18%	4	6	7	7	5 102	66%	24	59	82	98
	PAE	139	14%	<1	1	1	2	692	68%	4	5	7	7	194	19%	10	12	17	19
	PSY	249	9%	<1	1	1	1	658	24%	2	3	4	5	1 808	67%	5	9	24	29
	SUR	1 484	14%	<1	1	1	2	3 256	30%	5	7	7	8	6 000	56%	18	37	50	60
HKWC	ENT	510	9%	<1	<1	1	1	1 852	33%	4	6	7	8	3 178	57%	<1	14	27	87
	MED	1 441	15%	<1	<1	1	1	1 372	14%	2	4	6	7	6 845	71%	11	36	46	78
	GYN	1 337	22%	<1	<1	1	2	879	14%	4	6	7	8	3 876	63%	12	20	26	158
	OPH	2 720	39%	<1	<1	1	1	875	13%	4	4	5	7	3 335	48%	16	19	28	32
	ORT	596	7%	<1	<1	1	1	824	10%	2	3	4	6	6 758	83%	7	17	44	60
	PAE	405	20%	<1	<1	1	2	644	32%	2	4	6	7	951	48%	9	10	10	11
	PSY	558	15%	<1	<1	1	1	676	18%	2	3	5	6	2 564	68%	15	86	143	169
	SUR	1 803	16%	<1	<1	1	2	2 132	18%	3	5	7	8	7 606	66%	9	20	50	110
KCC	ENT	1 126	10%	<1	<1	1	1	1 030	9%	2	4	5	6	9 289	81%	22	24	25	31
	MED	1 115	11%	<1	<1	1	1	1 474	15%	4	5	5	7	7 060	72%	27	50	71	102
	GYN	330	8%	<1	<1	1	1	1 351	33%	4	6	7	8	2 424	59%	12	26	39	43
	OPH	5 955	30%	<1	<1	<1	1	3 525	18%	1	4	6	8	9 601	49%	56	62	64	69
	ORT	220	3%	<1	1	1	1	841	13%	<1	1	4	7	5 577	84%	23	50	79	87
	PAE	558	30%	<1	<1	1	1	393	21%	5	6	7	8	896	49%	7	16	18	24
	PSY	80	4%	<1	<1	1	1	737	35%	1	3	4	7	1 273	61%	6	16	21	25
	SUR	1 506	11%	<1	1	1	1	2 115	16%	3	4	6	7	9 942	73%	22	39	41	48
KEC	ENT	1 361	18%	<1	<1	<1	1	1 916	26%	1	2	4	7	4 156	56%	58	66	76	82
	MED	1 179	8%	<1	1	1	1	3 768	25%	4	6	7	7	9 965	67%	14	65	83	100
	GYN	874	14%	<1	1	1	1	705	11%	4	6	7	7	4 749	75%	15	55	59	112
	OPH	4 245	30%	<1	<1	1	1	250	2%	3	5	7	7	9 843	69%	11	15	97	109
	ORT	2 847	21%	<1	<1	1	1	2 529	19%	5	7	7	7	7 873	59%	20	100	124	135
	PAE	891	25%	<1	<1	<1	1	634	18%	3	5	7	7	2 026	57%	15	17	19	24
	PSY	346	6%	<1	<1	1	1	1 480	26%	2	4	6	7	3 745	67%	10	53	91	99
	SUR	1 245	6%	<1	1	1	1	4 829	24%	6	7	7	7	13 637	69%	14	21	50	88

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
KWC	ENT	2 900	21%	<1	<1	1	1	2 475	18%	3	5	7	8	8 486	61%	15	34	37	50
	MED	2 202	9%	<1	<1	1	1	5 001	21%	4	6	7	7	15 942	68%	23	57	70	76
	GYN	804	7%	<1	<1	1	1	1 931	16%	4	6	7	7	8 763	73%	11	25	52	62
	OPH	5 042	33%	<1	<1	<1	<1	4 356	29%	2	2	3	3	5 735	38%	4	42	48	52
	ORT	3 040	17%	<1	<1	1	1	3 978	22%	3	5	7	8	11 215	61%	31	63	99	122
	PAE	2 086	34%	<1	<1	<1	1	791	13%	4	6	7	8	3 083	51%	9	12	16	18
	PSY	232	2%	<1	<1	1	1	449	4%	1	3	6	7	10 129	94%	1	14	46	65
	SUR	2 699	9%	<1	<1	1	2	7 754	25%	4	6	7	8	20 681	66%	15	28	59	80
NTEC	ENT	3 118	24%	<1	<1	1	2	2 863	22%	3	4	5	7	6 755	53%	14	53	59	104
	MED	2 344	14%	<1	<1	<1	1	2 172	13%	3	5	7	8	12 264	72%	19	73	91	100
	GYN	1 699	17%	<1	<1	1	2	666	7%	3	6	7	8	6 105	62%	21	48	70	100
	OPH	5 776	35%	<1	<1	<1	1	2 774	17%	3	4	6	8	8 004	48%	23	63	66	68
	ORT	4 405	26%	<1	<1	<1	1	1 872	11%	3	5	7	8	10 747	63%	23	111	139	156
	PAE	263	7%	<1	<1	1	2	327	9%	3	4	5	6	2 943	83%	3	11	33	43
	PSY	1 021	14%	<1	1	1	2	1 950	26%	3	4	7	8	4 446	60%	16	52	98	120
	SUR	1 505	8%	<1	<1	1	2	2 419	12%	3	5	7	8	15 903	79%	17	44	73	79
NTWC	ENT	2 154	22%	<1	<1	<1	1	948	10%	3	4	6	7	6 803	69%	13	48	64	68
	MED	929	12%	<1	1	1	2	2 294	30%	5	6	7	8	4 525	58%	17	53	73	78
	GYN	834	16%	<1	1	1	2	104	2%	3	4	7	8	4 434	83%	19	39	124	129
	OPH	7 333	47%	<1	<1	<1	1	2 162	14%	2	3	6	8	5 957	39%	23	59	67	68
	ORT	1 397	13%	<1	1	1	2	1 075	10%	3	4	6	7	8 018	76%	27	84	86	87
	PAE	46	3%	<1	1	1	2	380	21%	3	5	5	6	1 363	76%	11	12	13	14
	PSY	358	7%	<1	1	1	1	1 441	28%	3	6	7	7	3 220	63%	9	49	84	98
	SUR	1 123	7%	<1	1	1	4	2 519	15%	4	6	11	15	12 965	78%	25	60	65	74

Notes:
1. HA uses 90th percentile to denote the longest waiting time for SOP service.
2. Individual percentages of the triage categories (i.e. Priority 1, Priority 2 and Routine) may not add up to 100% due to miscellaneous cases not falling into the triage system and the rounding effect.

Abbreviations

Specialty:
ENT – Ear, Nose & Throat
MED – Medicine
GYN – Gynaecology
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology
PAE – Paediatrics

PSY – Psychiatry
SUR – Surgery

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2088)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out the number of new cases received at obstetric specialist outpatient clinics in various hospitals under the Hospital Authority, as well as their lower quartile, median, upper quartile, and the 95th percentile waiting time for 2014-15 and 2015-16.

Asked by: Hon LEE Cheuk-yan (Member Question No. 44)

Reply:

The table below sets out the number of new cases of obstetric specialist outpatient service, as well as their lower quartile (25th percentile), median (50th percentile), upper quartile (75th percentile) and the longest (90th percentile) waiting time in each hospital cluster of the Hospital Authority (HA) for 2014-15 and 2015-16 (up to 31 December 2015).

Cluster	2014-15					2015-16 (up to 31 December 2015) [Provisional figures]				
	Number of new cases	Waiting Time (weeks)				Number of new cases	Waiting Time (weeks)			
		25th	50th	75th	90th		25th	50th	75th	90th
		percentile					percentile			
HKEC	3 628	<1	1	2	3	2 721	1	1	2	3
HKWC	4 427	1	3	4	4	3 512	1	3	4	5
KCC	6 827	5	10	14	20	5 634	8	15	20	22
KEC	3 199	<1	1	2	3	2 721	<1	1	2	4
KWC	14 726	3	6	8	13	10 137	3	5	7	10

NTEC	12 401	3	5	7	18	10 132	4	5	8	18
NTWC	3 116	1	1	2	3	2 175	1	2	3	5

Note:
HA uses 90th percentile to denote the longest waiting time for specialist outpatient service.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2089)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please list the average unit costs of outpatient services of each specialty in all Hospital Authority hospital clusters (including Ear, Nose and Throat, Gynaecology, Obstetrics, Medicine, Ophthalmology, Orthopaedics and Traumatology, Paediatrics and Adolescent Medicine, Surgery and Psychiatry) in 2014-15 and 2015-16.

Asked by: Hon LEE Cheuk-yan (Member Question No. 45)

Reply:

The table below sets out the average cost per specialist outpatient (SOP) attendance in different specialties by hospital cluster under the Hospital Authority (HA) for 2014-15.

Specialty	Average cost per SOP attendance ($)							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Ear, Nose and Throat	785	805	855	935	650	1,110	900	855
Obstetrics & Gynaecology	1,070	1,120	795	910	760	745	960	875
Medicine	1,830	1,930	2,610	2,180	1,790	2,160	2,140	2,030
Ophthalmology	555	525	580	565	565	630	555	575
Orthopaedics & Traumatology	940	930	835	900	885	1,090	1,060	955
Paediatrics	1,390	1,870	1,690	1,190	1,310	1,370	1,150	1,420
Psychiatry	1,120	1,160	1,240	1,170	1,150	1,330	1,370	1,230
Surgery	1,320	1,540	1,030	1,320	1,270	1,340	1,410	1,320

The table below sets out the projected average cost per SOP attendance by hospital cluster in 2015-16. The breakdown by different specialties is not yet available.

	Projected average cost per SOP attendance ($)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
Projected overall average cost per SOP attendance	1,190	1,380	1,170	1,090	1,190	1,270	1,180	1,210

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

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

The average cost also varies among different clusters owing to the varying complexity of the conditions of patients and the different diagnostic services, treatments and prescriptions required. Besides, the service costs also vary among different clusters due to different case-mix, i.e. the mix of patients of different conditions in the clusters, which may differ according to population profile and other factors, including specialisation of the specialties in the clusters. Hence, clusters with greater number of patients with more complex conditions or requiring more costly treatment will incur a higher average cost. Therefore, the average cost per SOP attendance cannot be directly compared among different clusters or specialties.

Abbreviations

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

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)098

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2090)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please list the occupancy rates of general beds and beds in various specialties under the Hospital Authority as a whole and in each hospital cluster, as well as the lengths of stay of the patients in 2014-15 and 2015-16.

Asked by: Hon LEE Cheuk-yan (Member Question No. 46)

Reply:

The tables below set out the inpatient bed occupancy rate for all general specialties and major specialties and their respective inpatient average length of stay (ALOS) in each hospital cluster under the Hospital Authority (HA) and in HA as a whole in 2014-15 and 2015-16 (up to 31 December 2015).

2014-15	**Cluster**							**HA Overall**
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Overall for general specialties								
Inpatient bed occupancy rate	87%	75%	92%	88%	86%	89%	97%	88%
Inpatient ALOS (days)	5.3	5.8	7.3	5.2	5.2	6.1	5.5	5.7
Major specialties								
Gynaecology								
Inpatient bed occupancy rate	91%	57%	96%	54%	92%	74%	110%	77%
Inpatient ALOS (days)	2.2	2.6	2.4	2.3	1.9	2.1	1.9	2.1

2014-15	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Medicine								
Inpatient bed occupancy rate	90%	87%	105%	96%	98%	101%	105%	98%
Inpatient ALOS (days)	5.2	5.7	8.2	5.6	6.0	7.0	6.7	6.3
Obstetrics								
Inpatient bed occupancy rate	84%	62%	75%	63%	69%	65%	94%	71%
Inpatient ALOS (days)	3.8	2.9	3.3	2.9	2.9	2.9	2.8	3.0
Orthopaedics & Traumatology								
Inpatient bed occupancy rate	94%	73%	106%	92%	90%	90%	88%	90%
Inpatient ALOS (days)	5.3	7.7	11.7	6.2	6.5	8.7	9.3	7.7
Paediatrics								
Inpatient bed occupancy rate	75%	68%	68%	71%	65%	80%	93%	72%
Inpatient ALOS (days)	3.3	5.2	4.7	2.3	2.8	3.7	3.6	3.4
Surgery								
Inpatient bed occupancy rate	86%	73%	96%	86%	71%	93%	87%	82%
Inpatient ALOS (days)	3.9	5.3	5.0	4.0	3.7	5.5	4.2	4.4

2015-16 (up to 31 December 2015) [Provisional Figures]	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Overall for general specialties								
Inpatient bed occupancy rate	86%	75%	89%	90%	87%	88%	100%	88%
Inpatient ALOS (days)	5.3	5.9	7.2	5.4	5.2	6.2	5.7	5.8
<u>Major specialties</u>								
Gynaecology								
Inpatient bed occupancy rate	95%	59%	93%	57%	86%	75%	106%	77%
Inpatient ALOS (days)	2.2	2.6	2.2	2.5	1.9	2.1	1.8	2.1
Medicine								
Inpatient bed occupancy rate	90%	87%	103%	97%	96%	100%	107%	97%
Inpatient ALOS (days)	5.3	5.8	7.9	5.9	6.0	6.9	7.0	6.3
Obstetrics								
Inpatient bed occupancy rate	85%	62%	71%	63%	67%	63%	93%	70%
Inpatient ALOS (days)	3.8	3.0	3.2	2.8	2.8	2.9	2.8	3.0
Orthopaedics & Traumatology								
Inpatient bed occupancy rate	88%	72%	103%	99%	89%	85%	91%	89%
Inpatient ALOS (days)	5.1	7.8	11.3	6.0	6.2	8.2	9.2	7.5
Paediatrics								
Inpatient bed occupancy rate	81%	66%	69%	75%	69%	80%	95%	74%
Inpatient ALOS (days)	3.5	5.8	4.6	2.5	2.8	3.4	3.5	3.4

Surgery								
Inpatient bed occupancy rate	81%	71%	95%	88%	77%	96%	96%	84%
Inpatient ALOS (days)	3.7	5.2	4.7	4.0	3.6	5.5	4.5	4.4

It should be noted that inpatient ALOS varies among different cases within and between different specialties owing to the varying complexity of the conditions of patients who may require different diagnostic services and treatments. Both inpatient bed occupancy rate and inpatient ALOS also vary among different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to population profile and other factors, including hospital bed complement and specialisation of the specialties in the cluster. Therefore, the figures cannot be directly compared among different clusters or specialties.

In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than one day. The calculation of inpatient ALOS and bed occupancy rate, on the other hand, does not include that of day inpatients.

Abbreviations

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

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)099

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2091)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please list the numbers of doctors, nurses and allied health staff serving in the Hospital Authority as a whole and in each hospital cluster, and their ratios to the overall population and population aged 65 or above in their respective hospital clusters in 2014-15 and 2015-16.

Asked by: Hon LEE Cheuk-yan (Member Question No. 47)

Reply:

The table below sets out the number of doctors, nurses and allied health staff in the Hospital Authority (HA) by cluster in 2014-15 and 2015-16, together with the respective ratios to overall population and population aged 65 or above.

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 geographical population of catchment districts									Catchment district
	Doctors	Ratio to overall population	Ratio to population aged 65+	Nurses	Ratio to overall population	Ratio to population aged 65+	Allied Health Staff	Ratio to overall population	Ratio to population aged 65+	
2014-15 (as at 31 March 2015)										
HKEC	584	0.8	4.3	2 517	3.3	18.7	762	1.0	5.6	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	608	1.1	7.3	2 679	5.1	32.1	883	1.7	10.6	Central & Western, Southern
KCC	703	1.3	7.8	3 275	6.1	36.4	989	1.8	11.0	Kowloon City, Yau Tsim
KEC	644	0.6	4.1	2 613	2.4	16.6	706	0.6	4.5	Kwun Tong, Sai Kung
KWC	1 318	0.7	4.2	5 608	2.9	17.7	1 566	0.8	4.9	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	881	0.7	5.5	3 897	3.1	24.2	1 081	0.9	6.7	Sha Tin, Tai Po, North
NTWC	723	0.7	5.9	3 163	2.9	26.0	831	0.8	6.8	Tuen Mun, Yuen Long
Cluster Total	**5 462**	**0.8**	**5.1**	**23 751**	**3.3**	**22.3**	**6 818**	**0.9**	**6.4**	

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 geographical population of catchment districts									Catchment district
	Doctors	Ratio to overall population	Ratio to population aged 65+	Nurses	Ratio to overall population	Ratio to population aged 65+	Allied Health Staff	Ratio to overall population	Ratio to population aged 65+	
2015-16 (as at 31 December 2015)										
HKEC	599	0.8	4.2	2 607	3.4	18.3	798	1.0	5.6	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	629	1.2	7.2	2 799	5.3	32.0	918	1.7	10.5	Central & Western, Southern
KCC	730	1.4	7.7	3 323	6.2	34.9	1 022	1.9	10.7	Kowloon City, Yau Tsim
KEC	668	0.6	4.1	2 667	2.4	16.2	754	0.7	4.6	Kwun Tong, Sai Kung
KWC	1 354	0.7	4.1	5 689	2.9	17.2	1 644	0.8	5.0	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	921	0.7	5.3	3 969	3.1	23.0	1 172	0.9	6.8	Sha Tin, Tai Po, North
NTWC	760	0.7	5.8	3 326	3.0	25.5	880	0.8	6.7	Tuen Mun, Yuen Long
Cluster Total	**5 660**	**0.8**	**5.0**	**24 381**	**3.3**	**21.7**	**7 189**	**1.0**	**6.4**	

Notes

The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.

The ratios of doctors, nurses and allied health professionals per 1 000 population vary among clusters and the variances cannot be used to compare the level of service provision directly among the clusters because:

(a) in planning for its services, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors under consideration;
(b) patients may receive treatment in hospitals other than those in their own residential districts; and
(c) some specialised services are available only in certain hospitals, and hence certain clusters and the beds in these clusters are providing services for patients throughout the territory.

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

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2950)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out the number of attendances of the Accident and Emergency (A&E) Departments of the Hospital Authority arising from industrial accidents and the expenditure incurred in 2014-15 and 2015-16.

Asked by: Hon LEE Cheuk-yan (Member Question No. 48)

Reply:

The table below sets out the number of attendances of the Accident & Emergency (A&E) Departments of the Hospital Authority (HA) arising from industrial accidents and the corresponding estimated cost incurred for A&E services in 2014-15 and 2015-16 (up to 31 December 2015).

	Number of A&E attendances	**Estimated Cost ($ million)**
2014-15	67 812	77
2015-16 (up to 31 December 2015) [Provisional figures]	52 510	65

The above costs are calculated on the basis of number of A&E attendances arising from industrial accidents and the overall HA average unit cost for A&E services from all causes.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2951)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please list the numbers of attendances at the Accident and Emergency Departments of the Hospital Authority arising from traffic accidents and the expenditures involved in 2014-15 and 2015-16.

Asked by: Hon LEE Cheuk-yan (Member Question No. 49)

Reply:

The table below sets out the number of attendances of the Accident & Emergency (A&E) Departments of the Hospital Authority (HA) arising from traffic accidents and the corresponding estimated cost incurred for A&E services in 2014-15 and 2015-16 (up to 31 December 2015).

	Number of A&E attendances	**Estimated Cost ($ million)**
2014-15	23 175	26
2015-16 (up to 31 December 2015) [Provisional figures]	18 422	23

The above costs are calculated on the basis of number of A&E attendances arising from traffic accidents and the overall HA average unit cost for A&E services from all causes.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)102

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1348)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health, (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

(1) Please set out (i) the number of patient days; (ii) the number of beds; and (iii) the bed occupancy rate for all general and major specialties of each hospital in the New Territories West cluster of the Hospital Authority in the past 3 years.

(2) According to previous information, Tin Shui Wai Hospital is expected to be commissioned this year (2016). What is the progress of its construction and staff recruitment? Will it be commissioned on schedule?

(3) What are the detailed commissioning arrangements, including the commissioning date, manpower, number of beds and specialties of Tin Shui Wai Hospital? What is the timetable of the 24-hour Accident and Emergency service?

Asked by: Hon LEUNG Che-cheung (Member Question No.4)

Reply:

(1) The table below sets out the number of hospital beds for all general specialties and major specialties in each hospital under the New Territories West Cluster (NTWC) of the Hospital Authority (HA) in 2013-14, 2014-15 and 2015-16 (up to 31 December 2015).

2013-14

	Number of hospital beds as at 31 March 2014	
	Pok Oi Hospital	**Tuen Mun Hospital**
All General (acute and convalescent) Specialties	432	1 842
Gynaecology	21	28
Medicine	202	785
Obstetrics	-	70
Orthopaedics & Traumatology	65	263
Paediatrics	-	84
Surgery	90	220

2014-15

	Number of hospital beds as at 31 March 2015	
	Pok Oi Hospital	**Tuen Mun Hospital**
All General (acute and convalescent) Specialties	470	1 856
Gynaecology	21	42
Medicine	218	783
Obstetrics	-	70
Orthopaedics & Traumatology	79	263
Paediatrics	-	84
Surgery	98	220

2015-16 (up to 31 December 2015) [Provisional figures]

	Number of hospital beds as at 31 December 2015	
	Pok Oi Hospital	**Tuen Mun Hospital**
All General (acute and convalescent) Specialties	584	1 864
Gynaecology	21	43
Medicine	297	815
Obstetrics	-	76
Orthopaedics & Traumatology	98	261
Paediatrics	-	84
Surgery	117	221

HA organises clinical services on a cluster basis. The patient journey may involve different points of care within the same cluster. Activity indicators such as patient days and inpatient bed occupancy rate should be interpreted at cluster level. The tables below set out (i) the number of patient days and (ii) inpatient bed occupancy rate for all general specialties and major specialties in NTWC in 2013-14, 2014-15 and 2015-16 (up to 31 December 2015).

2013-14

	NTWC
All General (acute and convalescent) Specialties	
Patient days	773 733
Inpatient bed occupancy rate	98%
Gynaecology	
Patient days	18 746
Inpatient bed occupancy rate	99%
Medicine	
Patient days	367 542
Inpatient bed occupancy rate	106%
Obstetrics	
Patient days	26 914
Inpatient bed occupancy rate	90%
Orthopaedics & Traumatology	
Patient days	96 766
Inpatient bed occupancy rate	90%
Paediatrics	
Patient days	29 592
Inpatient bed occupancy rate	91%
Surgery	
Patient days	100 540
Inpatient bed occupancy rate	97%

2014-15

	NTWC
All General (acute and convalescent) Specialties	
Patient days	804 164
Inpatient bed occupancy rate	97%
Gynaecology	
Patient days	20 251
Inpatient bed occupancy rate	110%
Medicine	
Patient days	381 483
Inpatient bed occupancy rate	105%
Obstetrics	
Patient days	28 300
Inpatient bed occupancy rate	94%
Orthopaedics & Traumatology	
Patient days	104 421
Inpatient bed occupancy rate	88%
Paediatrics	
Patient days	30 023
Inpatient bed occupancy rate	93%
Surgery	
Patient days	100 317
Inpatient bed occupancy rate	87%

2015-16 (up to 31 December 2015) [Provisional figures]

	NTWC
All General (acute and convalescent) Specialties	
Patient days	644 660
Inpatient bed occupancy rate	100%
Gynaecology	
Patient days	14 246
Inpatient bed occupancy rate	106%
Medicine	
Patient days	308 912
Inpatient bed occupancy rate	107%
Obstetrics	
Patient days	20 820
Inpatient bed occupancy rate	93%
Orthopaedics & Traumatology	
Patient days	85 170
Inpatient bed occupancy rate	91%
Paediatrics	
Patient days	23 169
Inpatient bed occupancy rate	95%

Surgery	
Patient days	85 734
Inpatient bed occupancy rate	96%

Notes:

1. Castle Peak Hospital and Siu Lam Hospital provide psychiatric and mentally handicapped services respectively. Both hospitals do not provide general specialties services and hence are not included in the above tables.

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

(2) & (3) Construction works for Tin Shui Wai Hospital (TSWH) commenced in February 2013 and are expected to complete in 2016. The progress has been in line with the project schedule. NTWC is conducting manpower planning for TSWH based on the projected needs of the community and service development. HA will provide the necessary training and support to facilitate smooth commissioning of the new hospital.

TSWH is planned commence service by phases from the fourth quarter of 2016. TSWH will initially provide eight-hour Accident and Emergency (A&E) service. Commencement of specialist outpatient, haemodialysis and community nursing services will follow in the first quarter of 2017.

Subject to manpower availability, TSWH will launch 24-hour A&E service as well as other clinical services in subsequent phases.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0230)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

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

(a) the numbers of infirmary, mentally-ill and mentally-handicapped inpatients, the costs of medical services for these patients, and the numbers of doctors and nurses attending them;

(b) the number of general outpatient attendances; and

(c) the number of specialist outpatient attendances.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 21)

Reply:

(a) The table below sets out the number of patient days (number of inpatient patient days and number of day inpatient discharges & deaths) for infirmary, mentally ill and mentally handicapped inpatient services in each hospital cluster under the Hospital Authority (HA) in 2015-16 (up to 31 December 2015).

Number of patient days in 2015-16 (up to 31 Dec 2015) [Provisional figures]	**Cluster**							**Overall HA**
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Infirmary	122 098	37 556	26 235	27 679	68 828	74 618	23 364	**380 378**
Mentally ill	73 498	16 795	91 556	18 780	185 948	108 384	211 588	**706 549**
Mentally handicapped *	-	-	-	-	18 465	-	131 293	**149 758**

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

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

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

The table below sets out the estimated costs of inpatient services in each hospital cluster by infirmary, mentally ill and mentally handicapped services in 2015-16.

Type of Beds	**Estimated Service Costs ($ million)**							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
Infirmary	280	81	67	65	136	128	45	**802**
Mentally Ill	276	122	333	82	570	399	696	**2,478**
Mentally Handicapped*	-	-	-	-	65	-	242	**307**

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

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

It should be noted that the inpatient service costs vary among different clusters owing to the varying complexity of conditions of patients and different diagnostic services, treatments and prescriptions required as well as length of stay of patients in the clusters. The service costs also vary among different clusters due to different case-mix, i.e. the mix of patients of different conditions in the clusters, which may differ according to the population profile and other factors, including specialisation of the specialties in the clusters. Hence clusters with greater number of patients or heavier load of patients with more complex conditions or requiring more costly treatment would incur a higher service cost. Therefore the service costs cannot be directly compared among clusters.

The table below sets out the full-time equivalent (FTE) strength of doctors and nurses in the specialties of psychiatry and medicine by cluster as at 31 December 2015. HA does not have the manpower breakdowns for mentally ill, mentally handicapped and infirmary services as they are covered by the manpower under the specialties of psychiatry and medicine respectively.

Staff Group	Cluster	Psychiatry	Medicine
Doctors	HKEC	37	160
	HKWC	25	137
	KCC	36	153
	KEC	35	151
	KWC	76	308
	NTEC	65	194
	NTWC	73	149
Doctors Total		**346**	**1 251**
Nurses	HKEC	241	776
	HKWC	110	717
	KCC	244	735
	KEC	141	930
	KWC	652	1562
	NTEC	372	1191
	NTWC	699	795
Nursing Total		**2 459**	**6 705**

Note:

1) The manpower figures above are calculated on FTE basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.

2) Psychiatric doctors refer to all doctors working for the specialty of psychiatry except Interns. Psychiatirc nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatric department of other non-psychiatric hospitals as well as all nurses in psychiatric stream.

3) Doctors and nurses working in mentally handicapped departments are excluded.

4) The services of the medicine department include services for hospice, rehabilitation and infirmary.

(b) & (c) The table below sets out the number of general outpatient (GOP) and specialist outpatient (SOP) attendances in each hospital cluster under HA in 2015-16 (up to 31 December 2015).

	Cluster							Overall HA
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Number of GOP attendances in 2015-16 (up to 31 December 2015) [Provisional figures]	437 589	294 913	434 506	727 725	1 274 242	726 387	619 007	**4 514 369**
Number of SOP attendances in 2015-16 (up to 31 December 2015) [Provisional figures]	610 054	660 621	776 456	619 249	1 287 591	863 723	707 540	**5 525 234**

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0594)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please tabulate in the format below the cross-district attendance rate of the Hospital Authority in 2014-15, 2015-16 and 2016-17 (Estimate):

a) number of specialist outpatient attendance and number of patients

b) number of general outpatient attendance and number of patients

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

d) number of patients for general inpatient services and number of patients

e) number of patient days for general inpatient services

	List by hospital clusters
List by hospital clusters of the districts where the patients are residing	

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 1)

Reply:

The Hospital Authority (HA) provides different kinds of public healthcare services throughout the territory to enable patients to have convenient access to the services according to their needs. HA encourages patients to seek medical treatment from hospitals in the cluster of their residence to facilitate follow-up of their chronic conditions and the provision of community support. Nevertheless, individual patients may have other considerations when they choose a medical facility for medical treatment. For instance, they

may choose to receive medical treatment at a specialist or general out-patient clinic in a certain district for the convenience of travelling to and from their work place. Under emergency circumstances, they may also be transferred to an acute hospital in the proximity of the pick-up location having regard to the ambulance route.

Statistical figures pertaining to the specialist outpatient (SOP), general outpatient (GOP), accident and emergency (A&E) as well as inpatient services provided by HA, by hospital cluster for 2014-15 and 2015-16 (up to 31 December 2015), are set out in the following tables. Corresponding figures for 2016-17 are not yet available.

(a) Number of attendances of SOP service provided by HA in 2014-15 and 2015-16 (up to 31 December 2015)

2014-15

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excluding Lantau Island)	**HKEC**	682 864	125 615	14 782	6 108	12 051	8 137	2 247	**851 804**
Central & Western, Southern	**HKWC**	38 577	521 446	8 682	2 605	7 547	4 957	1 971	**585 785**
Kowloon City, Yau Tsim	**KCC**	8 487	20 529	343 181	11 197	75 766	13 738	3 584	**476 482**
Kwun Tong, Sai Kung	**KEC**	32 104	42 631	169 528	711 052	64 213	32 661	5 372	**1 057 561**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	25 203	78 732	398 916	45 913	1 419 294	55 298	21 920	**2 045 276**
Sha Tin, Tai Po, North	**NTEC**	11 337	28 800	56 843	13 489	49 669	968 479	12 215	**1 140 832**
Tuen Mun, Yuen Long	**NTWC**	7 876	27 605	31 998	5 349	44 967	34 739	866 803	**1 019 337**
Others (e.g. Macau, Mainland China, etc.)		289	6 468	2 661	88	666	3 580	951	**14 703**
Overall		**806 737**	**851 826**	**1 026 591**	**795 801**	**1 674 173**	**1 121 589**	**915 063**	**7 191 780**

2015-16 (up to 31 December 2015) [Provisional Figures]

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excluding Lantau Island)	**HKEC**	513 301	96 926	10 979	4 784	9 203	6 045	1 739	**642 977**
Central & Western, Southern	**HKWC**	29 236	401 933	6 476	2 062	5 780	3 799	1 440	**450 726**
Kowloon City, Yau Tsim	**KCC**	7 140	16 114	262 825	8 808	57 396	10 736	2 722	**365 741**
Kwun Tong, Sai Kung	**KEC**	24 802	33 820	127 829	553 084	47 564	25 430	3 912	**816 441**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	19 885	62 163	300 354	35 202	1 094 167	42 390	16 380	**1 570 541**
Sha Tin, Tai Po, North	**NTEC**	9 196	22 217	42 054	10 850	37 940	745 029	9 890	**877 176**
Tuen Mun, Yuen Long	**NTWC**	6 306	22 364	23 908	4 377	34 953	27 330	670 825	**790 063**
Others (e.g. Macau, Mainland China, etc.)		188	5 084	2 031	82	588	2 964	632	**11 569**
Overall		**610 054**	**660 621**	**776 456**	**619 249**	**1 287 591**	**863 723**	**707 540**	**5 525 234**

(b) Number of attendances of GOP service provided by HA in 2014-15 and 2015-16 (up to 31 December 2015)

2014-15

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excluding Lantau Island)	**HKEC**	500 480	17 778	3 724	4 514	6 997	2 321	1 205	**537 019**
Central & Western, Southern	**HKWC**	35 042	339 719	2 554	1 750	4 789	1 416	1 094	**386 364**
Kowloon City, Yau Tsim	**KCC**	5 033	3 051	321 027	15 353	47 257	3 653	1 752	**397 126**
Kwun Tong, Sai Kung	**KEC**	19 083	8 658	43 677	864 578	60 133	9 901	3 020	**1 009 050**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	16 117	11 788	165 168	40 260	1 472 915	16 625	11 740	**1 734 613**
Sha Tin, Tai Po, North	**NTEC**	7 195	4 526	25 425	14 760	37 939	897 684	6 702	**994 231**
Tuen Mun, Yuen Long	**NTWC**	4 655	3 839	8 658	3 600	25 606	13 405	783 851	**843 614**
Others (e.g. Macau, Mainland China, etc.)		277	92	415	135	568	1 310	448	**3 245**
Overall		**587 882**	**389 451**	**570 648**	**944 950**	**1 656 204**	**946 315**	**809 812**	**5 905 262**

2015-16 (up to 31 December 2015) [Provisional Figures]

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excluding Lantau Island)	**HKEC**	371 407	13 412	2 765	3 316	5 180	1 789	957	**398 826**
Central & Western, Southern	**HKWC**	25 992	256 769	1 924	1 362	3 531	1 195	943	**291 716**
Kowloon City, Yau Tsim	**KCC**	3 983	2 311	247 868	14 942	36 344	2 685	1 346	**309 479**
Kwun Tong, Sai Kung	**KEC**	14 490	6 337	32 278	663 726	44 757	7 283	2 378	**771 249**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	12 152	9 468	123 890	30 290	1 135 286	12 503	9 022	**1 332 611**
Sha Tin, Tai Po, North	**NTEC**	5 675	3 486	19 139	11 260	29 189	689 772	5 551	**764 072**
Tuen Mun, Yuen Long	**NTWC**	3 683	3 042	6 364	2 722	19 594	10 002	598 424	**643 831**
Others (e.g. Macau, Mainland China, etc.)		207	88	278	107	361	1 158	386	**2 585**
Overall		**437 589**	**294 913**	**434 506**	**727 725**	**1 274 242**	**726 387**	**619 007**	**4 514 369**

(c) Number of attendances of A&E service provided by HA in 2014-15 and 2015-16 (up to 31 December 2015)

2014-15

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excluding Lantau Island)	**HKEC**	187 861	9 542	2 175	2 608	4 201	2 246	1 118	**209 751**
Central & Western, Southern	**HKWC**	18 928	101 833	1 413	1 176	2 840	1 360	872	**128 422**
Kowloon City, Yau Tsim	**KCC**	3 250	1 716	82 345	5 007	32 893	2 885	1 498	**129 594**
Kwun Tong, Sai Kung	**KEC**	8 813	3 280	14 977	281 016	18 583	7 346	2 340	**336 355**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	8 984	6 546	75 858	22 726	524 798	13 639	7 839	**660 390**
Sha Tin, Tai Po, North	**NTEC**	4 249	2 321	6 674	4 557	16 330	338 094	4 719	**376 944**
Tuen Mun, Yuen Long	**NTWC**	3 292	2 214	4 480	2 251	17 869	11 347	325 507	**366 960**
Others (e.g. Macau, Mainland China, etc.)		1 370	1 403	2 469	730	4 033	3 125	1 355	**14 485**
Overall		**236 747**	**128 855**	**190 391**	**320 071**	**621 547**	**380 042**	**345 248**	**2 222 901**

2015-16 (up to 31 December 2015) [Provisional Figures]

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excluding Lantau Island)	**HKEC**	136 168	7 224	1 590	1 983	3 104	1 689	711	**152 469**
Central & Western, Southern	**HKWC**	14 031	75 151	1 060	835	2 185	1 051	642	**94 955**
Kowloon City, Yau Tsim	**KCC**	2 530	1 307	63 511	3 657	24 679	2 252	1 159	**99 095**
Kwun Tong, Sai Kung	**KEC**	6 571	2 483	11 367	207 871	13 642	5 270	1 713	**248 917**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	6 982	4 881	57 446	16 310	393 535	10 482	5 812	**495 448**
Sha Tin, Tai Po, North	**NTEC**	3 164	1 674	4 976	3 522	12 164	256 003	3 692	**285 195**
Tuen Mun, Yuen Long	**NTWC**	2 461	1 681	3 451	1 754	13 790	8 756	246 644	**278 537**
Others (e.g. Macau, Mainland China, etc.)		1 040	982	1 909	561	3 398	2 317	1 117	**11 324**
Overall		**172 947**	**95 383**	**145 310**	**236 493**	**466 497**	**287 820**	**261 490**	**1 665 940**

(d) (i) Number of inpatient discharges and deaths for all general specialties of inpatient service provided by HA in 2014-15 and 2015-16 (up to 31 December 2015)

2014-15

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excluding Lantau Island)	**HKEC**	95 187	12 886	955	717	1 378	911	319	**112 353**
Central & Western, Southern	**HKWC**	5 907	77 487	617	364	818	583	347	**86 123**
Kowloon City, Yau Tsim	**KCC**	829	1 954	48 559	1 774	15 447	1 481	497	**70 541**
Kwun Tong, Sai Kung	**KEC**	3 010	4 238	14 153	111 393	6 779	3 421	789	**143 783**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	2 553	8 525	52 928	8 029	230 489	5 968	2 667	**311 159**
Sha Tin, Tai Po, North	**NTEC**	1 111	2 862	3 977	1 752	5 252	146 371	1 477	**162 802**
Tuen Mun, Yuen Long	**NTWC**	879	3 536	3 238	852	5 399	4 376	125 815	**144 095**
Others (e.g. Macau, Mainland China, etc.)		276	1 279	853	132	1 051	1 103	401	**5 095**
Overall		**109 752**	**112 767**	**125 280**	**125 013**	**266 613**	**164 214**	**132 312**	**1 035 951**

2015-16 (up to 31 December 2015) [Provisional Figures]

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excluding Lantau Island)	**HKEC**	70 642	9 299	679	526	985	674	263	**83 068**
Central & Western, Southern	**HKWC**	4 606	57 011	473	262	678	356	198	**63 584**
Kowloon City, Yau Tsim	**KCC**	674	1 558	37 653	1 231	11 350	1 019	340	**53 825**
Kwun Tong, Sai Kung	**KEC**	2 365	3 123	10 831	84 444	5 145	2 552	564	**109 024**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	2 008	6 511	40 256	5 725	174 703	4 588	1 981	**235 772**
Sha Tin, Tai Po, North	**NTEC**	867	2 207	2 884	1 350	3 897	112 484	1 158	**124 847**
Tuen Mun, Yuen Long	**NTWC**	709	2 689	2 323	657	4 185	3 425	97 303	**111 291**
Others (e.g. Macau, Mainland China, etc.)		216	1 067	661	87	904	823	355	**4 113**
Overall		**82 087**	**83 465**	**95 760**	**94 282**	**201 847**	**125 921**	**102 162**	**785 524**

(ii) Number of day inpatient discharges and deaths for all general specialties of inpatient service provided by HA in 2014-15 and 2015-16 (up to 31 December 2015)

2014-15

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excluding Lantau Island)	**HKEC**	61 337	12 307	1 000	374	847	648	104	**76 617**
Central & Western, Southern	**HKWC**	3 038	47 922	484	88	366	219	90	**52 207**
Kowloon City, Yau Tsim	**KCC**	571	2 276	25 574	1 037	5 415	939	166	**35 978**
Kwun Tong, Sai Kung	**KEC**	2 367	5 132	15 172	45 803	4 669	3 582	327	**77 052**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	1 552	8 607	32 741	2 728	92 941	4 555	1 472	**144 596**
Sha Tin, Tai Po, North	**NTEC**	725	3 549	3 449	613	2 822	87 742	1 204	**100 104**
Tuen Mun, Yuen Long	**NTWC**	398	3 554	2 322	202	3 419	2 970	70 736	**83 601**
Others (e.g. Macau, Mainland China, etc.)		7	850	109	4	31	197	67	**1 265**
Overall		**69 995**	**84 197**	**80 851**	**50 849**	**110 510**	**100 852**	**74 166**	**571 420**

2015-16 (up to 31 December 2015) [Provisional Figures]

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excluding Lantau Island)	**HKEC**	47 243	10 296	638	287	678	433	122	**59 697**
Central & Western, Southern	**HKWC**	2 077	37 423	450	66	387	217	75	**40 695**
Kowloon City, Yau Tsim	**KCC**	522	1 780	20 483	681	4 409	775	131	**28 781**
Kwun Tong, Sai Kung	**KEC**	1 906	4 069	11 728	36 696	3 398	2 704	290	**60 791**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	1 480	7 096	24 298	2 319	70 586	3 971	1 067	**110 817**
Sha Tin, Tai Po, North	**NTEC**	505	3 094	2 418	404	2 259	69 099	805	**78 584**
Tuen Mun, Yuen Long	**NTWC**	373	2 978	1 677	164	2 519	2 782	54 521	**65 014**
Others (e.g. Macau, Mainland China, etc.)		2	760	89	12	45	201	25	**1 134**
Overall		**54 108**	**67 496**	**61 781**	**40 629**	**84 281**	**80 182**	**57 036**	**445 513**

(e) Number of patient days (including inpatient patient days and day inpatient discharges and deaths) for all general specialties of inpatient service provided by HA in 2014-15 and 2015-16 (up to 31 December 2015)

2014-15

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excluding Lantau Island)	**HKEC**	561 497	88 437	7 414	4 603	8 613	6 343	1 825	**678 732**
Central & Western, Southern	**HKWC**	36 021	462 516	5 189	2 106	4 920	4 344	1 884	**516 980**
Kowloon City, Yau Tsim	**KCC**	3 783	17 083	363 413	12 433	100 396	11 448	3 501	**512 057**
Kwun Tong, Sai Kung	**KEC**	15 605	33 660	157 377	627 182	38 517	24 375	4 233	**900 949**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	13 711	66 837	415 533	45 469	1 294 243	47 659	17 442	**1 900 894**
Sha Tin, Tai Po, North	**NTEC**	5 123	22 704	27 386	9 099	29 104	977 811	9 635	**1 080 862**
Tuen Mun, Yuen Long	**NTWC**	4 475	28 151	20 144	4 508	28 566	32 285	761 965	**880 094**
Others (e.g. Macau, Mainland China, etc.)		1 867	13 001	5 781	939	5 412	7 761	3 679	**38 440**
Overall		**642 082**	**732 389**	**1 002 237**	**706 339**	**1 509 771**	**1 112 026**	**804 164**	**6 509 008**

2015-16 (up to 31 December 2015) [Provisional Figures]

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excluding Lantau Island)	**HKEC**	420 740	65 625	4 993	3 092	4 958	4 479	1 812	**505 699**
Central & Western, Southern	**HKWC**	28 186	351 141	4 045	1 438	4 566	2 849	1 382	**393 607**
Kowloon City, Yau Tsim	**KCC**	3 423	12 832	268 735	8 828	70 601	7 880	2 034	**374 333**
Kwun Tong, Sai Kung	**KEC**	11 752	25 754	116 176	488 941	27 156	18 096	2 779	**690 654**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	10 534	50 598	309 247	32 819	977 994	35 837	13 340	**1 430 369**
Sha Tin, Tai Po, North	**NTEC**	3 752	19 046	19 744	8 316	20 979	746 892	7 246	**825 975**
Tuen Mun, Yuen Long	**NTWC**	3 563	21 569	14 893	3 375	21 862	24 644	612 528	**702 434**
Others (e.g. Macau, Mainland China, etc.)		1 186	9 951	4 962	533	5 574	6 282	3 539	**32 027**
Overall		**483 136**	**556 516**	**742 795**	**547 342**	**1 133 690**	**846 959**	**644 660**	**4 955 098**

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

In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via A&E Department or those who have stayed for more than 1 day. The calculation of the number of patient days and discharges and deaths includes both inpatients and day inpatients.

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

Abbreviations

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

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)105

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0595)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention : Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out the number of specialist outpatient (SOP) new cases triaged as Priority 1, Priority 2 and Routine cases; their respective percentages in the total number of SOP new cases; and their respective average, median, 10^{th} percentile, 25^{th} percentile, 75^{th} percentile and 90^{th} percentile waiting time by specialty and hospital cluster for 2015-16.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 2)

Reply:

The table below sets out the number of specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases; their respective percentages in the total number of SOP new cases; and their respective lower quartile (25^{th} percentile), median (50^{th} percentile), upper quartile (75^{th} percentile) and longest (90^{th} percentile) waiting time in each hospital cluster of the Hospital Authority for 2015-16 (up to 31 December 2015).

2015-16 (up to 31 December 2015) [Provisional figures]

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
HKEC	ENT	866	13%	<1	<1	<1	<1	2 325	34%	1	3	5	7	3 574	53%	11	35	35	44
	MED	1 957	20%	<1	1	1	2	2 852	29%	3	5	7	7	4 903	50%	13	22	41	52
	GYN	551	13%	<1	<1	<1	1	589	13%	2	3	4	7	3 237	74%	17	33	61	88
	OPH	4 059	38%	<1	<1	1	1	1 505	14%	4	6	7	8	5 211	48%	12	21	31	36
	ORT	1 243	16%	<1	1	1	1	1 428	18%	4	6	7	7	5 102	66%	24	59	82	98
	PAE	139	14%	<1	1	1	2	692	68%	4	5	7	7	194	19%	10	12	17	19
	PSY	249	9%	<1	1	1	1	658	24%	2	3	4	5	1 808	67%	5	9	24	29
	SUR	1 484	14%	<1	1	1	2	3 256	30%	5	7	7	8	6 000	56%	18	37	50	60
HKWC	ENT	510	9%	<1	<1	1	1	1 852	33%	4	6	7	8	3 178	57%	<1	14	27	87
	MED	1 441	15%	<1	<1	1	1	1 372	14%	2	4	6	7	6 845	71%	11	36	46	78
	GYN	1 337	22%	<1	<1	1	2	879	14%	4	6	7	8	3 876	63%	12	20	26	158
	OPH	2 720	39%	<1	<1	1	1	875	13%	4	4	5	7	3 335	48%	16	19	28	32
	ORT	596	7%	<1	<1	1	1	824	10%	2	3	4	6	6 758	83%	7	17	44	60
	PAE	405	20%	<1	<1	1	2	644	32%	2	4	6	7	951	48%	9	10	10	11
	PSY	558	15%	<1	<1	1	1	676	18%	2	3	5	6	2 564	68%	15	86	143	169
	SUR	1 803	16%	<1	<1	1	2	2 132	18%	3	5	7	8	7 606	66%	9	20	50	110
KCC	ENT	1 126	10%	<1	<1	1	1	1 030	9%	2	4	5	6	9 289	81%	22	24	25	31
	MED	1 115	11%	<1	<1	1	1	1 474	15%	4	5	5	7	7 060	72%	27	50	71	102
	GYN	330	8%	<1	<1	1	1	1 351	33%	4	6	7	8	2 424	59%	12	26	39	43
	OPH	5 955	30%	<1	<1	<1	1	3 525	18%	1	4	6	8	9 601	49%	56	62	64	69
	ORT	220	3%	<1	1	1	1	841	13%	<1	1	4	7	5 577	84%	23	50	79	87
	PAE	558	30%	<1	<1	1	1	393	21%	5	6	7	8	896	49%	7	16	18	24
	PSY	80	4%	<1	<1	1	1	737	35%	1	3	4	7	1 273	61%	6	16	21	25
	SUR	1 506	11%	<1	1	1	1	2 115	16%	3	4	6	7	9 942	73%	22	39	41	48
KEC	ENT	1 361	18%	<1	<1	<1	1	1 916	26%	1	2	4	7	4 156	56%	58	66	76	82
	MED	1 179	8%	<1	1	1	1	3 768	25%	4	6	7	7	9 965	67%	14	65	83	100
	GYN	874	14%	<1	1	1	1	705	11%	4	6	7	7	4 749	75%	15	55	59	112
	OPH	4 245	30%	<1	<1	1	1	250	2%	3	5	7	7	9 843	69%	11	15	97	109
	ORT	2 847	21%	<1	<1	1	1	2 529	19%	5	7	7	7	7 873	59%	20	100	124	135
	PAE	891	25%	<1	<1	<1	1	634	18%	3	5	7	7	2 026	57%	15	17	19	24
	PSY	346	6%	<1	<1	1	1	1 480	26%	2	4	6	7	3 745	67%	10	53	91	99
	SUR	1 245	6%	<1	1	1	1	4 829	24%	6	7	7	7	13 637	69%	14	21	50	88

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
KWC	ENT	2 900	21%	<1	<1	1	1	2 475	18%	3	5	7	8	8 486	61%	15	34	37	50
	MED	2 202	9%	<1	<1	1	1	5 001	21%	4	6	7	7	15 942	68%	23	57	70	76
	GYN	804	7%	<1	<1	1	1	1 931	16%	4	6	7	7	8 763	73%	11	25	52	62
	OPH	5 042	33%	<1	<1	<1	<1	4 356	29%	2	2	3	3	5 735	38%	4	42	48	52
	ORT	3 040	17%	<1	<1	1	1	3 978	22%	3	5	7	8	11 215	61%	31	63	99	122
	PAE	2 086	34%	<1	<1	<1	1	791	13%	4	6	7	8	3 083	51%	9	12	16	18
	PSY	232	2%	<1	<1	1	1	449	4%	1	3	6	7	10 129	94%	1	14	46	65
	SUR	2 699	9%	<1	<1	1	2	7 754	25%	4	6	7	8	20 681	66%	15	28	59	80
NTEC	ENT	3 118	24%	<1	<1	1	2	2 863	22%	3	4	5	7	6 755	53%	14	53	59	104
	MED	2 344	14%	<1	<1	<1	1	2 172	13%	3	5	7	8	12 264	72%	19	73	91	100
	GYN	1 699	17%	<1	<1	1	2	666	7%	3	6	7	8	6 105	62%	21	48	70	100
	OPH	5 776	35%	<1	<1	<1	1	2 774	17%	3	4	6	8	8 004	48%	23	63	66	68
	ORT	4 405	26%	<1	<1	<1	1	1 872	11%	3	5	7	8	10 747	63%	23	111	139	156
	PAE	263	7%	<1	<1	1	2	327	9%	3	4	5	6	2 943	83%	3	11	33	43
	PSY	1 021	14%	<1	1	1	2	1 950	26%	3	4	7	8	4 446	60%	16	52	98	120
	SUR	1 505	8%	<1	<1	1	2	2 419	12%	3	5	7	8	15 903	79%	17	44	73	79
NTWC	ENT	2 154	22%	<1	<1	<1	1	948	10%	3	4	6	7	6 803	69%	13	48	64	68
	MED	929	12%	<1	1	1	2	2 294	30%	5	6	7	8	4 525	58%	17	53	73	78
	GYN	834	16%	<1	1	1	2	104	2%	3	4	7	8	4 434	83%	19	39	124	129
	OPH	7 333	47%	<1	<1	<1	1	2 162	14%	2	3	6	8	5 957	39%	23	59	67	68
	ORT	1 397	13%	<1	1	1	2	1 075	10%	3	4	6	7	8 018	76%	27	84	86	87
	PAE	46	3%	<1	1	1	2	380	21%	3	5	5	6	1 363	76%	11	12	13	14
	PSY	358	7%	<1	1	1	1	1 441	28%	3	6	7	7	3 220	63%	9	49	84	98
	SUR	1 123	7%	<1	1	1	4	2 519	15%	4	6	11	15	12 965	78%	25	60	65	74
Overall HA	ENT	12 035	18%	<1	<1	<1	1	13 409	20%	2	4	6	7	42 241	62%	15	26	53	69
	MED	11 167	12%	<1	<1	1	1	18 933	20%	4	5	7	7	61 504	67%	16	51	73	95
	GYN	6 429	13%	<1	<1	1	2	6 225	13%	3	6	7	7	33 588	70%	15	29	59	110
	OPH	35 130	35%	<1	<1	<1	1	15 447	16%	2	3	5	7	47 686	48%	12	43	65	72
	ORT	13 748	17%	<1	<1	1	1	12 547	15%	3	5	7	7	55 290	68%	20	65	100	134
	PAE	4 388	22%	<1	<1	1	1	3 861	19%	3	5	7	7	11 456	58%	9	13	17	25
	PSY	2 844	8%	<1	<1	1	1	7 391	20%	2	4	6	7	27 185	72%	5	23	71	101
	SUR	11 365	9%	<1	1	1	2	25 024	20%	4	6	7	8	86 734	70%	15	34	60	79

Note:
Individual percentages of the triage categories (i.e. Priority 1, Priority 2 and Routine) may not add up to 100% due to miscellaneous cases not falling into the triage system and the rounding effect.

Abbreviations

Specialty:
ENT – Ear, Nose & Throat
MED – Medicine
GYN – Gynaecology
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology
PAE – Paediatrics
PSY – Psychiatry
SUR – Surgery

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

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)106

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0596)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a detailed breakdown of the annual turnover of medical officers in hospitals of the Hospital Authority in 2014-15 and 2015-16 by post (including Consultant, Associate Consultant/Senior Medical Officer, Specialist and Specialist Trainee) and by department upon the officers' departure, including the number of departures, turnover rate and length of service upon departure. Please also indicate whether all the arising vacancies have been filled, and set out the time required as well as the expenditure involved for filling the posts.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 3)

Reply:

Tables 1 to 3 provide the attrition figures, attrition rates and years of service of doctors by major department and by rank in each hospital cluster of the Hospital Authority (HA) in 2014-15 and 2015-16 (rolling 12 months from 1 Jan 2015 to 31 Dec 2015).

In general, HA fills vacancies of Consultants and Associate Consultants through internal transfer or promotion of suitable serving HA doctors as far as possible. As for vacancies of resident trainees, HA conducts recruitment exercise of resident trainees each year to recruit medical graduates of local universities, as well as other qualified doctors to fill the vacancies and undergo specialist training in HA. Individual departments may also recruit doctors throughout the year to cope with service and operational needs.

In 2014-15 and 2015-16, HA has recruited new doctors to fill vacancies as well as to strengthen its manpower support. As at 31 December 2015, there were 5 660 doctors working in HA, representing an increase of 3.6% from 5 462 in 2014-15, and 5.5% from 5 365 in 2013-14. The total additional expenditure incurred in the recruitment and promotion of doctors exceeds the savings from staff attrition by around $352 million and $325 million for 2014-15 and 2015-16 respectively.

Table 1: Attrition figures of full-time doctors by department and by rank in each hospital cluster in 2014-15 and 2015-16 (rolling 12 months from 1 Jan 2015 to 31 Dec 2015)

Cluster	Department	2014-15				2015-16 (rolling 12 months from 1 Jan 2015 to 31 Dec 2015)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
HKEC	Accident & Emergency	0	1	0	1	0	1	1	2
	Anaesthesia	0	4	0	4	1	0	0	1
	Family Medicine	1	0	1	2	1	1	0	2
	Intensive Care Unit	0	0	0	0	0	0	0	0
	Medicine	3	1	2	6	1	1	1	3
	Neurosurgery	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	1	0	1	0	2	0	2
	Ophthalmology	1	0	1	2	0	0	1	1
	Orthopaedics & Traumatology	0	1	0	1	1	3	2	6
	Paediatrics	0	0	0	0	0	0	0	0
	Pathology	1	1	0	2	0	1	0	1
	Psychiatry	0	0	2	2	0	0	0	0
	Radiology	0	1	0	1	0	2	0	2
	Surgery	1	1	0	2	2	0	1	3
	Others	0	0	0	0	1	0	1	2
	Total	**7**	**11**	**6**	**24**	**7**	**11**	**7**	**25**
HKWC	Accident & Emergency	0	0	1	1	1	1	2	4
	Anaesthesia	0	3	2	5	0	2	4	6
	Cardio-thoracic Surgery	0	0	0	0	0	0	0	0
	Family Medicine	0	0	2	2	0	0	1	1
	Intensive Care Unit	0	0	0	0	0	0	0	0
	Medicine	2	3	3	8	1	1	5	7
	Neurosurgery	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	1	1	0	2	0	0	1	1
	Ophthalmology	0	1	1	2	0	2	0	2
	Orthopaedics & Traumatology	0	2	2	4	0	2	2	4
	Paediatrics	0	0	1	1	0	1	1	2
	Pathology	0	0	0	0	0	0	0	0
	Psychiatry	0	0	0	0	0	0	3	3
	Radiology	0	4	0	4	1	1	0	2
	Surgery	1	4	1	6	2	3	1	6
	Others	0	0	1	1	0	1	2	3
	Total	**4**	**18**	**14**	**36**	**5**	**14**	**22**	**41**
KCC	Accident & Emergency	0	2	2	4	0	2	2	4
	Anaesthesia	0	0	1	1	0	1	0	1
	Cardio-thoracic Surgery	0	0	0	0	0	0	0	0
	Family Medicine	0	0	2	2	0	0	1	1
	Intensive Care Unit	0	0	0	0	0	0	0	0
	Medicine	1	1	3	5	0	1	3	4
	Neurosurgery	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	1	2	3	1	2	3	6
	Ophthalmology	0	1	1	2	0	1	0	1
	Orthopaedics & Traumatology	2	1	0	3	1	0	0	1
	Paediatrics	1	0	1	2	0	1	1	2
	Pathology	0	1	0	1	0	3	1	4
	Psychiatry	0	1	0	1	0	1	0	1
	Radiology	2	2	0	4	0	0	0	0
	Surgery	2	1	1	4	0	3	0	3

Cluster	Department	2014-15				2015-16 (rolling 12 months from 1 Jan 2015 to 31 Dec 2015)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Others	1	1	1	3	1	2	0	3
	Total	**9**	**12**	**14**	**35**	**3**	**17**	**11**	**31**
KEC	Accident & Emergency	0	0	2	2	1	0	3	4
	Anaesthesia	0	0	0	0	0	0	3	3
	Family Medicine	0	0	4	4	0	0	2	2
	Intensive Care Unit	0	0	0	0	0	0	0	0
	Medicine	1	1	1	3	2	2	3	7
	Neurosurgery	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	1	2	3	1	0	1	2
	Ophthalmology	0	1	0	1	0	0	0	0
	Orthopaedics & Traumatology	0	2	0	2	0	0	1	1
	Paediatrics	1	0	0	1	1	1	0	2
	Pathology	0	0	0	0	1	1	1	3
	Psychiatry	0	0	0	0	1	0	0	1
	Radiology	0	0	0	0	2	0	0	2
	Surgery	2	1	0	3	1	0	1	2
	Others	0	0	0	0	0	1	0	1
	Total	**4**	**6**	**9**	**19**	**10**	**5**	**15**	**30**
KWC	Accident & Emergency	0	0	4	4	0	1	2	3
	Anaesthesia	0	3	3	6	0	1	2	3
	Family Medicine	0	0	5	5	0	1	6	7
	Intensive Care Unit	0	0	0	0	0	0	0	0
	Medicine	1	3	1	5	2	6	9	17
	Neurosurgery	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	1	4	2	7	2	1	1	4
	Ophthalmology	1	0	0	1	0	2	0	2
	Orthopaedics & Traumatology	0	0	1	1	1	1	2	4
	Paediatrics	0	0	2	2	1	0	1	2
	Pathology	1	0	1	2	3	1	1	5
	Psychiatry	1	3	1	5	0	2	1	3
	Radiology	1	1	0	2	1	3	0	4
	Surgery	4	3	2	9	2	1	1	4
	Others	2	2	1	5	0	3	1	4
	Total	**12**	**19**	**23**	**54**	**12**	**23**	**27**	**62**
NTEC	Accident & Emergency	0	0	0	0	0	0	0	0
	Anaesthesia	0	2	0	2	0	1	0	1
	Cardio-thoracic Surgery	0	0	0	0	0	0	0	0
	Family Medicine	0	3	2	5	0	0	3	3
	Intensive Care Unit	0	0	0	0	0	0	0	0
	Medicine	0	7	4	11	0	5	2	7
	Neurosurgery	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	1	0	1	0	1	0	1
	Ophthalmology	0	0	0	0	0	1	0	1
	Orthopaedics & Traumatology	1	2	3	6	0	2	2	4
	Paediatrics	0	0	0	0	0	0	1	1
	Pathology	0	2	1	3	1	2	0	3
	Psychiatry	0	3	0	3	0	0	0	0
	Radiology	0	0	0	0	0	0	0	0
	Surgery	0	1	1	2	0	2	1	3
	Others	1	2	1	4	0	0	2	2
	Total	**2**	**23**	**12**	**37**	**1**	**14**	**11**	**26**
NTWC	Accident & Emergency	0	0	0	0	0	0	2	2
	Anaesthesia	1	1	0	2	0	0	1	1
	Cardio-thoracic Surgery	0	0	0	0	0	0	0	0
	Family Medicine	0	0	3	3	0	2	2	4

Cluster	Department	2014-15				2015-16 (rolling 12 months from 1 Jan 2015 to 31 Dec 2015)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Intensive Care Unit	0	0	0	0	0	0	0	0
	Medicine	1	2	2	5	2	2	1	5
	Neurosurgery	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	5	5	0	2	3	5
	Ophthalmology	0	0	1	1	0	0	1	1
	Orthopaedics & Traumatology	0	0	1	1	0	0	0	0
	Paediatrics	0	0	0	0	1	1	0	2
	Pathology	0	1	0	1	0	0	0	0
	Psychiatry	0	1	2	3	0	3	3	6
	Radiology	0	1	0	1	1	0	0	1
	Surgery	1	1	0	2	0	1	3	4
	Others	1	1	0	2	1	2	0	3
	Total	**4**	**8**	**14**	**26**	**5**	**13**	**16**	**34**

Table 2: Attrition rates of full-time doctors by major department and by rank in 2014-15 and 2015-16 (rolling 12 months from 1 Jan 2015 to 31 Dec 2015)

Department	2014-15				2015-16 (rolling 12 months from 1 Jan 2015 to 31 Dec 2015)			
	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
Accident & Emergency	-	1.8%	4.0%	2.8%	5.4%	2.8%	5.4%	4.4%
Anaesthesia	1.8%	8.7%	3.6%	5.4%	1.8%	3.1%	5.8%	4.1%
Cardio-thoracic Surgery	-	14.5%	-	6.0%	-	9.3%	-	3.0%
Family Medicine	6.8%	3.7%	4.2%	4.2%	7.1%	4.7%	3.3%	3.6%
Intensive Care Unit	15.3%	9.3%	1.7%	6.3%	-	7.5%	4.7%	5.4%
Medicine	6.3%	4.5%	2.5%	3.6%	5.2%	4.5%	3.7%	4.1%
Neurosurgery	12.8%	4.6%	4.1%	5.8%	6.3%	4.5%	1.9%	3.3%
Obstetrics & Gynaecology	5.3%	17.0%	9.8%	10.8%	10.6%	14.2%	8.9%	10.8%
Ophthalmology	10.3%	5.8%	4.7%	5.8%	-	11.4%	2.3%	5.0%
Orthopaedics & Traumatology	5.7%	7.8%	4.3%	5.6%	5.6%	7.5%	5.5%	6.2%
Paediatrics	3.9%	-	2.3%	1.8%	5.8%	3.8%	2.2%	3.3%
Pathology	3.8%	6.1%	3.3%	4.6%	9.3%	10.2%	4.6%	8.1%
Psychiatry	2.7%	7.2%	2.7%	4.2%	2.7%	5.2%	3.8%	4.2%
Radiology	4.3%	9.9%	-	4.3%	7.2%	6.5%	-	3.8%
Surgery	11.8%	6.3%	1.1%	4.2%	7.3%	5.4%	2.4%	4.1%
Others	6.5%	1.3%	3.6%	3.4%	6.3%	6.3%	2.1%	4.1%
Overall	**5.8%**	**5.7%**	**3.2%**	**4.4%**	**5.7%**	**5.6%**	**3.7%**	**4.6%**

Table 3: Years of service in HA of departed full-time doctors by department in each hospital cluster in 2014-15 and 2015-16 (rolling 12 months from 1 Jan 2015 to 31 Dec 2015)

2014-15

Cluster	Department	2014-15						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
HKEC	Accident & Emergency	0	0	0	1	0	0	1
	Anaesthesia	0	0	1	1	2	0	4
	Family Medicine	0	0	0	1	0	0	1
	Medicine	0	2	0	0	0	4	6
	Neurosurgery	0	0	0	0	0	0	0
	Ophthalmology	0	0	1	0	0	0	1
	Obstetrics & Gynaecology	0	0	1	0	0	1	2

Cluster	Department	2014-15						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
	Paediatrics	0	0	0	1	0	0	1
	Pathology	0	0	1	0	0	1	2
	Psychiatry	0	0	2	0	0	0	2
	Radiology	0	0	0	1	0	0	1
	Surgery	0	0	0	1	1	0	2
	Others	0	0	0	0	1	0	1
	Total	**0**	**2**	**6**	**6**	**4**	**6**	**24**
HKWC	Accident & Emergency	0	1	0	0	0	0	1
	Anaesthesia	0	2	0	2	1	0	5
	Family Medicine	0	1	0	1	0	0	2
	Intensive Care Unit	0	0	1	0	0	0	1
	Medicine	0	0	3	0	4	1	8
	Neurosurgery	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	1	0	1	0	0	2
	Ophthalmology	0	1	1	0	0	0	2
	Orthopaedics & Traumatology	0	0	1	2	1	0	4
	Paediatrics	0	0	1	0	0	0	1
	Pathology	0	0	0	0	0	0	0
	Psychiatry	0	0	0	0	0	0	0
	Radiology	0	1	2	1	0	0	4
	Surgery	0	0	3	1	2	0	6
	Others	0	0	0	0	0	0	0
	Total	**0**	**7**	**12**	**8**	**8**	**1**	**36**
KCC	Accident & Emergency	0	1	1	0	2	0	4
	Anaesthesia	0	1	0	0	0	0	1
	Family Medicine	0	0	1	1	0	0	2
	Medicine	0	0	2	0	2	1	5
	Neurosurgery	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	1	1	1	0	0	3
	Ophthalmology	0	0	1	1	0	0	2
	Orthopaedics & Traumatology	0	0	0	0	0	3	3
	Paediatrics	0	0	1	0	0	1	2
	Pathology	0	0	0	0	0	1	1
	Psychiatry	0	0	0	1	0	0	1
	Radiology	0	0	0	1	0	3	4
	Surgery	0	0	1	1	0	2	4
	Others	0	1	0	1	0	1	3
	Total	**0**	**4**	**8**	**7**	**4**	**12**	**35**
KEC	Accident & Emergency	1	1	0	0	0	0	2
	Anaesthesia	0	0	0	0	0	0	0
	Family Medicine	0	2	0	2	0	0	4
	Medicine	1	0	0	0	0	2	3
	Obstetrics & Gynaecology	0	1	2	0	0	0	3
	Ophthalmology	0	0	0	1	0	0	1
	Orthopaedics & Traumatology	0	0	0	0	1	1	2
	Paediatrics	0	0	0	0	0	1	1
	Pathology	0	0	0	0	0	0	0
	Psychiatry	0	0	0	0	0	0	0
	Radiology	0	0	0	0	0	0	0
	Surgery	0	0	1	0	0	2	3
	Total	**2**	**4**	**3**	**3**	**1**	**6**	**19**
KWC	Accident & Emergency	0	4	0	0	0	0	4
	Anaesthesia	0	2	2	0	1	1	6
	Family Medicine	0	1	2	2	0	0	5
	Intensive Care Unit	0	0	1	1	2	0	4
	Medicine	0	0	0	1	2	2	5
	Neurosurgery	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	4	0	2	1	7
	Ophthalmology	0	0	0	0	1	0	1

Cluster	Department	2014-15						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
	Orthopaedics & Traumatology	0	1	0	0	0	0	1
	Paediatrics	0	2	0	0	0	0	2
	Pathology	0	0	1	0	0	1	2
	Psychiatry	0	0	2	0	2	1	5
	Radiology	0	0	1	0	1	0	2
	Surgery	0	1	1	3	2	2	9
	Others	0	1	0	0	0	0	1
	Total	**0**	**12**	**14**	**7**	**13**	**8**	**54**
NTEC	Accident & Emergency	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	Anaesthesia	0	0	2	0	0	0	2
	Cardio-thoracic Surgery	0	0	0	0	0	0	0
	Family Medicine	0	0	0	3	1	1	5
	Intensive Care Unit	0	0	0	0	2	0	2
	Medicine	0	2	2	4	3	0	11
	Neurosurgery	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	0	1	0	0	1
	Orthopaedics & Traumatology	0	2	1	0	1	2	6
	Paediatrics	0	0	0	0	0	0	0
	Pathology	0	1	1	0	1	0	3
	Psychiatry	0	0	0	2	1	0	3
	Radiology	0	0	0	0	0	0	0
	Surgery	0	0	1	0	1	0	2
	Others	0	1	0	0	1	0	2
	Total	**0**	**6**	**7**	**10**	**11**	**3**	**37**
NTWC	Accident & Emergency	0	0	0	0	0	0	0
	Anaesthesia	0	0	0	0	2	0	2
	Family Medicine	0	1	1	1	0	0	3
	Intensive Care Unit	0	0	0	0	1	0	1
	Medicine	0	0	3	1	0	1	5
	Neurosurgery	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	1	4	0	0	0	5
	Ophthalmology	0	1	0	0	0	0	1
	Orthopaedics & Traumatology	0	0	1	0	0	0	1
	Paediatrics	0	0	0	0	0	0	0
	Pathology	0	0	1	0	0	0	1
	Psychiatry	0	0	1	1	1	0	3
	Radiology	0	0	1	0	0	0	1
	Surgery	0	0	0	0	1	1	2
	Others	0	0	0	0	0	1	1
	Total	**0**	**3**	**12**	**3**	**5**	**3**	**26**

2015-16 (Rolling 12 months from 1 Jan 2015 to 31 Dec 2015)

Cluster	Department	2015-16 (Rolling 12 months from 1 Jan 2015 to 31 Dec 2015)						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
HKEC	Accident & Emergency	0	1	0	1	0	0	2
	Anaesthesia	0	0	0	0	0	1	1
	Family Medicine	0	0	0	0	1	1	2
	Medicine	0	1	0	0	0	2	3
	Neurosurgery	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	1	1	0	0	2
	Ophthalmology	0	0	1	0	0	0	1
	Orthopaedics & Traumatology	0	0	1	2	1	2	6
	Paediatrics	0	0	0	0	0	0	0
	Pathology	0	0	1	0	0	0	1
	Psychiatry	0	0	0	0	0	0	0
	Radiology	0	0	2	0	0	0	2

Cluster	Department	2015-16 (Rolling 12 months from 1 Jan 2015 to 31 Dec 2015)						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
	Surgery	0	1	0	0	1	1	3
	Others	0	1	0	0	0	1	2
	Total	**0**	**4**	**6**	**4**	**3**	**8**	**25**
HKWC	Accident & Emergency	0	1	1	0	1	1	4
	Anaesthesia	0	3	1	2	0	0	6
	Cardio-thoracic Surgery	0	0	0	0	0	0	0
	Family Medicine	0	0	0	0	1	0	1
	Intensive Care Unit	0	0	0	0	0	0	0
	Medicine	0	1	2	2	1	1	7
	Neurosurgery	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	1	0	0	0	1
	Ophthalmology	0	1	0	0	1	0	2
	Orthopaedics & Traumatology	0	0	1	2	1	0	4
	Paediatrics	0	0	1	0	1	0	2
	Pathology	0	0	0	0	0	0	0
	Psychiatry	0	3	0	0	0	0	3
	Radiology	0	0	0	1	0	1	2
	Surgery	0	1	3	0	1	1	6
	Others	1	0	1	1	0	0	3
	Total	**1**	**10**	**11**	**8**	**7**	**4**	**41**
KCC	Accident & Emergency	0	1	1	0	2	0	4
	Anaesthesia	0	0	0	1	0	0	1
	Family Medicine	0	0	0	0	1	0	1
	Medicine	0	0	1	1	2	0	4
	Neurosurgery	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	3	2	1	0	6
	Ophthalmology	0	0	0	1	0	0	1
	Orthopaedics & Traumatology	0	0	0	0	0	1	1
	Paediatrics	0	0	1	0	0	1	2
	Pathology	0	0	1	2	0	1	4
	Psychiatry	0	0	0	0	1	0	1
	Radiology	0	0	0	0	0	0	0
	Surgery	0	0	0	1	1	1	3
	Others	0	0	0	0	1	2	3
	Total	**0**	**1**	**7**	**8**	**9**	**6**	**31**
KEC	Accident & Emergency	1	2	0	0	0	1	4
	Anaesthesia	0	1	2	0	0	0	3
	Family Medicine	0	1	1	0	0	0	2
	Medicine	0	1	2	0	1	3	7
	Obstetrics & Gynaecology	0	1	0	0	0	1	2
	Ophthalmology	0	0	0	0	0	0	0
	Orthopaedics & Traumatology	0	0	0	1	0	0	1
	Paediatrics	0	0	0	0	1	1	2
	Pathology	0	0	1	1	0	1	3
	Psychiatry	0	0	0	0	1	0	1
	Radiology	0	0	0	0	1	1	2
	Surgery	0	1	0	0	0	1	2
	Others	0	0	0	0	1	0	1
	Total	**1**	**7**	**6**	**2**	**5**	**9**	**30**
KWC	Accident & Emergency	0	1	1	0	0	1	3
	Anaesthesia	0	1	1	0	0	1	3
	Family Medicine	0	0	2	4	1	0	7
	Intensive Care Unit	0	0	0	0	0	0	0
	Medicine	1	5	1	2	5	3	17
	Neurosurgery	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	1	0	1	2	4
	Ophthalmology	0	1	0	0	1	0	2
	Orthopaedics & Traumatology	0	1	1	1	0	1	4
	Paediatrics	0	1	0	0	0	1	2

Cluster	Department	2015-16 (Rolling 12 months from 1 Jan 2015 to 31 Dec 2015)						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
	Pathology	0	0	2	0	0	3	5
	Psychiatry	0	1	1	0	1	0	3
	Radiology	0	0	0	2	2	0	4
	Surgery	0	1	0	1	0	2	4
	Others	0	0	1	1	0	2	4
	Total	**1**	**12**	**11**	**11**	**11**	**16**	**62**
NTEC	Accident & Emergency	0	0	0	0	0	0	0
	Anaesthesia	0	0	0	1	0	0	1
	Cardio-thoracic Surgery	0	0	0	0	0	0	0
	Family Medicine	0	1	1	1	0	0	3
	Intensive Care Unit	0	0	0	0	0	0	0
	Medicine	0	1	1	5	0	0	7
	Obstetrics & Gynaecology	0	0	0	1	0	0	1
	Ophthalmology	0	0	0	1	0	0	1
	Orthopaedics & Traumatology	0	1	1	1	0	1	4
	Paediatrics	0	0	1	0	0	0	1
	Pathology	0	0	1	0	2	0	3
	Psychiatry	0	0	0	0	0	0	0
	Surgery	0	0	1	2	0	0	3
	Others	0	1	1	0	0	0	2
	Total	**0**	**4**	**7**	**12**	**2**	**1**	**26**
NTWC	Accident & Emergency	0	1	0	1	0	0	2
	Anaesthesia	0	1	0	0	0	0	1
	Family Medicine	0	1	1	2	0	0	4
	Intensive Care Unit	0	0	0	0	0	0	0
	Medicine	0	0	2	0	1	2	5
	Neurosurgery	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	1	3	0	0	1	5
	Ophthalmology	0	1	0	0	0	0	1
	Orthopaedics & Traumatology	0	0	0	0	0	0	0
	Paediatrics	0	0	0	0	0	2	2
	Pathology	0	0	0	0	0	0	0
	Psychiatry	0	1	1	2	2	0	6
	Radiology	0	0	0	0	0	1	1
	Surgery	0	2	2	0	0	0	4
	Others	0	0	0	1	1	1	3
	Total	**0**	**8**	**9**	**6**	**4**	**7**	**34**

Notes:

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

2. Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented , i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate.

3. Rolling Attrition (Wastage) Rate = (Total no. of staff left HA in the past 12 months /Average strength in the past 12 months) x 100%

4. The services of the psychiatry departments include services for the mentally handicapped.

5. For the purpose of this analysis, only staff members who have completed years of experience are grouped into the respective categories. For example, staff with less than 6 years, say 5.5 years, would be counted towards the group of "1 - <6 " years.

Abbreviations

SMO/AC – Senior Medical Officer/Associate Consultant
MO/R – Medical Officer/Resident
HKEC – Hong Kong East Cluster
HKWC – Hong Kong West Cluster
KCC – Kowloon Central Cluster
KEC – Kowloon East Cluster
KWC – Kowloon West Cluster
NTEC – New Territories East Cluster
NTWC – New Territories West Cluster

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0597)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

(a) Please list the number of "management personnel", "professionals/administrator" and "support staff" (as defined in the Hospital Authority Annual Report) in the areas of "medical", "nursing", "allied health professionals" and "care-related support" in the Hospital Authority Head Office and each cluster, their total salary, mid-point monthly salary as well as their median and the 90^{th}, 75^{th}, 25^{th} and 10^{th} percentile monthly salaries in 2014-15, 2015-16 and 2016-17 (Estimate).

(b) Please list the number of staff receiving overtime allowance/payment and the amount involved in respect of the above staff categories in 2014-15, 2015-16 and 2016-17 (Estimate).

(c) Please list by specialty and cluster the number of HA doctors involved in part time service and the total amount of remuneration they received in 2014-15, 2015-16 and 2016-17 (Estimate).

(d) Please list by specialty and cluster the number of non-HA doctors involved in part time service and the total amount of remuneration they received in 2014-15, 2015-16 and 2016-17 (Estimate).

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 4)

Reply:

(a) The tables below provide the number of "medical", "nursing", "allied health" (AH), "care-related support staff", "management personnel", "professionals/administrator" and "other support staff" of the Hospital Authority (HA) Head Office and each cluster,

their total remuneration; mid-point monthly salary as well as their median and 90th, 75th, 25th and 10th percentile monthly salaries in 2014-15, 2015-16 (full year projection):

2014-15

Cluster	Staff Group	No of staff	Total Remuneration ($ million)	Basic Salary ($)					
				Mid-point	Median	90th percentile	75th percentile	25th percentile	10th percentile
HAHO	Medical	13	164	108,043	91,590	127,900	109,340	84,770	75,333
	Nursing	40	118	66,395	60,690	74,690	60,690	54,265	43,965
	AH	70	103	63,270	54,265	92,985	74,690	43,135	34,142
	Care-related Support Staff	1	-(12)	14,395	14,395	14,395	14,395	14,395	14,395
	Management Personnel	34	110	246,445	132,590	185,103	159,545	127,118	123,141
	Professionals/ Administrator	1 276	1,090	73,783	49,515	91,590	60,690	32,670	26,895
	Other Support Staff	546	176	28,188	17,606	34,305	25,600	16,348	11,218
HKEC	Medical	623	1,065	111,823	98,300	125,450	109,340	65,165	51,825
	Nursing	2 517	1,513	43,748	37,620	56,820	41,200	26,895	18,310
	AH	762	535	61,073	39,395	60,690	59,485	28,255	23,210
	Care-related Support Staff	1 485	308	21,815	13,689	16,693	16,140	12,285	11,338
	Management Personnel	12	28	134,765	98,300	195,270	103,820	84,770	77,905
	Professionals/ Administrator	133	86	57,158	42,168	68,250	54,904	25,295	23,210
	Other Support Staff	2 170	489	38,673	13,035	25,600	17,200	9,989	9,322
HKWC	Medical	670	1,075	108,948	91,590	144,700	109,340	60,088	51,825
	Nursing	2 679	1,614	43,748	41,200	58,686	41,200	26,895	18,310
	AH	883	640	61,073	41,200	60,690	59,485	28,255	24,380
	Care-related Support Staff	1 422	281	17,525	14,382	16,693	16,140	12,285	11,167
	Management Personnel	13	31	145,360	94,905	154,280	149,155	91,590	80,006
	Professionals/ Administrator	110	77	55,500	47,280	68,564	59,485	28,604	24,380
	Other Support Staff	1 974	448	38,673	13,035	25,600	17,200	10,361	9,556
KCC	Medical	746	1,265	111,823	98,300	129,400	109,340	65,165	51,825
	Nursing	3 275	1,998	44,613	41,200	56,820	41,200	26,895	17,200
	AH	989	712	61,073	39,395	60,690	59,485	28,255	24,380
	Care-related Support Staff	1 968	371	21,815	13,210	16,295	15,057	12,285	10,715
	Management Personnel	13	30	140,598	98,300	147,207	109,340	81,260	72,689
	Professionals/ Administrator	155	94	54,395	43,135	60,208	59,485	25,600	23,678
	Other Support Staff	2 399	517	35,688	11,878	25,600	17,200	9,989	9,322

Cluster	Staff Group	No of staff	Total Remuneration ($ million)	Basic Salary ($)					
				Mid-point	Median	90th percentile	75th percentile	25th percentile	10th percentile
KEC	Medical	693	1,159	114,430	94,905	125,450	109,340	62,280	51,825
	Nursing	2 613	1,527	43,748	37,620	54,265	41,200	25,600	16,140
	AH	706	473	61,073	39,395	60,690	54,265	26,895	23,210
	Care-related Support Staff	1 436	303	23,473	14,395	17,200	16,140	12,285	12,026
	Management Personnel	11	26	123,858	101,880	176,510	117,688	83,015	71,385
	Professionals/ Administrator	104	74	53,865	47,280	74,690	59,485	26,248	23,210
	Other Support Staff	1 720	362	34,290	13,035	23,210	16,348	10,476	9,555
KWC	Medical	1 417	2,370	111,823	98,300	125,450	109,340	65,165	51,825
	Nursing	5 608	3,478	43,748	41,200	59,485	43,135	28,255	18,310
	AH	1 566	1,069	61,073	39,395	60,690	59,485	26,895	23,210
	Care-related Support Staff	2 831	579	21,815	14,031	16,693	16,140	12,285	12,285
	Management Personnel	18	47	146,968	98,300	186,366	171,188	89,205	81,260
	Professionals/ Administrator	218	154	62,243	45,150	68,250	59,485	25,600	23,210
	Other Support Staff	4 025	887	38,673	13,035	25,600	17,200	10,137	9,322
NTEC	Medical	966	1,599	108,948	94,905	129,400	109,340	62,280	51,825
	Nursing	3 897	2,324	43,748	39,395	56,820	41,200	26,895	15,480
	AH	1 081	767	61,073	39,395	62,280	59,485	28,255	24,380
	Care-related Support Staff	2 358	480	21,815	13,689	16,140	16,140	12,285	12,285
	Management Personnel	16	36	143,708	94,905	182,550	119,294	88,410	83,015
	Professionals/ Administrator	147	114	62,243	47,280	74,690	59,485	26,895	23,210
	Other Support Staff	2 563	580	38,673	13,035	25,600	18,310	10,137	9,322
NTWC	Medical	756	1,265	108,948	94,905	128,215	109,340	62,280	51,825
	Nursing	3 163	1,946	43,748	37,620	56,820	43,135	26,895	17,200
	AH	831	553	61,073	38,508	60,690	56,820	26,895	24,380
	Care-related Support Staff	2 216	422	21,815	12,285	16,140	15,057	12,285	12,146
	Management Personnel	10	24	130,640	109,340	166,151	139,666	90,883	88,046
	Professionals/ Administrator	155	107	53,865	45,150	65,165	59,485	25,600	23,210
	Other Support Staff	2 195	470	38,673	13,035	23,210	17,177	10,138	9,322

2015-16 (Full-year projection)

Cluster	Staff Group	No of staff	Total Remuneration ($ million)	Basic Salary ($)					
				Mid-point	Median	90th percentile	75th percentile	25th percentile	10th percentile
HAHO	Medical	15	199	115,328	101,620	145,170	111,170	93,563	78,986
	Nursing	46	151	65,553	63,095	77,650	63,095	49,465	43,105
	AH	70	121	69,990	59,445	102,367	90,824	47,235	42,916
	Care-related Support Staff	4	1	16,326	17,586	17,586	17,586	16,956	15,821
	Management Personnel	36	120	257,915	144,360	200,146	176,680	139,590	131,837
	Professionals/ Administrator	1 300	1,223	77,718	54,220	95,215	63,095	34,180	28,140
	Other Support Staff	567	188	30,660	18,419	35,890	26,785	17,103	12,701
HKEC	Medical	637	1,151	119,395	105,260	136,450	117,080	67,745	54,220
	Nursing	2 607	1,642	45,120	39,360	62,235	43,105	28,140	26,785
	AH	798	567	66,463	41,215	63,095	60,143	28,140	24,280
	Care-related Support Staff	1 486	321	22,823	14,321	17,217	16,890	13,174	11,683
	Management Personnel	13	28	148,033	105,260	195,470	113,085	90,018	84,480
	Professionals/ Administrator	131	93	60,963	43,105	72,257	58,108	26,785	24,280
	Other Support Staff	2 272	521	40,235	13,640	26,785	17,970	10,661	9,996
HKWC	Medical	688	1,182	116,345	95,215	154,950	117,080	63,095	54,220
	Nursing	2 799	1,746	45,120	41,215	62,235	43,105	28,140	19,160
	AH	918	685	66,463	43,105	63,095	62,235	28,140	25,505
	Care-related Support Staff	1 477	309	18,336	15,046	17,464	16,890	13,153	11,683
	Management Personnel	13	33	156,155	109,090	165,205	159,715	95,215	81,688
	Professionals/ Administrator	117	84	57,760	49,465	65,645	62,235	29,560	24,280
	Other Support Staff	2 012	473	40,235	13,640	26,785	17,995	10,840	10,012
KCC	Medical	771	1,385	119,395	105,260	138,600	117,080	64,745	54,220
	Nursing	3 323	2,110	45,970	43,105	62,235	45,130	29,560	26,785
	AH	1 022	755	66,463	41,215	63,095	62,235	29,560	25,505
	Care-related Support Staff	2 037	393	22,823	13,972	17,371	15,753	12,853	11,563
	Management Personnel	14	34	149,533	105,260	147,241	117,080	89,675	79,699
	Professionals/ Administrator	166	103	55,530	42,160	62,235	56,770	26,785	23,590
	Other Support Staff	2 416	539	37,130	12,441	26,785	17,995	10,712	9,996

Cluster	Staff Group	No of staff	Total Remuneration ($ million)	Basic Salary ($)					
				Mid-point	Median	90th percentile	75th percentile	25th percentile	10th percentile
KEC	Medical	714	1,267	119,395	101,620	134,300	117,080	64,745	54,220
	Nursing	2 667	1,639	45,120	39,360	59,445	43,105	28,140	19,160
	AH	754	515	66,463	41,215	63,095	56,770	28,140	24,280
	Care-related Support Staff	1 464	319	24,558	15,065	17,995	16,890	13,174	12,582
	Management Personnel	11	27	136,553	113,010	189,005	128,335	86,303	77,650
	Professionals/ Administrator	110	78	56,605	48,350	71,625	62,235	26,785	24,280
	Other Support Staff	1 766	392	35,875	13,640	22,900	17,531	10,960	9,997
KWC	Medical	1 444	2,592	119,395	105,260	134,300	117,080	67,745	54,220
	Nursing	5 689	3,710	45,120	43,105	62,235	45,130	29,560	26,785
	AH	1 644	1,157	66,463	41,215	63,095	59,445	28,140	24,280
	Care-related Support Staff	2 904	624	22,823	14,483	17,464	16,890	13,174	12,853
	Management Personnel	20	56	156,155	105,260	197,550	178,885	93,443	87,761
	Professionals/ Administrator	225	170	66,985	47,235	70,955	62,235	26,785	24,280
	Other Support Staff	4 070	949	40,235	13,640	26,785	17,995	10,766	9,753
NTEC	Medical	1 002	1,768	116,345	101,620	138,600	117,080	64,745	54,220
	Nursing	3 969	2,508	45,120	43,105	62,235	43,105	29,560	21,550
	AH	1 172	835	66,463	41,215	63,095	62,235	28,140	24,280
	Care-related Support Staff	2 399	511	22,823	13,972	17,278	16,890	13,174	12,853
	Management Personnel	15	39	154,485	100,238	191,067	105,260	92,736	89,261
	Professionals/ Administrator	153	123	66,463	49,465	77,650	62,235	28,140	24,280
	Other Support Staff	2 636	620	40,235	13,640	26,785	19,160	10,766	9,753
NTWC	Medical	794	1,395	119,395	101,620	138,600	117,080	64,745	54,220
	Nursing	3 326	2,111	45,120	39,360	62,235	45,130	28,140	19,160
	AH	880	610	66,463	39,360	63,095	59,445	28,140	24,403
	Care-related Support Staff	2 334	460	22,823	13,852	16,890	15,577	13,174	12,853
	Management Personnel	12	28	134,998	117,080	176,680	144,685	95,215	84,480
	Professionals/ Administrator	169	118	56,605	46,183	63,260	59,445	26,785	24,280
	Other Support Staff	2 315	517	40,235	13,640	24,280	17,103	10,661	9,753

A total of 15 medical, 46 nursing and 70 AH staff work in HA Head Office in 2015-16. They are mainly responsible for formulation of HA policies on health informatics and health protection, co-ordination of implementation of these policies, nurse development and nurse management.

Note

(1) The "medical" group includes consultants, senior medical officers / associate consultants, medical officers / residents, visiting medical officers, interns and dental officers.

(2) The "nursing" group includes senior nursing officers, department operations managers, ward managers / nursing officers / advanced practice nurses, registered nurses, enrolled nurses, midwives, student nurses, etc.

(3) The "AH" group includes radiographers, medical technologists / medical laboratory technicians, occupational therapists, physiotherapists, pharmacists, medical social workers, etc.

(4) The "care-related support staff" includes health care assistants, ward attendants, patient care assistants, etc.

(5) The "management personnel" group includes cluster executives, chief executive, cluster general managers, directors, deputy directors, hospital chief executives, etc.

(6) The "professionals/administrator" group includes chief hospital administrators, chief information officers, chief treasury accountants, legal counsels, senior supplies officers, statisticians, etc.

(7) The "other support staff" group includes assistant laundry managers, artisans, clerical assistants, data processors, laboratory attendants, mortuary attendants, etc.

(8) The statistics on the number of staff for 2014-15 and 2015-16, which include permanent, contract and temporary staff, are calculated on full-time equivalent basis as at 31 March 2015 and 31 December 2015 respectively.

(9) The total remuneration includes basic salary, allowance, gratuity and other on cost such as provision of home loan interest subsidy benefit and death & disability (D&D) benefit. The figures for 2015-16 represent full-year projection.

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

(11) Estimate of 2016-17 is not available as the budget allocation for 2016-17 is under preparation.

(12) Amount is insignificant after rounding to the nearest million.

(b) The tables below provide the number of HA staff receiving payment for overtime work and the amount involved in respect of the above staff categories in 2014-15 and 2015-16.

2014-2015

Staff Group	No. of Staff	Payment for Overtime Work ($million)
Medical	1 876	71.8
Nursing	5 677	67.4
Allied Health	1 325	15.6
Care-related Support Staff	4 914	32.4
Management Personnel	1	0.2
Professionals / Administrator	2	0(3)
Other Support Staff	3 108	16.6
Total	**16 903**	**204**

2015-2016 (Full-year projection)

Staff Group	No. of Staff	Payment for Overtime Work ($million)
Medical	2 149	90.2
Nursing	5 472	73.3
Allied Health	1 294	14.4
Care-related Support Staff	4 486	33.7
Management Personnel	1	0.3
Professionals / Administrator	33	0.1
Other Support Staff	3 086	18.4
Total	**16 521**	**230.4**

Note

(1) The statistics on the number of staff for 2014-15 and 2015-16 are based on headcounts as at 31 March 2015 and 31 January 2016 respectively.

(2) Estimate on the number of HA staff receiving payment for overtime work and the amount involved for 2016-17 is not available as arrangement of overtime work is based on ad hoc service demand.

(3) Amount is insignificant after rounding to the nearest million.

(c) The tables below provide the number of HA doctors involved in part time service for HA by specialty and cluster and the respective total amount of remuneration received in 2014-15 and 2015-16 (full year projection).

2014-15

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
HAHO	Hospital Planning	1	1.9
HAHO Total		**1**	**1.9**
HKEC	Accident & Emergency	3	2.3
	Anaesthesia	1	0.6
	Ear, Nose, Throat	1	1.0
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	7	4.0
	Medicine	5	3.2
	Obstetrics & Gynaecology	1	1.1
	Ophthalmology	4	1.5
	Orthopaedics & Traumatology	1	0.3
	Paediatrics	2	1.2
	Pathology	1	0.7
	Psychiatry	5	3.4
	Radiology	1	1.1
	Surgery	2	0.4
HKEC Total		**34**	**20.8**
HKWC	Accident & Emergency	2	0.6
	Anaesthesia	5	4.1
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	2	0.1
	Medicine	5	2.0
	Obstetrics & Gynaecology	6	0.5
	Ophthalmology	1	0.1
	Orthopaedics & Traumatology	1	<0.1
	Paediatrics	2	3.8
	Pathology	0[(1)]	0.8
	Psychiatry	1	0.5
	Radiology	2	2.1
	Surgery	3	0.7
	Hospital Management	1	0.6
HKWC Total		**31**	**15.9**
KCC	Accident & Emergency	4	2.1
	Anaesthesia	1	1.1
	Clinical Oncology	2	0.9
	Ear, Nose, Throat	2	2.5
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	1.2
	Medicine	6	3.1
	Obstetrics & Gynaecology	11	4.4
	Ophthalmology	3	1.3

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
	Orthopaedics & Traumatology	4	1.5
	Paediatrics	6	4.7
	Pathology	1	0.3
	Psychiatry	4	3.3
	Radiology	1	0.4
	Surgery	2	1.6
KCC Total		**52**	**28.4**
KEC	Accident & Emergency	2	1.1
	Anaesthesia	3	1.5
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	1.4
	Medicine	11	5.1
	Ophthalmology	3	0.6
	Orthopaedics & Traumatology	1	0.2
	Paediatrics	1	0.4
	Pathology	1	1.1
	Psychiatry	1	0.8
	Radiology	1	1.3
	Surgery	6	2.7
KEC Total		**35**	**16.2**
KWC	Accident & Emergency	14	5.5
	Anaesthesia	1	0.5
	Clinical Oncology	1	0.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	23	7.3
	Intensive Care Unit	1	0.6
	Medicine	21	8.8
	Neurosurgery	2	1.1
	Obstetrics & Gynaecology	3	2.1
	Ophthalmology	1	0.6
	Orthopaedics & Traumatology	2	1.6
	Paediatrics	18	5.6
	Pathology	1	1.1
	Psychiatry	6	2.6
	Radiology	8	3.2
	Surgery	5	2.2
KWC Total		**107**	**43.0**
NTEC	Accident & Emergency	5	3.4
	Anaesthesia	2	1.4
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	2.5
	Medicine	9	4.4
	Neurosurgery	1	1.1
	Obstetrics & Gynaecology	2	0.4
	Ophthalmology	4	1.5
	Orthopaedics & Traumatology	1	0.3
	Paediatrics	3	2.7

	Pathology	0[(1)]	0.1
	Psychiatry	4	1.3

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
	Radiology	1	1.7
	Surgery	5	2.9
NTEC Total		**42**	**23.7**
NTWC	Accident & Emergency	5	4.0
	Anaesthesia	6	5.6
	Clinical Oncology	1	0.6
	Ear, Nose, Throat	1	0.3
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	1.5
	Medicine	10	7.4
	Neurosurgery	1	0.3
	Obstetrics & Gynaecology	2	2.0
	Ophthalmology	1	3.6
	Orthopaedics & Traumatology	2	0.8
	Paediatrics	4	1.3
	Pathology	1	2.1
	Psychiatry	3	1.7
	Radiology	2	2.1
	Surgery	8	6.6
NTWC Total		**52**	**39.9**
Grand Total		**354**	**189.8**

2015-16 (Full-year projection)

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
HAHO	Hospital Planning	1	2.0
HAHO Total		**1**	**2.0**
HKEC	Accident & Emergency	2	2.2
	Anaesthesia	2	0.9
	Ear, Nose, Throat	0(1)	0.8
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	6	4.6
	Medicine	5	3.2
	Obstetrics & Gynaecology	1	1.3
	Ophthalmology	5	1.5
	Orthopaedics & Traumatology	0(1)	0.3
	Paediatrics	2	1.3
	Pathology	1	1
	Psychiatry	4	3.7
	Radiology	1	1.1
	Surgery	2	0.4
HKEC Total		**31**	**22.3**
HKWC	Accident & Emergency	2	0.7
	Anaesthesia	5	4.3
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	2	0.7
	Medicine	4	1.8
	Obstetrics & Gynaecology	5	0.5

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
	Ophthalmology	1	< 0.1
	Orthopaedics & Traumatology	1	0.2
	Paediatrics	2	3.1
	Pathology	1	0.8
	Psychiatry	5	1.5
	Radiology	2	2.2
	Surgery	3	0.7
	Hospital Management	1	0.7
HKWC Total		**34**	**17.2**
KCC	Accident & Emergency	4	3
	Anaesthesia	0(1)	0.4
	Clinical Oncology	3	1.7
	Ear, Nose, Throat	1	2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	4	1.8
	Medicine	7	3.1
	Obstetrics & Gynaecology	11	5.9
	Ophthalmology	3	1.3
	Orthopaedics & Traumatology	4	2.2
	Paediatrics	7	5.4
	Pathology	1	0.4
	Psychiatry	5	4
	Radiology	1	1.2
	Surgery	2	1
KCC Total		**53**	**33.4**
KEC	Accident & Emergency	2	1.1
	Anaesthesia	3	2.6
	Ear, Nose, Throat	1	0.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	3	0.5
	Medicine	12	6
	Obstetrics & Gynaecology	1	0.3
	Ophthalmology	1	0.5
	Orthopaedics & Traumatology	1	0.2
	Paediatrics	1	1.2
	Pathology	2	1.4
	Psychiatry	1	0.9
	Radiology	1	1.4
	Surgery	5	3.5
KEC Total		**34**	**19.8**
KWC	Accident & Emergency	14	6.3
	Anaesthesia	1	0.9
	Clinical Oncology	1	0.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	22	7.4
	Intensive Care Unit	1	1.3
	Medicine	22	8.7

	Neurosurgery	2	1.2
	Obstetrics & Gynaecology	3	2.5

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
	Ophthalmology	1	0.7
	Orthopaedics & Traumatology	2	1.7
	Paediatrics	18	5.5
	Pathology	2	2
	Psychiatry	5	2.6
	Radiology	7	3.5
	Surgery	5	2.6
KWC Total		**106**	**47.1**
NTEC	Accident & Emergency	5	3.5
	Anaesthesia	2	1.8
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	3.3
	Medicine	11	5.2
	Neurosurgery	1	1.2
	Obstetrics & Gynaecology	2	0.8
	Ophthalmology	4	1.3
	Orthopaedics & Traumatology	2	0.6
	Paediatrics	3	3.1
	Psychiatry	1	1.2
	Radiology	1	1.8
	Surgery	4	3.2
NTEC Total		**41**	**27**
NTWC	Accident & Emergency	5	4.3
	Anaesthesia	6	5.3
	Clinical Oncology	1	0.6
	Ear, Nose, Throat	1	1.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	2
	Medicine	7	5.3
	Neurosurgery	1	0.3
	Obstetrics & Gynaecology	2	3
	Ophthalmology	1	3.3
	Orthopaedics & Traumatology	2	0.8
	Paediatrics	3	2.3
	Pathology	1	1.9
	Psychiatry	3	2.1
	Radiology	2	2.2
	Surgery	6	6.3
NTWC Total		**46**	**40.9**
Grand Total		**346**	**209.7**

Note

(1) The statistics on the number of doctors for 2014-15 and 2015-16 are based on headcounts as at 31 March 2015 and 31 December 2015 respectively. For staff who is no longer serving in HA as at these 2 dates, 'no. of doctors' is reflected as 0.

(2) The total remuneration includes basic salary, allowance, gratuity, and other on cost such as provision of home loan interest subsidy benefit and death & disability (D&D) benefit.

(3) Estimate on the number of HA doctors involved in part time service for HA by specialty and cluster and the respective total amount of remuneration for 2016-17 is not available as HA will only resort to hiring part-time doctors if there are no full-time doctors available to fill vacancies.

(d) The tables below provide the number of non-HA doctors by specialty and cluster who have provided service to and received remuneration from HA in 2014-15 and 2015-16 (full year projection) and the total amount of remuneration involved.

2014-15

Cluster	Specialty	No. of Honorary Doctor	Total Remuneration ($)
HKWC	Anaesthesia	1	60,000
	Obstetrics & Gynaecology	1	60,000
	Ophthalmology	1	60,000
	Orthopaedics & Traumatology	1	60,000
	Paediatrics	1	60,000
	Pathology	1	60,000
	Surgery	1	60,000
HKWC Total		**7**	**420,000**
KCC	Ophthalmology	1	48,000
KCC Total		**1**	**48,000**
NTEC	Anaesthesia	1	60,000
	Clinical Oncology	1	60,000
	Pathology	2	120,000
	Psychiatry	1	36,000
	Radiology	1	35,000
	Surgery	1	60,000
NTEC Total		**7**	**371,000**
Grand Total		**15**	**839,000**

2015-16 (Full-year projection)

Cluster	Specialty	No. of Honorary Doctor	Total Remuneration ($)
HKWC	Anaesthesia	1	60,000
	Obstetrics & Gynaecology	1	60,000
	Ophthalmology	1	60,000
	Orthopaedics & Traumatology	1	60,000
	Paediatrics	1	60,000
	Pathology	1	60,000
	Surgery	1	60,000

HKWC Total		**7**	**420,000**
Cluster	**Specialty**	**No. of Honorary Doctor**	**Total Remuneration ($)**
KCC	Ophthalmology	1	48,000
KCC Total		**1**	**48,000**
NTEC	Anaesthesia	1	60,000
	Clinical Oncology	1	60,000
	Pathology	2	120,000
	Psychiatry	1	36,000
	Surgery	1	60,000
NTEC Total		**6**	**336,000**
Grand Total		**14**	**804,000**

Note

(1) The statistics on the number of honorary doctors for 2014-15 and 2015-16 are based on headcounts as at 31 March 2015 and 31 January 2016 respectively.

(2) Estimate on the number of non-HA doctors by specialty and cluster who have provided service to and received remuneration for 2016-17 is not available as recruitment of non-HA doctors is based on ad hoc service demand.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0598)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Regarding the "Outreach Dental Care Programme for the Elderly", please provide the following information for the years 2013-14, 2014-15 and 2015-16:
(a) the financial provision for the programme;
(b) the numbers of non-governmental organisations and outreach dental teams participating in the programme (by administrative district of the Social Welfare Department);
(c) the percentage of residential care homes participating in the programme (by administrative district of the Social Welfare Department);
(d) the number of elders served and the number of attendances?

Asked by: Hon LEUNG Ka-lau (Member Question No. 5)

Reply:
(a) The "Outreach Dental Care Programme for the Elderly" (ODCP) was launched in October 2014. The financial provision was $25.1 million in 2014-15 and $44.5 million in 2015-16 respectively.

(b) A total of 22 outreach dental teams from 11 NGOs have been set up under the ODCP. Distribution of the outreach dental teams and the respective NGOs by administrative districts of the Social Welfare Department (SWD) is at **Annex A**.

(c) Since the launch of the ODCP in October 2014, a total of 750 Residential Care Homes (RCHEs) and Day Care Centres (DEs) have participated in the regular programme as at end-January 2016, representing 79% of all the 949 registered RCHEs and DEs. Distribution of the participating RCHEs and DEs by administrative districts of the SWD is at **Annex B**.

(d) Between October 2014 and January 2016, about 50 800 elders (involving about 63 200 attendances) were served under the ODCP.

- End -

Annex A

Distribution of Outreach Dental Teams and Respective NGOs
by Administrative District of the Social Welfare Department

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
Central, Western, Southern and Islands	明愛牙科診所 Caritas Dental Clinics	1
	香港防癆心臟及胸病協會 The Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
	香港醫藥援助會 Project Concern Hong Kong	1
	東華三院 Tung Wah Group of Hospitals	1
Eastern and Wan Chai	志蓮淨苑 Chi Lin Nunnery	1
	香港防癆心臟及胸病協會 The Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
	東華三院 Tung Wah Group of Hospitals	1
	仁濟醫院 Yan Chai Hospital	1
Kwun Tong	基督教家庭服務中心 Christian Family Service Centre	1
	志蓮淨苑 Chi Lin Nunnery	1
	基督教靈實協會 Haven of Hope Christian Service	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
	仁愛堂 Yan Oi Tong	1
Wong Tai Sin and Sai Kung	基督教家庭服務中心 Christian Family Service Centre	1
	志蓮淨苑 Chi Lin Nunnery	1
	基督教靈實協會 Haven of Hope Christian Service	1
	博愛醫院 Pok Oi Hospital	1
	仁愛堂 Yan Oi Tong	1
Kowloon City and Yau Tsim Mong	志蓮淨苑 Chi Lin Nunnery	1
	香港醫藥援助會 Project Concern Hong Kong	1
	東華三院 Tung Wah Group of Hospitals	1
	仁愛堂 Yan Oi Tong	1
Sham Shui Po	明愛牙科診所 Caritas Dental Clinics	1
	香港聖公會麥理浩夫人中心 H.K.S.K.H. Lady MacLehose Centre	1
	香港醫藥援助會 Project Concern Hong Kong	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tsuen Wan and Kwai Tsing	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	香港聖公會麥理浩夫人中心 H.K.S.K.H. Lady MacLehose Centre	1
	博愛醫院 Pok Oi Hospital	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tuen Mun	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	博愛醫院 Pok Oi Hospital	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
Yuen Long	明愛牙科診所 Caritas Dental Clinics	1
	博愛醫院 Pok Oi Hospital	1
	仁愛堂 Yan Oi Tong	1
Sha Tin	明愛牙科診所 Caritas Dental Clinics	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tai Po and North	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	東華三院 Tung Wah Groupof Hospitals	1
	仁愛堂 Yan Oi Tong	1
	Total:	**22**

*Note : Some outreach dental teams under ODCP have been assigned to serve more than one administrative district.

Annex B

Distribution of the participating RCHEs and DEs
by Administrative District of the Social Welfare Department

SWD's Administrative District	No. of Participating RCHEs and DEs (a)	Total No. of RCHEs and DEs (b)	Percentage (a)/(b)
Central, Western, Southern and Islands	80	110	73%
Eastern and Wan Chai	78	102	76%
Kwun Tong	52	66	79%
Wong Tai Sin and Sai Kung	56	69	81%
Kowloon City and Yau Tsim Mong	107	132	81%
Sham Shui Po	61	90	68%
Tsuen Wan and Kwai Tsing	90	110	82%
Tuen Mun	47	54	87%
Yuen Long	54	59	92%
Sha Tin	50	64	78%
Tai Po and North	75	93	81%
Total:	**750**	**949**	**79%**

CONTROLLING OFFICER'S REPLY

(Question Serial No.0599)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Under "Matters Requiring Special Attention in 2016-17", the Health Branch states that it will "continue to oversee primary care development in Hong Kong, including the implementation of initiatives in accordance with the primary care development strategy".

Please provide details of the services in 2015-16 and 2016-17 (estimate) and list by each service item of the above initiatives the estimated number of attendances, the facilities required, and the manpower and expenditure involved.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 6)

Reply:

The provision of primary care involves a wide range of services and activities by different multi-disciplinary teams in the Department of Health (DH) and the Hospital Authority (HA). The annual expenditure on primary care services cannot be separately identified.

The Primary Care Office (PCO) was established in September 2010 under DH to support and co-ordinate the implementation of primary care development strategies and actions. The latest major PCO primary care initiatives include:

(a) Primary care conceptual models and reference frameworks
Reference Frameworks for diabetes care, hypertension care and preventive care in children as well as older adults have been developed. A mobile application of these reference frameworks has also been launched. Development of new modules under these reference frameworks (e.g. module on cognitive impairment for older adults and module on development for children) is in progress while the promulgation of the existing reference frameworks continues.

(b) Primary Care Directory

The web-based and mobile application versions of the sub-directories for doctors, dentists and Chinese medicine practitioners have been launched. We will continue to promote the Primary Care Directory to the public as well as to primary care service provider for enrolment.

(c) Community Health Centres (CHCs)

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, was commissioned in mid-2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. The North Lantau CHC and Kwun Tong CHC commenced service in 2013 and 2015 respectively. Allied health services have been strengthened in CHCs. We are exploring the feasibility of developing CHC projects in other districts and will consider the scope of services and modus operandi that suit district needs most.

(d) Publicity Activities

A variety of publicity activities are being conducted through various channels to enhance public understanding and awareness of the importance of primary care, drive attitude change and foster public participation and action.

The Government continues to take forward the primary care development strategy and implement, through DH and HA, a series of projects to enhance primary care. These include the Childhood Influenza Vaccination Subsidies Scheme, the Elderly Vaccination Subsidies Scheme, the Elderly Health Care Voucher Scheme, and the Outreach Dental Care Programme for the Elderly.

Separately, HA has implemented various initiatives to enhance chronic disease management since 2008-09. The latest position of these programmes is as follows:

Programme	**Implementation schedule**
Risk Factor Assessment and Management Programme Multi-disciplinary teams are set up at selected general outpatient clinics (GOPCs) and specialist outpatient clinics of HA to provide targeted health risk assessment for diabetes mellitus and hypertension patients.	Launched in 2009-10 and extended to all seven clusters in 2011-12. Funding has been allocated for covering some 201 600 patients under the programme annually starting from 2012-13.
Patient Empowerment Programme Collaborating with non-governmental organisations to improve chronic disease patients' knowledge of their own disease conditions, enhance their self-management skills and promote partnership with the community.	Launched in March 2010 and extended to all seven clusters in 2011-12. Over 98 000 patients are expected to benefit from the programme by the end of 2015-16. An additional 14 000 patients are expected to be enrolled in 2016-17.

Nurse and Allied Health Clinics Nurses and allied health professionals of HA to provide more focused care for high-risk chronic disease patients. These services include fall prevention, handling of chronic respiratory problems, wound care, continence care, drug compliance and supporting mental wellness.	Launched in selected GOPCs in all seven clusters in August 2009, and extended to over 40 GOPCs by the end of 2011. Over 83 000 attendances are planned annually starting from 2012-13.
Tin Shui Wai Primary Care Partnership Project To test the use of public-private partnership model and supplement the provision of public GOPC services in Tin Shui Wai for stable chronic disease patients.	Launched in Tin Shui Wai North in June 2008, and extended to the whole Tin Shui Wai district in June 2010. As at end-February 2016, more than 1 600 patients have participated in the programme. This programme has been extended to end-March 2018, pending the expansion of the GOPC Public-Private Partnership Programme to the Yuen Long district.
General Outpatient Clinic Public-Private Partnership Programme Under the programme, patients with specific chronic diseases and in stable clinical condition would be given a choice receiving treatment provided by private doctors.	Launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts in mid-2014. As at end-February 2016, 7 453 patients have enrolled in the programme. HA is formulating plans to extend the programme to the remaining 15 districts in phases in the next three years.

Staff disciplines involved for the above chronic disease management programmes include doctors, nurses, dietitians, dispensers, optometrists, podiatrists, physiotherapists, pharmacists, social workers, clinical psychologists, occupational therapists, executive officers, technical services assistants and general service assistants, etc. The healthcare staff works in a multi-disciplinary manner, across different service programmes and in multiple clinic sites.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0600)

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

Subhead (No. & title): (-) Not Specified

Programme: (3) Subvention: Prince Philip Dental Hospital

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
The Health Branch subvents the Prince Philip Dental Hospital (PPDH) to provide facilities for the training of dentists and dental ancillary personnel. In this connection, please provide the following information for 2015-16:

(a) the number of teaching patients received by PPDH;
(b) the number of private fee paying patients received by PPDH; and
(c) the costs of various dental services.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 7)

Reply:
(a) The attendance of teaching patients of the Prince Philip Dental Hospital (PPDH) in 2015-16 (as at 29 February 2016) was 109 881.

(b) The attendance of private fee paying patients of PPDH in 2015-16 (as at 29 February 2016) was 1 403.

(c) PPDH is a purpose-built teaching hospital to provide facilities for the training of dentists and other persons in professions supplementary to dentistry. Unlike the general public hospitals, PPDH only provides dental services which are incidental to teaching and for a limited number of private fee paying patients, but does not provide public dental services. The Hospital does not have a breakdown of its subvention/ expenditure showing the amount for individual services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0601)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the "Matters Requiring Special Attention in 2016-17" that the Government will "continue to oversee the progress of various capital works projects of the Hospital Authority, such as construction of the new Tin Shui Wai Hospital and the Hong Kong Children's Hospital in Kai Tak, the reprovisioning of Yaumatei Specialist Clinic at Queen Elizabeth Hospital, the expansion of United Christian Hospital and the Hong Kong Red Cross Blood Transfusion Service Headquarters, the refurbishment of Hong Kong Buddhist Hospital, and to plan for the redevelopment of Kwong Wah Hospital, Queen Mary Hospital, Kwai Chung Hospital, Grantham Hospital and Our Lady of Maryknoll Hospital, the construction of a new acute hospital in Kai Tak, the extension of the Operating Theatre Block of Tuen Mun Hospital and the expansion of Haven of Hope Hospital". Please provide details of the above projects, including breakdowns of the estimated expenditures, timeframes, types of newly-added services, service capacity as well as the new facilities and manpower involved.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 8)

Reply:

Construction works for Tin Shui Wai Hospital (TSWH) of the Hospital Authority (HA) commenced in February 2013 for completion in 2016. The approved project estimate (APE) in money-of-the-day (MOD) prices is $3,910.9 million with an estimated expenditure of $350 million in 2016-17. The new TSWH will be a general hospital with a planned capacity of 300 inpatient and day beds in total providing inpatient services, ambulatory services including an Accident and Emergency (A&E) department, community care services, diagnostic services and other supporting and administrative services.

Construction works for Hong Kong Children's Hospital (HKCH) commenced in August 2013 for completion in 2017. The APE in MOD prices is $12,985.5 million with an

estimated expenditure of $2,500 million in 2016-17. The new HKCH with a total planned capacity of 468 inpatient and day beds will mainly provide tertiary specialist services for children under the age of 18 with serious and complex illnesses throughout the territory.

Construction works for the new Specialist Clinic Building (SCB) at Queen Elizabeth Hospital (QEH) to reprovision the Yaumatei Specialist Clinic (YMTSC) commenced in July 2013 for completion in 2016. The APE in MOD prices is $1,891.6 million with an estimated expenditure of $268.1 million in 2016-17. The new SCB is constructed at the site of the old Specialist Outpatient Clinic Building at QEH for reprovisioning the existing HA services at YMTSC and relocating some ambulatory care services of QEH.

The expansion of United Christian Hospital (UCH) project will be carried out in 2 phases, namely preparatory works and main works. The preparatory works commenced in August 2012 and the APE in MOD prices is $352.3 million with an estimated expenditure of $9 million in 2016-17. The demolition and substructure works commenced in August 2015 and the APE in MOD prices is $1,791.6 million with an estimated expenditure of $300 million in 2016-17. Subject to funding approval by the Finance Committee (FC), the whole expansion project is planned for completion in 2023. Many existing services including ambulatory care service, cancer service, inpatient convalescent and rehabilitation service as well as A&E service will be enhanced under the UCH expansion project to cater for the increasing medical needs of the community due to growing and ageing population. The total bed capacity including inpatient and day beds in UCH will be increased from about 1 400 to around 1 960 under UCH expansion project.

The expansion of Hong Kong Red Cross Blood Transfusion Service (BTS) Headquarters project started in June 2015 for completion in 2020. The APE of the project in MOD prices is $893.1 million with an estimated expenditure of $118.8 million in 2016-17. As the BTS is the only organisation responsible for the collection and supply of fully-tested blood and haematopoietic stem cells, and is also a major provider of plasma products in Hong Kong, the expanded BTS will cater for new and expanded services in order to cope with the projected increase in service levels. The expansion project will bring the facilities of BTS up to prevailing international standards, provide adequate space to cope with its projected level of services, and ensure a safe working environment.

The refurbishment of Hong Kong Buddhist Hospital project commenced in June 2015 for completion in 2019. The APE in MOD prices is $563.3 million with an estimated expenditure of $73.88 million in 2016-17. This project covers the provision of additional convalescent and rehabilitation beds in order to strengthen longer-term care and rehabilitation services for elderly people suffering from chronic diseases as well as the refurbishment of existing inpatient wards, supporting departments, offices and ancillary facilities.

The redevelopment of Kwong Wah Hospital (KWH) project will be carried out in 2 phases. The preparatory works commenced in March 2013. The APE for this part of the project is $552.7 million in MOD prices with an estimated expenditure of $60 million in 2016-17. Subject to funding approval by the FC, the main works are planned to commence in stages from 2016 for completion of the whole project in 2025. The redevelopment of KWH will provide new and modernised facilities for service development, including adoption of new

models of care such as ambulatory and integrated care, implementation of non-radiation oncology services, introduction of emergency medicine ward and provision of integrated Chinese and Western medicine services. The total number of beds in KWH will be increased from about 1 200 to around 1 550 after the redevelopment.

The redevelopment of Queen Mary Hospital, phase 1 project will be carried out in 2 phases, namely preparatory works and main works. Preparatory works of the project, at an APE of $1,592.8 million in MOD prices, commenced in July 2014. Estimated expenditure in 2016-17 is $469 million. The redevelopment project aims to renew the hospital into a modern medical centre with additional space to meet operational needs, improved accessibility and physical design for cost-effective and efficient clinical operations, and promote integrated research and education.

Subject to funding approval by the FC, the 1st phase of works of the Kwai Chung Hospital redevelopment project is planned to start in 2016. This project involves phased demolition of all existing hospital buildings except Block J and the construction of a new hospital campus for mental health services providing inpatient services, rehabilitation facilities, ambulatory care, patient resource and social centre with therapeutic and leisure areas.

Subject to funding approval by the FC, the extension of the Operating Theatre (OT) Block for Tuen Mun Hospital is planned to start in 2016 for completion in 2020-21. This project involves the construction of a new block adjacent to the existing OT Block in order to accommodate additional OTs as well as expanded A&E and Radiology departments, together with the streamlining of workflows for more efficient delivery of surgical services.

The expansion of Haven of Hope Hospital is planned to commence in 2016 for completion in 2021, subject to funding approval by the FC. With the objective of strengthening longer-term care and rehabilitation services for elderly people suffering from chronic diseases in order to better meet the needs of the community, this project involves the construction of a new hospital block with new facilities meeting prevailing standards to reprovision the existing infirmary wards and provide 160 additional extended care beds.

The new acute hospital in Kai Tak will provide a total of 2 400 beds with inpatient and ambulatory services of major specialties. It will also house an A&E department, an oncology centre and a neuroscience centre. We are reviewing the implementation programme of the project with a view to expediting the construction of the proposed new hospital.

The redevelopment of Grantham Hospital and Our Lady of Maryknoll Hospital projects are currently at initial planning stage. Details of these 2 projects, including services and facilities to be provided, project programme, etc are subject to detailed planning and design.

HA will work out the detailed operational arrangements, including the financial and manpower requirements, for all the above projects at a later stage when the detailed design and commissioning plans are finalised. In general, a phased implementation approach for service commissioning of hospital development projects will be adopted to cater for the prevailing service needs of the community. HA will continue to closely monitor the manpower situation, assess its manpower requirements, make appropriate arrangements in

manpower planning, flexibly deploy its staff and recruit additional staff to ensure that the service and operational needs in relation to the above projects are met.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0602)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in Matters Requiring Special Attention in 2016-17 that the Administration will "continue to implement measures to improve patients' access to services including accident and emergency, general outpatient, surgical and endoscopic services." Please provide information on the details of these measures, number of beneficiaries and users, and changes in the manpower and expenditure involved.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 9)

Reply:

To meet the growing demand from population growth and ageing, the Hospital Authority (HA) will continue to strengthen its healthcare services to the public. The overall operating expenditure of HA for 2016-17 is projected to reach around $58 billion, representing an increase of around 4% as compared to 2015-16. With the recurrent subvention from the Government to HA, and coupled with HA's own income and mobilisation of its internal resources, HA will implement various measures to meet the rising demand for hospital services and to improve the quality of patient care in the coming year. Examples of the initiatives in 2016-17 are:

(a) increasing a total of 231 beds in Pamela Youde Nethersole Hospital, Queen Elizabeth Hospital, Tseung Kwan O Hospital, United Christian Hospital, Prince of Wales Hospital, Alice Ho Miu Ling Nethersole Hospital, Shatin Hospital, Pok Oi Hospital, Tuen Mun Hospital and Siu Lam Hospital to enhance the capacity of inpatient services;

(b) providing additional operating theatre sessions to allay the waiting list of surgeries;

(c) strengthening the services for critical illness and chronic diseases through, for example, increasing the service capacity of echocardiogram for cardiac service,

enhancing the service quota of haemodialysis for renal service, and extending the service hours of radiotherapy for cancer service;

(d) widening the indications of special drugs and re-positioning of self-financed drugs as special drugs in the HA Drug Formulary for diabetes mellitus, stroke management as well as osteoporosis and breast cancer treatment to benefit around 6 700 patients per annum;

(e) increasing the quota for general outpatient clinics in 5 clusters (namely Hong Kong West Cluster, Kowloon East Cluster, Kowloon West Cluster, New Territories East Cluster and New Territories West Cluster) by 27 000 attendances for 2016-17 and 49 000 additional attendances per year thereafter;

(f) setting up Hong Kong's 5th Joint Replacement Centre for performing 260 additional operations for 2016-17 and 350 additional operations per year thereafter;

(g) strengthening the Community Geriatric Assessment Team (CGAT) service to cover more residential care homes for the elderly (RCHEs) and enhancing CGAT support to improve the quality of care for terminally ill patients living in RCHEs; and

(h) enhancing endoscopy service by performing additional endoscopic procedures.

HA will deploy existing staff and recruit additional staff to implement the above initiatives. The detailed arrangement for manpower deployment is being worked out and is not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0607)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
In "Matters Requiring Special Attention in 2016–17", the Administration states that it will continue to "oversee the implementation of the established tobacco control policy through a multi-pronged approach, including promotion, education, legislation, enforcement, taxation and smoking cessation". Please provide details on the expenditure of smoking cessation services in 2015-16 and 2016-17 (estimate).

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 13)

Reply:
Smoking cessation is an integral part of the Government's tobacco control measures to protect public health. Over the years, the Department of Health (DH) and the Hospital Authority (HA) have been actively promoting smoking prevention and cessation through providing cessation counselling telephone hotline, health talks and other health education programmes, and smoking cessation services in their respective clinics. Collaborative efforts have also been undertaken with non-government organisations, academic institutions and health care professions to promote smoking cessation and provide smoking cessation services to the public.

The expenditures / provisions of tobacco control activities managed by the Tobacco Control Office (TCO) of DH for 2015-16 and 2016-17 broken down by types of activities are at **Annex**. Various DH services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as these services form an integral part of the respective DH's services, such expenditure could not be separately identified. In addition, HA operates 16 full-time and 49 part-time smoking cessation clinics to provide smoking cessation services to the public through health talks, counselling and treatment. These smoking cessation services form an integral part of HA's overall service provision, and therefore such expenditure could not be separately identified.

Annex

Expenditures / Provisions of the Department of Health's Tobacco Control Office

	2015-16 Revised Estimate ($ million)	2016-17 Estimate ($ million)
Enforcement		
Programme 1: Statutory Functions	42.1	46.3
Health Education and Smoking Cessation		
Programme 3: Health Promotion	128.0	138.0
(a) General health education and promotion of smoking cessation		
TCO	*47.4*	*55.6*
Subvention to Council on Smoking and Health (COSH)	*22.5*	*22.2*
Sub-total	***69.9***	***77.8***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations		
Subvention to Tung Wah Group of Hospitals	*39.1*	*41.5*
Subvention to Pok Oi Hospital	*7.3*	*7.6*
Subvention to Po Leung Kuk	*2.2*	*2.0*
Subvention to Lok Sin Tong	*2.3*	*2.3*
Subvention to United Christian Nethersole Community Health Service	*2.6*	*2.6*
Subvention to Life Education Activity Programme	*2.3*	*2.3*
Subvention to The University of Hong Kong	*2.3*	*1.9*
Sub-total	***58.1***	***60.2***
Total	**170.1**	**184.3**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0609)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

(a) Please tabulate the provisions for various psychiatric centres, as well as the numbers of doctors, nurses, attendances and costs for outpatient services at adult psychiatric clinics, child and adolescent psychiatric clinics, substance abuse assessment units, early psychosis service centres, psychiatric units for learning disabilities, perinatal psychiatric departments and psychogeriatric clinics, and for the related psychiatric consultation-liaison services in Accident and Emergency Department, under the Hospital Authority (HA) from 2011-12 to 2015-16.

(b) Please list the waiting time in the lower quartile (the 25th percentile), median (the 50th percentile), upper quartile (the 75th percentile) and the longest (the 90th percentile) waiting time for new attendances of the above services.

(c) Please provide the number of new and follow-up patients admitted on a referral basis via psychiatric consultation-liaison services in Accident and Emergency Department from 2011-12 to 2015-16.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 16)

Reply:

(a) The table below sets out the number of doctors and nurses working in the psychiatric stream in Hospital Authority (HA) in the past 5 years (from 2011-12 to 2015-16).

Year	Psychiatric doctors[1 & 2]	Psychiatric Nurses[1 & 3] (including Community Psychiatric Nurses)
2011-12	334	2 161
2012-13	332	2 296
2013-14	335	2 375
2014-15	333	2 442
2015-16 (up to 31 December 2015)	346	2 459

Notes:

1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff, but excluding HA Head Office staff. Individual figures may not add up to the total due to rounding.
2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except interns.
3. Psychiatric nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatry department of other non-psychiatric hospitals as well as all nurses in psychiatric stream.

As the psychiatric teams in HA provide support for psychiatric patients of different age/ diseases groups, HA does not have the requested breakdown on the manpower for supporting individual services.

The table below sets out the total number of attendances of psychiatric specialist out-patient clinics (SOPCs) in the HA from 2011-12 to 2015-16 (up to 31 December 2015).

	2011-12	2012-13	2013-14	2014-15	2015-16* (up to 31 December 2015) [provisional figures]
Total number of attendances of psychiatric SOPCs	755 745	775 109	791 170	796 123	617 942

* Starting from 2015-16, specialist outpatient (clinical) attendances also include attendances from nurse clinics in specialist outpatient setting for the psychiatry specialty.

The table below sets out the costs for providing mental health services from 2011-12 to 2015-16.

	Costs of Mental Health Service ($ million)				
	2011-12	**2012-13**	**2013-14**	**2014-15**	**2015-16 (Revised Estimate)**
Inpatient	1,939	2,103	2,198	2,311	2,478
Outpatient	821	920	946	994	1,065
Community Outreach	372	439	472	518	556
Day Hospital	226	234	242	256	273
Total	**3,358**	**3,696**	**3,858**	**4,079**	**4,372**

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

(b) The table below sets out the waiting time of SOPC new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases for the psychiatric specialty from 2011-12 to 2015-16 (up to 31 December 2015).

Year	Priority 1				Priority 2				Routine			
	Waiting Time (weeks)				Waiting Time (weeks)				Waiting Time (weeks)			
	25th	50th	75th	90th	25th	50th	75th	90th	25th	50th	75th	90th
	percentile				percentile				percentile			
2011-12	<1	<1	1	2	2	3	6	7	2	12	27	55
2012-13	<1	1	1	2	2	4	6	7	3	16	39	70
2013-14	<1	1	1	2	2	4	7	8	4	20	51	88
2014-15	<1	1	1	2	2	4	7	7	6	22	59	87
2015-16 (up to 31 December 2015) [provisional figures]	<1	<1	1	1	2	4	6	7	5	23	71	101

(c) The table below sets out the number of hospital admissions to the psychiatry specialty via the Accident and Emergency (A&E) departments in HA from 2011-12 to 2015-16 (up to 31 December 2015).

Year	Number of hospital admissions to Psychiatry specialty via A&E Department
2011-12	6 972
2012-13	7 437
2013-14	7 769
2014-15	7 360
2015-16 (up to 31 December 2015) [provisional figures]	5 817

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No.0610)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Under "Matters Requiring Special Attention in 2016-17", the Government states that it will "facilitate healthcare service development, including encouraging private hospital development and revamping private healthcare facilities regulatory regime". Please give a detailed account of the specific work and expenditure involved.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 17)

Reply:

To encourage private hospital development, the Food and Health Bureau (FHB) supports the proposal of the Chinese University of Hong Kong (CUHK) to develop the Chinese University of Hong Kong Medical Centre (CUHKMC). Approval of the Finance Committee of the Legislative Council had been obtained for the provision of a loan of around $4 billion to CUHK for developing this non-profit making private teaching hospital. The Conditions of Grant (Land Lease) will be modified and approved at a nominal premium.

The Government had earlier conducted a public consultation on regulation of private healthcare facilities (PHFs), and will publish the consultation report in due course. In addition, we are taking steps to iron out the details of the new regulatory regime for PHFs in collaboration with various Government departments and stakeholders, with a view to introducing the relevant Bill to the Legislative Council in the 2016-17 legislative session. Related expenditure will be absorbed within the existing resources of FHB.

Meanwhile, the Department of Health will continue to support the FHB in the review of the regulation of PHFs and encourage private hospital development via licensing, enforcement, surveillance, quality assurance and monitoring of compliance with land grants. In 2016-17,

the financial provision earmarked for the regulation of private healthcare institutions and related matters including providing support to the FHB in reviewing the regulatory regime is $55.7 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0611)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Under "Matters Requiring Special Attention in 2016–17", the Administration stated that it will "take forward the review on mental health with a view to mapping out the direction for development of mental health services in Hong Kong". Please provide the details, manpower and expenditure involved in the work concerned.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 18)

Reply:

Chaired by the Secretary for Food and Health, the Review Committee on Mental Health (the Review Committee) comprises members with wide representation, including legislative councillors, academics, healthcare professionals, service providers, service user and caregiver, as well as representatives from the Equal Opportunities Commission and the Hong Kong Council of Social Services. The Review Committee is tasked to study the existing policy on mental health services in Hong Kong. It will also consider means and measures to strengthen the provision of mental health services in Hong Kong having regard to changing needs of the community.

The Review Committee adopts a life course approach to the review. Apart from examining adult mental health issues, two expert groups have also been set up under the Review Committee to study dementia care and mental health services for children and adolescents in parallel.

Upon the conclusion of the review, the report will be published and bureaux/departments concerned will take forward enhancement measures based on the recommendations of the review. The review is expected to be completed within 2016.

Both the expenditure and manpower involved in the review are absorbed within the existing resources of the Bureau and cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0612)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

As mentioned in "Matters Requiring Special Attention in 2016-17", the Branch will "continue to oversee the operation of Chinese medicine clinics in the public sector to develop evidence-based Chinese medicine and provide training opportunities for graduates of local Chinese medicine degree programmes". In this regard, please:

(a) list the number of Chinese medicine practitioners employed by Chinese medicine clinics in 18 districts (including the overall number), expenditure involved, number of attendances and cost per attendance;

(b) provide details of the specific work "to develop evidence-based Chinese medicine", and the expenditure and manpower involved; and

(c) of the Chinese medicine practitioners employed by Chinese medicine clinics in the public sector, give the ratio and number of graduates of local Chinese medicine degree programmes by rank.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 19)

Reply:

(a) The Government has established 18 Chinese Medicine Centres for Training and Research (CMCTRs) (one in each district) to promote the development of "evidence-based" Chinese medicine and provide training placements for local Chinese medicine degree programme graduates. These CMCTRs operate on a tripartite collaboration model involving the Hospital Authority (HA), a non-governmental organization (NGO) and a local university. The NGOs are responsible for the day-to-day clinic operation.

In the 2016-17 Estimates, the Government has earmarked $94.5 million for the operation of the CMCTRs, maintenance of the Toxicology Reference Laboratory, quality assurance and central procurement of Chinese medicine herbs, development and provision of training in "evidence-based" Chinese medicine, and enhancement and maintenance of the Chinese Medicine Information System.

Details of the Chinese medicine practitioners (CMPs) engaged by these 18 CMCTRs and the respective attendances are at **Annex**. These CMCTRs do not have a breakdown of their cost per patient attendance.

(b) The CMCTRs serve as an effective platform in facilitating the development of evidence-based Chinese medicine and provide training placements for local Chinese medicine degree programme graduates. In this regard, HA actively collaborates with these CMCTRs and local universities to conduct systematic research programmes on Chinese medicine herbs and diseases. Various training programmes are also organized for both Chinese Medicine and Western Medicine clinical professionals for establishing evidence-based Chinese medicine practice.

(c) Under the tripartite collaboration model, the NGOs are required to provide training placements for fresh graduates of local Chinese medicine degree programmes. Each CMCTR is required to employ at least two full-time equivalent of senior CMPs and 12 junior CMPs/CMP trainees. As at end-December 2015, 366 CMPs were employed at the 18 CMCTRs, of whom 253 are local Chinese medicine degree programme graduates.

- End -

Annex

Number of Chinese Medicine Practitioners Engaged and Attendances at 18 Chinese Medicine Centres for Training and Research

District [Date of opening]	Number of CMPs [1] (as at end-December 2015)	Attendances[2] (in 2015)
Central and Western [December 2003]	24	55 625
Tsuen Wan [December 2003]	24	70 611
Tai Po [December 2003]	24	72 239
Wan Chai [April 2006]	22	65 582
Sai Kung [April 2006]	20	63 921
Yuen Long [April 2006]	22	78 004
Tuen Mun [November 2006]	22	69 010
Kwun Tong [November 2006]	22	63 005
Kwai Tsing [January 2007]	20	64 372
Eastern [March 2008]	18	58 154
North [March 2008]	19	68 996
Wong Tai Sin [December 2008]	20	65 308
Sha Tin [February 2009]	23	62 652
Sham Shui Po [March 2009]	23	73 951
Southern [March 2011]	19	49 280
Kowloon City [December 2011]	9	29 766
Yau Tsim Mong [December 2012]	19	57 082
Islands [July 2014]	16	36 168
Total:	**366**	**1 103 726**

Note: 1. The CMPs are employees of the NGOs operating the CMCTRs, and these figures are provided by the respective NGOs.

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

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)118

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0613)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please list in detail the enhancement schemes (for example, referral of patients in the specialty of Ear, Nose and Throat in the Kowloon East Cluster to the Kowloon Central Cluster) implemented by the Hospital Authority in the past 3 years for patients who have been waiting long for specialist outpatient services, the number of people benefitted under the schemes, and the difference in the routine waiting time for a first appointment in the clusters and specialties concerned after the implementation of the schemes (please provide an overall figure, not just figures for those who have received referral arrangement under the schemes).

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 20)

Reply:

We understand the public's concern on waiting time for specialist outpatient clinics (SOPC) consultation. The Hospital Authority (HA) has implemented a series of measures as set out below to tackle the problem.

(i) Triage and prioritisation

HA has implemented the triage system for new SOPC referrals to ensure patients with urgent conditions requiring early intervention are treated with priority. Under the current triage system, referrals of new patients are usually first screened by a nurse and then by a specialist doctor of the relevant specialty for classification into Priority 1 (urgent), Priority 2 (semi-urgent) and routine categories. HA's targets are to maintain the median waiting time for cases in Priority 1 and 2 categories within 2 weeks and 8 weeks respectively. HA has all along been able to keep the median waiting time of priority 1 and priority 2 cases within this pledge. HA will continue to implement the triage system which is effective in ensuring that the cases most in need will be treated timely.

(ii) Enhancing public primary care service

HA is committed to enhancing public primary care services. Patients with stable and less complex conditions can be managed at the Family Medicine and general outpatient clinics (GOPCs), thereby reducing the service demand at SOPC level. HA will continue to promote primary care so that Family Medicine Specialist Clinics (FMSCs) and GOPCs will play a gatekeeping role and help alleviate pressure on SOPC waiting time.

(iii) Public-Private Partnership (PPP)

With the proposed HA PPP Fund ($10 billion endowment fund), it is planned to extend the GOPC PPP Programme to the remaining 15 districts in 3 years starting from 2016-17. Through the PPP Programme, capacities so vacated could be utilised by other patients in need. This would help HA cope with the demand for relevant clinical services.

(iv) Enhancing manpower

In 2014-15, HA engaged some 350 part-time doctors as well as non-local doctors under "limited registration" to improve manpower strength. HA will continue to provide Special Honorarium Scheme (SHS) to existing workforce, engage part-time doctors and also rehire retiring doctors in 2015-16 and 2016-17 to strengthen its medical manpower in SOPC service.

(v) Annual plan programmes implemented to manage SOPC waiting time

HA has implemented a number of SOPC programmes to increase the capacity to handle SOPC cases and manage the waiting time.

In 2014-15, Kowloon East Cluster (KEC) managed SOPC backlog through SHS and piloted a SOPC Queue Management Centre at United Christian Hospital to improve the quota management. Besides, Kowloon West Cluster (KWC) enhanced its FMSC services to help alleviate pressure on SOPC waiting time.

In 2015-16, North Lantau Hospital in KWC and KEC expanded capacity to enhance the accessibility of SOPC services in the respective hospital and cluster.

In 2016-17, HA will address the issue of SOPC waiting time through service development programmes that have incorporated SOPC elements. For instance, both KEC and KWC will enhance its FMSC services to help alleviate pressure on SOPC waiting time. In addition, KWC will expand SOPC capacity for its Medicine, Surgery and Orthopaedics & Traumatology (O&T) services. It is expected that the total number of attendances at SOPC in 2016-17 for HA will increase by around 30 000 when compared to that in the previous year.

(vi) Reducing the disparity in waiting time at SOPCs in different clusters

HA is aware of the disparity in waiting time at SOPCs in different clusters and has implemented measures to improve the situation.

Firstly, in order to enhance transparency, HA has, since April 2013, uploaded the SOPC waiting time on HA's website by phases. Effective from 30 January 2015, the SOPC waiting time information for all 8 major specialties (namely Ear, Nose and Throat (ENT), Gynaecology, Medicine, Ophthalmology, O&T, Paediatrics, Psychiatry and Surgery) is available on HA's website. This information facilitates patients' understanding of the waiting time situation in HA and assists them to make informed decisions when considering whether they should pursue cross-cluster treatment.

To let more patients benefit from cross-cluster referral arrangement according to patients' preferences, HA has reminded frontline staff to accept new case bookings from patients residing in other clusters as appropriate. In February 2015, HA has produced a poster on procedures and practice on the booking of first appointment at SOPC for the information of both the public and staff.

While patients may book medical appointments at SOPCs of their choices, HA will take due account of individual patients' clinical condition and nature of service required in arranging cross-cluster appointment for SOPC services. For example, for patients who require community support and frequent follow-up treatments, HA staff may recommend and arrange the patients to seek medical care at SOPCs close to their residence to provide greater convenience to the patients as well as to encourage compliance with treatment plan.

Apart from allowing patients to voluntarily book appointments at SOPCs in other clusters, HA introduced a cross-cluster collaboration enhancement measure in 2012 by piloting a centrally coordinated mechanism to facilitate pairing-up patients in clusters of longer waiting time with clusters of shorter waiting time. Patients with appropriate clinical conditions waiting in a suitable specialty of a cluster were invited to attend to the SOPC in another cluster with shorter waiting time. Under this mechanism, HA provided an option for suitable ENT patients in KEC to be seen in Kowloon Central Cluster (KCC); Gynaecology patients in New Territories East Cluster (NTEC) to be seen in Hong Kong East Cluster; and Ophthalmology patients in NTEC to be seen in Hong Kong West Cluster. As of 31 December 2015, over 5 700 patients had benefited from this mechanism. Upon review, HA considered the centrally coordinated mechanism can only provide limited options for patients in selected specialties and clusters. With the implementation of the aforementioned measures to facilitate patients to voluntarily book appointments at SOPCs in other clusters, the centrally coordinated referral mechanism has been tapered off.

It should be noted that not all specialties are suitable for cross-cluster arrangement. While specialties with majority of patients having no impaired mobility and short expected treatment period are good candidates for the referral, specialties having more patients who are mobility impaired or require long term follow-up or community support are not. On the other hand, patients with less severe and non-urgent conditions may also choose to wait for their first consultation in the cluster close to their residence and thus have little incentive to receive service in another cluster.

On 8 March 2016, HA launched a "Mobile App" to facilitate patients' choice on cross-cluster new case booking in the specialty of Gynaecology. HA, upon review, will further roll out this mobile app to other appropriate specialties in 2016-17.

(vii) Optimising appointment scheduling practices of SOPCs

HA completed the comprehensive review of the appointment scheduling practices of SOPCs and has identified good practices on scheduling appointments for patients in order to optimise the use of the earliest available slots. Such good practices have been incorporated into the SOPC Operation Manual which was issued to all SOPCs on 1 January 2016.

The SOPC Phone Enquiry System, first piloted in the Queen Elizabeth Hospital in KCC, aims to facilitate patients to give advance notice to SOPCs of their intention to cancel or reschedule their appointments. HA has extended the system to the other 6 clusters in 2015-16. With the full implementation of the system in all clusters, cancelled appointments can be put to effective use and the released quotas can be fully utilized.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0616)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Regarding the waiting time for specialist services:

(a) Please tabulate, by cluster, the number of cataract surgeries carried out by public hospitals, and the number of patients and their waiting time in 2013-14, 2014-15 and 2015-16.

	2013-14	2014-15	2015-16
Number of surgeries			
Number of patients on the waiting list			
Average waiting time by cluster New Territories East New Territories West Kowloon East Kowloon Central Kowloon West Hong Kong East Hong Kong West			
Average costs of surgeries			

(b) In the past 3 years, how many patients were subsidised by the Hospital Authority to receive cataract surgeries in the private sector? Please tabulate details below.

	2013-14	2014-15	2015-16
Number of surgeries			
Number of patients on the waiting list			

Average waiting time by cluster New Territories East New Territories West Kowloon East Kowloon Central Kowloon West Hong Kong East Hong Kong West			
Average costs of surgeries			
Average amount of money paid by patient per case			

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 24)

Reply:

(a) The table below sets out the number of cataract surgeries provided by the Hospital Authority (HA) and the number of patients and their average waiting time by hospital cluster in 2013-14, 2014-15 and 2015-16 (up to 31 December 2015).

	2013-14	**2014-15**	**2015-16 (up to 31 December 2015)**
Number of surgeries			
HKEC	3 943	3 953	3 136
HKWC	3 330	960*	2 129
KCC	6 068	6 331	4 764
KEC	4 363	3 337	2 898
KWC	2 459	2 450	1 974
NTEC	3 737	3 731	3 229
NTWC	2 699	2 715	2 122
Number of patients on the waiting list (as at 31 March of financial year end)			
HKEC	3 334	2 596	2 420
HKWC	1 351	3 028	3 032
KCC	11 000	10 805	10 689
KEC	6 285	6 265	5 131
KWC	3 618	4 531	5 993
NTEC	4 573	4 673	4 754
NTWC	4 960	4 852	5 203

	2013-14	2014-15	2015-16 (up to 31 December 2015)
Estimated average waiting time (months) (as at 31 March of financial year end)			
HKEC	10	8	7
HKWC	5	38*	14
KCC	22	21	20
KEC	17	23	17
KWC	18	22	27
NTEC	15	15	15
NTWC	22	22	24

* As the operation theatres in Grantham Hospital were under renovation in 2014, the waiting time had been lengthened and the throughput dropped in HKWC in 2014. The operation theatres in Grantham Hospital have resumed normal service starting from January 2015.

The costs for an ambulatory cataract surgery (mainly day cases) were estimated to be $15,460 and $16,870 in 2013-14 and 2014-15 respectively, and are projected to be around $18,200 in 2015-16. These costs are computed with reference to factors such as relative complexity of surgical procedures and operating time, covering both costs of operating procedures (mainly including surgeons, anaesthetics and operating theatre expenditures) and post-surgery stay in hospital.

(b) Under the Cataract Surgeries Programme, patients who choose to receive the surgeries in the private sector will receive a fixed subsidy of $5,000, subject to a co-payment of no more than $8,000 for each patient.

The table below sets out the number of surgeries under the Cataract Surgeries Programme and the actual / projected waiting time in 2013-14, 2014-15 and 2015-16 (up to 31 December 2015).

	2013-14	2014-15	2015-16 (up to 31 December 2015)
Number of surgeries under the Cataract Surgeries Programme	700	999	455
Actual / Projected time for patient to receive surgery in the Cataract Surgeries Programme after they listed in HA for cataract surgery (months)	24	24	24 (projected)

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0617)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the Elderly Health Care Voucher Scheme, please provide details on the following in 2014 and 2015:

(a) the total amount of claim transactions of Health Care Vouchers;
(b) the number of eligible persons;
(c) the percentage and number of eligible persons who have used Health Care Vouchers by gender, age group (70-75, 76-80 and above 80) and residence (whether or not living in residential institutions);
(d) the average number of Health Care Vouchers used per person by gender, age group (70-75, 76-80 and above 80) and residence (whether or not living in residential institutions); and
(e) the number of service providers participating in the Scheme by category.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 27)

Reply:

(a) The numbers of voucher claims under the Elderly Health Care Voucher Scheme are 2 221 547 in 2014 and 2 709 040 in 2015, involving total voucher amount of $598 million and $906 million respectively.

(b) & (c) The table below shows the number of eligible elders and the number of elders who had made use of vouchers up to end 2014 and 2015, broken down by gender and age group:

	As at 31.12.2014		As at 31.12.2015	
	Number of elders	**% of eligible elders**	**Number of elders**	**% of eligible elders**
(1) Number of eligible elders (i.e. elders aged 70 or above)*	737 000	-	760 000	-
(2) Number of elders who had made use of vouchers	551 000	75%	600 000	79%
(i) By gender				
- Male	242 000	73%	266 000	77%
- Female	309 000	76%	334 000	80%
(ii) By age group				
- 70 – 75	175 000	68%	192 000	75%
- 76 – 80	160 000	79%	169 000	83%
- Above 80	216 000	78%	239 000	80%

* Source: Hong Kong Population Projections 2012 – 2041 and Hong Kong Population Projections 2015 – 2064, Census and Statistics Department

We have not kept statistics on the use of vouchers by residence of elders.

(d) The face value of each voucher has been changed from $50 to $1 since 1 July 2014. The table below shows the average amount of vouchers in monetary value used per person up to end 2014 and 2015, broken down by gender and age group:

	Average amount of vouchers ($) used up to	
	31.12.2014	**31.12.2015**
(i) By gender		
- Male	2,085	3,277
- Female	2,232	3,481
(ii) By age group		
- 70 – 75	1,869	2,867
- 76 – 80	2,386	3,799
- Above 80	2,246	3,523

We have not kept statistics on the amount of vouchers used by residence of elders.

(e) The table below shows the number of healthcare service providers enrolled in the Scheme up to end 2014 and 2015, broken down by types of healthcare professionals:

	As at 31.12.2014	**As at 31.12.2015**
Medical Practitioners	1 782	1 936
Chinese Medicine Practitioners	1 559	1 826
Dentists	548	646
Occupational Therapists	45	45
Physiotherapists	306	312
Medical Laboratory Technologists	26	30
Radiographers	21	21
Nurses	108	124
Chiropractors	51	54
Optometrists	185	265
Sub-total (Hong Kong)	4 631	5 259
University of Hong Kong - Shenzhen Hospital [Note]	-	1
Total:	4 631	5 260

Note: The Pilot Scheme for use of vouchers at the University of Hong Kong - Shenzhen Hospital was launched on 6 October 2015.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)121

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0618)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

According to paragraphs 129 and 130 of the Budget Speech, a dedicated provision of $200 billion has been set aside for the Hospital Authority to work out a ten-year hospital development plan, under which 5 000 additional beds will be provided and the operating theatres will increase to 320. Please provide details regarding the allocation of the $200 billion, 5 000 hospital beds and 320 operating theatres to hospital clusters and hospitals, respectively, with a breakdown of the completion dates of the projects, the recurrent expenditure newly involved, as well as the projected manpower requirement and service output.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 28)

Reply:

Projects under the ten-year hospital development plan (HDP) will provide around 5 000 additional beds, 94 additional operating theatres and other facilities. The following table sets out the estimated number of additional beds and operating theatres to be provided by the projects under the HDP by hospital cluster.

Hospital Cluster	Proposed projects	Estimated no. of additional beds[2]	Estimated no. of additional operating theatres[2]
Hong Kong West	Redevelopment of Grantham Hospital, phase 1	-	3
	Redevelopment of Queen Mary Hospital (Phase 1) - main works	-	14
Sub-total of the Hong Kong West Cluster		***-***	***17***
New Kowloon Central[1]	Redevelopment of Our Lady of Maryknoll Hospital (OLMH)	16	-
	New Acute Hospital (NAH) at Kai Tak Development Area (Phase 1)	2 400	37
	NAH at Kai Tak Development Area (Phase 2)		
	Redevelopment of Kwong Wah Hospital (KWH) - main works	350	10
Sub-total of the New Kowloon Central Cluster		***2 766***	***47***
Kowloon East	Expansion of Haven of Hope Hospital (HHH)	160	-
	Expansion of United Christian Hospital (UCH) - main works (superstructure and remaining works)	560	5
Sub-total of the Kowloon East Cluster		***720***	***5***
New Kowloon West[1]	Redevelopment of Kwai Chung Hospital (KCH) (Phase 1)	80	-
	Redevelopment of KCH (Phases 2 & 3)		
	Expansion of Lai King Building in Princess Margaret Hospital	400	-
Sub-total of the New Kowloon West Cluster		***480***	***-***
New Territories East	Redevelopment of Prince of Wales Hospital (Phase 2) (stage 1)	450	16
	Expansion of North District Hospital	600	-
Sub-total of the New Territories East Cluster		***1 050***	***16***
New Territories West	Extension of Operating Theatre Block for Tuen Mun Hospital (TMH)	-	9
Sub-total of the New Territories West Cluster		***-***	***9***
HA's Total		***5 016***	***94***

Notes:

1. According to the recommendations of the Steering Committee on Review of Hospital Authority (HA), the Wong Tai Sin district and Mong Kok area (KWH, Wong Tai Sin Hospital and OLMH), which are originally served by Kowloon West Cluster, will be re-grouped to Kowloon Central Cluster.

2. Actual deliverables of individual projects may be adjusted in the future subject to detailed planning and design.

The Hospital Authority (HA) and relevant government departments are conducting planning and preparatory works for the HDP projects, such as ground investigations, technical assessments and detailed design works. Upon completion of the concerned works, HA will be able to formulate a more concrete timetable and cost estimate for individual project under the HDP. Subject to funding approval by the Finance Committee, the projects are tentatively targeted for completion by or before 2026.

The detailed operational arrangements for individual HDP project, such as the distribution of beds by specialty and the resource implications, including the financial and manpower requirements, will be worked out at a later stage when the detailed design and commissioning plans are finalised. In general, a phased implementation approach for service commissioning of hospital development projects will be adopted to cater for prevailing service needs of the community. HA will continue to closely monitor the manpower situation, assess its manpower requirements, make appropriate arrangements in manpower planning, flexibly deploy its staff and recruit additional staff to ensure that the service and operational needs in relation to the above projects are met.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)122

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0619)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 131 of the Budget Speech a plan that will cover the redevelopment and expansion of a number of hospitals including Kwong Wah Hospital, United Christian Hospital, Queen Mary Hospital, Kwai Chung Hospital, Prince of Wales Hospital, Haven of Hope Hospital, Our Lady of Maryknoll Hospital, Operating Theatre Block of Tuen Mun Hospital, North District Hospital, Lai King Building of Princess Margaret Hospital and Grantham Hospital. Please provide in detail the estimated expenditure, construction programme and expected increase in service capacity and patient beds in respect of each of the above hospitals.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 29)

Reply:

The following table sets out the estimated number of additional beds, operating theatres and annual capacity of specialist/general outpatient clinic attendances of the 11 hospitals projects mentioned in paragraph 131 of the Budget Speech.

Projects	Estimated Additional Provision (Note)			
	beds	**operating theatres**	**annual capacity of specialist outpatient clinic attendances**	**annual capacity of general outpatient clinic attendances**
Redevelopment of Kwong Wah Hospital (KWH)	350	10	255 600	-
Expansion of United Christian Hospital (UCH)	560	5	681 800	-
Redevelopment of Queen Mary Hospital (Phase 1)	-	14	-	-
Redevelopment of Kwai Chung Hospital	80	-	254 500	-
Redevelopment of Prince of Wales Hospital (Phase 2) (stage 1)	450	16	-	-
Expansion of Haven of Hope Hospital (HHH)	160	-	-	-
Redevelopment of Our Lady of Maryknoll Hospital	16	-	75 900	20 800
Extension of Operating Theatre Block for Tuen Mun Hospital (TMH)	-	9	-	-
Expansion of North District Hospital	600	-	180 000	-
Expansion of Lai King Building in Princess Margaret Hospital	400	-	-	-
Redevelopment of Grantham Hospital, phase 1	-	3	-	-

Note: Actual deliverables of individual projects may be adjusted in the future subject to detailed planning and design.

The Hospital Authority (HA) and relevant government departments are conducting planning and preparatory works for the above projects, such as ground investigations, technical assessments and detailed design works. Upon completion of the concerned works, HA will be able to formulate a more concrete timetable and cost estimate for individual project under the Hospital Development Plan. Subject to funding approval by the Finance Committee, the projects are tentatively targeted for completion by or before 2026.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)123

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0620)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding continuing to develop the electronic health record sharing system (eHRSS), please advise on the following:

(a) Please provide a detailed breakdown of the expenditure involved in overseeing the operation of the first stage of the eHRSS.

(b) Please provide a detailed breakdown of the estimated expenditure involved in the development work for the second stage of the eHRSS.

(c) Has the Government put in place any measures, such as organisation of publicity and promotional activities, to promote the eHRSS among patients and private healthcare professionals? What is the estimated expenditure involved?

Asked by: Hon LEUNG Ka-lau (Member Question No. 30)

Reply:

(a) The Government has set up the Electronic Health Record Office (eHRO) in the Food and Health Bureau (FHB) to spearhead and coordinate the eHR Programme. Upon launching of the first stage of eHRSS in March 2016, eHRO will continue to oversee its operation and will start planning for the second stage development. The Hospital Authority (HA) will continue to provide technical support to eHRO in operating the first stage of eHRSS and implementing related work plans. The Government has earmarked $256.9 million in 2016-17 to meet the recurrent expenditure of eHRO and HA support services.

The breakdown of the expenditure is as follows:

eHRO of FHB

	$ (million)
Personal emoluments (for 25 civil service posts)	19.0
Departmental expenses	33.4
Total	**52.4**

HA support services

Key functions	**$ (million)**
System maintenance	90.6
Information technology operations	36.5
Participation, standards and programme support	44.6
eHR engagement initiative	4.4
IT business support services	28.4
Total	**204.5**

(b) The breakdown of the estimated capital expenditure involved in the development of the second stage of eHRSS is as follows:

Components	**$ (million)**
(a) to broaden the scope of data sharing and develop the technical capability for sharing of radiological images and Chinese Medicine information	279
(b) to enhance patient's choice over the scope of data sharing and to facilitate patient access to the system	79
(c) to improve and enhance the core functionalities and security/privacy protection	64
Total	**422**

(c) We have launched a series of publicity and promotional activities for patients and healthcare providers:

- an exercise to facilitate migration of Public Private Interface-electronic Patient Record Pilot Project (PPI-ePR)'s patients and healthcare professionals to join the eHRSS
- setting up of about 50 eHR registration desks at various service locations of the Hospital Authority (HA), Department of Health (DH), private hospitals and other private healthcare organisations
- on-site patient registration campaigns at HA and DH healthcare outlets, elderly homes and through home visits to elders
- production of eHealth News, Announcement in the Public Interests (APIs) and other promotional materials
- a ceremony to announce the commencement of open registration for patients and healthcare providers
- engagement meetings and briefings for stakeholders and patient groups
- an eHR Service Provider scheme to train IT vendors to provide support services

for using Government-developed eHR system (namely, Clinical Management System On-ramp) and installing security software

We are not able to provide a total cost figure because many of these activities constitute only part of the duties and assignments performed by the staff of eHRO and the eHR Project Management Office of HA. As for the estimated cost of the relevant outsourced contracts, it will be around $20 million with a breakdown as follows:

- design and production of publicity materials: $4.4 million
- API and promotional videos: $1.5 million
- patient registration campaigns: $11.5 million
- PPI-ePR migration: $2.6 million

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0623)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health, (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

(a) In "Matters Requiring Special Attention in 2016-17", the Administration says it will "develop the long-term regulatory framework for medical devices". Please set out details of the measures and the staffing and expenditure involved.

(b) Regarding the procurement of medical equipment, what mechanism is in place for a cluster to discuss and determine the addition or replacement of medical equipment in hospitals under the cluster, and what procurement guidelines are adopted?

(c) Please set out in detail each cluster's expenditure on procuring medical equipment in the past 3 years (2013 to 2015).

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 33)

Reply:

(a)

The Administration has been taking steps to put in place statutory regulation of the safety, performance and quality of medical devices manufactured, sold and/or used in Hong Kong. To this end, a voluntary Medical Device Administrative Control System (MDACS) has been established by the Department of Health (DH) since 2004 to raise public awareness of the importance of medical device safety and pave the way for implementing long-term statutory control.

In November 2010, the Food and Health Bureau consulted the Legislative Council (LegCo) Panel on Health Services (HS Panel) on the proposed regulatory framework for medical devices, which had taken into account the results of the regulatory impact assessment, views of stakeholders and the public collected during consultations, previous discussions with the LegCo, and experience gained from the operation of the MDACS. In response to the

recommendation of the Business Facilitation Advisory Committee, the DH engaged in 2011 a consultant to conduct a Business Impact Assessment (BIA) on the regulatory proposal. The BIA was completed in 2013. The Administration reported to the LegCo HS Panel in June 2014 on the outcome of the BIA study together with the way forward of the legislative exercise for putting in place the statutory regulatory framework for medical devices.

The Working Group on Differentiation between Medical Procedures and Beauty Services (WG) under the Steering Committee on Review of Regulation of Private Healthcare Facilities had examined, among others, the safety and health risks of devices commonly used in beauty procedures e.g. high-power medical lasers, intense pulsed light equipment, radiofrequency devices, etc. Given the heterogeneity of the devices involved, the WG considered that the control of their use (particularly energy-emitting devices) should be deliberated under the regulatory framework for medical devices.

Taking into consideration the views and recommendations of the WG, the DH has engaged an external consultant since September 2015 to conduct a detailed study to examine overseas experience and practices and the scope of control on the use of selected medical devices. Upon completion of the study, the Administration will report to the LegCo HS Panel on the outcome of the consultancy study and the details of the legislative proposal on the statuory regulatory regime for medical devices in 2016.

In 2016-17, a provision of $18.8 million has been earmarked for the DH for the operation of the existing MDACS as well as the preparatory work for the long-term statutory control of medical devices. The number of staff establishment of the Medical Device Control Office of the DH as at 1 March 2016 was 16.

(b)

The Hospital Authority (HA) procures from time to time a wide variety of new and replacement medical equipment items to meet operational requirements. Cluster management deliberates and formulates annual medical equipment requirement plan in respective committees, based on factors such as risk (e.g. obsolescence risk, equipment age, patient / staff safety, etc.), impact on patient care, operational needs and requirement of additional equipment items essential for provision of new or improved services to dovetail with HA's strategic directions. Moreover, HA will make reference to advice from healthcare professionals and overseas to facilitate planning for medical equipment.

Medical equipment items are normally purchased through tender process or by quotations, as appropriate, in accordance with the HA Procurement and Materials Management Manual (PMMM). The PMMM sets out, inter alia, all relevant purchasing and supply regulations and guidelines for compliance in HA including the clusters, and specifies the responsibility and accountability of HA staff who are involved in procurement and materials management activities. Also, HA is subject to the Agreement on Government Procurement of the World Trade Organisation.

(c)

Individual hospitals procure medical equipment items costing $150,000 or less each (minor

medical equipment items[Note]) and statistics on procurement of these minor medical equipment items are not available. Procurement of medical equipment items costing over $150,000 each (major medical equipment items[Note]) is co-ordinated by HA Head Office. In the past three years from 2013-14 to 2015-16, HA has procured 2 088 major medical equipment items at a total cost of $1,592 million, with detailed breakdown below:

Year	Number of Major Medical Equipment Items	Expenditure ($million)
2013-14	603	425
2014-15	747	580
2015-16	738	587
Total	2 088	1 592

Among the hundreds of major medical equipment items procured by HA each year, some are of a unit cost exceeding $5 million. The table below sets out those major medical equipment items of a unit cost exceeding $5 million that were procured by HA in 2015-16, as well as the clusters, hospitals and specialties involved and the total expenditure incurred:

Item	Cluster	Hospital	Specialty	Expenditure ($ million)
Radiotherapy Systems, Linear Accelerator	HKEC	PYNEH	ONC	23.6
Radiographic/Fluoroscopic Systems, General-Purpose	HKEC	PYNEH	SUR	7.2
Radiographic/Fluoroscopic Systems, General-Purpose	HKEC	PYNEH	SUR	6.6
Scanning Systems, Magnetic Resonance Imaging, Full-Body	HKWC	QMH	RAD	20.6
Radiographic/Fluoroscopic Systems, Cardiovascular	KCC	QEH	MED	14.0
Scanning Systems, Magnetic Resonance Imaging, Full-Body	KCC	QEH	RAD	24.8
Scanning Systems, Computed Tomography/Positron Emission Tomography	KCC	QEH	RAD	20.0
Monitoring Systems, Physiologic, Acute Care	KEC	TKOH	MED	5.8
Monitoring Systems, Physiologic, Acute Care	KEC	UCH	ICU/HDU	8.0

Item	Cluster	Hospital	Specialty	Expenditure ($ million)
Radiographic/Fluoroscopic Systems, Angiography/Interventional	KWC	PMH	RAD	9.5
Scanning Systems, Magnetic Resonance Imaging, Full-Body	NTEC	AHNH	RAD	17.2
Radiographic/Fluoro Unit, Digital	NTWC	TMH	RAD	5.2
Radiotherapy Systems, Linear Accelerator	NTWC	TMH	ONC	13.7

Note: Starting from 2016-17, minor medical equipment items refer to those costing $200,000 or less each while major medical equipment items refer to those costing over $200,000 each.

Abbreviations

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

Hospitals
AHNH – Alice Ho Miu Ling Nethersole Hospital
PMH – Princess Margaret Hospital
PYNEH – Pamela Youde Nethersole Eastern Hospital
QEH – Queen Elizabeth Hospital
QMH – Queen Mary Hospital
TMH – Tuen Mun Hospital
TKOH – Tseung Kwan O Hospital
UCH – United Christian Hospital

Specialties
ICU/HDU – Intensive Care Unit/High Dependency Unit
MED – Medicine
ONC – Oncology
RAD – Radiology
SUR – Surgery

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0624)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health, (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned that the Government will "continue to oversee publicity efforts to promote organ donation in collaboration with relevant organisations". In this connection, please advise of the following:

(a) the details of the publicity efforts and the method for assessing the effectiveness of such efforts;

(b) the breakdown of the number of patients registered and the number of organ/tissue to be donated in the past 5 years (2011-2015);

(c) the average waiting time of patients on organ transplant waiting list and the number of organ/tissue donations in the past 5 years (2011-2015).

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 35)

Reply:

(a) The Department of Health, in collaboration with the Hospital Authority and relevant non-governmental organisations (NGOs), have been making continuous efforts over the years to promote organ donation on various fronts. These include: (i) institution-based networking by inviting Government departments, NGOs and private companies to work in collaboration to promote organ donation and to encourage registration through the Centralised Organ Donation Register (CODR) within their respective institutions; (ii) public education through exhibitions, talks and seminars; (iii) publicity campaigns using various channels, e.g. television, radio, newspapers, internet etc.; and (iv) E-engagement by making use of social media with a dedicated Facebook fan page entitled "Organ Donation@HK" launched in 2011.

The short-term goal of promoting organ donation is to encourage members of the general public to sign up on the CODR and to lessen reluctance and hesitation of individuals and family members to donate organs after death. In the long term, our goal is to create an atmosphere in our society which recognises voluntary organ donation as a commendable act of altruism and something that is the norm rather than the exception.

(b) and (c)

The table below sets out the relevant statistics in the past five years (2011-2015):

Year	**Organ / Tissue**	**No. of patients waiting for organ / tissue transplant**	**Average waiting time (months)** Note 2	**No. of donations**
2011	Kidney	1 781	46.1	67
	Heart	20	4.1	9
	Lung	17	19.5	1
	Liver	109	35.5	74
	Cornea (piece)	500	24	238
	Bone	N/A Note 1	N/A	0
	Skin			21
2012	Kidney	1 808	45.1	99
	Heart	17	2.8	17
	Lung	15	33	3
	Liver	121	30.1	78
	Cornea (piece)	500	24	259
	Bone	N/A	N/A	3
	Skin			6
2013	Kidney	1 991	48.5	82
	Heart	17	5.8	11
	Lung	18	29	4
	Liver	120	34.5	72
	Cornea (piece)	500	24	248
	Bone	N/A	N/A	3
	Skin			4
2014	Kidney	1 965	50	79
	Heart	28	5.4	9
	Lung	22	27.6	4
	Liver	98	39.9	63
	Cornea (piece)	465	24	337
	Bone	N/A	N/A	1
	Skin			9
2015	Kidney	1 941	51	81
	Heart	36	16.1	14
	Lung	16	15.4	13

	Liver	89	43	59
	Cornea (piece)	374	24	262
	Bone	N/A	N/A	4
	Skin			10

Note 1: N/A = Not Applicable. Patients waiting for skin and bone transplant are spontaneous and emergency in nature. As substitutes will be used if no suitable piece of skin or bone is identified for transplant, patients in need of skin and bone transplant are not included in the organ / tissue donation waiting list.

Note 2: "Average waiting time" is the average of the waiting time for patients on the organ / tissue transplant waiting list as at end of that year.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0626)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the doctor manpower in 2015 - 16,

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

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

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

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 37)

Reply:

(a) and (b)

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health staff and supporting healthcare workers. HA constantly assesses its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. In 2016-17, HA plans to recruit about 420 doctors.

As at 31 December 2015, there were 346 part-time doctors working in HA, providing support equivalent to about 129 full-time doctors.

The table below sets out the number of all ranks of doctors (including full-time and part-time) by major specialties in each hospital cluster of the HA in 2015-16 (as at 31 December 2015).

Cluster	Specialty	2015-16 (as at 31 December 2015)			
		Consultant	SMO/AC	MO/R	Total
HKEC	**Accident & Emergency**	5	25	26	**55**
	Anaesthesia	4	15	14	**34**
	Family Medicine	1	8	48	**57**
	Intensive Care Unit	1	7	6	**14**
	Medicine	18	61	81	**160**
	Neurosurgery	2	2	5	**9**
	Obstetrics & Gynaecology	4	7	6	**17**
	Ophthalmology	4	6	11	**20**
	Orthopaedics & Traumatology	4	12	13	**29**
	Paediatrics	6	7	17	**30**
	Pathology	6	8	6	**20**
	Psychiatry	5	12	20	**37**
	Radiology	10	9	19	**38**
	Surgery	8	13	30	**51**
	Others	4	8	16	**28**
	Total	**82**	**200**	**317**	**599**
HKWC	**Accident & Emergency**	3	11	12	**26**
	Anaesthesia	15	24	30	**69**
	Cardio-thoracic Surgery	5	2	3	**10**
	Family Medicine	2	7	35	**44**
	Intensive Care Unit	2	6	6	**14**
	Medicine	24	35	78	**137**
	Neurosurgery	1	4	7	**12**
	Obstetrics & Gynaecology	5	5	15	**26**
	Ophthalmology	2	3	9	**14**
	Orthopaedics & Traumatology	5	8	19	**32**
	Paediatrics	11	14	23	**48**
	Pathology	8	8	10	**26**
	Psychiatry	3	9	13	**25**
	Radiology	9	10	19	**38**
	Surgery	13	19	47	**79**
	Others	6	6	16	**29**
	Total	**115**	**172**	**341**	**629**

Cluster	Specialty	2015-16 (as at 31 December 2015)			
		Consultant	SMO/AC	MO/R	Total
KCC	Accident & Emergency	3	18	27	**48**
	Anaesthesia	10	22	26	**58**
	Cardio-thoracic Surgery	3	6	6	**15**
	Family Medicine	1	8	49	**58**
	Intensive Care Unit	2	6	3	**11**
	Medicine	21	50	82	**153**
	Neurosurgery	4	6	11	**21**
	Obstetrics & Gynaecology	7	9	10	**26**
	Ophthalmology	6	15	17	**38**
	Orthopaedics & Traumatology	9	15	15	**39**
	Paediatrics	10	15	21	**46**
	Pathology	7	14	8	**29**
	Psychiatry	5	10	21	**36**
	Radiology	12	12	21	**45**
	Surgery	10	16	35	**61**
	Others	11	14	23	**47**
	Total	**120**	**236**	**374**	**730**
KEC	Accident & Emergency	4	26	33	**63**
	Anaesthesia	6	18	19	**42**
	Family Medicine	2	16	72	**90**
	Intensive Care Unit	1	6	6	**13**
	Medicine	21	53	76	**151**
	Obstetrics & Gynaecology	5	7	14	**26**
	Ophthalmology	2	8	11	**21**
	Orthopaedics & Traumatology	6	14	24	**44**
	Paediatrics	5	12	24	**41**
	Pathology	6	8	6	**20**
	Psychiatry	2	17	16	**35**
	Radiology	10	9	12	**31**
	Surgery	11	23	28	**63**
	Others	5	10	14	**29**
	Total	**85**	**228**	**355**	**668**
KWC	Accident & Emergency	11	51	68	**131**
	Anaesthesia	10	43	35	**88**
	Family Medicine	3	30	137	**170**
	Intensive Care Unit	5	13	21	**39**

Cluster	Specialty	2015-16 (as at 31 December 2015)			
		Consultant	SMO/AC	MO/R	Total
	Medicine	41	113	155	**308**
	Neurosurgery	3	7	14	**24**
	Obstetrics & Gynaecology	8	16	25	**49**
	Ophthalmology	3	10	11	**24**
	Orthopaedics & Traumatology	14	26	35	**76**
	Paediatrics	14	29	46	**89**
	Pathology	15	18	19	**51**
	Psychiatry	9	29	38	**76**
	Radiology	15	26	22	**63**
	Surgery	20	41	64	**125**
	Others	6	14	22	**42**
	Total	**177**	**466**	**711**	**1354**
NTEC	**Accident & Emergency**	8	31	29	**68**
	Anaesthesia	8	30	31	**69**
	Cardio-thoracic Surgery	2	0	4	**6**
	Family Medicine	3	13	74	**90**
	Intensive Care Unit	3	10	14	**27**
	Medicine	27	55	111	**194**
	Neurosurgery	3	1	5	**9**
	Obstetrics & Gynaecology	6	8	13	**28**
	Ophthalmology	3	5	19	**27**
	Orthopaedics & Traumatology	11	20	29	**60**
	Paediatrics	9	20	34	**63**
	Pathology	9	13	11	**33**
	Psychiatry	5	19	41	**65**
	Radiology	10	16	15	**41**
	Surgery	18	19	55	**92**
	Others	10	18	24	**52**
	Total	**134**	**279**	**509**	**921**
NTWC	**Accident & Emergency**	6	24	38	**67**
	Anaesthesia	8	17	28	**52**
	Cardio-thoracic Surgery	1	1	0	**2**
	Family Medicine	2	13	62	**78**
	Intensive Care Unit	2	5	11	**18**
	Medicine	18	44	87	**149**
	Neurosurgery	3	2	10	**15**

Cluster	Specialty	2015-16 (as at 31 December 2015)			
		Consultant	SMO/AC	MO/R	Total
	Obstetrics & Gynaecology	8	7	10	**25**
	Ophthalmology	4	8	12	**24**
	Orthopaedics & Traumatology	7	15	28	**50**
	Paediatrics	5	13	20	**38**
	Pathology	5	9	9	**23**
	Psychiatry	10	25	43	**78**
	Radiology	11	8	19	**37**
	Surgery	15	17	38	**70**
	Others	7	9	18	**34**
	Total	**111**	**217**	**433**	**760**

(c) The manpower shortfall of doctors in 2015-16 is around 300. The manpower shortfall of doctors for 2016-17 is not yet available as the annual recruitment exercise for Resident Trainees is underway.

Notes:

1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.

2. The services of the medicine department include services for hospice, rehabilitation and infirmary. The services of the psychiatry department include services for the mentally handicapped.

Abbreviations

SMO/AC – Senior Medical Officer/Associate Consultant
MO/R – Medical Officer/Resident
HKEC – Hong Kong East Cluster
HKWC – Hong Kong West Cluster
KCC – Kowloon Central Cluster
KEC – Kowloon East Cluster
KWC – Kowloon West Cluster
NTEC – New Territories East Cluster
NTWC – New Territories West Cluster

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0628)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the waiting time for specialist outpatient services provided by different clusters in 2015-16:

(a) number of new cases triaged as Priority 1, Priority 2 and Routine categories (by clusters and specialties); and

(b) median waiting time for new cases triaged as Priority 1, Priority 2 and Routine categories (by clusters and specialties).

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 40)

Reply:

The table below sets out the number of specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases; their respective median (50^{th} percentile) waiting time in each hospital cluster of the Hospital Authority for 2015-16 (up to 31 December 2015).

2015-16 (up to 31 December 2015) [Provisional figures]

Cluster	Specialty	Priority 1		Priority 2		Routine	
		Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC	ENT	866	<1	2 325	3	3 574	35
	MED	1 957	1	2 852	5	4 903	22
	GYN	551	<1	589	3	3 237	33
	OPH	4 059	<1	1 505	6	5 211	21
	ORT	1 243	1	1 428	6	5 102	59
	PAE	139	1	692	5	194	12
	PSY	249	1	658	3	1 808	9
	SUR	1 484	1	3 256	7	6 000	37
HKWC	ENT	510	<1	1 852	6	3 178	14
	MED	1 441	<1	1 372	4	6 845	36
	GYN	1 337	<1	879	6	3 876	20
	OPH	2 720	<1	875	4	3 335	19
	ORT	596	<1	824	3	6 758	17
	PAE	405	<1	644	4	951	10
	PSY	558	<1	676	3	2 564	86
	SUR	1 803	<1	2 132	5	7 606	20
KCC	ENT	1 126	<1	1 030	4	9 289	24
	MED	1 115	<1	1 474	5	7 060	50
	GYN	330	<1	1 351	6	2 424	26
	OPH	5 955	<1	3 525	4	9 601	62
	ORT	220	1	841	1	5 577	50
	PAE	558	<1	393	6	896	16
	PSY	80	<1	737	3	1 273	16
	SUR	1 506	1	2 115	4	9 942	39
KEC	ENT	1 361	<1	1 916	2	4 156	66
	MED	1 179	1	3 768	6	9 965	65
	GYN	874	1	705	6	4 749	55
	OPH	4 245	<1	250	5	9 843	15
	ORT	2 847	<1	2 529	7	7 873	100
	PAE	891	<1	634	5	2 026	17
	PSY	346	<1	1 480	4	3 745	53
	SUR	1 245	1	4 829	7	13 637	21

Cluster	Specialty	Priority 1		Priority 2		Routine	
		Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
KWC	ENT	2 900	<1	2 475	5	8 486	34
	MED	2 202	<1	5 001	6	15 942	57
	GYN	804	<1	1 931	6	8 763	25
	OPH	5 042	<1	4 356	2	5 735	42
	ORT	3 040	<1	3 978	5	11 215	63
	PAE	2 086	<1	791	6	3 083	12
	PSY	232	<1	449	3	10 129	14
	SUR	2 699	<1	7 754	6	20 681	28
NTEC	ENT	3 118	<1	2 863	4	6 755	53
	MED	2 344	<1	2 172	5	12 264	73
	GYN	1 699	<1	666	6	6 105	48
	OPH	5 776	<1	2 774	4	8 004	63
	ORT	4 405	<1	1 872	5	10 747	111
	PAE	263	<1	327	4	2 943	11
	PSY	1 021	1	1 950	4	4 446	52
	SUR	1 505	<1	2 419	5	15 903	44
NTWC	ENT	2 154	<1	948	4	6 803	48
	MED	929	1	2 294	6	4 525	53
	GYN	834	1	104	4	4 434	39
	OPH	7 333	<1	2 162	3	5 957	59
	ORT	1 397	1	1 075	4	8 018	84
	PAE	46	1	380	5	1 363	12
	PSY	358	1	1 441	6	3 220	49
	SUR	1 123	1	2 519	6	12 965	60

Abbreviations

Specialty:

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

Cluster:

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

NTEC – New Territories East Cluster
NTWC – New Territories West Cluster

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0629)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following details:

(a) numbers of standard drugs added to or deleted from the Hospital Authority Drug Formulary (the Formulary) and the expenditure involved in subsidising the use of standard drugs in 2014-15, 2015-16 and 2016-17 (estimate);

(b) names of drugs to be added to the Formulary in 2016-17, numbers of patients using and expected to use these drugs in 2014-15, 2015-16 and 2016-17, amount paid by patients purchasing these drugs at their own expenses, and the estimated expenditure involved in introducing these drugs as standard drugs;

(c) names of drugs in the Formulary whose use will be expanded in 2016-17, numbers of patients using and expected to use these drugs in 2014-15, 2015-16 and 2016-17, and the estimated expenditure involved in expanding the use of these drugs.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 41)

Reply:

(a) The table below sets out the number of drugs newly incorporated into and removed from the Hospital Authority Drug Formulary (HADF) in 2014-15 and 2015-16. Since appraisal of new drugs is an ongoing process driven by evolving medical evidence, latest clinical development and market dynamics, the Hospital Authority (HA) is at present unable to project the number of new drugs to be incorporated into and removed from the HADF in 2016-17.

	2014-15	2015-16
Number of new drugs incorporated into the HA Drug Formulary	52	21
Number of drugs removed from the HA Drug Formulary	28	26

The amount of drug consumption expenditure on General and Special Drugs in HADF (i.e. the expenditure on General Drugs and Special Drugs prescribed to patients at standard fees and charges) in 2014-15 and 2015-16 (projection based on expenditure figure as at 31 December 2015) are $4,333 million and $4,501 million respectively. In 2016-17, the additional recurrent financial requirements for widening the indications of Special drugs and repositioning of Self-financed drugs as Special drugs in the HADF for diabetes mellitus, stroke management as well as osteoporosis and breast cancer treatment is $38 million. The growth in drug consumption expenditure on General and Special Drugs in the HADF is projected at around 4%.

(b) The table below sets out the name of the two new drug classes to be incorporated into the HADF as Special Drugs, the patient headcount prescribed with these drugs, and the total amount of patients' contribution to purchase these drugs in 2014-15 and 2015-16 (up to 31 December 2015).

Drug Name / Class		2014-15	2015-16 (Up to 31 December 2015)
i) Dabigatran / Rivaroxaban / Apixaban	Patient headcount prescribed with this drug	7 053	8 828
	Amount of patients' contribution ($ million)	5.27	5.73
ii) Teriparatide	Patient headcount prescribed with this drug	233	248
	Amount of patients' contribution ($ million)	5.65	4.89

Note : The patient headcounts and amounts of patients' contribution have included all patients prescribed with these drugs either as Special or self-financed item drugs for treatment of different diseases and the expenditure on drugs for a variety of therapeutic uses other than those incorporated into the HADF in 2016-17.

The table below sets out the estimated expenditure involved and the estimated number of patients who will be benefited from each of the above-said drugs for specified clinical conditions to be incorporated into the HADF as Special Drugs in 2016-17.

Drug Name / Class and Therapeutic Use	Estimated Expenditure Involved ($ Million)	Estimated Number of Patients to be Benefited
i) Dabigatran, Rivaroxaban, Apixaban for secondary stroke management	5.50	770

Drug Name / Class and Therapeutic Use	Estimated Expenditure Involved ($ Million)	Estimated Number of Patients to be Benefited
ii) Teriparatide for severe established osteoporosis treatment	6.68	150

There is a mechanism in place to regularly appraise new drugs for listing in the HADF. Apart from the above 2 drug classes, other new drugs will be incorporated into the HADF within the year as and when appropriate.

(c) HA will extend the therapeutic applications of 3 Special drug classes in the HADF in 2016-17. The table below sets out the patient headcount prescribed with these drugs in 2014-15 and 2015-16 (up to 31 December 2015).

Drug Class	2014-15	2015-16 (Up to 31 December 2015)
i) Insulin Detemir / Glargine	6 495	7 209
ii) Denosumab	1 236	1 604
iii) Docetaxel	2 000	1 689

Note : The patient headcounts have included all patients prescribed with these drugs either as Special or Self-financed drugs for different clinical indications.

The table below sets out the estimated expenditure involved and the estimated number of patients who will be benefited from the extended therapeutic applications of these Special drug classes in 2016-17.

Drug Name / Class and Therapeutic Use	Estimated Expenditure Involved ($ Million)	Estimated Number of Patients to be Benefited
i) Insulin Detemir / Glargine for diabetes mellitus management	10.22	4 000
ii) Denosumab for secondary prevention of osteoporotic fracture	6.54	1 500
iii) Docetaxel for adjuvant therapy for breast cancer treatment	8.60	379

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0630)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

(a) The 2015-16 revised estimate of the subvention for the Hospital Authority (HA) has increased by $1.65 billion over the original estimate. Please provide details of the financial provision allocated to individual clusters and explain the reasons.

(b) The 2016-17 estimate of the subvention for the HA has further increased by $60 million over the 2015-16 revised estimate. Please provide details of the additional financial provision to be allocated to individual clusters and explain the reasons.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 42)

Reply:

(a)

The increase of $1.65 billion in the 2015-16 revised estimate over the original estimate is mainly due to an increase of $1.70 billion in the recurrent subvention for the Hospital Authority (HA) resulted from 2015 pay adjustment, offset by the return of $0.04 billion for the Government's 50% share of the additional income arising from the non-obstetric services for non-eligible persons and private services at HA's hospitals for 2014-15 plus other minor adjustments of $0.01 billion.

(b)

To meet the growing demand from population growth and ageing, HA will continue to strengthen its healthcare services to the public. The overall operating expenditure of HA for 2016-17 is projected to reach around $58 billion, representing an increase of around 4% as compared to 2015-16. With the financial provision of $51.6 billion for 2016-17 from

the Government to HA, coupled with HA's own income and redeployment of its internal resources, HA will implement various measures to meet the rising demand for hospital services and to improve the quality of patient care. Examples of such measures are:

(i) increasing a total of 231 beds in Pamela Youde Nethersole Hospital, Queen Elizabeth Hospital, Tseung Kwan O Hospital, United Christian Hospital, Prince of Wales Hospital, Alice Ho Miu Ling Nethersole Hospital, Shatin Hospital, Pok Oi Hospital, Tuen Mun Hospital and Siu Lam Hospital to enhance the capacity of inpatient services;

(ii) providing additional operating theatre sessions to allay the waiting list of surgeries;

(iii) strengthening the services for critical illness and chronic diseases through, for example, increasing the service capacity of echocardiogram for cardiac service, enhancing the service quota of haemodialysis for renal service, and extending the service hours of radiotherapy for cancer service;

(iv) widening the indications of special drugs and re-positioning of self-financed drugs as special drugs in the HA Drug Formulary for diabetes mellitus, stroke management as well as osteoporosis and breast cancer treatment to benefit around 6 700 patients per annum;

(v) increasing the quota for general outpatient clinics in 5 clusters (namely Hong Kong West Cluster, Kowloon East Cluster, Kowloon West Cluster, New Territories East Cluster and New Territories West Cluster) by 27 000 attendances for 2016-17 and 49 000 additional attendances per year thereafter;

(vi) setting up Hong Kong's 5th Joint Replacement Centre located in the Hong Kong West Cluster for performing 260 additional operations for 2016-17 and 350 additional operations per year thereafter;

(vii) strengthening the Community Geriatric Assessment Team (CGAT) service to cover more residential care homes for the elderly (RCHE) and enhancing CGAT support to improve the quality of care for terminally ill patients living in RCHEs; and

(viii) enhancing endoscopy service by performing additional endoscopic procedures.

The budget allocation to individual clusters including the additional financial provision for 2016-17 is being worked out by HA and hence not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0631)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Please list out the total population and persons aged 65 or above served/to be served by different clusters and all clusters as a whole under the Hospital Authority in 2014-15, 2015-16 and 2016-17 (Estimate). Please advise on the total provisions earmarked and the total number of doctors, nurses, allied health professionals and general hospital beds, and provide their respective percentages of the total as well as the ratio per 1 000 population and persons aged 65 or above.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 43)

Reply:
The table below sets out the recurrent budget allocation in respect of each cluster of the Hospital Authority (HA) in 2014-15 and 2015-16. Recurrent budget allocation to the clusters for 2016-17 is not yet available.

Cluster	**2014-15 ($ billion)**	**2015-16 (projection as of 31 December 2015) ($ billion)**
HKEC	5.01	5.38
HKWC	5.17	5.56
KCC	6.25	6.66
KEC	4.94	5.32
KWC	10.65	11.47
NTEC	7.44	8.13
NTWC	6.08	6.72
Total for Clusters	**45.54**	**49.24**

Notes:

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

It should be noted that geographical population is only one of the many factors involved in determining budget allocation to individual clusters. Budget allocation among clusters is driven by the planning of patient services guided by the overall direction at the corporate level. When HA plans its services and budget in its annual planning exercise, due consideration is given to a basket of relevant factors. Residential location and daytime distribution of population are both important factors affecting where people may seek healthcare services. In particular, the latter will affect service demand of Accident & Emergency attendance and consequential admission into the hospital. In addition, cross-cluster service utilisation may arise from referral to designated centres for special services, or by patients' own preference, etc. Apart from the above, there are other factors affecting the resource needs of individual clusters, for example, differences in demographic and economic status of the population, and varying complexity of patient conditions being treated by individual clusters. As such, budget allocation to clusters should not be measured solely against the residential population in the corresponding catchment districts.

The tables below set out the population and the population aged 65 or above in respect of each cluster of the HA in 2014, 2015 and 2016.

Population Estimates in 2014 (as at mid-2014)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	772 500	134 900
Central & Western, Southern	HKWC	529 400	83 400
Kowloon City, Yau Tsim	KCC	534 900	89 900
Kwun Tong, Sai Kung	KEC	1 097 000	157 700
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 941 700	317 200
Sha Tin, Tai Po, North	NTEC	1 266 700	160 900
Tuen Mun, Yuen Long	NTWC	1 098 700	121 700
Overall Hong Kong		**7 241 700**	**1 065 900**

Projected Population in 2015 (as at mid-2015)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	767 300	142 100
Central & Western, Southern	HKWC	525 400	87 500
Kowloon City, Yau Tsim	KCC	540 300	95 100
Kwun Tong, Sai Kung	KEC	1 105 100	164 800
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 952 800	330 800
Sha Tin, Tai Po, North	NTEC	1 290 300	172 300
Tuen Mun, Yuen Long	NTWC	1 116 700	130 600
Overall Hong Kong		**7 298 600**	**1 123 300**

Projected Population in 2016 (as at mid-2016)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	764 200	148 000
Central & Western, Southern	HKWC	521 900	91 300
Kowloon City, Yau Tsim	KCC	538 300	99 200
Kwun Tong, Sai Kung	KEC	1 122 300	170 900
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 955 200	340 800
Sha Tin, Tai Po, North	NTEC	1 315 200	183 200
Tuen Mun, Yuen Long	NTWC	1 136 400	139 600
Overall Hong Kong		**7 354 500**	**1 173 000**

Notes:

The above population figures are based on the mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department. Individual figures may not add up to the total due to rounding and inclusion of marine population.

The tables below set out the number of doctors, nurses and allied health staff in each cluster, their respective percentages of the HA total, as well as their ratio per 1 000 population in 2014-15 and 2015-16 (as at 31 December 2015). Relevant information for 2016-17 is not yet available.

2014-15

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 population												Catchment districts
	Doctors	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	Nurses	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	Allied Health Staff	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	
HKEC	584	10.7%	0.8	4.3	2 517	10.6%	3.3	18.7	762	11.2%	1.0	5.6	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	608	11.1%	1.1	7.3	2 679	11.3%	5.1	32.1	883	13.0%	1.7	10.6	Central & Western, Southern
KCC	703	12.9%	1.3	7.8	3 275	13.8%	6.1	36.4	989	14.5%	1.8	11.0	Kowloon City, Yau Tsim
KEC	644	11.8%	0.6	4.1	2 613	11.0%	2.4	16.6	706	10.4%	0.6	4.5	Kwun Tong, Sai Kung
KWC	1 318	24.1%	0.7	4.2	5 608	23.6%	2.9	17.7	1 566	23.0%	0.8	4.9	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	881	16.1%	0.7	5.5	3 897	16.4%	3.1	24.2	1 081	15.9%	0.9	6.7	Sha Tin, Tai Po, North
NTWC	723	13.2%	0.7	5.9	3 163	13.3%	2.9	26.0	831	12.2%	0.8	6.8	Tuen Mun, Yuen Long
Cluster Total	**5 462**	**100.0%**	**0.8**	**5.1**	**23 751**	**100.0%**	**3.3**	**22.3**	**6 818**	**100.0%**	**0.9**	**6.4**	

2015-16 (as at 31 December 2015)

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 population												Catchment districts
	Doctors	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	Nurses	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	Allied Health Staff	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	
HKEC	599	10.6%	0.8	4.2	2 607	10.7%	3.4	18.3	798	11.1%	1.0	5.6	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	629	11.1%	1.2	7.2	2 799	11.5%	5.3	32.0	918	12.8%	1.7	10.5	Central & Western, Southern
KCC	730	12.9%	1.4	7.7	3 323	13.6%	6.2	34.9	1 022	14.2%	1.9	10.7	Kowloon City, Yau Tsim
KEC	668	11.8%	0.6	4.1	2 667	10.9%	2.4	16.2	754	10.5%	0.7	4.6	Kwun Tong, Sai Kung
KWC	1 354	23.9%	0.7	4.1	5 689	23.3%	2.9	17.2	1 644	22.9%	0.8	5.0	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	921	16.3%	0.7	5.3	3 969	16.3%	3.1	23.0	1 172	16.3%	0.9	6.8	Sha Tin, Tai Po, North
NTWC	760	13.4%	0.7	5.8	3 326	13.6%	3.0	25.5	880	12.2%	0.8	6.7	Tuen Mun, Yuen Long
Cluster Total	**5 660**	**100%**	**0.8**	**5.0**	**24 381**	**100%**	**3.3**	**21.7**	**7 189**	**100%**	**1.0**	**6.4**	

Notes:

The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.

The tables below set out the number and ratio of general beds in HA per 1 000 population by hospital clusters in 2014-15, 2015-16 and 2016-17.

2014-15

Hospital Cluster	**Number of general beds**	**% of overall HA**	**Number of general beds per 1 000 geographical population of catchment districts**	**Number of general beds per 1 000 geographical population aged 65 or above of catchment districts**	**Catchment districts**
HKEC	2 044	9.6%	2.6	15.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 860	13.4%	5.4	34.3	Central & Western, Southern
KCC	3 029	14.2%	5.7	33.7	Kowloon City, Yau Tsim
KEC	2 295	10.8%	2.1	14.6	Kwun Tong, Sai Kung
KWC	5 244	24.6%	2.7	16.5	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 539	16.6%	2.8	22.0	Sha Tin, Tai Po, North
NTWC	2 326	10.9%	2.1	19.1	Tuen Mun, Yuen Long
Overall HA	**21 337**	**100.0%**	**2.9**	**20.0**	

2015-16

Hospital Cluster	**Number of general beds (Revised Estimate)**	**% of overall HA**	**Number of general beds per 1 000 geographical population of catchment districts**	**Number of general beds per 1 000 geographical population aged 65 or above of catchment districts**	**Catchment districts**
HKEC	2 065	9.6%	2.7	14.5	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 860	13.2%	5.4	32.7	Central & Western, Southern
KCC	3 029	14.0%	5.6	31.9	Kowloon City, Yau Tsim
KEC	2 331	10.8%	2.1	14.1	Kwun Tong, Sai Kung
KWC	5 244	24.3%	2.7	15.9	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 610	16.7%	2.8	21.0	Sha Tin, Tai Po, North
NTWC	2 448	11.3%	2.2	18.7	Tuen Mun, Yuen Long
Overall HA	**21 587**	**100.0%**	**3.0**	**19.2**	

2016-17

Hospital Cluster	Number of general beds (Estimate)	% of overall HA	Number of general beds per 1 000 geographical population of catchment districts	Number of general beds per 1 000 geographical population aged 65 or above of catchment districts	Catchment districts
HKEC	2 085	9.6%	2.7	14.1	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 860	13.1%	5.5	31.3	Central & Western, Southern
KCC	3 053	14.0%	5.7	30.8	Kowloon City, Yau Tsim
KEC	2 347	10.8%	2.1	13.7	Kwun Tong, Sai Kung
KWC	5 244	24.1%	2.7	15.4	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 672	16.8%	2.8	20.0	Sha Tin, Tai Po, North
NTWC	2 537	11.6%	2.2	18.2	Tuen Mun, Yuen Long
Overall HA	**21 798**	**100.0%**	**3.0**	**18.6**	

Notes:

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

It should be noted that the ratios of doctors, nurses, allied health professionals and general beds per 1 000 population vary among clusters and the variances cannot be used to compare the level of service provision directly among the clusters because:

(a) in planning for its services, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors considered;

(b) patients may receive treatment in hospitals other than those in their own residential districts; and

(c) some specialised services are available only in certain hospitals, and hence certain clusters and the beds in these clusters are providing services for patients throughout the territory.

It should also be noted that the above bed information refers only to the general beds in HA, while those of infirmary, mentally ill and mentally handicapped beds are not included given their specific nature.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0632)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please list by cluster (including all clusters as a whole and a breakdown by cluster) the number of new and follow-up attendances of the specialist outpatient services under the Hospital Authority in 2014-15, 2015-16 and 2016-17 (Estimate) as well as the average cost per specialist outpatient attendance.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 45)

Reply:

The tables below set out the number of new and follow-up attendances of the specialist out-patient (SOP) services by hospital cluster under the Hospital Authority (HA), by major specialty and their respective total in 2014-15, 2015-16 (up to 31 December 2015) and 2016-17 (Estimate). Breakdown of estimated attendances by specialty in 2016-17 is not yet available.

2014-15

	Cluster / Major Specialty	**ENT**	**GYN**	**MED**	**OBS**	**OPH**	**ORT**	**PAE**	**PSY**	**SUR**	**All specialties**
SOP 1st attendances	HKEC	7 007	4 121	10 058	3 854	11 723	7 482	1 216	2 682	10 506	**68 650**
	HKWC	5 463	5 473	9 474	8 801	8 981	8 925	3 141	2 440	11 655	**77 375**
	KCC	10 777	4 360	8 071	11 747	19 517	5 151	2 027	2 306	12 892	**93 448**
	KEC	8 078	6 403	13 471	4 335	15 424	12 050	3 281	4 572	19 718	**107 745**
	KWC	13 146	10 063	23 262	13 512	17 964	15 737	6 513	9 302	27 891	**154 173**
	NTEC	12 360	9 109	15 424	16 308	17 195	14 909	3 364	5 895	17 495	**129 674**
	NTWC	8 436	5 475	6 876	2 877	17 705	8 428	1 930	4 260	14 326	**81 435**
	Overall	**65 267**	**45 004**	**86 636**	**61 434**	**108 509**	**72 682**	**21 472**	**31 457**	**114 483**	**712 500**

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
SOP Follow-up attendances	HKEC	31 977	22 734	245 429	19 218	122 708	55 684	13 992	79 292	68 013	**738 087**
	HKWC	27 052	39 139	229 750	29 748	71 873	57 030	33 691	57 996	123 793	**774 451**
	KCC	46 936	28 552	199 412	60 385	207 709	52 587	34 026	63 952	85 393	**933 143**
	KEC	25 013	33 124	169 464	30 298	116 281	64 429	34 066	89 859	72 965	**688 056**
	KWC	56 990	52 245	557 197	69 307	128 693	116 628	50 919	213 610	153 913	**1 520 000**
	NTEC	41 221	38 753	276 752	32 513	149 106	92 827	34 435	121 651	76 316	**991 915**
	NTWC	30 295	24 514	191 157	48 198	143 354	60 152	27 121	138 306	68 595	**833 628**
	Overall	**259 484**	**239 061**	**1 869 161**	**289 667**	**939 724**	**499 337**	**228 250**	**764 666**	**648 988**	**6 479 280**
SOP Total attendances	HKEC	38 984	26 855	255 487	23 072	134 431	63 166	15 208	81 974	78 519	**806 737**
	HKWC	32 515	44 612	239 224	38 549	80 854	65 955	36 832	60 436	135 448	**851 826**
	KCC	57 713	32 912	207 483	72 132	227 226	57 738	36 053	66 258	98 285	**1 026 591**
	KEC	33 091	39 527	182 935	34 633	131 705	76 479	37 347	94 431	92 683	**795 801**
	KWC	70 136	62 308	580 459	82 819	146 657	132 365	57 432	222 912	181 804	**1 674 173**
	NTEC	53 581	47 862	292 176	48 821	166 301	107 736	37 799	127 546	93 811	**1 121 589**
	NTWC	38 731	29 989	198 033	51 075	161 059	68 580	29 051	142 566	82 921	**915 063**
	Overall	**324 751**	**284 065**	**1 955 797**	**351 101**	**1 048 233**	**572 019**	**249 722**	**796 123**	**763 471**	**7 191 780**

2015-16* (up to 31 December 2015) [Provisional Figures]

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
SOP 1st attendances	HKEC	5 622	2 579	11 754	2 835	8 910	5 324	889	2 075	8 130	**51 802**
	HKWC	4 593	4 202	9 398	6 945	5 936	6 037	2 581	2 265	10 055	**58 695**
	KCC	8 888	3 283	7 731	8 742	15 354	4 368	1 525	1 635	10 589	**72 845**
	KEC	5 839	4 901	12 880	3 428	11 198	10 198	2 666	3 678	17 957	**82 525**
	KWC	10 910	8 145	20 207	9 794	14 043	12 701	4 694	9 533	25 336	**122 610**
	NTEC	9 880	7 169	13 006	12 729	13 800	11 432	2 906	5 397	15 290	**100 221**
	NTWC	7 248	3 708	8 601	1 995	13 790	6 883	1 318	3 476	13 306	**64 006**
	Overall	**52 980**	**33 987**	**83 577**	**46 468**	**83 031**	**56 943**	**16 579**	**28 059**	**100 663**	**552 704**
SOP Follow-up attendances	HKEC	26 294	14 726	197 968	14 120	90 303	41 669	10 598	59 300	57 708	**558 252**
	HKWC	21 795	30 835	188 340	24 393	61 900	41 967	26 109	44 725	95 368	**601 926**
	KCC	34 462	23 003	161 499	40 231	160 302	41 183	26 507	48 886	69 596	**703 611**
	KEC	20 195	26 222	145 203	22 307	91 311	50 708	26 971	70 426	63 410	**536 724**
	KWC	43 394	40 778	438 742	52 588	106 791	90 352	40 327	165 460	128 181	**1 164 981**
	NTEC	31 314	31 480	227 045	24 857	117 737	69 972	28 170	95 539	65 153	**763 502**
	NTWC	23 438	21 110	166 631	31 121	111 635	48 347	21 936	105 547	60 896	**643 534**
	Overall	**200 892**	**188 154**	**1 525 428**	**209 617**	**739 979**	**384 198**	**180 618**	**589 883**	**540 312**	**4 972 530**
SOP Total attendances	HKEC	31 916	17 305	209 722	16 955	99 213	46 993	11 487	61 375	65 838	**610 054**
	HKWC	26 388	35 037	197 738	31 338	67 836	48 004	28 690	46 990	105 423	**660 621**
	KCC	43 350	26 286	169 230	48 973	175 656	45 551	28 032	50 521	80 185	**776 456**
	KEC	26 034	31 123	158 083	25 735	102 509	60 906	29 637	74 104	81 367	**619 249**
	KWC	54 304	48 923	458 949	62 382	120 834	103 053	45 021	174 993	153 517	**1 287 591**
	NTEC	41 194	38 649	240 051	37 586	131 537	81 404	31 076	100 936	80 443	**863 723**
	NTWC	30 686	24 818	175 232	33 116	125 425	55 230	23 254	109 023	74 202	**707 540**

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
	Overall	**253 872**	**222 141**	**1 609 005**	**256 085**	**823 010**	**441 141**	**197 197**	**617 942**	**640 975**	**5 525 234**

* Starting 2015-16, SOP (clinical) attendances also include those from nurse clinics in SOP setting for the following specialties: ENT, GYN, MED, OPH, ORT, PAE, PSY and SUR.

2016-17 (Estimate)

	Cluster	All specialties
SOP 1st attendances	HKEC	68 300
	HKWC	77 600
	KCC	95 000
	KEC	110 100
	KWC	156 400
	NTEC	130 100
	NTWC	82 500
	Overall	**720 000**
SOP Follow-up attendances	HKEC	738 000
	HKWC	782 600
	KCC	933 000
	KEC	695 300
	KWC	1 529 800
	NTEC	993 400
	NTWC	837 900
	Overall	**6 510 000**
SOP Total attendances	HKEC	806 300
	HKWC	860 200
	KCC	1 028 000
	KEC	805 400
	KWC	1 686 200
	NTEC	1 123 500
	NTWC	920 400
	Overall	**7 230 000**

The table below sets out the average cost per SOP attendance for major specialties by hospital cluster under HA for 2014-15.

Specialty	Average cost per SOP attendance ($)							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
ENT	785	805	855	935	650	1,110	900	**855**
O&G	1,070	1,120	795	910	760	745	960	**875**
MED	1,830	1,930	2,610	2,180	1,790	2,160	2,140	**2,030**
OPH	555	525	580	565	565	630	555	**575**
ORT	940	930	835	900	885	1,090	1,060	**955**

PAE	1,390	1,870	1,690	1,190	1,310	1,370	1,150	**1,420**
PSY	1,120	1,160	1,240	1,170	1,150	1,330	1,370	**1,230**
SUR	1,320	1,540	1,030	1,320	1,270	1,340	1,410	**1,320**
SOP (overall)	**1,120**	**1,290**	**1,090**	**1,020**	**1,110**	**1,210**	**1,110**	**1,130**

The table below sets out the projected average cost per SOP attendance by hospital cluster in 2015-16. The breakdown by specialty is not yet available.

	Projected average cost per SOP attendance ($)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
Projected overall average cost per SOP attendance	1,190	1,380	1,170	1,090	1,190	1,270	1,180	1,210

The estimated average cost per SOP attendance is $1,250 in 2016-17. The breakdown by hospital cluster and specialty is not yet available.

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

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

The average cost also varies among different clusters owing to the varying complexity of the conditions of patients and the different diagnostic services, treatments and prescriptions required. Besides, the service costs vary among different clusters due to different case-mix, i.e. the mix of patients of different conditions in the clusters, which may differ according to population profile and other factors, including specialisation of the specialties in the clusters. Hence, clusters with greater number of patients with more complex conditions or requiring more costly treatment will incur a higher average cost. Therefore, the average cost per SOP attendance cannot be directly compared among different clusters or specialties.

Abbreviations

Specialty:
ENT – Ear, Nose & Throat
GYN – Gynaecology
MED – Medicine

O&G – Obstetrics & Gynaecology
OBS – Obstetrics
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology
PAE – Paediatrics
PSY – Psychiatry
SUR – Surgery

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

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)132

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0633)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please list the total number and total annual remuneration packages (including basic salary, allowances, contributions for retirement schemes and other benefits) for the Chief Executive, Directors, Deputy Directors, Heads, Cluster Chief Executives and Hospital Chief Executives of the Hospital Authority for the period of 2014-15 and 2015-16.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 46)

Reply:

The table below sets out the number and remunerations (including salaries, allowances, contributions for retirement schemes and other benefits) of the Chief Executive, Directors, Deputy Directors, Heads, Cluster Chief Executives and Hospital Chief Executives of the Hospital Authority in 2014-15. The actual expenditure in 2015-16 will only be available after the close of the current financial year.

Rank	**Number**	**Remunerations for 2014-15**
Chief Executive	1	$5.3 million
Directors / Deputy Directors / Heads / Cluster Chief Executives	14	$56.0 million
Hospital Chief Executives	20	$67.3 million

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)133

CONTROLLING OFFICER'S REPLY

(Question Serial No.0634)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under "Matters Requiring Special Attention in 2016-17" that the Government will "continue to manage the Health and Medical Research Fund (HMRF) which aims to promote research and development, build research capacity and generate evidence-based knowledge in public health and medical services by funding research projects and facilities in areas of advanced medical research." Please provide details of the operation of the Fund in 2014-15 and 2015-16, including the numbers of applications accepted and research projects funded, and the total amount of funding.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 48)

On 9 December 2011, the Finance Committee of the Legislative Council approved a new commitment of $1,415 million for setting up the Health and Medical Research Fund (HMRF), by consolidating the former Health and Health Services Research Fund (HHSRF) and the Research Fund for the Control of Infectious Diseases (RFCID), with a broadened scope for funding health and medical research in Hong Kong. Research projects funded under the former HHSRF and the RFCID have been subsumed under the HMRF.

The HMRF aims to build research capacity and to encourage, facilitate and support health and medical research to inform health policies, improve population health, strengthen the health system, enhance healthcare practices, advance standard and quality of care, and promote clinical excellence, through generation and application of evidence-based scientific knowledge derived from local research in health and medicine. It provides funding support for health and medical research activities, research infrastructure and research capacity building in Hong Kong in various forms, including investigator-initiated research projects and government-commissioned research programmes.

The number of applications received and projects approved under the HMRF and the total amount of approved funding in 2014-15 and 2015-16 are as follows:

	Number of applications received	**Number of research projects approved**	**Total amount of approved funding (in $million)**
2014-15	905	264	304.4
2015-16	1059	178	222.2

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0635)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

(a) Please list by specialty and cluster (including all clusters as a whole and a breakdown by cluster) the number of general inpatient beds, bed occupancy rate, number of attendances, number of patients, number of patient days, average length of stay, cost per inpatient discharged and cost per patient day of services under the Hospital Authority in 2014-15, 2015-16 and 2016-17 (Estimate).

(b) Please explain the computation of bed occupancy rate (e.g. calculating on the basis of occupancy time or number of attendances).

(c) Please list by cluster, hospital, month and specialty the bed occupancy rate in the past year in table form.

Hospital		January	February	……	Annual average
	Medicine				
	Surgery				
	……				
Cluster		January	February	……	Annual average
	Medicine				
	Surgery				
	……				

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 49)

Reply:

(a) and (c)

The table below sets out (i) the number of hospital beds, (ii) inpatient (IP) bed occupancy rate, (iii) number of inpatient discharges and deaths (IP D&D), (iv) number of day inpatient discharges and deaths (DP D&D), (v) number of patient days and (vi) inpatient average length of stay (IP ALOS) by major specialties in each cluster under the Hospital Authority (HA) in 2014-15, 2015-16 (up to 31 December 2015). For 2016-17 (Estimate), the relevant information for all general specialty is also provided below but the figures by specialty are not yet available.

2014-15

	Cluster							All clusters
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
All General (acute & convalescent) Specialties								
Number of hospital beds[#]	2 044	2 860	3 029	2 295	5 244	3 539	2 326	**21 337**
IP bed occupancy rate	87%	75%	92%	88%	86%	89%	97%	**88%**
IP D&D	109 752	112 767	125 280	125 013	266 613	164 214	132 312	**1 035 951**
DP D&D	69 995	84 197	80 851	50 849	110 510	100 852	74 166	**571 420**
Patient days	642 082	732 389	1 002 237	706 339	1 509 771	1 112 026	804 164	**6 509 008**
IP ALOS (days)	5.3	5.8	7.3	5.2	5.2	6.1	5.5	**5.7**
Gynaecology								
Number of hospital beds[#]	40	78	29	79	139	60	63	**488**
IP bed occupancy rate	91%	57%	96%	54%	92%	74%	110%	**77%**
IP D&D	3 720	4 300	4 233	5 663	10 971	4 225	6 213	**39 325**
DP D&D	1 917	4 982	2 958	1 560	6 541	4 073	8 592	**30 623**
Patient days	10 249	16 559	13 141	14 871	27 707	13 289	20 251	**116 067**
IP ALOS (days)	2.2	2.6	2.4	2.3	1.9	2.1	1.9	**2.1**
Medicine								
Number of hospital beds[#]	902	956	1 092	1 138	2 262	1 411	1 001	**8 762**
IP bed occupancy rate	90%	87%	105%	96%	98%	101%	105%	**98%**
IP D&D	48 902	45 394	45 151	60 204	114 126	66 181	51 010	**430 968**
DP D&D	23 459	34 895	24 453	30 508	46 800	37 364	25 562	**223 041**
Patient days	299 522	299 356	401 507	393 388	766 696	514 406	381 483	**3 056 358**
IP ALOS (days)	5.2	5.7	8.2	5.6	6.0	7.0	6.7	**6.3**

	Cluster							All clusters
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Obstetrics								
Number of hospital beds[#]	62	89	130	81	254	145	70	**831**
IP bed occupancy rate	84%	62%	75%	63%	69%	65%	94%	**71%**
IP D&D	3 825	5 678	7 932	5 834	14 318	9 233	8 466	**55 286**
DP D&D	1 255	1 462	8 203	1 155	5 307	3 714	4 341	**25 437**
Patient days	15 900	18 051	34 650	18 427	47 151	31 037	28 300	**193 516**
IP ALOS (days)	3.8	2.9	3.3	2.9	2.9	2.9	2.8	**3.0**
Orthopaedics & Traumatology								
Number of hospital beds[#]	186	328	306	256	513	456	342	**2 387**
IP bed occupancy rate	94%	73%	106%	92%	90%	90%	88%	**90%**
IP D&D	9 982	9 266	9 000	11 595	22 949	16 482	10 354	**89 628**
DP D&D	8 380	1 227	786	1 074	5 217	2 868	2 257	**21 809**
Patient days	62 897	71 323	111 145	83 255	161 094	150 230	104 421	**744 365**
IP ALOS (days)	5.3	7.7	11.7	6.2	6.5	8.7	9.3	**7.7**
Paediatrics								
Number of hospital beds[#]	54	183	124	110	354	183	84	**1 092**
IP bed occupancy rate	75%	68%	68%	71%	65%	80%	93%	**72%**
IP D&D	4 215	5 395	6 225	10 592	19 555	12 067	7 742	**65 791**
DP D&D	522	7 277	3 222	466	7 242	5 041	1 578	**25 348**
Patient days	13 872	39 369	30 495	27 467	67 049	48 356	30 023	**256 631**
IP ALOS (days)	3.3	5.2	4.7	2.3	2.8	3.7	3.6	**3.4**
Surgery								
Number of hospital beds[#]	262	597	295	336	723	426	318	**2 957**
IP bed occupancy rate	86%	73%	96%	86%	71%	93%	87%	**82%**
IP D&D	16 157	21 105	16 417	21 998	42 778	21 360	18 521	**158 336**
DP D&D	15 340	23 297	12 645	7 752	21 795	18 298	16 553	**115 680**
Patient days	82 775	145 551	97 506	101 837	187 588	142 524	100 317	**858 098**
IP ALOS (days)	3.9	5.3	5.0	4.0	3.7	5.5	4.2	**4.4**

Number of hospital beds as at 31 March 2015

2015-16 (up to 31 December 2015) [Provisional Figures]

	Cluster							All clusters
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescent) Specialties								
Number of hospital beds @	2 065	2 860	3 029	2 331	5 244	3 610	2 448	**21 587**
IP bed occupancy rate	86%	75%	89%	90%	87%	88%	100%	**88%**
IP D&D	82 087	83 465	95 760	94 282	201 847	125 921	102 162	**785 524**
DP D&D	54 108	67 496	61 781	40 629	84 281	80 182	57 036	**445 513**
Patient days	483 136	556 516	742 795	547 342	1 133 690	846 959	644 660	**4 955 098**
IP ALOS (days)	5.3	5.9	7.2	5.4	5.2	6.2	5.7	**5.8**
Gynaecology								
Number of hospital beds ^	40	78	29	79	139	52	64	**481**
IP bed occupancy rate	95%	59%	93%	57%	86%	75%	106%	**77%**
IP D&D	2 903	3 292	3 320	4 318	8 353	3 213	4 763	**30 162**
DP D&D	1 514	4 049	2 521	1 099	4 889	3 254	5 811	**23 137**
Patient days	8 020	13 110	9 926	11 756	20 925	10 222	14 246	**88 205**
IP ALOS (days)	2.2	2.6	2.2	2.5	1.9	2.1	1.8	**2.1**
Medicine								
Number of hospital beds ^	940	969	1 075	1 170	2 282	1 482	1 112	**9 030**
IP bed occupancy rate	90%	87%	103%	97%	96%	100%	107%	**97%**
IP D&D	35 699	33 640	34 621	44 345	85 714	51 607	39 262	**324 888**
DP D&D	19 160	27 469	19 513	24 803	36 514	30 080	20 203	**177 742**
Patient days	226 567	228 541	297 167	303 504	570 773	394 241	308 912	**2 329 705**
IP ALOS (days)	5.3	5.8	7.9	5.9	6.0	6.9	7.0	**6.3**
Obstetrics								
Number of hospital beds ^	62	89	125	81	251	124	76	**808**
IP bed occupancy rate	85%	62%	71%	63%	67%	63%	93%	**70%**
IP D&D	2 900	4 158	5 817	4 479	10 430	6 853	6 313	**40 950**
DP D&D	754	960	5 428	803	4 015	2 802	2 899	**17 661**
Patient days	11 728	13 324	24 286	13 686	33 347	22 918	20 820	**140 109**
IP ALOS (days)	3.8	3.0	3.2	2.8	2.8	2.9	2.8	**3.0**

	Cluster							All clusters
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Orthopaedics & Traumatology								
Number of hospital beds^	196	328	296	256	513	486	359	**2 434**
IP bed occupancy rate	88%	72%	103%	99%	89%	85%	91%	**89%**
IP D&D	7 485	6 722	7 361	9 395	17 519	13 046	8 535	**70 063**
DP D&D	4 262	1 123	671	772	4 200	2 262	1 792	**15 082**
Patient days	43 857	56 564	83 469	65 459	120 251	110 607	85 170	**565 377**
IP ALOS (days)	5.1	7.8	11.3	6.0	6.2	8.2	9.2	**7.5**
Paediatrics								
Number of hospital beds^	54	183	124	110	350	183	84	**1 088**
IP bed occupancy rate	81%	66%	69%	75%	69%	80%	95%	**74%**
IP D&D	3 054	3 886	4 833	7 692	14 353	8 701	5 804	**48 323**
DP D&D	268	5 482	2 578	340	5 628	4 353	1 251	**19 900**
Patient days	11 193	29 014	23 447	21 683	50 840	36 797	23 169	**196 143**
IP ALOS (days)	3.5	5.8	4.6	2.5	2.8	3.4	3.5	**3.4**
Surgery								
Number of hospital beds^	244	597	295	340	716	453	338	**2 983**
IP bed occupancy rate	81%	71%	95%	88%	77%	96%	96%	**84%**
IP D&D	12 288	15 179	12 909	16 962	32 698	16 642	14 982	**121 660**
DP D&D	12 859	17 453	9 644	5 723	16 844	14 203	13 141	**89 867**
Patient days	61 844	105 786	74 065	78 558	142 847	111 422	85 734	**660 256**
IP ALOS (days)	3.7	5.2	4.7	4.0	3.6	5.5	4.5	**4.4**

@ Number of hospital beds as at 31 March 2016 (Revised estimate)
^ Number of hospital beds as at 31 December 2015

2016-17 (Estimate)

	Cluster							All clusters
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
All General (acute & convalescent) Specialties								
Number of hospital beds $^{\Delta}$	2 085	2 860	3 053	2 347	5 244	3 672	2 537	**21 798**
IP bed occupancy rate	87%	75%	92%	88%	86%	89%	97%	**88%**
IP D&D	110 450	113 410	128 470	128 740	268 050	168 170	135 510	**1 052 800**
DP D&D	70 530	110 200	81 250	53 650	114 240	102 510	76 720	**609 100**
Patient days	646 130	761 900	1 006 350	725 650	1 525 540	1 164 610	825 920	**6 656 100**
IP ALOS (days)	5.3	5.8	7.3	5.2	5.2	6.1	5.5	**5.7**

Δ Number of hospital beds as at 31 March 2017

The table below sets out the average cost per general (acute & convalescent) IP D&D and average cost per general (acute & convalescent) patient day for each major specialty by hospital clusters for 2014-15.

2014-15

Specialty	**HKEC**	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
Average cost per IP D&D – General (acute & convalescent) ($)								
Obstetrics & Gynaecology	18,230	13,770	11,110	17,120	12,270	14,050	7,800	**12,670**
Medicine	20,360	22,040	27,820	20,190	20,890	23,060	22,740	**22,180**
Orthopaedics & Traumatology	21,760	36,190	46,350	31,180	30,460	36,270	41,570	**34,200**
Paediatrics	18,340	39,830	29,010	18,890	19,980	22,800	20,890	**23,200**
Surgery	19,190	27,690	24,850	21,380	21,070	27,840	20,990	**23,120**
Overall average cost	**21,440**	**27,080**	**29,020**	**22,300**	**21,970**	**24,910**	**21,680**	**23,830**
Average cost per patient day – General (acute & convalescent) ($)								
Obstetrics & Gynaecology	6,940	6,320	5,310	7,060	6,060	6,580	5,050	**6,070**
Medicine	3,940	4,360	3,560	3,660	3,540	3,470	3,510	**3,660**
Orthopaedics & Traumatology	4,710	4,870	3,810	4,460	4,640	4,140	4,310	**4,380**
Paediatrics	6,030	7,180	5,810	5,960	5,770	5,570	4,960	**5,860**
Surgery	5,950	5,910	5,650	5,450	6,260	5,610	5,790	**5,840**

Specialty	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Overall average cost	**4,690**	**5,410**	**4,330**	**4,610**	**4,550**	**4,490**	**4,370**	**4,600**

The table below sets out the projected average cost per general (acute & convalescent) IP D&D and average cost per general (acute & convalescent) patient day by hospital cluster in 2015-16. The breakdown by different specialties is not yet available.

2015-16 Revised Estimate

	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Overall average cost per IP D&D ($)	23,400	28,800	30,250	24,390	23,820	27,770	24,290	**25,920**
Overall average cost per patient day ($)	5,110	5,850	4,600	5,040	4,920	4,860	4,900	**5,000**

The estimated average cost per general (acute & convalescent) IP D&D and average cost per general (acute & convalescent) patient day for 2016-17 are $26,580 and $5,110 respectively. The breakdown of information by hospital cluster and specialty is not yet available.

Notes:

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

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

(iii) HA organises clinical services on a cluster basis. The patient journey may involve different points of care within the same cluster. Activity indicators such as IP bed occupancy rate should be interpreted at cluster level.

(iv) On IP bed occupancy rate, the yearly averages for individual major specialties, which are the usual reference for planning and review of service utilisation, are provided instead of the monthly average figures.

(v) It should be noted that IP ALOS varies among different cases within and between different specialties owing to the varying complexity of the conditions of patients who may require different diagnostic services and treatments. Both IP bed occupancy rate and IP ALOS also vary among different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to population profile and other factors, including hospital bed complement and specialisation of the specialties in the cluster. Therefore the figures cannot be directly compared among different clusters or specialties.

(vi) The IP service costs include direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as anaesthetic and operating theatre, pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment). The average cost per patient day and average cost per IP D&D of individual cluster represent an average computed with reference to its total costs of the respective IP service and the corresponding activities (in terms of patient days and IP D&D) provided.

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

(viii) The average cost per patient day and average cost per IP D&D vary among different clusters owing to the varying complexity of conditions of patients and different diagnostic services, treatments and prescriptions required as well as length of stay of patients in the clusters. The service costs also vary among different clusters due to different case-mix, i.e. the mix of patients of different conditions in the clusters, which may differ according to the population profile and other factors, including specialisation of the specialties in the clusters. Hence, clusters with greater number of patients or heavier load of patients having more complex conditions or requiring more costly treatment would incur a higher service cost. Therefore, the service costs cannot be directly compared among clusters or specialties.

(b) IP bed occupancy rate is calculated as the percentage of time an IP bed is being occupied throughout the reporting period.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0636)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

(a) What are the costs per dose of seasonal influenza vaccine, 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV);

(b) Please provide details about the number of private medical practitioners participating in the Elderly Vaccination Subsidy Scheme (EVSS), and the numbers of seasonal influenza and 23vPPV vaccinations given in 2014, 2015 and 2016.

(c) Please provide details about the amount of subsidies provided for each dose of seasonal influenza vaccine and 23vPPV in 2014, 2015 and 2016.

(d) Please provide details about the number of hospital admissions caused by infections with seasonal influenza and pneumonia with a breakdown by age group in 2014, 2015 and the first 2 months of 2016;

(e) Will PCV13 will be included in the EVSS in the future; if yes, the estimated annual expenditures; if no, the reason(s); and

(f) details of the publicity work and expenditures for the EVSS from 2009 to 2016 and the assessment on its effectiveness.

Asked by: Hon LEUNG Ka-lau (Member Question No. 50)

Reply:

(a) The quantities and contract price of seasonal influenza vaccine, 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV) procured under the Government Vaccination Programme (GVP) are as follows -

Vaccine	Number of doses	Total Vaccine Cost $ million
Seasonal influenza vaccine for 2015-16 season	400 000*	21.0
PCV13 (current contract)	230 000	81.8
23vPPV (current contract)	17 500	1.4

*as at 7 March 2016

(b) The number of private medical practitioners participating in Elderly Vaccination Subsidy Scheme (EVSS) and the numbers of seasonal influenza and 23vPPV vaccinations given in the past 3 vaccination seasons are as follows -

Number of private doctors enrolled under EVSS

	2013-14 (as at 31 March 2014)	**2014-15 (as at 31 March 2015)**	**2015-16 (as at 28 Feb 2016)**
Number of enrolled private doctors	1 567	1 628	1 633

Number of seasonal influenza vaccination and 23vPPV vaccination provided under EVSS

	2013-14	**2014-15**	**2015-16 (as at 28 Feb 2016)**
No. of seasonal influenza vaccination	160 100	179 500	132 700
No. of 23vPPV vaccination	22 800	24 400	12 900

(c) The subsidy for seasonal influenza vaccine under EVSS was $130 per dose for 2013-14 vaccination season and has been raised to $160 per dose for the 2014-15 and 2015-16 vaccination seasons. The subsidy for pneumococcal vaccination under EVSS is $190 per dose for the 2013-14, 2014-15 and 2015-16 vaccination seasons.

(d) According to data provided by the Hospital Authority (HA), the total numbers of hospital admissions for influenza (including ICD-9 diagnosis codes starting with 487) in 2014, 2015 and the first 2 months of 2016 were 5 425, 10 363 and 1 787 episodes respectively. The total numbers of hospital admissions for pneumonia (including ICD-9 diagnosis codes 480 – 486 and 487.0) for the same period were 74 454, 75 912 and 14 224 respectively. Age breakdown for the above figures is set out in the tables below.

Number of hospital admissions for influenza in public hospitals (Data from HA)

Year	Influenza			
	0-4 years	5-64 years	≥65 years	Total
2014	1 262	2 119	2 044	5 425
2015	1 262	2 490	6 611	10 363
2016 (as of 27 Feb)	658	741	388	1 787

Number of hospital admissions for pneumonia (including pneumonia caused by influenza) in public hospitals (Data from HA)

Year	Pneumonia			
	0-4 years	5-64 years	≥65 years	Total
2014	4 195	13 347	56 912	74 454
2015	3 449	13 202	59 261	75 912
2016 (as of 27 Feb)	864	2 528	10 832	14 224

According to data provided by private hospitals, there were 2 579 episodes of in-patient discharges and deaths due to influenza (including ICD-10 diagnosis codes J9 - J11) in 2014. The total number of in-patient discharges and deaths for pneumonia (including ICD-10 diagnosis codes J12-J18) in 2014 was 3 416. Age breakdown for the above figures is provided in the table below. The relevant data for 2015 and 2016 are not available yet.

Number of in-patient discharges and deaths in private hospitals in 2014 (Data from private hospitals)

Age group	Influenza (ICD10: J09-J11)	Pneumonia (ICD10: J12-J18)
0-4 years	1 193	1 156
5-64 years	1 293	1 543
≥65 years	93	717
Total	2 579	3 416

(e) The Scientific Committee for Vaccine Preventable Diseases (SCVPD) of the Centre for Health Protection met in December 2015 and discussed the use of Pneumoccocal Vaccines. The Department of Health (DH) is studying the latest recommendations of SCVPD in order to consider whether any updated arrangement on pneumococcal vaccination is needed.

(f) In the past years, the Government has arranged a series of publicity activities to promote vaccination, in particular to the targeted high risk groups. Publicity has been done through Announcements in the Public Interest in mass media; advertisements on the MTR, public buses, newspapers, magazines and on-line apps; promotion on websites; and collaboration with community partners, District Councils and non-governmental organisations to encourage vaccination in the 2015-16 season. A series of press briefings was held to encourage Hong Kong residents to receive seasonal influenza vaccination. Moreover, senior government officials and Members of the Legislative Council had received seasonal influenza vaccination in person to promote vaccination to public. Press releases were issued to update the general public about seasonal influenza situation and remind them to have early vaccination. In addition, specialists attended media interviews to explain the benefits and the necessity of receiving seasonal influenza vaccination.

The expenditure on the publicity and public education on the prevention of influenza cannot be separately identified as it has been absorbed as part of the overall expenditure for health promotion under the DH.

The total number of elders receiving seasonal influenza vaccination under GVP and EVSS as at 28 February 2016 for the 2015-16 vaccination season has exceeded that of the whole vaccination season in 2014-15 by 78 600 (around 21.1% higher). As the 2015-16 vaccination season is yet to end, it is expected that the number of vaccination would continue to increase in the remaining months of the season. The publicity work of vaccination schemes has been generally effective in bringing about the increase in the number of seasonal influenza vaccination under the schemes.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No.2888)

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

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in paragraph 133 of the Budget Speech that the Government will allocate $10 billion to the Hospital Authority (HA) to set up a fund to generate investment returns for enhancing public-private partnership (PPP) initiatives.

Please advise on the following:

(1) What are the operational details of the fund, including the composition of its governing body (for example, whether the Government will set up an independent regulatory body or contract out the fund's management to a private company), its investments, its target average annual rate of return, and the percentage of investment return to be used for the implementation of the PPP initiatives?

(2) Will there be any adjustment measures to stabilise the source of funding for the PPP initiatives in years with fluctuating investment returns?

(3) What are the details of the programmes to be launched under the PPP initiatives, the funding for each programme, the number of beneficiaries, and the level of subsidy for each diagnostic service or medical procedure?

(4) Given the low participation rate of private doctors in previous PPP programmes launched by the HA, will the Government consider using the investment returns differently, such as directly subsidising members of the public in procuring private healthcare services, if the situation does not improve?

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 34)

Reply:

(1) & (2)

The Hospital Authority (HA) Public-Private Partnership (PPP) Fund Management Committee (the Committee) co-chaired by the Chief Executive of HA and the Food and Health Bureau (FHB)'s representative will be set up to oversee the use of investment returns for the HA PPP Fund to fund PPP initiatives under HA. HA will provide regular reports on the use of the PPP Fund and outcome of the PPP initiatives for monitoring by FHB. FHB will also brief the Legislative Council (LegCo) Panel on Health Services regularly on the progress of these PPP initiatives, including development of new initiatives to meet community demands. Annual audited financial statements on the PPP Fund will be prepared and tabled, together with the auditor's report, to the LegCo annually.

The $10 billion endowment fund will be placed with the Exchange Fund. The actual investment return on the placement each year will be tied to the average performance of the Investment Portfolio of the Exchange Fund over the past 6 years and can fluctuate from year to year depending on the investment environment and other relevant factors.

Although the general principle is that the operation of the HA PPP Fund will be funded by investment returns, the seed capital may also be used in response to special needs that may arise, taking into account the cash flow requirements of the PPP initiatives, the overall financial situation of the HA PPP Fund and the need to ensure prudent management of public funds.

(3)

The establishment of the HA PPP Fund aims to generate investment returns for regularising and enhancing existing clinical PPP programmes, as well as developing new clinical PPP initiatives in the future.

In line with the Government's healthcare reform proposals, HA has launched a variety of clinical PPP initiatives since 2008, including :

(i) Cataract Surgeries Programme (CSP) (launched in 2008)

This Programme aims to address service demand and improve access of HA patients to cataract surgeries through a PPP delivery model. Patients on HA clusters' routine cataract surgery waiting lists for a specified period are invited to undertake surgeries in the private sector on a voluntary basis with a fixed government subsidy.

(ii) Tin Shui Wai Primary Care Partnership Project (TSW PPP) (launched in 2008)

This Programme is a pilot PPP model for the delivery of primary care service and promotion of the family doctor concept in the community. The Programme purchases primary care services from private medical practitioners in the TSW district.

(iii) Haemodialysis Public-Private Partnership Programme (HD PPP) (launched in 2010)

Clinically suitable end stage renal disease patients are invited to join the Programme voluntarily. Recruited patients may receive HD treatment in one of the partner community HD centres of their choice. The HD services are procured from 6 qualified community HD centres.

(iv) Patient Empowerment Programme (PEP) (launched in 2010)

Suitable primary care chronic disease patients, mainly suffering from diabetes and hypertension, are referred by the HA to attend empowerment sessions. The empowerment sessions are procured from 3 non-governmental organisations in the community.

(v) Pilot Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (Radi Collaboration) (launched in 2012)

This Pilot Project aims at exploring a new operation model to cope with the increasing demand for cancer radiological investigation services through purchase of Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) services from the private sector. Subject to clinical eligibility screening, patients from selected cancer groups that are in need of CT/MRI examinations for sequential clinical management are invited to join the Pilot Project.

(vi) General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP) (launched in 2014)

The GOPC PPP Programme was launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts on a pilot basis in mid-2014. Clinically stable patients having hypertension with or without hyperlipidemia, and later diabetes mellitus patients, currently taken care of by HA GOPCs have been invited for voluntary participation. All private doctors practising in these 3 districts are welcome to participate in this Programme.

Each participating patient will receive up to 10 subsidised visits per year, including medical consultations covering both chronic and acute care; drugs for treating their chronic conditions and episodic illnesses to be received directly from private doctors at their clinics; and investigation services provided by HA as specified through private doctors' referral.

A roll-out plan for the Programme has been mapped out having considered the Government commitment, the initial positive feedback from the medical professional bodies, patients, private doctors, and staff as well as the community call for extension of the GOPC PPP to other districts. It is anticipated that the Programme will be extended to the remaining 15 districts of Hong Kong in 3 years, starting from 2016-17. The proposed roll-out plan is outlined as follows :

District	**2016-17**	**2017-18**	**2018-19**	**Cluster Applicable**
Central and Western		✓		HKWC
Eastern	✓			HKEC
Southern	✓			HKWC / HKEC
Wan Chai	✓			HKEC

Kowloon City	✓			KCC
Sham Shui Po	✓			KWC
Yau Tsim Mong			✓	KWC / KCC
Islands		✓		KWC / HKEC
Kwai Tsing	✓			KWC
North			✓	NTEC
Sai Kung	✓			KEC
Sha Tin	✓			NTEC
Tai Po		✓		NTEC
Tsuen Wan		✓		KWC
Yuen Long	✓			NTWC

In addition to the above existing programmes, 2 new PPP programmes are under planning :

(i) The Infirmary Service PPP Programme aims to enhance the choices of infirmary care services for patients on the Central Infirmary Waiting List managed by HA. 64 beds will be provided under this Programme.

(ii) Dovetailing with the Government's Colorectal Cancer Screening Pilot Programme, a Colonoscopy PPP Programme will be launched by HA to offer more choices to patients within the programme's clinical criteria.

In addition to the above programmes, new PPP initiatives to meet the emerging healthcare needs of the public and redress the imbalance between public and private healthcare services will continue to be explored.

The estimated expenditure of the clinical PPP initiatives in 2016-17 is as follows :

	2016-17 Estimated Annual Expenditure (in $ million)
GOPC PPP and its expansion	58
Other existing PPP programmes and enhancements	123
New initiatives and development	43
Technology and administration	15
Total:	239

The implementation progress of the existing PPP programmes in terms of estimated number of users is outlined below.

Programmes	Projected Progress in 2016-17
GOPC PPP* (N1)	10 000
Other Existing Programmes	
TSW PPP (N1)	1 618
HD PPP (N2)	204
CSP (N3)	17 699
PEP (N1)	112 031
Radi Collaboration (N4)	40 721

* Patient invitation starting July 2014
N1: Cumulative number of patients
N2: Cumulative capacity
N3: Cumulative number of surgeries
N4: Cumulative number of scans

(4)

HA will continue to monitor closely the implementation of clinical PPP programmes and will have regard to the responses from all stakeholders, including private doctors, for further enhancing the programmes

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2154)

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

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

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Please tabulate the estimated expenditures for 2016-17 in respect of the following units, with information on the establishment, ranks, salaries and related allowances for politically appointed officials and directorate civil servants, as well as the amount of personnel related expenses:

1. Health Branch
2. Healthcare Planning and Development Office under the Health Branch
3. eHealth Record Office under the Health Branch
4. Research Office under the Health Branch

Asked by: Hon LEUNG Kwok-hung (Member Question No. 2011)

Reply:
Details of the establishment and rank of the 12 civil service directorate posts under the respective units of the Health Branch and the estimated expenditures on salaries, job-related allowances and personnel-related expenses for such posts in 2016-17 are as follows –

Rank	**No. of Post**	**Estimated Expenditures in 2016-17**		
		Salaries ($'000)	**Job-related Allowances ($'000)**	**Personnel Related Expenses[1] ($'000)**
(a) Health Branch[2]				
Administrative Officer Staff Grade A1(D8)	1	3,152	0	0

Rank	No. of Post	Estimated Expenditures in 2016-17		
		Salaries ($'000)	Job-related Allowances ($'000)	Personnel Related Expenses[1] ($'000)
Administrative Officer Staff Grade B1 (D4)	1	2,528	0	0
Administrative Officer Staff Grade B (D3)	1	2,291	0	0
Administrative Officer Staff Grade C (D2)	3	5,838	0	0
Principal Executive Officer (D1)	1	1,566	0	0
(b) Healthcare Planning and Development Office				
Administrative Officer Staff Grade B (D3)	1	2,291	0	0
Administrative Officer Staff Grade C (D2)	1	1,859	0	211
(c) eHealth Record Office				
Administrative Officer Staff Grade B (D3)	1	2,360	0	0
Administrative Officer Staff Grade C (D2)	1	2,033	0	407
Chief Systems Manager (D1)	1	1,566	0	0
(d) Research Office				
Nil	-	-	-	-
Total	**12**			

[1] Including Government's contributions to Mandatory Provident Fund and Civil Service Provident Fund for eligible officers.

[2] Excluding posts in the Healthcare Planning and Development Office, eHealth Record Office and Research Office.

Provisions for salaries in respect of politically appointed officials are reserved under Head 139.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1645)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding resources allocation among hospital clusters, will the Government inform this Committee of:

(a) the information concerning the additional $300 million time-limited funding allocated to New Territories West, New Territories East and Kowloon East Clusters for 3 years starting from 2015-16; and

Cluster	2015-16		2016-17		2017-18	
	Funding Amount	Use	Funding Amount	Use	Funding Amount	Use
New Territories West						
New Territories East						
Kowloon East						

(b) the information in 2015-16 in the table below?

Cluster	Number of general beds	Number of general beds per 1 000 population	Number of doctors	Number of doctors per 1 000 population	Number of nurses	Number of nurses per 1 000 population
Hong Kong East						
Hong Kong West						
Kowloon Central						
Kowloon East						
Kowloon West						
New Territories East						
New Territories West						
Hospital Authority Overall						

Asked by: Hon Michael TIEN Puk-sun (Member Question No. 29)

Reply:

(a) The time-limited funding of $300 million for 3 financial years from 2015-16 to 2017-18 will be used to enhance existing services and address under-provision areas according to the service needs in KEC, NTEC and NTWC.

The total funding of $300 million is planned to be allocated among the 3 clusters in equal share. The table below sets out the projected funding utilisation by the 3 clusters in 2015-16. Due to the differences in lead time for the procurement process and/or staff recruitment of individual clusters, the projected funding utilisation varies among the 3 clusters in 2015-16. Around 70% of the funding will be used to hire additional staff (including nursing and supporting staff) while the remaining amount will mainly be used to purchase medical equipment.

Cluster	**Projected funding utilisation in 2015-16 $ million**
KEC	12
NTEC	28
NTWC	16
Total	**56**

Funding allocations for 2016-17 and 2017-18 are being worked out and the details are not yet available.

(b) The tables below set out the number and ratio of general beds, doctors and nurses in Hospital Authority (HA) per 1 000 population by hospital cluster in 2015-16.

2015-16 (as at 31 December 2015)

Cluster	**Number of beds, doctors and nurses and ratio per 1 000 population geographical population of catchment districts**						**Catchment District**
	General beds	**Ratio to overall population**	**Doctors**	**Ratio to overall population**	**Nurses**	**Ratio to overall population**	
HKEC	2 065	2.7	599	0.8	2 607	3.4	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 860	5.4	629	1.2	2 799	5.3	Central & Western, Southern
KCC	3 029	5.6	730	1.4	3 323	6.2	Kowloon City, Yau Tsim
KEC	2 331	2.1	668	0.6	2 667	2.4	Kwun Tong, Sai Kung

Cluster	Number of beds, doctors and nurses and ratio per 1 000 population geographical population of catchment districts						Catchment District
	General beds	Ratio to overall population	Doctors	Ratio to overall population	Nurses	Ratio to overall population	
KWC	5 244	2.7	1 354	0.7	5 689	2.9	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 610	2.8	921	0.7	3 969	3.1	Sha Tin, Tai Po, North
NTWC	2 448	2.2	760	0.7	3 326	3.0	Tuen Mun, Yuen Long
Cluster Total	**21 587**	**3.0**	**5 660**	**0.8**	**24 381**	**3.3**	

Notes:

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

It should be noted that the ratios of general beds, doctors and nurses per 1 000 population vary among clusters and the variances cannot be used to compare the level of service provision directly among the clusters because:

(a) in planning for its services, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors considered;

(b) patients may receive treatment in hospitals other than those in their own residential districts; and

(c) some specialised services are available only in certain hospitals, and hence certain clusters and the beds in these clusters are providing services for patients throughout the territory.

It should also be noted that the above bed information refers only to the general beds in HA, while those of infirmary, mentally ill and mentally handicapped beds are not included given their specific nature.

The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3293)

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

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out the following information in table form:

(1) The expenditure incurred by the Food and Health Bureau (Health Branch) on publicity on the Internet/social media in 2015-16, the manpower involved and the percentage this item accounts for in the total expenditure. Please provide a breakdown by publicity channel.

(2) The means to be adopted by the Branch to assess the effectiveness and value for money of the above initiatives.

(3) The estimated expenditure to be incurred by the Branch on the above initiatives in 2016-17 and the manpower to be involved.

Asked by: Hon Michael TIEN Puk-sun (Member Question No. 52)

Reply:

(1) In 2015-16, the Food and Health Bureau (Health Branch) promoted the Electronic Health Record Sharing System and the Voluntary Health Insurance Scheme by means of Internet (e.g. official websites) and social media. The expenditure involved in online advertising (e.g. Facebook, Youtube, Google Display Network and Yahoo! HK) was about $95,000. No additional manpower has been involved as the relevant duties are performed by existing staff.

(2) Reviews and periodic checks on number of views/visits and responses have been conducted to assess the cost effectiveness of the above promotion activities.

(3) We have not reserved provision for the above promotion activities in 2016-17 and no additional manpower would be involved.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1053)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Will the Financial Secretary re-prioritise the funding items on the Finance Committee's agenda or use other means to expedite the Legislative Council's funding approval for setting up an endowment fund of $10 billion by the Hospital Authority to implement the public-private partnership (PPP) initiatives? What is the expected time for obtaining the funding approval? What programmes will be included in the aforesaid PPP initiatives?

Given the fact that people suffer from macular degeneration at a younger age and the number of new cases is on the increase, will the aforesaid PPP initiatives provide subsidies for the public to visit private ophthalmology clinics for examination by Fluorescein Fundus Angiography (FFA), so as to reduce their waiting time for specialist services at public hospitals?

If yes, what are the details? If not, will the Government consider including the FFA in the service scope of the initiatives?

Asked by: Hon Paul TSE Wai-chun (Member Question No. 4)

Reply:

The Finance Committee approved on 19 March 2016 a non-recurrent commitment of $10 billion for the Hospital Authority (HA) to establish an endowment fund to generate investment returns for regularising and enhancing clinical Public-Private Partnership (PPP) programmes being undertaken on a pilot basis, as well as developing new clinical PPP initiatives in the future.

In line with the Government's healthcare reform proposals, HA has launched a variety of clinical PPP initiatives since 2008, including :

(i) Cataract Surgeries Programme (launched in 2008)

This Programme aims to address service demand and improve access of HA patients to cataract surgeries through a PPP delivery model. Patients on HA clusters' routine cataract surgery waiting lists for a specified period are invited to undertake surgeries in the private sector on a voluntary basis with a fixed government subsidy.

(ii) Tin Shui Wai Primary Care Partnership Project (TSW PPP) (launched in 2008)

This Programme is a pilot PPP model for the delivery of primary care service and promotion of the family doctor concept in the community. The Programme purchases primary care services from private medical practitioners in the TSW district.

(iii) Haemodialysis Public-Private Partnership Programme (HD PPP) (launched in 2010)

Clinically suitable end stage renal disease patients are invited to join the Programme voluntarily. Recruited patients may receive HD treatment in one of the partner community HD centres of their choice. The HD services are procured from 6 qualified community HD centres.

(iv) Patient Empowerment Programme (launched in 2010)

Suitable primary care chronic disease patients, mainly suffering from diabetes and hypertension, are referred by the HA to attend empowerment sessions. The empowerment sessions are procured from 3 non-governmental organisations in the community.

(v) Pilot Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (launched in 2012)

This Pilot Project aims at exploring a new operation model to cope with the increasing demand for cancer radiological investigation services through purchase of Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) services from the private sector. Subject to clinical eligibility screening, patients from selected cancer groups that are in need of CT/MRI examinations for sequential clinical management are invited to join the Pilot Project.

(vi) General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP) (launched in 2014)

The GOPC PPP Programme was launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts on a pilot basis in mid-2014. Clinically stable patients having hypertension with or without hyperlipidemia, and later diabetes mellitus patients, currently taken care of by HA GOPCs have been invited for voluntary participation. All private doctors practising in these 3 districts are welcome to participate in this Programme.

Each participating patient will receive up to 10 subsidised visits per year, including medical consultations covering both chronic and acute care; drugs for treating their chronic

conditions and episodic illnesses to be received directly from private doctors at their clinics; and investigation services provided by HA as specified through private doctors' referral.

A roll-out plan for the Programme has been prepared having considered the Government commitment, the initial positive feedback from the medical professional bodies, patients, private doctors, and staff as well as the community call for extension of the GOPC PPP to other districts. It is anticipated that the Programme will be extended to the remaining 15 districts of Hong Kong in 3 years, starting from 2016-17. The proposed roll-out plan is outlined as follows :

District	**2016-17**	**2017-18**	**2018-19**	**Cluster Applicable**
Central and Western		✓		HKWC
Eastern	✓			HKEC
Southern	✓			HKWC / HKEC
Wan Chai	✓			HKEC
Kowloon City	✓			KCC
Sham Shui Po	✓			KWC
Yau Tsim Mong			✓	KWC / KCC
Islands		✓		KWC / HKEC
Kwai Tsing	✓			KWC
North			✓	NTEC
Sai Kung	✓			KEC
Sha Tin	✓			NTEC
Tai Po		✓		NTEC
Tsuen Wan		✓		KWC
Yuen Long	✓			NTWC

In addition to the above existing programmes, 2 new PPP programmes are under planning :

(i) The Infirmary Service PPP Programme aims to enhance the choices of infirmary care services for patients on the Central Infirmary Waiting List managed by HA. 64 beds will be provided under this Programme.

(ii) Dovetailing with the Government's Colorectal Cancer Screening Pilot Programme, a Colonoscopy PPP Programme will be launched by HA to offer more choices to patients within the programme's clinical criteria.

In addition to the above programmes, new PPP initiatives to meet the emerging healthcare needs of the public and redress the imbalance between public and private healthcare services will continue to be explored.

The estimated expenditure for the clinical PPP initiatives in 2016-17 is as follows :

	2016-17 Estimated Annual Expenditure (in $ million)
GOPC PPP and its expansion	58
Other existing PPP programmes and enhancements	123
New initiatives and development	43
Technology and administration	15
Total:	239

Whilst currently having no plans on PPP for Fluorescein Fundus Angiography services for macular degeneration, HA will continue to communicate with the public and patient groups, and work closely with relevant stakeholders to explore the feasibility of providing new PPP programmes in the future.

Abbreviations

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

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)141

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1073)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
In Kowloon East, ageing problem is severe and there is a great demand for elderly services. The Food and Health Bureau mentioned under "Matters Requiring Special Attention in 2016-17" that it will oversee the "Outreach Dental Care Programme for the Elderly" (ODCP). What are the estimated number of elderly to be benefited from the Programme in various districts, service areas to be covered and expenditure involved? In this connection, what is the estimated number of beneficiaries in Kowloon East? What is the percentage change as compared with the figure in 2015-16 financial year?

Asked by: Hon Paul TSE Wai-chun (Member Question No. 39)

Reply:

Under the ODCP, a total of 22 outreach dental teams have been set up to provide free outreach dental services for elders in residential care homes/day care centres and similar facilities. A total of about 69 000 elders in these homes/centres and similar facilities will benefit from the ODCP. During the period from October 2014 to January 2016, about 50 800 elders were served under the ODCP. We shall continue to provide outreach dental services to elders in these homes/centres and similar facilities including those in Kowloon East. We do not have information on the estimated number of elders to be benefited from the Programme in Kowloon East. The annual financial provision for ODCP in both 2015-16 and 2016-17 is $44.5 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1075)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority will open 231 additional beds to cope with population growth and ageing. What will be the distribution of these beds? Will the hospitals in Kowloon East Cluster be allocated additional beds? If yes, how many additional beds will be allocated?

Asked by: Hon Paul TSE Wai-chun (Member Question No. 41)

Reply:

The Hospital Authority (HA) has earmarked over $235 million for the opening of 231 beds in 2016-17. The table below sets out the breakdown of the 231 hospital beds to be opened by HA in 2016-17 by cluster.

Cluster	**Number of beds to be opened in 2016-17**			
	Acute General	Convalescent	Mentally Handicapped	Total
Hong Kong East Cluster	20	-	-	**20**
Kowloon Central Cluster	24	-	-	**24**
Kowloon East Cluster	16	-	-	**16**
New Territories East Cluster	42	20	-	**62**
New Territories West Cluster	14	75	20	**109**
HA Overall	**116**	**95**	**20**	**231**

As set out in the table above, a total of 16 beds will be added in Kowloon East Cluster.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1077)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Does the scope of treatments and services under the Outreach Dental Care Programme for the Elderly (ODCP) mentioned in the Estimates cover expensive dental operations such as denture fixing, root canal treatment and crowning? If so, what are the details? If not, what are the reasons? Will the Government consider allocating additional resources to provide the above services?

Asked by: Hon Paul TSE Wai-chun (Member Question No. 44)

Reply:

Under the ODCP, the scope of treatments and services for eligible elders currently covers fillings, extractions, dentures, root canal treatment, crowns and bridges, etc., which are in line with those provided under the Comprehensive Social Security Assistance dental grant. A provision of $44.5 million under Head 37 – Department of Health was included in the 2016-17 Estimates for implementation of ODCP, including the above-mentioned services.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)144

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1717)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

1. Please set out respectively the average numbers of times a medical officer (including doctors, interns and dentists), a nursing officer (including qualified staff and trainees) and an allied health professional attend to a patient in the past 3 years.

2. Please set out respectively the average weekly overtime hours of a medical officer (including doctors, interns and dentists), a nursing officer (including qualified staff and trainees) and an allied health professional in the past 3 years.

Asked by: Hon POON Siu-ping (Member Question No. 17)

Reply:

(1) The table below sets out the overall doctor-to-patient, nurse-to-patient and allied health professional-to-patient ratios in the Hospital Authority (HA) in 2013-14, 2014-15 and 2015-16 respectively.

Staff Group	2013-14			2014-15			2015-16		
	No. of Staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	No. of Staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	No. of Staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
Medical (Excluding Interns)	5 384	5.2	3.4	5 483	5.2	3.4	5 682	5.3	3.4
Nursing (Excluding Trainees)	22 325	21.7	14.2	23 138	21.9	14.2	24 012	22.4	14.5

Staff Group	2013-14			2014-15			2015-16		
	No. of Staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	No. of Staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	No. of Staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
Allied Health	6 609	6.4	4.2	6 888	6.5	4.2	7 259	6.8	4.4

Notes

1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff.

2. Medical interns and nursing trainees are employed for training purpose.

3. For the ratios of manpower per 1 000 inpatient and day inpatient discharges and deaths, the manpower position refers to that as at 31 March of the respective years (except for 2015-16, the manpower status as at 31 December 2015 is drawn); whereas the number of inpatient and day inpatient discharges and deaths refers to the throughput for the whole financial year (except for 2015-16, the throughput from 1 January 2015 to 31 December 2015 was taken). The numbers of inpatient and day inpatient discharges and deaths for 2015-16 are provisional figures.

4. In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than one day.

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

(2) The table below sets out the average weekly working hours of doctors in HA in 2013-14 and 2014-15.

	Average Weekly Working Hours		
	2013-14	**2014-15**	**2015-16**
Overall for the 10 Specialties [#]	54.0	53.7	N/A
HA Overall	50.8	N/A	N/A

[#] The 10 specialties with doctors working for more than 65 hours per week on average reported in 2009, namely Cardiothoracic Surgery, Otorhinolaryngology, Intensive Care Unit, Internal Medicine, Neurosurgery, Obstetrics & Gynaecology, Orthopaedics & Traumatology, Ophthalmology, Paediatrics and Surgery.

Notes:

(1) From 2010-11 onwards, only specialties with doctors reported to have worked more than 65 hours per week in 2009-10 are required to report the doctor work hour data on a yearly basis. Full-scale monitoring for all specialties will be conducted every alternate year. The average weekly working hours of doctors in 2015-16 are being collected and are not available at present.

(2) The average weekly work hours are calculated on actual calendar day on weekly basis based on rostered hours and self-reported hours of duties when the doctors are on off-site calls.

Nurses and allied health and other staff are generally scheduled to work an average of 44 hours weekly.

The service hours of specialist out-patient services of dentists concerned are 9 a.m. to 5 p.m. from Monday to Friday.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1733)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

(1) Please advise on the number of attendances at each of the common mental disorder clinics set up at the psychiatric specialist out-patient clinics (SOPCs) in the past 3 years.

(2) Please advise on the numbers of psychiatric doctors, psychiatric nurses, psychologists and allied health professionals at the psychiatric SOPCs in the past 3 years and the numbers projected for 2016.

(3) As the Hospital Authority estimates, how many psychiatric doctors, psychiatric nurses, psychologists and allied health professionals are the psychiatric stream currently short of?

Asked by: Hon POON Siu-ping (Member Question No. 22)

Reply:

(1) The table below sets out the number of attendances of patients diagnosed with affective disorders and/or anxiety-related disorders (generally referred to as common mental disorders) receiving psychiatric specialist outpatient (SOP) services in each cluster of the Hospital Authority (HA) in the past 3 years.

	2013-14[1]	2014-15[1]	2015-16[1] (up to 31 December 2015) [provisional figures]
HKEC	35 800	36 900	27 700
HKWC	28 900	28 800	21 700
KCC	34 300	35 800	26 900
KEC	47 300	48 300	37 800
KWC	99 600	101 000	77 300
NTEC	62 300	63 700	48 700
NTWC	68 100	68 200	51 500
Total[2]	**376 300**	**382 500**	**291 600**

Notes:

1. Figures are rounded to the nearest hundred.
2. Individual figures may not add up to the total due to rounding.

(2) HA delivers mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As HA healthcare professionals supporting the psychiatric SOP services also provide support for other psychiatric services, HA does not have the requested breakdown on the manpower for supporting the SOP services only.

The table below sets out the number of psychiatric doctors, psychiatric nurses, community psychiatric nurses (CPN), clinical psychologists, medical social workers and occupational therapists working in psychiatric stream in HA in the past 3 years.

	Psychiatric doctors[1 & 2]	Psychiatric Nurses[1 & 3] (including CPN)	CPN[1 & 4]	Allied Health Professionals		
				Clinical Psychologists[1]	Medical Social Workers[5]	Occupational Therapists[1]
2013-14	335	2 375	130	71	243	227
2014-15	333	2 442	129	77	243	236
2015-16 (up to 31 December 2015)	346	2 459	127	78	243	248

Notes:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but excluding those in HA Head Office.
2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except interns.
3. Psychiatric nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital & Siu Lam Hospital), nurses working in psychiatric department of other non-psychiatric hospitals as well as all nurses in psychiatric stream.
4. The job duty of CPN is mainly to provide short-term community support for discharged psychiatric patients to facilitate their community re-integration.
5. Information on the number of medical social workers supporting psychiatric services in HA is provided by the Social Welfare Department.

In 2016-17, HA will further expand child and adolescent psychiatric services in HKWC and NTWC, strengthen the psychiatric SOP services in KEC, and establish a centralised psychiatric gender identity disorder service in NTEC. It is estimated that an additional 5 psychiatric doctors, 9 psychiatric nurses, 4 clinical psychologists and 5 occupational therapists will be required to enhance the services.

(3) HA adopts a flexible approach in deploying clinical staff to its service units in need. The overall manpower shortfall of doctors, nurses and allied health professionals in all specialties in HA is around 300, 780 and 60 respectively in 2015-16.

Abbreviations

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

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)146

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0638)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in this year's Policy Address and Budget Speech that the Government has set aside a provision of $200 billion for a ten-year hospital development plan to enable the Hospital Authority (HA) to expand and upgrade healthcare facilities. In this connection, would the Government inform this Committee of the followings:

1. Please set out details of the construction, expansion and renovation projects under the development plan, including the implementation timetables and the expenditure involved.

2. It is stated in paragraph 130 of the Budget Speech that the development plan will provide 5 000 additional hospital beds and increase the number of operating theatres and specialist outpatient service capacity. Please provide the distribution of the addition hospital beds, operating theatres and service capacity by District Council district.

3. It is stated in paragraph 130 of the Budget Speech that additional services for 410 000 attendances will be provided at the general outpatient clinics each year. Please provide the distribution of the additional services by day session, evening session and session on Sundays and Public Holidays.

Asked by: Dr Hon Priscilla LEUNG Mei-fun (Member Question No. 4)

Reply:

(1) & (2)

The ten-year hospital development plan (HDP) aims to facilitate the long-term planning and taking forward of major hospital development projects by Hospital Authority (HA) for meeting future service needs arising from the rapidly ageing population. The new arrangement can provide more certainty for resource planning and enables HA to expand and upgrade healthcare facilities in a more flexible and long-term manner with a view to ensuring the timely commencement, progression and completion of the hospital development projects.

In addition to the redevelopment projects of the Kwong Wah Hospital (KWH), the Queen Mary Hospital (QMH) and the United Christian Hospital (UCH) which have already commenced, the HDP will cover the redevelopment and expansion of a number of hospitals including Kwai Chung Hospital, Prince of Wales Hospital, Haven of Hope Hospital (HHH), Our Lady of Maryknoll Hospital, Operating Theatre Block of Tuen Mun Hospital (TMH), North District Hospital, Lai King Building of Princess Margaret Hospital and Grantham Hospital as well as the construction of a new acute hospital at Kai Tak Development Area.

The following table sets out the estimated number of additional beds, operating theatres and annual capacity of specialist outpatient clinic attendances by districts to be provided under the HDP of HA. The estimated costs of these projects will be within the Government's dedicated provision of $200 billion for the HDP.

Districts	**Proposed projects**	**Estimated Additional Provision** (Note)		
		beds	**operating theatres**	**annual capacity of specialist outpatient clinic attendances**
Central & Western, Southern	Redevelopment of Grantham Hospital, Phase 1	-	3	-
	Redevelopment of Queen Mary Hospital (Phase 1) - main works	-	14	-
	Sub-total	**-**	***17***	**-**
Kowloon City, Wong Tai Sin, Yau Tsim Mong	Redevelopment of Our Lady of Maryknoll Hospital	16	-	75 900
	New Acute Hospital (NAH) at Kai Tak Development Area (Phase 1)	2 400	37	1 410 000

Districts	Proposed projects	Estimated Additional Provision (Note)		
		beds	**operating theatres**	**annual capacity of specialist outpatient clinic attendances**
	NAH at Kai Tak Development Area (Phase 2)			
	Redevelopment of Kwong Wah Hospital - main works	350	10	255 600
	Sub-total	***2 766***	***47***	***1 741 500***
Kwun Tong, Sai Kung	Expansion of Haven of Hope Hospital	160	-	-
	Expansion of United Christian Hospital - main works (superstructure and remaining works)	560	5	681 800
	Sub-total	***720***	***5***	***681 800***
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	Redevelopment of Kwai Chung Hospital (Phase 1)	80	-	254 500
	Redevelopment of Kwai Chung Hospital (Phases 2 & 3)			
	Expansion of Lai King Building in Princess Margaret Hospital	400	-	-
	Sub-total	***480***	***-***	***254 500***
Sha Tin, Tai Po, North	Redevelopment of Prince of Wales Hospital (Phase 2) (stage 1)	450	16	-
	Expansion of North District Hospital	600	-	180 000
	Sub-total	***1 050***	***16***	***180 000***
Tuen Mun, Yuen Long	Extension of Operating Theatre Block for Tuen Mun Hospital	-	9	-
	Sub-total	***-***	***9***	***-***
	HA's Total	***5 016***	***94***	***2 857 800***

Note: Actual deliverables of individual projects may be adjusted in the future subject to detailed planning and design.

HA and Architectural Services Department are conducting planning and preparatory works, such as ground investigations, technical assessments and detailed design works. Upon completion of the concerned works, HA will be able to formulate a more concrete timetable for the projects. Subject to Finance Committee funding approval, all these projects are targeted for completion by or before 2026.

(3)

The 3 Community Health Centre projects under the HDP are still at the initial planning stage. Operational arrangements are subject to detailed planning and design.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0639)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the Hospital Authority Drug Formulary, please inform this Council of the following:

1. What is the expenditure involved in subsidising cancer patients' purchases of target therapy drugs included in the Formulary in the past 3 years?

2. How many target therapy drugs for treating cancers have been incorporated into the Formulary in the past 3 years? Has the Government reviewed whether the target therapy drugs currently included in the Formulary have met the actual needs of patients? Which target therapy drugs for treating cancers will be incorporated into the Formulary in the next 3 years? What will be the expenditure involved? If no such drugs will be incorporated into the Formulary, what are the reasons?

3. Will the Government consider raising the asset limit for applying for the Samaritan Fund drug subsidies so as to benefit more needy patients? If so, what are the details? If not, what are the reasons?

Asked by: Dr Hon Priscilla LEUNG Mei-fun (Member Question No. 5)

Reply:

(1) Target therapy drugs for oncology are relatively new and usually fall into category of drugs which are (i) proven to be of significant benefits but extremely expensive for the Hospital Authority (HA) to provide as part of its standard services; (ii) with preliminary medical evidence only; or (iii) with marginal benefits over available alternatives but at significantly higher costs.

Those under category (i) are all positioned as self-financed items in the HA Drug Formulary (HADF) covered by the safety net provided through the Samaritan Fund (SF). The total number of target therapy drugs covered by SF is 8 as at 2015-16 (up to 31 December 2015).

The table below sets out the 8 target therapy drugs and amount of subsidies granted for use of these drugs in 2013-14, 2014-15 and 2015-16 (up to 31 December 2015).

Cancer Drugs and Indications with Target Therapy	**2013-14**	**2014-15**	**2015-16 (Up to 31 Dec 2015)**
	Amount of Subsidy Granted ($ million)	**Amount of Subsidy Granted ($ million)**	**Amount of Subsidy Granted ($ million)**
1. Bortezomib a) for multiple myeloma	13.00	10.05	9.04
b) for frontline induction therapy of transplant-eligible, younger multiple myeloma patients	7.72	7.49	6.89
2. Dasatinib a) for Imatinib resistant chronic myeloid leukaemia	9.57	8.31	6.03
b) for newly diagnosed chronic myeloid leukemia in chronic phase	4.75	8.66	8.30
c) for acute lymphoblastic leukaemia	1.25	1.01	1.02
d) for Nilotinib resistant chronic myeloid leukaemia	-	-	1.34

Cancer Drugs and Indications with Target Therapy	2013-14	2014-15	2015-16 (Up to 31 Dec 2015)
	Amount of Subsidy Granted ($ million)	Amount of Subsidy Granted ($ million)	Amount of Subsidy Granted ($ million)
3. Imatinib			
a) for acute lymphoblastic leukaemia	4.07	3.50	1.51
b) for chronic myeloid leukaemia	41.64	42.26	29.62
c) for gastrointestinal stromal tumour	24.41	27.35	21.49
d) for adjuvant treatment following resection of cKIT +ve gastrointestinal stromal tumour	-	-	3.47
4. Nilotinib a) for Imatinib resistant chronic myeloid leukaemia	13.62	15.26	12.43
b) for newly diagnosed chronic myeloid leukemia in chronic phase	2.94	6.03	5.76
c) for Dasatinib resistant chronic myeloid leukaemia	-	-	1.04
5. Rituximab a) for malignant lymphoma	16.49	20.30	13.81
b) for maintenance therapy for relapsed follicular lymphoma	0.53	0.32	0.29
c) for chronic lymphoblastic leukaemia	1.67	1.64	0.85

Cancer Drugs and Indications with Target Therapy	2013-14	2014-15	2015-16 (Up to 31 Dec 2015)
	Amount of Subsidy Granted ($ million)	Amount of Subsidy Granted ($ million)	Amount of Subsidy Granted ($ million)
6. Trastuzumab			
a) for HER2 overexpressed metastatic breast cancer	19.83	21.49	18.82
b) for HER2 positive early breast cancer	45.05	60.52	46.44
7. Erlotinib for second-line treatment for patients with activating EGFR mutation +ve non-small cell lung cancer	3.38	2.36	1.07
8. Gefitinib for Second-line treatment for patients with activating EGFR mutation +ve non-small cell lung cancer	4.13	2.67	0.97
Total	**214.05**	**239.22**	**190.19**

(2) HA has an established mechanism with the support of 21 expert panels to regularly evaluate new drugs and review existing drugs in the HADF. The process follows an evidence-based approach, having regard to the principles of safety, efficacy and cost-effectiveness of drugs; and taking into account various factors, including international recommendations and practices, advance in technology, disease state, patient compliance, quality of life, actual experience in the use of drugs and views of professionals and patient groups. HA will keep in view the latest scientific and clinical evidence of drugs and enhance the HADF as appropriate in order to ensure equitable access by patients to cost-effective drugs of proven safety and efficacy. As the new target therapy drugs to be added in the next three years are not yet known, HA is unable to provide the estimated expenditure on target therapy drugs in the next 3 years.

(3) To benefit more needy patients to be eligible for SF drug subsidy, new initiatives have been introduced since September 2012 to relax the financial assessment criteria of SF applications. A deductible allowance for calculating the applicant's disposable capital was introduced thereby enabling more patients who have to rely on self-financed drugs to meet the financial test under SF and become eligible for the SF subsidy. Moreover, the tiers of patient's contribution ratio for drug expenses were also simplified and the patients' maximum contribution ratio was reduced from 30% to 20% of their annual disposable financial resources (ADFR)[(1)].

HA will continue to regularly review the financial assessment criteria for determining patients' eligibility for SF drug subsidy and the amount of financial assistance, with a view to making SF more accessible to needy patients.

Note : [(1)]ADFR are taken as the annual household disposable income (annual household gross income less allowable deductions during the period) plus disposable capital.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)148

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2788)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

In paragraph 12 under "Matters Requiring Special Attention in 2016-17", it is stated that the Hospital Authority is planning to commission services in Tin Shui Wai Hospital in phases from 2016-17 and make preparation for the commencement of services in the Hong Kong Children's Hospital in phases from 2018. Will the Government inform this Committee of:

(1) the estimated additional manpower and medical devices required by the commissioning of services in Tin Shui Wai Hospital in phases and the estimated expenditure involved; and

(2) the detailed progress of the preparatory work for the Hong Kong Children's Hospital?

Asked by: Hon Mrs Regina IP LAU Suk-yee (Member Question No. 8)

Reply:

(1)

Tin Shui Wai Hospital (TSWH) will commence service by phases from the 4th quarter of 2016. It has a planned capacity of 300 inpatient and day beds. The New Territories West Cluster (NTWC) is conducting recruitment of staff for TSWH based on the projected needs of the community and service development. The estimated manpower for TSWH is approximately 1 000 staff when TSWH is in full operation. NTWC is also in the process of procuring furniture and equipment items for TSWH with a earmarked provision of $405 million under the total approved project allocation.

(2)

The Hong Kong Children's Hospital (HKCH), located at the Kai Tak Development Area, is currently under construction. It is targeted for completion in 2017 and service commencement by phases starting from 2018. Overall design and construction works are progressing in accordance with schedule. HKCH will consist of 2 towers with a total planned capacity of 468 beds for inpatient and day patient services, as well as research and training facilities. To prepare for service commencement in 2018, the Hospital Authority has put in place a series of measures on manpower deployment, recruitment and training. The hospital commissioning team is in place with the Hospital Chief Executive designate taking the lead in the preparation for the service commencement of the hospital.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)149

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0338)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget that a dedicated provision has been set aside for a ten-year hospital development plan to enable the Hospital Authority to expand and upgrade healthcare facilities in a more flexible and long-term manner, including redevelopment, expansion and construction of hospitals. Please tabulate the estimated number of additional beds to be provided, and the additional number of doctors and nurses required in each department in each of the following 10 years in association with such expansion of public hospitals.

Asked by: Hon Tommy CHEUNG Yu-yan (Member Question No. 40)

Reply:

The ten-year hospital development plan of the Hospital Authority (HA) will provide a total of around 5 000 additional beds and other additional hospital facilities. The detailed arrangements, such as the distribution of beds by specialty and the corresponding financial and manpower requirements, will be worked out at a later stage during the process of the formulation of the detailed proposals. In general, hospital service commissioning will be carried out in phases to meet the prevailing service needs of the community. HA will regularly assess its manpower requirements and flexibly deploy existing staff and recruit additional staff to cope with the service and operational needs arising from the opening of additional beds and facilities.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0899)

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

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

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

(1) The estimated provision for 2016-17 has increased substantially by 31.8%. Apart from paying for the net increase of 2 posts as mentioned in paragraph 3 under Details of Expenditure on page 432, what are the uses of the increased provision?

(2) As shown in the analysis of the operational expenses on page 432, the provision on general departmental expenses for 2016-17 has increased by 35.9% as compared with that for 2015-16. Which departments have increased their expenses, and for what purposes?

Asked by: Hon Vincent FANG Kang (Member Question No. 7)

Reply:

(1) This is mainly due to the increased cash flow requirement for the general non-recurrent item on Health and Medical Research Fund as well as increased operating expenses for additional measures to tackle antimicrobial resistance, promotion of breastfeeding and temporary Chinese medicine testing centre.

(2) The scope of general departmental expenses covers expenses that are directly related to the day-to-day running of the Health Branch. As mentioned above, there will be increased operating expenses for additional measures to tackle antimicrobial resistance, promotion of breastfeeding and temporary Chinese medicine testing centre.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0900)

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

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

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

(1) It is mentioned in paragraph 129 of the Budget Speech that the recurrent expenditure on medical and health in 2016-17 is $57 billion. However, the estimate for Head 140 - Food and Health Bureau (Health Branch) in 2016-17 is $52.238 billion. Will the Government advise on the areas of resource allocation that account for the difference?

(2) The Financial Secretary revealed in the Budget Speech a ten-year hospital development plan, including the provision of 5 000 additional hospital beds and enhancement of medical services. The major difficulty faced by the public healthcare sector in Hong Kong is the shortage of doctors and healthcare professionals. Will the Government advise on the number of doctors and healthcare professionals required for the implementation of the ten-year hospital development plan? Through what channels and measures will the Government meet such a requirement?

(3) In what form will the dedicated provision of $200 billion for the ten-year hospital development plan be set aside? Will it be earmarked in the Budget? Or will a special fund be set up or other arrangements be made?

Asked by: Hon Vincent FANG Kang (Member Question No. 8)

Reply:

(1)

The recurrent expenditure on medical and health comprises recurrent resources allocated to 4 Heads of Expenditure on health-related areas. The 4 Heads of Expenditure are Head 140 - Food and Health Bureau (Health Branch), Head 37 - Department of Health, Head 48 - Government Laboratory and Head 155 – Government Secretariat : Innovation and Technology Commission. The estimate for Head 140 covers the recurrent expenditure, non-recurrent expenditure and capital expenditure of its 3 Programmes i.e. (1) Health, (2)

Subvention: Hospital Authority and (3) Subvention : Prince Philip Dental Hospital. The difference between the figures on recurrent expenditure on medical and health and the estimate for Head 140 is mainly due to the recurrent expenditure for Head 37, Head 48 and Head 155 on health-related areas.

(2)

The ten-year hospital development plan of the Hospital Authority (HA) will provide a total of around 5 000 additional beds and other additional hospital facilities. The detailed operational arrangements, such as the distribution of beds by specialty and the resource implications, including the financial and manpower requirements, will be worked out at a later stage when the detailed design and commissioning plans for respective hospitals are finalised. In general, a phased implementation approach for service commissioning of hospital development projects will be adopted to cater for the prevailing service needs of the community. HA will continue to closely monitor the manpower situation, assess its manpower requirements, make appropriate arrangements in manpower planning, flexibly deploys its staff and recruit additional staff to ensure that the service and operational needs in relation to the projects under the ten-year hospital development plan are met.

(3)

The $200 billion earmarked for the ten-year hospital development plan will be reserved under the Capital Works Reserve Fund of the Government. The Food and Health Bureau will seek approval from the Finance Committee of the Legislative Council for upgrading individual works projects under the ten-year hospital development plan to Category A at appropriate junctures.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)152

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1082)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher Scheme:

- please list by year and type of services the number of elders participating in the scheme, the number of voucher claims, and the amount of vouchers used over the past five years (2011-2015);

- please list by year the number of elders eligible for the scheme and the percentage of eligible elders who participated in the scheme over the past five years (2011-2015); and

- please estimate the number of additional beneficiaries and the expenditure incurred if the eligible age is to be lowered.

Eligible age	**70 or above**	**65 or above**	**60 or above**
Number of eligible elders			
Total annual expenditure incurred in providing each eligible elder with $2,000 worth of health care vouchers per year			

Asked by: Hon WONG Kwok-kin (Member Question No.45)

Reply:

(a) Regarding the Elderly Health Care Voucher (EHV) Scheme, the relevant statistics in the past five years are as follows:

	2011	2012	2013	2014	2015
Number of elders who had made use of vouchers	358 000	424 000	488 000	551 000	600 000
Number of eligible elders (i.e. elders aged 70 or above)*	707 000	714 000	724 000	737 000	760 000
Percentage of eligible elders who had made use of vouchers	51%	59%	67%	75%	79%

* Source: Hong Kong Population Projections 2010 - 2039, Hong Kong Population Projections 2012 - 2041 and Hong Kong Population Projections 2015 - 2064, Census and Statistics Department

Number of Voucher Claim Transactions

	2011	2012	2013	2014	2015
Medical Practitioners	539 256	812 872	1 229 078	1 734 967	2 006 263
Chinese Medicine Practitioners	57 892	98 189	190 017	383 613	533 700
Dentists	12 718	19 239	36 783	73 586	109 840
Occupational Therapists	96	101	79	584	478
Physiotherapists	1 660	3 058	6 922	13 201	19 947
Medical Laboratory Technologists	606	935	1 941	3 697	5 646
Radiographers	637	867	1 507	3 047	4 971
Nurses	214	334	317	921	1 457
Chiropractors	264	377	823	1 975	3 125
Optometrists Note 1	-	1 228	2 972	5 956	21 326
Sub-total (Hong Kong):	613 343	937 200	1 470 439	2 221 547	2 706 753
University of Hong Kong - Shenzhen Hospital Note 2	-	-	-	-	2 287
Total:	613 343	937 200	1 470 439	2 221 547	2 709 040

Note 1: Elders can make use of vouchers to settle the fee for the services provided by Optometrists starting from 1 January 2012.

Note 2: The Pilot Scheme for use of EHV at the University of Hong Kong - Shenzhen Hospital was launched on 6 October 2015.

Amount of Vouchers Claimed (in $'000)

	2011	2012	2013	2014	2015
Medical Practitioners	77,538	139,683	256,296	444,401	611,860
Chinese Medicine Practitioners	7,176	13,808	31,968	82,369	142,265
Dentists	3,851	7,751	20,805	55,131	98,563
Occupational Therapists	20	27	28	390	230
Physiotherapists	275	614	1,758	3,981	6,381
Medical Laboratory Technologists	164	362	1,046	2,273	3,820
Radiographers	156	242	512	1,358	2,365
Nurses	61	125	265	773	1,389
Chiropractors	75	171	485	1,276	1,825
Optometrists Note 3	-	436	1,541	5,587	37,092
Sub-total (Hong Kong):	89,316	163,219	314,704	597,539	905,790
University of Hong Kong - Shenzhen Hospital Note 4	-	-	-	-	537
Total:	89,316	163,219	314,704	597,539	906,327

Note 3: Elders can make use of vouchers to settle the fee for the services provided by Optometrists starting from 1 January 2012.
Note 4: Since the launch of the Pilot Scheme on 6 October 2015.

(b) Assuming the eligible age of 70 is to be lowered to 65 or 60, with an annual voucher amount of $2,000 per eligible elder, the estimated financial implications for 2016 are as follows:

	Aged 70 or above	Aged 65 or above	Aged 60 or above
Population Projections*	774 500	1 173 000	1 672 800
Estimated cash flow requirement ($ million) based on the following assumptions: (i) take-up rate of 85%; (ii) voucher utilisation rate of 68%; and (iii) 30% of participating elders with voucher usage exceeding the annual entitlement by $2,000	1,290.4	1,954.2	2,786.9

*Source: Hong Kong Population Projections 2015 - 2064, Census and Statistics Department

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1083)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher Scheme, please advise on:

- the current numbers of elderly persons belonging to the age groups of 65-69 and 70 or above in each of the 18 District Council districts (18 districts) in Hong Kong and the estimated numbers of elderly persons belonging to these age groups in each of the next 5 years;
- the annual numbers of voucher claims in each of the 18 districts in the past 5 years (i.e. from 2011-12 to 2015-16); and
- the current numbers of places of practice by healthcare service providers enrolled in the Scheme in each of the 18 districts, with a breakdown by district and by enrolled healthcare profession.

Asked by: Hon WONG Kwok-kin (Member Question No. 46)

Reply:

According to the "Projections of Population Distribution, 2015-2024" published by the Planning Department in 2015, the population projections for the age groups of 65-69 and 70 or above from 2016 to 2021 are at Annex A.

Regarding the Elderly Health Care Voucher Scheme, the annual numbers of voucher claims in each of the 18 districts in Hong Kong in the past five years from 2011 to 2015 are at Annex B.

As at end of December 2015, there were a total of 5 259 healthcare service providers in Hong Kong enrolled in the Scheme, involving 8 632 places of practice. A service provider can register more than one place of practice for accepting the use of vouchers. A breakdown

of the places of practices by enrolled healthcare professions and 18 districts in Hong Kong is at Annex C.

- End -

Annex A

Population projections for the age groups of 65-69 and 70 or above by District Council districts

	2016		2017		2018		2019		2020		2021	
Age Group / District	65-69	≥ 70	65-69	≥ 70	65-69	≥ 70	65-69	≥ 70	65-69	≥ 70	65-69	≥ 70
Central & Western	14 200	29 300	14 500	30 800	14 700	32 500	15 100	33 900	15 100	35 600	15 400	37 400
Eastern	36 500	70 400	37 400	73 400	37 800	77 200	38 600	80 600	38 700	85 300	39 800	89 900
Southern	15 700	32 100	16 200	33 300	16 700	34 600	17 500	35 900	18 100	37 500	18 800	39 200
Wan Chai	11 100	23 500	11 400	24 600	11 700	25 800	11 800	27 000	11 800	28 300	12 200	29 600
Kowloon City	23 900	53 100	24 600	55 000	25 000	57 300	25 300	60 300	25 500	63 600	26 200	66 900
Kwun Tong	37 000	81 700	38 700	83 700	40 100	86 200	41 400	88 900	41 900	92 000	43 700	94 600
Sham Shui Po	22 000	52 900	23 100	54 100	24 000	55 600	25 600	58 400	27 000	61 600	28 600	64 100
Wong Tai Sin	22 900	57 900	24 000	58 400	24 800	59 300	26 000	60 300	26 800	61 900	28 000	63 000
Yau Tsim Mong	18 700	37 600	18 800	39 200	18 700	41 000	18 500	43 100	18 300	45 400	18 100	47 800
Sha Tin	39 400	60 000	41 600	63 700	43 400	67 500	46 200	71 800	48 600	76 800	51 100	82 000
Tai Po	15 700	26 600	17 400	28 000	19 100	29 500	20 700	31 300	22 500	33 500	24 300	36 100
Sai Kung	19 600	32 600	21 000	34 200	22 200	36 300	23 500	38 400	24 900	41 200	26 800	43 700
North	14 600	26 900	15 600	28 100	16 700	29 300	17 800	30 900	19 000	32 900	20 400	34 600
Kwai Tsing	29 900	60 300	30 400	62 300	31 400	64 100	32 100	66 200	32 700	68 800	34 300	71 200
Tsuen Wan	15 700	32 800	16 300	34 500	16 700	35 800	17 100	37 400	17 500	39 500	18 300	41 100
Tuen Mun	29 600	38 700	31 600	41 400	33 200	46 200	34 500	49 700	36 100	53 600	37 900	57 900
Yuen Long	25 300	46 000	27 300	48 300	29 500	50 300	31 800	53 600	33 700	56 800	36 200	59 700
Islands	6 700	12 100	7 200	13 100	7 700	13 800	8 400	15 100	8 700	16 200	9 000	17 000
Total	**398 500**	**774 500**	**417 100**	**806 100**	**433 400**	**842 300**	**451 900**	**882 800**	**466 900**	**930 500**	**489 100**	**975 800**

Source: Projections of Population Distribution 2015-2024, Planning Department

Annex B

Annual number of voucher claim transactions by 18 districts in Hong Kong
(According to the places of practices of enrolled healthcare professionals)

Year / District	2011	2012	2013	2014	2015
Central & Western	22 360	34 482	55 975	82 453	105 878
Eastern	54 549	82 734	129 652	198 192	230 706
Southern	19 738	30 393	51 118	80 428	91 567
Wan Chai	12 351	19 909	33 233	54 390	71 825
Kowloon City	36 237	55 653	84 327	127 350	150 832
Kwun Tong	67 589	104 455	162 422	247 468	294 851
Sham Shui Po	44 682	67 372	102 348	153 490	182 585
Wong Tai Sin	60 237	90 398	138 534	198 599	233 724
Yau Tsim Mong	33 632	50 493	80 461	133 212	185 701
Sha Tin	45 695	67 742	105 603	160 498	197 437
Tai Po	20 055	31 625	52 485	80 590	98 160
Sai Kung	23 681	36 794	59 864	87 044	109 796
North	20 475	30 217	48 438	73 165	84 377
Kwai Tsing	50 774	77 110	113 605	162 681	197 998
Tsuen Wan	33 464	52 366	82 358	124 157	144 751
Tuen Mun	36 860	57 621	94 599	141 131	176 096
Yuen Long	25 846	40 283	63 952	97 600	124 290
Islands	5 118	7 553	11 465	19 099	26 179
Total	**613 343**	**937 200**	**1 470 439**	**2 221 547**	**2 706 753**

Annex C

Breakdown of the places of practices by enrolled healthcare professionals and 18 districts in Hong Kong
(Position as at 31 December 2015)

Healthcare Professionals / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	323	197	107	8	46	3	4	6	14	27	735
Eastern	189	206	77	6	32	2	1	10	3	37	563
Southern	40	66	15	0	2	0	0	0	0	1	124
Wan Chai	182	232	79	4	45	2	1	12	7	59	623
Kowloon City	142	153	51	8	32	1	0	18	1	80	486
Kwun Tong	286	285	110	20	52	9	2	37	3	15	819
Sham Shui Po	103	210	38	5	22	4	1	3	0	13	399
Wong Tai Sin	86	175	46	9	22	0	0	4	0	78	420
Yau Tsim Mong	524	436	165	11	124	21	9	28	41	120	1 479
Sha Tin	167	144	58	10	43	0	0	13	3	45	483
Tai Po	90	115	53	1	9	3	1	10	4	5	291
Sai Kung	160	92	38	8	24	3	0	2	0	16	343
North	61	99	27	0	3	1	0	1	8	2	202
Kwai Tsing	122	97	47	3	13	0	0	22	1	72	377
Tsuen Wan	148	183	40	3	32	5	8	12	10	16	457
Tuen Mun	153	180	39	1	11	0	1	2	0	11	398
Yuen Long	179	91	48	0	9	0	0	7	6	7	347
Islands	40	32	8	0	3	0	0	0	0	3	86
Total	**2 995**	**2 993**	**1 046**	**97**	**524**	**54**	**28**	**187**	**101**	**607**	**8 632**

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)154

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1084)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher Scheme, please advise on:

- the respective numbers of healthcare service providers enrolled in and withdrawn from the Scheme and their places of practice in each of the past 5 years (2011-2015), with a breakdown by year and by enrolled healthcare profession; and
- the percentage of healthcare professions enrolled in the Scheme as healthcare service providers in each of the past 5 years (2011-2015), with a breakdown by year and by enrolled healthcare profession.

Asked by: Hon WONG Kwok-kin (Member Question No. 47)

Reply:

The number of healthcare service providers enrolled and withdrawn under the Elderly Health Care Voucher Scheme from 2011 to 2015 are at the **Annex**.

- End -

Annex

(A) Number of enrolled healthcare service providers and their places of practices from 2011 to 2015

	2011		2012		2013		2014		2015	
	Number of Service Providers	Number of Places of Practices	Number of Service Providers	Number of Places of Practices	Number of Service Providers	Number of Places of Practices	Number of Service Providers	Number of Places of Practices	Number of Service Providers (Percentage [Note 1])	Number of Places of Practices
Medical Practitioners	1 493	1 794	1 599	1 986	1 645	2 086	1 782	2 422	1 936 (39%)	2 995
Chinese Medicine Practitioners	896	1 175	1 120	1 539	1 282	1 726	1 559	2 336	1 826 (30%)	2 993
Dentists	277	356	336	430	408	561	548	845	646 (38%)	1 046
Occupational Therapists	26	52	34	62	39	75	45	94	45 (6%)	97
Physiotherapists	214	284	243	325	267	379	306	473	312 (22%)	524
Medical Laboratory Technologists	17	37	24	47	25	49	26	49	30 (3%)	54
Radiographers	16	35	20	37	19	30	21	32	21 (2%)	28
Nurses	56	91	66	107	79	138	108	175	124 (1%)	187
Chiropractors	25	30	33	44	45	83	51	87	54 (32%)	101
Optometrists [Note 2]	46	122	152	368	167	416	185	450	265 (34%)	607
Sub-total (Hong Kong)	3 066	3 976	3 627	4 945	3 976	5 543	4 631	6 963	5 259	8 632
University of Hong Kong - Shenzhen Hospital [Note 3]	-	-	-	-	-	-	-	-	1	1
Total	**3 066**	**3 976**	**3 627**	**4 945**	**3 976**	**5 543**	**4 631**	**6 963**	**5 260**	**8 633**

Note: 1. Amongst all the registered healthcare professionals in Hong Kong, there are some who are practising in the public sector or are economically inactive, e.g. not practising in Hong Kong. In calculating the percentage of healthcare professionals enrolled in the Scheme, we have excluded them.
2. Optometrists have been allowed to join the Scheme starting from November 2011.
3. The Pilot Scheme for use of vouchers at the University of Hong Kong - Shenzhen Hospital was launched on 6 October 2015.

(B) Number of healthcare service providers withdrawn from the Scheme from 2011 to 2015 Note 4

	2011	2012	2013	2014	2015
Medical Practitioners	42	47	52	16	12
Chinese Medicine Practitioners	14	14	27	9	11
Dentists	5	9	11	2	5
Occupational Therapists	-	-	2	2	-
Physiotherapists	1	10	8	3	11
Medical Laboratory Technologists	-	-	-	1	-
Radiographers	-	-	1	-	-
Nurses	1	1	4	-	4
Chiropractors	-	1	1	-	1
Optometrists Note 5	-	2	2	-	1
Total	**63**	**84**	**108**	**33**	**45**

Note: 4. Including the deceased cases known to the Department of Health.
5. Optometrists have been allowed to join the Scheme starting from November 2011.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1085)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Regarding healthcare manpower and the number of hospital beds, what were the numbers of doctors, nurses, allied health professionals and general beds in different hospital clusters in the past 3 years (from 2013-14 to 2015-16)? What were their respective ratios per 1 000 total population and 1 000 persons aged 65 or above in each cluster?

Asked by: Hon WONG Kwok-kin (Member Question No. 48)

Reply:
The tables below set out the number of doctors, nurses and allied health professionals; and general beds in the Hospital Authority (HA) by cluster in 2013-14, 2014-15 and 2015-16, together with their respective ratios to overall population as well as population aged 65 or above.

2013-14 (as at 31 March 2014)

Cluster	Number of doctors and ratio per 1 000 geographical population of catchment districts			Catchment Districts
	Doctors	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	575	0.7	4.4	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	602	1.1	7.5	Central & Western, Southern
KCC	679	1.3	7.9	Kowloon City, Yau Tsim
KEC	627	0.6	4.1	Kwun Tong, Sai Kung
KWC	1 300	0.7	4.3	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	879	0.7	5.8	Sha Tin, Tai Po, North
NTWC	702	0.6	6.1	Tuen Mun, Yuen Long

Cluster	Number of nurses and ratio per 1 000 geographical population of catchment districts			Catchment Districts
	Nurses	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	2 443	3.1	18.5	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 553	4.8	31.6	Central & Western, Southern
KCC	3 175	6.2	37.1	Kowloon City, Yau Tsim
KEC	2 474	2.3	16.3	Kwun Tong, Sai Kung
KWC	5 337	2.8	17.5	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 707	2.9	24.3	Sha Tin, Tai Po, North
NTWC	3 027	2.8	26.4	Tuen Mun, Yuen Long

Cluster	Number of allied health professionals and ratio per 1 000 geographical population of catchment districts			Catchment Districts
	Allied Health Professionals	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	746	1.0	5.7	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	838	1.6	10.4	Central & Western, Southern
KCC	978	1.9	11.4	Kowloon City, Yau Tsim
KEC	685	0.6	4.5	Kwun Tong, Sai Kung
KWC	1 479	0.8	4.9	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	1 018	0.8	6.7	Sha Tin, Tai Po, North
NTWC	797	0.7	7.0	Tuen Mun, Yuen Long

Cluster	Number of general beds and ratio per 1 000 geographical population of catchment districts			Catchment Districts
	General beds	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	2 004	2.6	15.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 860	5.4	35.4	Central & Western, Southern
KCC	3 005	5.9	35.1	Kowloon City, Yau Tsim
KEC	2 291	2.1	15.1	Kwun Tong, Sai Kung
KWC	5 221	2.7	17.1	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 477	2.8	22.8	Sha Tin, Tai Po, North
NTWC	2 274	2.1	19.9	Tuen Mun, Yuen Long

2014-15 (as at 31 March 2015)

Cluster	Number of doctors and ratio per 1 000 geographical population of catchment districts			Catchment Districts
	Doctors	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	584	0.8	4.3	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	608	1.1	7.3	Central & Western, Southern
KCC	703	1.3	7.8	Kowloon City, Yau Tsim
KEC	644	0.6	4.1	Kwun Tong, Sai Kung
KWC	1 318	0.7	4.2	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	881	0.7	5.5	Sha Tin, Tai Po, North
NTWC	723	0.7	5.9	Tuen Mun, Yuen Long

Cluster	Number of nurses and ratio per 1 000 geographical population of catchment districts			Catchment Districts
	Nurses	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	2 517	3.3	18.7	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 679	5.1	32.1	Central & Western, Southern
KCC	3 275	6.1	36.4	Kowloon City, Yau Tsim
KEC	2 613	2.4	16.6	Kwun Tong, Sai Kung
KWC	5 608	2.9	17.7	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 897	3.1	24.2	Sha Tin, Tai Po, North
NTWC	3 163	2.9	26.0	Tuen Mun, Yuen Long

Cluster	Number of allied health professionals and ratio per 1 000 geographical population of catchment districts			Catchment Districts
	Allied Health Professionals	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	762	1.0	5.6	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	883	1.7	10.6	Central & Western, Southern
KCC	989	1.8	11.0	Kowloon City, Yau Tsim
KEC	706	0.6	4.5	Kwun Tong, Sai Kung
KWC	1 566	0.8	4.9	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	1 081	0.9	6.7	Sha Tin, Tai Po, North
NTWC	831	0.8	6.8	Tuen Mun, Yuen Long

Cluster	Number of general beds and ratio per 1 000 geographical population of catchment districts			Catchment Districts
	General beds	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	2 044	2.6	15.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 860	5.4	34.3	Central & Western, Southern
KCC	3 029	5.7	33.7	Kowloon City, Yau Tsim
KEC	2 295	2.1	14.6	Kwun Tong, Sai Kung
KWC	5 244	2.7	16.5	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 539	2.8	22.0	Sha Tin, Tai Po, North
NTWC	2 326	2.1	19.1	Tuen Mun, Yuen Long

2015-16 (as at 31 December 2015)

Cluster	Number of doctors and ratio per 1 000 geographical population of catchment districts			Catchment Districts
	Doctors	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	599	0.8	4.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	629	1.2	7.2	Central & Western, Southern
KCC	730	1.4	7.7	Kowloon City, Yau Tsim
KEC	668	0.6	4.1	Kwun Tong, Sai Kung
KWC	1 354	0.7	4.1	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	921	0.7	5.3	Sha Tin, Tai Po, North
NTWC	760	0.7	5.8	Tuen Mun, Yuen Long

Cluster	Number of nurses and ratio per 1 000 geographical population of catchment districts			Catchment Districts
	Nurses	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	2 607	3.4	18.3	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 799	5.3	32.0	Central & Western, Southern
KCC	3 323	6.2	34.9	Kowloon City, Yau Tsim
KEC	2 667	2.4	16.2	Kwun Tong, Sai Kung
KWC	5 689	2.9	17.2	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 969	3.1	23.0	Sha Tin, Tai Po, North
NTWC	3 326	3.0	25.5	Tuen Mun, Yuen Long

Cluster	Number of allied health professionals and ratio per 1 000 geographical population of catchment districts			Catchment Districts
	Allied Health Professionals	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	798	1.0	5.6	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	918	1.7	10.5	Central & Western, Southern
KCC	1 022	1.9	10.7	Kowloon City, Yau Tsim
KEC	754	0.7	4.6	Kwun Tong, Sai Kung
KWC	1 644	0.8	5.0	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	1 172	0.9	6.8	Sha Tin, Tai Po, North
NTWC	880	0.8	6.7	Tuen Mun, Yuen Long

Cluster	Number of general beds and ratio per 1 000 geographical population of catchment districts			Catchment Districts
	General beds	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	2 065	2.7	14.5	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 860	5.4	32.7	Central & Western, Southern
KCC	3 029	5.6	31.9	Kowloon City, Yau Tsim
KEC	2 331	2.1	14.1	Kwun Tong, Sai Kung
KWC	5 244	2.7	15.9	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 610	2.8	21.0	Sha Tin, Tai Po, North
NTWC	2 448	2.2	18.7	Tuen Mun, Yuen Long

Notes:

The ratios of doctors, nurses, allied health professionals and general beds per 1 000 population vary among clusters and the variances cannot be used to compare the level of service provision directly among the clusters because:

(a) in planning for its services, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors under consideration;

(b) patients may receive treatment in hospitals other than those in their own residential districts; and

(c) some specialised services are available only in certain hospitals, and hence certain clusters and the beds in these clusters are providing services for patients throughout the territory.

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

The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to the rounding effect.

It should also be noted that the above bed information refers only to the general beds in HA, while those of infirmary, mentally ill and mentally handicapped beds have not been included given their specific nature.

Abbreviations

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

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)156

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1086)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the oncology services of the Hospital Authority, please advise on the following:

- by hospital cluster the number of new oncology cases received by different hospital clusters in each of the past 4 years (i.e. from 2012-13 to 2015-16) and the average waiting time for the first appointment of oncology patients; and
- the 10 most common cancers and the number of patients, number of death cases, average waiting time for the first check-up and average cost of treatment per patient of these cancers in the past 4 years (i.e. from 2012 to 2015) in table form as shown below.

The 10 most common cancers	Number of patients	Number of death cases	Average waiting time for first check-up	Average cost of treatment per patient
Cancer (1)				
…				
Cancer (10)				

Asked by: Hon WONG Kwok-kin (Member Question No. 50)

Reply:

(1) The table below sets out the number of specialist outpatient clinical oncology new cases and their respective median waiting time in each hospital cluster of the Hospital Authority (HA) from 2012-13 to 2015-16 (up to 31 December 2015).

Cluster	2012-13		2013-14		2014-15		2015-16 (up to 31 December 2015) [Provisional figures]	
	Number of new cases	Median Waiting Time (weeks)	Number of new cases	Median Waiting Time (weeks)	Number of new cases	Median Waiting Time (weeks)	Number of new cases	Median Waiting Time (weeks)
HKEC	2 651	1	2 804	1	2 872	<1	2 258	1
HKWC	2 645	1	2 710	1	2 686	<1	2 243	1
KCC	6 202	1	6 226	1	6 353	1	4 830	1
KEC*	465	2	489	2	562	1	793	1
KWC	2 820	3	2 964	3	3 111	3	2 826	3
NTEC	4 768	1	4 861	1	4 945	1	3 868	1
NTWC	3 212	1	3 388	1	3 356	1	2 543	1

*KEC commenced limited onsite oncology service since 2009-10.

(2) The number of cancer new cases and registered cancer deaths from 2012 to 2013 in Hong Kong are summarised below. Statistics for cancer new cases and registered cancer deaths from 2014 onwards are not yet available.

Ranking* (2013)	Cancer Site	Number of new cases		Number of registered deaths	
		2012	2013	2012	2013
1	Lung	4 610	4 631	3 893	3 867
2	Colorectum	4 563	4 769	1 903	1 981
3	Liver	1 790	1 852	1 505	1 542
4	Stomach	1 113	1 100	657	625
5	Breast	3 522	3 544	604	600
6	Pancreas	574	608	538	584
7	Prostate	1 631	1 655	362	372
8	Non-Hodgkin lymphoma	804	877	351	352
9	Oesophagus	400	429	313	329
10	Nasopharynx	819	841	329	312
	Others	8 022	8 630	2 881	3 025
	All sites	**27 848**	**28 936**	**13 336**	**13 589**

*Ranking according to number of registered deaths in 2013

Detailed statistics on waiting time per types of cancer site or the cost of treatment are not available. In providing treatment and care services for cancer patients, HA adopts a multi-disciplinary approach across a number of clinical specialties. Doctors will arrange different forms of examination, pharmaceutical treatment and other adjuvant treatments in the light of the patients' needs, their clinical conditions and the complexity of their diseases. Moreover, cancer patients often require integrated medical services, including general out-patient clinic and specialist outpatient clinic services, acute care, extended

care and hospice care, etc. Some cancer patients also need treatments for other diseases such as diabetes and hypertension. HA will continue to review and monitor its service provision to ensure that its services can meet the needs of patients.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1087)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Regarding community health centres (CHCs), please advise on the following:

(1) It is mentioned in the Budget Speech that CHCs will be set up in Mong Kok, Shek Kip Mei and North District. When will these 3 CHCs be expected to commence services? What are the manpower and expenditure involved, as well as the estimated number of people to be served?

(2) Please list the number of attendances, the total expenditure and total number of healthcare professionals of each of the 3 existing public CHCs (the CHCs in Tin Shui Wai, the North Lantau Hospital and Kwun Tong) in the past 3 financial years.

Asked by: Hon WONG Kwok-kin (Member Question No. 41)

Reply:
(1)

The Government plans to develop Community Health Centres (CHCs) in Mong Kok, Shek Kip Mei and North District, through which additional services for 410 000 attendances will be provided each year. As the projects are currently at the initial planning stage, their target timelines for service commencement are subject to detailed planning and design. The Hospital Authority will work out the detailed operational arrangements, including additional manpower and resource requirements, at a later stage when the respective commissioning plans are available.

(2)

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, was commissioned in mid-2012 to provide integrated and comprehensive primary care services for chronic disease management and patient

empowerment programme. The North Lantau CHC and Kwun Tong CHC commenced services in September 2013 and March 2015 respectively.

CHCs provide integrated multi-disciplinary healthcare services, including general outpatient clinic (GOPC) services, as well as health risk assessments, disease prevention and health promotion, and support for self-health awareness services, through medical, nursing and allied health services. Similar to other public GOPCs, patients under the care of the CHCs mainly comprise 2 categories: chronic disease patients with stable medical conditions (such as patients with diabetes mellitus or hypertension); and episodic disease patients with relatively mild symptoms (such as those suffering from influenza, cold, fever, gastroenteritis, etc.).

Staff disciplines involved for the above integrated multi-disciplinary healthcare services in CHCs include doctors, nurses, dietitians, dispensers, optometrists, podiatrists, physiotherapists, pharmacists, social workers, clinical psychologists, occupational therapists, executive officers, technical services assistants and general service assistants, etc. These healthcare staff works in a multi-disciplinary manner, across different service programmes and in multiple service sites.

The number of GOP attendances in the Tin Shui Wai (Tin Yip Road) CHC, North Lantau CHC and Kwun Tong CHC from 2013-14 to 2015-16 (up to 31 December 2015) are as follows:

	2013-14	2014-15	2015-16 (up to 31 December 2015) [Provisional figures]
Tin Shui Wai (Tin Yip Road) CHC	71 124	75 448	62 193
North Lantau CHC	29 580 (Commenced service in September 2013)	59 774	48 694
Kwun Tong CHC	-	5 336 (Commenced service in March 2015)	174 094

As the service provision of CHCs involves cross programmes activities by different multi-disciplinary teams within the cluster, estimated expenditure of individual CHC cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2987)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
What are the current number of hospital beds and bed occupancy rate in each hospital cluster? What are the respective expenditures involved? Please provide a breakdown by hospital cluster, by hospital in each cluster as well as by general, infirmary, mentally ill and mentally handicapped services.

Asked by: Hon WONG Kwok-kin (Member Question No. 49)

Reply:
The table below sets out the number of hospital beds, inpatient bed occupancy rate and the respective estimated costs of inpatient services in each hospital cluster by general, infirmary, mentally ill and mentally handicapped service under the Hospital Authority (HA) in 2015-16.

2015-16 [Provisional figures]	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
General (acute and convalescent)								
Number of hospital beds #	2 065	2 860	3 029	2 331	5 244	3 610	2 448	21 587
Inpatient bed occupancy rate ^	86%	75%	89%	90%	87%	88%	100%	88%
Estimated service costs ($ million)	3,284	4,363	4,610	3,561	7,450	5,549	3,940	32,757
Infirmary								
Number of hospital beds #	627	200	118	116	328	517	135	2 041
Inpatient bed occupancy rate ^	86%	82%	88%	87%	95%	83%	94%	87%
Estimated service costs ($ million)	280	81	67	65	136	128	45	802

2015-16 [Provisional figures]	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Mentally ill								
Number of hospital beds #	400	82	425	80	920	524	1 176	3 607
Inpatient bed occupancy rate ^	67%	75%	78%	85%	74%	75%	66%	72%
Estimated service costs ($ million)	276	122	333	82	570	399	696	2,478
Mentally handicapped*								
Number of hospital beds #	-	-	-	-	160	-	500	660
Inpatient bed occupancy rate ^	-	-	-	-	42%	-	96%	83%
Estimated service costs ($ million)	-	-	-	-	65	-	242	307

Hospital beds as at 31 December 2015
^ Inpatient bed occupancy rate in 2015-16 (up to 31 December 2015)
* Mentally handicapped beds are provided in KWC and NTWC only.

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

Inpatient service costs vary among different clusters owing to the varying complexity of conditions of patients and different diagnostic services, treatments and prescriptions required as well as length of stay of patients in the clusters. The service costs also vary among different clusters due to different case-mix, i.e. the mix of patients of different conditions in the clusters, which may differ according to the population profile and other factors, including specialisation of the specialties in the clusters. Hence, clusters with greater number of patients or heavier load of patients with more complex conditions or requiring more costly treatment would incur a higher service cost. Therefore, the service costs cannot be directly compared among clusters. Furthermore, since the financial year of 2015-16 is not yet completed, detailed breakdown of cost information by hospital is not yet available.

The table below sets out the number of hospital beds in each hospital by general, infirmary, mentally ill and mentally handicapped services under HA as at 31 December 2015.

Cluster	Hospital	General (acute and convalescent)	Infirmary	Mentally ill	Mentally Handicapped
HKEC	Cheshire Home, Chung Hom Kok	0	240	0	0
	Pamela Youde Nethersole Eastern Hospital	1 317	0	400	0
	Ruttonjee Hospital and Tang Shiu Kin Hospital	465	156	0	0

Cluster	Hospital	General (acute and convalescent)	Infirmary	Mentally ill	Mentally Handicapped
	St. John Hospital	28	59	0	0
	Tung Wah Eastern Hospital	255	12	0	0
	Wong Chuk Hang Hospital	0	160	0	0

Cluster	Hospital	General (acute and convalescent)	Infirmary	Mentally ill	Mentally Handicapped
HKWC	The Duchess of Kent Children's Hospital at Sandy Bay	133	0	0	0
	Tung Wah Group of Hospitals Fung Yiu King Hospital	192	80	0	0
	Grantham Hospital	338	50	0	0
	MacLehose Medical Rehabilitation Centre	110	0	0	0
	Queen Mary Hospital	1 604	0	82	0
	Tung Wah Hospital	480	70	0	0
	Tsan Yuk Hospital	3	0	0	0
KCC	Hong Kong Buddhist Hospital	324	0	0	0
	Hong Kong Eye Hospital	45	0	0	0
	Kowloon Hospital	778	118	425	0
	Queen Elizabeth Hospital	1 882	0	0	0
KEC	Haven of Hope Hospital	345	116	0	0
	Tseung Kwan O Hospital	661	0	0	0
	United Christian Hospital	1 325	0	80	0
KWC	Caritas Medical Centre	1 026	20	0	160
	Kwai Chung Hospital	0	0	920	0
	Kwong Wah Hospital	1 206	0	0	0
	North Lantau Hospital	40	0	0	0
	Our Lady of Maryknoll Hospital	236	0	0	0
	Princess Margaret Hospital	1 595	138	0	0
	Tung Wah Group of Hospitals Wong Tai Sin Hospital	379	132	0	0
	Yan Chai Hospital	762	38	0	0
NTEC	Alice Ho Miu Ling Nethersole Hospital	503	0	20	0
	Bradbury Hospice	26	0	0	0
	North District Hospital	603	0	0	0
	Prince of Wales Hospital	1 650	0	0	0
	Cheshire Home, Shatin	69	235	0	0
	Shatin Hospital	358	50	144	0
	Tai Po Hospital	401	232	360	0
NTWC	Castle Peak Hospital	0	0	1 156	0
	Pok Oi Hospital	584	135	0	0
	Siu Lam Hospital	0	0	0	500
	Tuen Mun Hospital	1 864	0	20	0

In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency department or those who have stayed for more than one day. The calculation of the number of hospital beds includes that of both

inpatients and day inpatients. The calculation of inpatient bed occupancy rate, on the other hand, does not include that of day inpatients.

HA organises clinical services on a cluster basis. The patient journey may involve different points of care within the same cluster. Hence, information by cluster provides a better picture than that by hospital on service utilisation. Activity indicators such as inpatient bed occupancy rate should be interpreted at cluster level.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0881)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Supporting the development of Chinese medicines falls under the purview of the Bureau. Since human resources are fundamental to the development of Chinese medicines, has the Bureau, together with other relevant departments, deployed resources and manpower to evaluate the status of manpower training for the Chinese medicines industry in Hong Kong? If yes, for evaluating the effectiveness of the Bureau's efforts, please set out the tertiary institutions that are currently running related training courses and the courses offered; the numbers of student intakes and graduates of these courses, and the percentage of graduates who have entered the field of Chinese medicines in each of the past 3 years; as well as the manpower and financial resources involved in the evaluation process.

Asked by: Hon WONG Ting-kwong (Member Question No. 33)

Reply:

The Chinese Medicine Ordinance (Cap. 549) stipulates that the holder of retailer licence in Chinese herbal medicines (Chm) with dispensing service of Chm and the holder of manufacturer licence in proprietary Chinese medicines (pCm) must nominate a person who will be responsible for the supervision of the dispensing of Chm or for the supervision of the manufacture of pCm as appropriate, and not more than two deputies, one of whom shall act in the absence of the responsible person.

Responsible persons nominated in the application of the above licences must comply with the minimum requirements regarding knowledge and experience as set out in Schedule 1 of the Chinese Medicines Regulation (Cap. 549F). Among the requirements, any person who holds a bachelor's degree in Chinese medicine awarded by a university in Hong Kong; or a diploma in Chinese medicines awarded by a university in Hong Kong or the Vocational Training Council (VTC); or a certificate in Chinese medicines awarded by a university in

Hong Kong or the VTC on completion of a 120 hour course together with the specific experience can be nominated to be the responsible person.

Currently, there is only one full-time undergraduate programme in pharmacy in Chinese medicines in Hong Kong (i.e. Bachelor of Pharmacy (Hons) in Chinese Medicine, Hong Kong Baptist University). The number of student intakes and graduates of the above programme concerned in the past 3 years are as follows -

Academic Year	Student Intakes	No. of Graduates
2013/14	17	10
2014/15	14	15
2015/16 (provisional)	22	Not yet available

We do not have information about the intakes and graduates of courses offering diploma or certificates in Chinese medicines.

As of 7 March 2016, holders of retailer licence in Chm with dispensing service and holders of manufacturer licence in pCm amounted to 1 768 in total. There is no information on the percentage of graduates who have entered the field of Chinese medicines.

The Government set up a Chinese Medicine Development Committee (the Committee) in February 2013 to give recommendations to the Government concerning the direction and long-term strategy of the future development of Chinese medicines in Hong Kong. The Government has been supporting the work of the Committee. There is no breakdown of manpower and financial resources incurred for evaluating the status of manpower training for the Chinese medicines industry in Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2626)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Since the launch of the "General Outpatient Clinic Public-Private Partnership (GOPC PPP) Programme" by the Hospital Authority (HA) in Wong Tai Sin, Kwun Tong and Tuen Mun districts in mid-2014,

1. how many doctors and patients have participated in the GOPC PPP Programme? What was the total expenditure involved?

2. how many doctors and patients have withdrawn from the GOPC PPP Programme? Have the HA and the Government assessed the reasons for that?

3. what enhancement measures have been or will be taken by the HA, such as the extension of the scope of the GOPC PPP Programme to cover more illnesses? When will the HA extend the GOPC PPP Programme to other districts?

Asked by: Hon WU Chi-wai (Member Question No. 66)

Reply:

(1) The General Outpatient Clinic Public-Private Partnership (GOPC PPP) Programme was launched by the Hospital Authority (HA) in mid-2014 in 3 pilot districts namely Kwun Tong, Wong Tai Sin and Tuen Mun. The initial support and response from private doctors and patients have been positive. As at 29 February 2016, 92 private doctors and 7 453 patients have enrolled in the Programme. The total expenditure since the programme launch up to December 2015 was $19.7 million.

(2) Since the programme launch up to 29 February 2016, 12 private doctors have ceased their participation in the GOPC PPP Programme while 333 patients have chosen to withdraw from the Programme after paying the first visit to their selected private doctors under the Programme. Initial assessment showed that the major reasons for doctors' withdrawal were that they had stopped practicing in the designated pilot districts, or retired, whilst withdrawing patients indicated they preferred HA's service.

HA will continue to monitor closely the implementation of the GOPC PPP Programme, including undertaking an interim review to look into the key implementation issues and operating experiences, which will include the views of those who have left the Programme.

(3) The plan is to extend the GOPC PPP Programme to the remaining 15 districts of Hong Kong in 3 years starting from 2016-17. A roll-out plan for the Programme has been mapped out having considered the initial positive feedback from the medical professional bodies, patients, private doctors, and staff as well as the community call for extension of the GOPC PPP Programme to other districts. The tentative roll-out plan is outlined as follows:

District	**2016-17**	**2017-18**	**2018-19**	**Cluster Applicable**
Central and Western		✓		HKWC
Eastern	✓			HKEC
Southern	✓			HKEC / HKWC
Wan Chai	✓			HKEC
Kowloon City	✓			KCC
Sham Shui Po	✓			KWC
Yau Tsim Mong			✓	KCC / KWC
Islands		✓		HKEC / KWC
Kwai Tsing	✓			KWC
North			✓	NTEC
Sai Kung	✓			KEC
Sha Tin	✓			NTEC
Tai Po		✓		NTEC
Tsuen Wan		✓		KWC
Yuen Long	✓			NTWC

Having regard to the responses from private doctors and patients as well as the results from the interim review, HA may consider expanding the scope of chronic diseases and number of patients benefitting under the Programme where appropriate.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0454)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In respect of the "inspections of nursing homes registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance not less than once a year", will the Department advise:

1. on the total number of registered nursing homes in the territory;
2. on the key areas for inspection;
3. whether the relevant nursing homes will be notified before inspection. If so, what are the details? If not, why?
4. whether a mechanism has been put in place to evaluate the effectiveness of inspection. If so, what are the details? If not, why?
5. that of the total number of nursing homes, what is the percentage of nursing homes which have been inspected only once a year? and
6. whether the number of inspections will be increased. If so, what are the details? If not, why?

Asked by: Hon Abraham SHEK Lai-him (Member Question No. 26)

Reply:

Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) (the Ordinance), the Department of Health (DH) registers nursing homes subject to their conditions relating to accommodation, staffing and equipment. DH has also promulgated the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes (COP) which sets out the standards of good practice, with a view to enhancing patient safety and quality of service.

(1) As at 31 December 2015, a total of 59 nursing homes were registered under the Ordinance.

(2) DH inspects all nursing homes at least once per year. The key areas for inspections would be those covered by the Ordinance and the COP, which include organisation and administration of the institution, accommodation and equipment, human resources management, quality management of services, policies and procedures, rights of patients, patient care, risk management, medical records, reporting of incidents and standards on specific types of clinical services and support services.

(3) DH conducts inspections to nursing homes for purposes including annual renewal of registration, applications for changes in services and investigating complaints and adverse events. Other than applications for changes in services, all inspections will be conducted in an unannounced manner.

(4) DH monitors nursing homes' compliance with the Ordinance and COP through inspections. Inspection findings will be documented and analysed. For nursing homes found to have non-compliance, DH will issue regulatory letters to the nursing home concerned and monitor their remedial actions according to the established protocol.

(5) In 2015, a total of 150 inspections to nursing homes were conducted. The average number of inspections for each nursing home was 2.5. There was no nursing home which was inspected only once in the year.

(6) DH conducts inspections to nursing homes for purposes including annual renewal of registration, applications for changes in services and investigating complaints and adverse events. The total number of inspections conducted is affected by factors such as number of applications for new services and number of complaints received.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)162

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0465)

Head: (37) Department of Health

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

Programme: Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health stated that the number of non-directorate posts will be increased by 114 to 6 261 posts as at 31 March 2017. Please inform this Council of the nature of work, ranks and salaries of these new posts.

Asked by: Hon Abraham SHEK Lai-him (Member Question No. 38)

Reply:

Details of the net increase of 114 posts are at the **Annex**.

- End -

Annex

Proposed Creation and Deletion of Posts in Department of Health in 2016-17

Initiative / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
Programme 1 – Statutory Functions		
(a) Setting up a temporary testing centre for Chinese Medicines		
Scientific Officer (Medical) (Including three posts on a time-limited basis for three years from 2016-17 to 2018-19)	9	7,663,140
Executive Officer II	1	451,080
Assistant Clerical Officer	1	243,660
Senior Chemist	1	1,309,080
Chemist	1	851,460
Science Laboratory Technologist	1	681,240
Science Laboratory Technician I	1	517,260
Science Laboratory Technician II	2	642,840
Laboratory Attendant	1	202,680
Sub-total :	***18***	***12,562,440***
(b) Setting up a new Office for Regulation of Private Healthcare Facilities (Time-limited for three years from 2016-17 to 2018-19)		
Senior Medical and Health Officer	1	1,309,080
Medical and Health Officer	1	971,880
Chief Nursing Officer	1	1,057,500
Senior Dental Officer	1	1,309,080
Pharmacist	1	851,460
Scientific Officer (Medical)	3	2,554,380
Senior Executive Officer	1	931,800
Executive Officer I	1	681,240
Executive Officer II	2	902,160
Clerical Officer	1	390,720
Assistant Clerical Officer	3	730,980
Clerical Assistant	1	190,140
Personal Secretary I	1	390,720
Building Services Engineer/Assistant Building Services Engineer	1	702,060
Senior Electrical and Mechanical Engineer	1	1,309,080
Sub-total :	***20***	***14,282,280***

Initiative / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
(c) Conversion of non-civil service contract positions to civil service posts for rationalising the professional support for the implementation of Medical Device Administrative Control System and the development of a long-term statutory framework for regulating medical devices		
Scientific Officer (Medical)	5	4,257,300
Sub-total :	***5***	***4,257,300***
Total (Programme 1) :	***43***	***31,102,020***
Programme 2 – Disease Prevention		
(a) Enhancing the work of the surveillance and administration team for the Elderly Health Care Voucher Scheme		
Senior Executive Officer	1	931,800
Executive Officer II	2	902,160
Assistant Clerical Officer	1	243,660
Clerical Assistant	1	190,140
Sub-total :	***5***	***2,267,760***
(b) Strengthening the work in combating public health threats from antimicrobial resistance		
Senior Medical and Health Officer	1	1,309,080
Medical and Health Officer	2	1,943,760
Nursing Officer	2	1,301,280
Registered Nurse	3	1,230,480
Senior Pharmacist	1	1,309,080
Scientific Officer (Medical)	1	851,460
Assistant Clerical Officer	1	243,660
Statistical Officer I	1	517,260
Sub-total	***12***	***8,706,060***
(c) Coping with the increased workload arising from the expansion of Vaccination Subsidy Scheme		
Executive Officer II	1	451,080
Clerical Officer	1	390,720
Assistant Clerical Officer	3	730,980
Sub-total :	***5***	***1,572,780***
(d) Coping with the workload arising from the lead in water incident (Time-limited for two years from 2016-17 to 2017-18)		
Senior Medical and Health Officer	1	1,309,080
Medical and Health Officer	2	1,943,760

Initiative / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
Registered Nurse	2	820,320
Scientific Officer (Medical)	1	851,460
Senior Executive Officer	1	931,800
Executive Officer II	1	451,080
Assistant Clerical Officer	1	243,660
Sub-total :	***9***	***6,551,160***
(e) Implementing Baby Friendly Initiative in Maternal and Child Health Centres (Time-limited for three years from 2016-17 to 2018-19)		
Registered Nurse	3	1,230,480
Sub-total :	***3***	***1,230,480***
(f) Strengthening the clerical support in Programme Management and Professional Development Branch		
Assistant Clerical Officer	1	243,660
Property Attendant	-1	-163,680
Sub-total :	***0***	***79,980***
(g) Conversion of non-civil service contract positions to civil service posts for rationalising the administrative support to the Elderly Health Care Voucher Scheme		
Executive Officer II	1	451,080
Assistant Clerical Officer	2	487,320
Sub-total :	***3***	***938,400***
(h) Conversion of non-civil service contract position to civil service post for providing executive support in the handling and investigation of complaint cases referred by various organizations		
Senior Executive Officer	1	931,800
Sub-total :	***1***	***931,800***
(i) Conversion of non-civil service contract positions to civil service posts for supporting the Colorectal Cancer Screening Pilot Programme (Time-limited for three years from 2016-17 to 2018-19)		
Senior Executive Officer	1	931,800
Executive Officer I	1	681,240
Executive Officer II	4	1,804,320
Sub-total :	***6***	***3,417,360***
Total (Programme 2) :	***44***	***25,695,780***

Initiative / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
Programme 5 – Rehabilitation		
Setting up a temporary child assessment centre in Ngau Tau Kok		
Senior Medical and Health Officer	1	1,309,080
Medical and Health Officer	2	1,943,760
Nursing Officer	1	650,640
Registered Nurse	2	820,320
Clinical Psychologist	2	1,702,920
Speech Therapist	1	541,560
Occupational Therapist I	1	650,640
Physiotherapist I	1	650,640
Assistant Clerical Officer	1	243,660
Clerical Assistant	2	380,280
Workman II	2	302,400
Total (Programme 5) :	***16***	***9,195,900***
Programme 7 – Medical and Dental Treatment for Civil Servants		
Setting up seven prosthodontic surgeries		
Senior Dental Officer	1	1,309,080
Dental Officer	1	890,520
Senior Dental Surgery Assistant	2	861,360
Dental Surgery Assistant	2	549,600
Assistant Clerical Officer	1	243,660
Clerical Assistant	1	190,140
Assistant Supplies Officer	1	372,240
Laboratory Attendant	1	202,680
Workman II	1	151,200
Total (Programme 7) :	***11***	***4,770,480***
Total(Overall):	***114***	***70,764,180***

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1579)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out in detail the various policies and initiatives implemented by the Department of Health for co-ordinating primary care development and enhancing primary care services in Hong Kong, the actual expenditures on these initiatives in the past three financial years, as well as the estimated expenditure for 2016-17.

Asked by: Hon Alan LEONG Kah-kit (Member Question No. 30)

Reply:

The "Primary Care Development Strategy Document" promulgated in 2010 sets out the following major strategies on enhancing primary care in Hong Kong -

(a) developing primary care conceptual models and reference frameworks for specific diseases and population groups;

(b) developing a Primary Care Directory to promote the family doctor concept and a multi-disciplinary approach in enhancing primary care; and

(c) devising feasible service models to deliver community-based primary care services through appropriate pilot projects, including establishing community health centres/networks.

The Primary Care Office (PCO) was established in September 2010 under the Department of Health (DH) to support and co-ordinate the implementation of primary care development strategies and actions. The financial provision for PCO is $88.0 million respectively in 2013-14, 2014-15, 2015-16 and 2016-17. The latest progress and work plan of the major primary care initiatives under PCO are as follows -

(a) Primary Care Conceptual Models and Reference Frameworks

Reference Frameworks for diabetes care, hypertension care and preventive care in children as well as older adults have been developed. A mobile application of these reference frameworks has also been launched. Development of new modules under these reference frameworks (e.g. module on cognitive impairment for older adults and module on development for children) is in progress while the promulgation of the existing reference frameworks continues.

(b) Primary Care Directory

The web-based and mobile application versions of the sub-directories for doctors, dentists and Chinese medicine practitioners have been launched. We will continue to promote the Primary Care Directory to the public as well as to primary care service providers for enrolment.

(c) Community Health Centres (CHCs)

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, was commissioned in mid-2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. The North Lantau CHC and Kwun Tong CHC commenced service in 2013 and 2015 respectively. Allied health services have been strengthened in CHCs. We are exploring the feasibility of developing CHC projects in other districts and will consider the scope of services and modus operandi that suit district needs most.

(d) Publicity Activities

A variety of publicity activities are being conducted through various channels to enhance public understanding and awareness of the importance of primary care, drive attitude change and foster public participation and action.

It should be noted that apart from PCO, other divisions of DH have been implementing projects and initiatives seeking to enhance primary care in Hong Kong such as health promotion and education and prevention of non-communicable diseases. However, as these services form an integral part of the respective DH's services, such expenditure could not be separately identified.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)164

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1580)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out in detail the various policies and initiatives implemented by the Department of Health for maintaining the surveillance and control of communicable diseases, the actual expenditures on these initiatives in the past three financial years, as well as the estimated expenditure for 2016-17.

Asked by: Hon Alan LEONG Kah-kit (Member Question No. 31)

Reply:

The Centre for Health Protection (CHP) of the Department of Health (DH) achieves effective prevention and control of diseases through coordinating and implementing public health programmes covering surveillance, outbreak management, health promotion, risk communication, emergency preparedness and contingency planning, infection control, laboratory services, vaccinations, specialised treatment and care services, as well as training and research.

For surveillance of communicable diseases, the CHP receives notifications from medical practitioners and institutions; monitors data collated from various sentinel surveillance systems; communicates with international and regional health authorities, and monitors media reports of various kinds.

To control communicable diseases, the CHP carries out prompt epidemiological investigation, on-site inspections, segregation or confinement measures, contact tracing and medical surveillance in accordance with the Prevention and Control of Disease Ordinance (Cap. 599) and conducts risk communication, public education and community engagement to reduce the risk of spread.

Aside from working closely with the Scientific Committees which advise on issues of public health importance, the CHP also provides specialised treatment services and carries

out surveillance and prevention activities for tuberculosis, HIV, and sexually transmitted infections through its Tuberculosis and Chest Service, Special Preventive Programme and Social Hygiene Service respectively.

Expenditures of the CHP in the past three years are provided below –

Year	Expenditure
2013-14	$1,443.9 million (actual)
2014-15	$1,559.2 million (actual)
2015-16	$1,566.2 million (revised estimate)

The provision for 2016-17 is $1,695.1 million.

The above programmes for maintaining the surveillance and control of communicable diseases are integral parts of the CHP. The CHP does not have breakdown of the expenditure by programme.

- End -

Examination of Estimates of Expenditure 2016-17 | Reply Serial No. **FHB(H)165**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1581)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out in detail the various policies and initiatives implemented by the Department of Health for providing laboratory services for the diagnosis and surveillance of various diseases including infections and for other screening services, the actual expenditure on these initiatives in the past three financial years, as well as the estimated expenditure for 2016-17.

Asked by: Hon Alan LEONG Kah-kit (Member Question No. 32)

Reply:

The Department of Health (DH) provides medical laboratory services for clinical diagnosis and surveillance of diseases of public health significance, including infectious diseases (such as viral and bacterial infections) and non-infectious diseases (such as cervical cytology screening, neonatal screening for hypothyroidism and glucose-6-phosphate dehydrogenase deficiency). The current scope of testing is accessible at http://www.chp.gov.hk/en/guidelinehp/13/30.html#PHL. The actual/estimated expenditures in 2013-14, 2014-15 and 2015-16 are $312.6 million, $329.8 million and $342.9 million respectively and the provision for 2016-17 is $353.4 million. DH does not have breakdown of expenditure by initiatives.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1582)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out in detail the various policies and initiatives implemented by the Department of Health for providing integrated healthcare service to the elderly, the actual expenditures on these initiatives in the past three financial years, as well as the estimated expenditure for 2016-17.

Asked by: Hon Alan LEONG Kah-kit (Member Question No. 33)

Reply:

The Elderly Health Service, comprising 18 Elderly Health Centres (EHCs) and 18 Visiting Health Teams (VHTs), was established in 1998 to enhance primary health care to elderly people living in the community, improve their self-care ability, encourage healthy living and strengthen family support so as to minimise illness and disability.

The EHCs adopt a multi-disciplinary approach in providing integrated health services including health assessment, counselling, health education and treatment to the elderly aged 65 and over on a membership basis.

The VHTs reach out to the community and residential care settings to provide health promotion activities for the elderly and their carers in collaboration with other elderly services providers. The aim is to increase their health awareness, the self-care ability of the elderly, and to enhance the quality of caregiving.

The Public Health and Administration Section supports the operation of the EHCs and the VHTs and provides professional input on elderly health-related issues at an inter-departmental level. Data collected from daily service operations are used for

monitoring the health status of the elderly and research purposes.

The expenditure for the Elderly Health Service from 2013-14 to 2016-17 is as below:

	2013-14 (Actual) $ million	**2014-15 (Actual) $ million**	**2015-16 (Revised Estimate) $ million**	**2016-17 (Estimate) $ million**
EHCs	121.7	130.6	139.4	142.3
Public health administration & VHTs	74.9	76.7	77.5	79.1
Total	196.6	207.3	216.9	221.4

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)167

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1583)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown by the 18 districts of the operating expenditure of the Elderly Health Centres in each district, the cost per health assessment, the cost per attendance for curative treatments and the cost per attendance for explaining assessment results.

Asked by: Hon Alan LEONG Kah-kit (Member Question No. 34)

Reply:

The operating expenditure for each Elderly Health Centre (EHC) is not separately identified. The revised estimate for the 18 EHCs in 2015-16 is $139.4 million. The average expenditure of each EHC is about $7.7 million. In 2015-16, the unit cost for each health assessment including follow up for results of assessment is $1,310 while the unit cost per attendance for medical consultation is $515.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1584)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown by the 18 districts of the workload of the Elderly Health Centres in each district for the past three years, including the numbers of first-time health assessments, subsequent health assessments, attendance for follow-up of assessment results and attendance for curative treatments.

Asked by: Hon Alan LEONG Kah-kit (Member Question No. 35)

Reply:

The service figures of Elderly Health Centres (EHCs) in the past three years are listed as follows –

EHC		2013	2014	2015*
Sai Ying Pun	First-time health assessment	120	162	698
	Subsequent health assessment	2 000	2 015	1 590
	follow-up for the results of the assessment	2 060	2 072	2 057
	Curative treatment	4 453	4 046	3 648
Shau Kei Wan	First-time health assessment	204	326	665
	Subsequent health assessment	1 992	1 887	1 559
	follow-up for the results of the assessment	2 207	2 326	2 396
	Curative treatment	4 444	4 289	4 517
Wan Chai#	First-time health assessment	183	249	1 879
	Subsequent health assessment	1 973	1 894	1 735
	follow-up for the results of the assessment	2 076	2 105	2 991
	Curative treatment	4 576	4 852	5 220

Aberdeen	First-time health assessment	163	183	467
	Subsequent health assessment	1 961	1 981	1 715
	follow-up for the results of the assessment	2 101	2 102	2 137
	Curative treatment	6 472	6 059	5 915
Nam Shan	First-time health assessment	166	244	490
	Subsequent health assessment	2 027	1 968	1 735
	follow-up for the results of the assessment	2 544	2 549	2 521
	Curative treatment	4 890	4 466	4 295
Lam Tin	First-time health assessment	268	410	560
	Subsequent health assessment	1 950	1 810	1 660
	follow-up for the results of the assessment	2 010	1 998	2 034
	Curative treatment	3 960	4 026	3 753
Yau Ma Tei	First-time health assessment	104	128	488
	Subsequent health assessment	1 975	2 034	1 728
	follow-up for the results of the assessment	2 343	2 271	2 119
	Curative treatment	4 515	4 320	3 861
San Po Kong	First-time health assessment	175	168	550
	Subsequent health assessment	1 947	1 955	1 584
	follow-up for the results of the assessment	1 968	1 998	2 051
	Curative treatment	5 273	5 085	5 238
Kowloon City	First-time health assessment	98	104	554
	Subsequent health assessment	2 095	2 107	1 657
	follow-up for the results of the assessment	1 838	1 839	1 874
	Curative treatment	4 503	4 371	4 440
Lek Yuen#	First-time health assessment	440	238	1 628
	Subsequent health assessment	1 681	1 891	1 913
	follow-up for the results of the assessment	1 499	1 516	3 025
	Curative treatment	5 669	5 489	5 488
Shek Wu Hui	First-time health assessment	264	210	450
	Subsequent health assessment	1 855	1 945	1 712
	follow-up for the results of the assessment	2 572	2 177	1 977
	Curative treatment	8 370	7 997	8 012
Tseung Kwan O	First-time health assessment	163	191	537
	Subsequent health assessment	1 973	1 945	1 599
	follow-up for the results of the assessment	2 011	1 966	2 016
	Curative treatment	5 768	5 837	5 623
Tai Po	First-time health assessment	192	278	581
	Subsequent health assessment	1 933	1 844	1 543

	follow-up for the results of the assessment	2 069	2 110	2 027
	Curative treatment	5 423	5 691	5 439
Tung Chung	First-time health assessment	407	244	461
	Subsequent health assessment	1 817	1 982	1 869
	follow-up for the results of the assessment	2 074	2 198	2 232
	Curative treatment	3 873	3 786	3 343
Tsuen Wan	First-time health assessment	386	396	520
	Subsequent health assessment	1 706	1 718	1 596
	follow-up for the results of the assessments	1 773	1 920	1 910
	Curative treatment	6 014	5 830	6 008
Tuen Mun Wu Hong	First-time health assessment	275	360	514
	Subsequent health assessment	1 834	1 767	1 635
	follow-up for the results of the assessment	2 220	2 756	2 321
	Curative treatment	5 310	4 998	4 880
Kwai Shing	First-time health assessment	184	371	620
	Subsequent health assessment	2 028	1 850	1 690
	follow-up for the results of the assessment	2 201	2 112	2 263
	Curative treatment	3 785	3 773	3 565
Yuen Long	First-time health assessment	332	275	420
	Subsequent health assessment	1 866	1 940	1 799
	follow-up for the results of the assessment	2 083	2 128	2 102
	Curative treatment	4 304	4 163	3 950

*Provisional figures

#A new clinical team commenced operation in Lek Yuen EHC since March 2015. The team was subsequently deployed to assist at Wan Chai EHC since August 2015.

Note:

“First-time health assessment” is an attendance by a newly enrolled EHC member for physical health examination.

“Subsequent health assessment” is an attendance by a re-enrolling EHC member for physical health examination.

“Follow-up for the results of the assessment” is an attendance by EHC members two to four weeks after a physical health examination for follow-up of the assessment results.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2206)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Department will "launch a pilot colorectal cancer screening programme for persons at specific ages" in 2016-17. Please advise on:

1. the manpower and expenditure involved for the pilot programme;

2. the eligibility for application, number of targets, details and duration of the pilot programme; and

3. how will the Department consider making the pilot programme a regular one.

Asked by: Hon Alan LEONG Kah-kit (Member Question No. 36)

Reply:

The Department of Health (DH) targets to launch the Colorectal Cancer Screening Pilot Programme (the Pilot Programme) in the second half of 2016 to provide subsidised screening service in phases in three years to eligible Hong Kong residents aged 61-70. Faecal immunochemical test (FIT) will be adopted as the primary screening tool to be prescribed by enrolled primary care doctors under the Pilot Programme. Participants with a positive FIT result will then be referred for colonoscopy to be provided by enrolled colonoscopy specialists through a public-private partnership model. The DH estimates some 300 000 attendances for FIT and 10 000 for colonoscopy examinations will be completed under the Pilot Programme. Experience from the Pilot Programme will form the basis for further deliberation as regards whether and how best colorectal cancer screening service could be provided to the wider population.

Provision for the Pilot Programme in 2016-17 is $91.9 million. The time-limited civil service posts involved in the planning and implementation of the Pilot Programme are listed in the table below.

Rank	No.
Senior Medical and Health Officer	1
Medical and Health Officer	2
Nursing Officer	2
Registered Nurse	1
Treasury Accountant	1
Statistical Officer I	1
Senior Executive Officer	1
Executive Officer I	1
Executive Officer II	4
Total :	***14***

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)170

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2207)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out in detail the policies and initiatives in respect of the provision of woman health service by the Department of Health, the actual expenditures on these initiatives in the past three financial years, as well as the estimated expenditure for 2016-17.

Asked by: Hon Alan LEONG Kah-kit (Member Question No. 37)

Reply:

The Department of Health offers Woman Health Service to women at or below 64 years of age. Woman Health Service aims to promote the health of women according to their health needs at various stages of life. The service covers health assessment, health education and counselling for enrolled women. Health assessment includes medical history taking, physical examination and investigations if clinically indicated. At present, there are three Woman Health Centres and ten Maternal and Child Health Centres providing Woman Health Service on full-time and sessional basis respectively.

The actual expenditures for the three Woman Health Centres in the past three financial years and the estimated expenditure for 2016-17 are as follows-

Financial Year	**Actual/Estimated Expenditure ($ million)**
2013-14 (Actual)	29.7
2014-15 (Actual)	31.0
2015-16 (Revised Estimate)	33.7
2016-17 (Estimate)	34.3

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)171

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2209)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown by the 18 districts of the operating expenditures, costs of various health assessment services, costs of various gynaecological tests and cost per attendance for explaining the assessment results in respect of the three Woman Health Centres and the 31 Maternal and Child Health Centres.

Asked by: Hon Alan LEONG Kah-kit (Member Question No. 40)

Reply:

The Family Health Service provides its services through a network of three Woman Health Centres and 31 Maternal and Child Health Centres (MCHCs). Breakdown of the operating expenditure of the above centres by district is not available. In 2015-16, the unit cost for (i) each woman enrolled for Woman Health Service (excluding mammography) is $1,360, (ii) each mammography is $665 and (iii) each cervical screening is $280. The above unit costs already include the cost for explaining the assessment / investigation results, if any. The cost per attendance for other services provided by MCHCs is not readily available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3099)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:
Please provide a breakdown by the 18 districts of the workload of the three Woman Health Centres and 31 Maternal and Child Health Centres, including the respective numbers of various health assessments for women, subsequent health assessments, sessions for explaining assessment results and gynaecological tests conducted.

Asked by: Hon Alan LEONG Kah-kit (Member Question No. 41)

Reply:

The Department of Health offers woman health service to women at or below 64 years of age to promote the health of women according to their health needs at various stages of life. The service covers health assessment, health education and counselling for enrolled women. Health assessment includes medical history taking, physical examination and investigations if clinically indicated. Revisit appointment will be provided for explanation of abnormal investigation findings, further investigations and referral for further management if necessary. At present, there are three Woman Health Centres and ten Maternal and Child Health Centres providing women health service on full-time and sessional basis respectively.

For women health service, the number of enrolment for health assessment and attendance for revisit appointment for 2015 for each centre concerned are as follows:

Centre	No. of Enrollment	Attendance for Revisit Appointment
Woman Health Centre (WHC)		
Chai Wan WHC	4 204	2 060
Lam Tin WHC	5 056	2 150
Tuen Mun WHC	4 908	2 686

Maternal and Child Health Centre (MCHC)		
Ap Lei Chau MCHC	231	146
Sai Ying Pun MCHC	36	13
West Kowloon MCHC	234	158
Wang Tau Hom MCHC	130	40
Tsing Yi MCHC	141	148
South Kwai Chung MCHC	168	74
Tseung Kwan O Po Ning Road MCHC	214	149
Ma On Shan MCHC	352	388
Lek Yuen MCHC	640	929
Fanling MCHC	488	351
Total (nearest hundred)	**16 800**	**9 300**

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)173

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3100)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown by the 18 districts of the staff number and estimated expenditure of the three Woman Health Centres and 31 Maternal and Child Health Centres in the past three financial years.

Asked by: Hon Alan LEONG Kah-kit (Member Question No. 42)

Reply:

The Family Health Service (FHS) provides its services through a network of 31 Maternal and Child Health Centres (MCHCs) and three Woman Health Centres (WHCs). Breakdown of the staff establishment and expenditure of the centres by district is not available. The approved establishment and expenditure for FHS in the past three financial years are appended below.

Financial Year	Actual/Estimated Expenditure ($ million)	Approved Establishment
2013-14 (Actual)	692.4 (29.7)*	860 (22)*
2014-15 (Actual)	714.8 (31.0)*	860 (22)*
2015-16 (Revised Estimate)	722.8 (33.7)*	858 (23)*

* Figures in bracket are for three WHCs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2557)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government inform this Council of:

(1) the respective numbers of prosecutions initiated by the Tobacco Control Office (TCO) and successful prosecutions in 2015-16?

(2) the operational expenses, staff establishment and annual payroll costs of the TCO in 2016-17 respectively?

Asked by: Hon Albert CHAN Wai-yip (Member Question No. 44)

Reply:

1. In 2015, Tobacco Control Office (TCO) issued 7 693 fixed penalty notices and 163 summonses for smoking offences, and 80 summonses for other offences (such as willful obstruction and failure to produce identity document). As at 7 March 2016, 182 summonses issued in 2015 were convicted by court and the remaining are pending hearing results.

2. The provisions for TCO in 2016-2017 are $184.3 million which include annual recurrent cost of civil service posts of $50.1 million. The staffing situation of the TCO in 2016-17 is at **Annex**.

- End –

Annex

Staff Establishment of Tobacco Control Office of the Department of Health

Rank	2016-17 Estimate
Head, TCO	
Principal Medical & Health Officer	1
Enforcement	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	89
Senior Executive Officer/ Executive Officer	9
Sub-total	***106***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	17
Motor Driver	1
Sub-total	***22***
Total no. of staff:	**140**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0371)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding the setting up of a testing centre of Chinese medicines at a temporary location by the Government, what are the setting up costs of it? What will be the expected service years of the testing centre?

2. Please list the number of staff on establishment and the estimated expenditure for the testing centre in 2016-17.

Asked by: Hon Albert HO Chun-yan (Member Question No. 1)

Reply:

(1) The estimated fitting-out cost for setting up the testing centre for Chinese medicines (CMTC) at a temporary location is about $28.3 million. The temporary premises will be used until CMTC is established at a permanent site, the date of which is not yet confirmed.

(2) 15 posts, including 1 Senior Chemist, 1 Chemist, 6 Scientific Officer (Medical), 1 Science Laboratory Technologist, 1 Science Laboratory Technician I, 2 Science Laboratory Technician II, 1 Laboratory Attendant, 1 Executive Officer II, and 1 Assistant Clerical Officer, and 3 time-limited Scientific Officer (Medical) posts will be created for the temporary CMTC. The provision for the temporary CMTC in 2016-17 is about $22.6 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0372)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. As regards co-ordinating primary care development, what is the staff establishment of the Department of Health for 2014-15, 2015-16 and 2016-17?

2. What are the actual, revised and estimated expenditures for 2014-15, 2015-16 and 2016-17 in this respect?

Asked by: Hon Albert HO Chun-yan (Member Question No. 2)

Reply:

The Primary Care Office (PCO) was established in September 2010 under the Department of Health (DH) to support and co-ordinate the implementation of primary care development strategies and actions. PCO has an establishment of 17 civil service posts comprising medical, nursing, para-medical and supporting staff and a financial provision of $88.0 million respectively in 2014-15, 2015-16 and 2016-17.

Apart from PCO, other divisions of DH have been implementing projects and initiatives seeking to enhance primary care in Hong Kong such as health promotion and education and prevention of non-communicable diseases. However, as these services form an integral part of the respective DH's services, such expenditure resources could not be separately identified.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)177

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0373)

Head: (37) Department of Health

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

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding the subventions under Subhead 000 Operational expenses, please set out the names of the subvented organisations and their respective amounts of subvention received / to be received in 2014-15, 2015-16 and 2016-17.

Asked by: Hon Albert HO Chun-yan (Member Question No. 9)

Reply:

1. The Department of Health subvents the following organisations / programmes with their respective amounts of subvention under Subhead 000 Operational expenses in 2014-15, 2015-16 and 2016-17 as listed below:

Organisations / Programmes subvented by the Department of Health	**2014-15 (Actual) ($ million)**	**2015-16 (Revised Estimate) ($ million)**	**2016-17 (Estimate) ($ million)**
Programme (2) : Disease Prevention			
The Family Planning Association of Hong Kong	48.4	52.2	53.3
Elderly Health Assessment Pilot Programme Note 1	2.8	4.7	- (Note 2)
Outreach Dental Care Programme for the Elderly Note 3	12.2	39.5	39.9
Programme (3) : Health Promotion			
Hong Kong St. John Ambulance	14.5	15.0	15.3

Organisations / Programmes subvented by the Department of Health	2014-15 (Actual) ($ million)	2015-16 (Revised Estimate) ($ million)	2016-17 (Estimate) ($ million)
Hong Kong Red Cross	1.2	1.3	1.3
Hong Kong Council on Smoking and Health	24.3	22.5	22.2
Tung Wah Group of Hospitals – Smoking Cessation Programme	37.0	39.1	41.5
Pok Oi Hospital – Smoking Cessation Programme by Traditional Chinese Medicine	7.8	7.3	7.6
Po Leung Kuk – School-based Smoking Prevention Programme / School-based Kindergarten Smoking Prevention Programme	2.0	2.2	2.0
Lok Sin Tong – Smoking Cessation Programme in Workplace	1.9	2.3	2.3
United Christian Nethersole Community Health Service – Smoking Cessation Programme for Ethnic Minorities and New Immigrants	2.6	2.6	2.6
Life Education Activity Programme – Smoking Prevention Programme for Primary and Secondary Schools	2.3	2.3	2.3
The University of Hong Kong – Smoking Cessation Evaluation and Training Project	1.5	2.3	1.9

Organisations / Programmes subvented by the Department of Health	2014-15 (Actual) ($ million)	2015-16 (Revised Estimate) ($ million)	2016-17 (Estimate) ($ million)
Programme (4) : Curative Care			
Tung Wah Group of Hospitals – Chinese Medicine General Outpatient Clinics	3.2	3.3	3.4
Programme (6) : Treatment of Drug Abusers			
Society for the Aid and Rehabilitation of Drug Abusers	92.9	97.6	98.7
Caritas Hong Kong	6.9	7.4	7.6
Hong Kong Christian Service	8.7	9.3	9.1

Note 1: The organisations subvented under the Elderly Health Assessment Pilot Programme are: (i) Chai Wan Baptist Church Community Health Centre Limited; (ii) Evangel Hospital; (iii) Haven of Hope Christian Service; (iv) Hong Kong Sheng Kung Hui Welfare Council Limited; (v) Po Leung Kuk; (vi) Sik Sik Yuen; (vii) The Lok Sin Tong Benevolent Society, Kowloon; (viii) Tung Wah Group of Hospitals; and (ix) United Christian Nethersole Community Health Service.

Note 2: Project duration of "Elderly Health Assessment Pilot Programme" was from 17 July 2013 to 16 July 2015.

Note 3: The organisations subvented under the Outreach Dental Care Programme for the Elderly are: (i) Caritas Dental Clinics Limited, (ii) Chi Lin Nunnery, (iii) Christian Family Service Centre Dental Services Limited, (iv) Haven of Hope Christian Service, (v) The Hong Kong Tuberculosis, Chest & Heart Diseases Association, (vi) H.K.S.K.H. Lady MacLehose Centre, (vii) Pok Oi Hospital, (viii) Project Concern Hong Kong, (ix) TWGHs Dental Services Limited, (x) Yan Chai Hospital, and (xi) Yan Oi Tong.

.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)178

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2463)

Head: (37) Department of Health

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

Programme: Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the 116 posts to be increased in 2016-17, please list their rank titles.

Asked by: Hon Albert HO Chun-yan (Member Question No. 15)

Reply:

Details of the net increase of 116 posts are at the **Annex**.

- End -

Annex

Creation and Deletion of Posts in the Department of Health in 2016-17

Rank	No. of post(s) to be created in 2016-17	No. of post(s) to be deleted in 2016-17	No. of net creation/ deletion
Consultant	1		1
Principal Medical and Health Officer	1		1
Senior Medical and Health Officer	4		4
Medical and Health Officer	7		7
Chief Nursing Officer	1		1
Nursing Officer	3		3
Registered Nurse	10		10
Senior Dental Officer	2		2
Dental Officer	1		1
Senior Dental Surgery Assistant	2		2
Dental Surgery Assistant	2		2
Senior Pharmacist	1		1
Pharmacist	1		1
Scientific Officer (Medical)	19		19
Clinical Psychologist	2		2
Occupational Therapist I	1		1
Physiotherapist I	1		1
Speech Therapist	1		1
Senior Electrical and Mechanical Engineer	1		1
Building Services Engineer / Assistant Building Services Engineer	1		1
Senior Chemist	1		1
Chemist	1		1
Science Laboratory Technologist	1		1
Science Laboratory Technician I	1		1
Science Laboratory Technician II	2		2
Senior Executive Officer	5		5
Executive Officer I	2		2
Executive Officer II	12		12
Clerical Officer	2		2
Assistant Clerical Officer	15		15
Clerical Assistant	5		5
Personal Secretary I	1		1
Statistical Officer I	1		1
Assistant Supplies Officer	1		1
Laboratory Attendant	2		2
Property Attendant		-1	-1
Workman II	3		3
Total:	***117***	***-1***	***116***

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)179

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2467)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions
(2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the enforcement of the tobacco control legislation, please advise on the staff establishment of the Tobacco Control Office as well as its actual, revised and estimated expenditures for 2014-15, 2015-16 and 2016-17 respectively.

Asked by: Hon Albert HO Chun-yan (Member Question No. 4)

Reply:

The expenditures / provisions and staffing situation of the Tobacco Control Office (TCO) in 2014-15, 2015-16 and 2016-17 are at **Annexes 1 and 2** respectively.

- End –

Annex 1

Expenditures / Provisions of the Department of Health's Tobacco Control Office

	2014-15 ($ million)	2015-16 Revised Estimate ($ million)	2016-17 Estimate ($ million)
Enforcement			
Programme 1: Statutory Functions	**49.9**	**42.1**	**46.3**
Health Education and Smoking Cessation			
Programme 3: Health Promotion	**124.5**	**128.0**	**138.0**
(a) General health education and promotion of smoking cessation			
TCO	*45.1*	*47.4*	*55.6*
Subvention to Council on Smoking and Health (COSH)	*24.3*	*22.5*	*22.2*
Sub-total	*69.4*	*69.9*	*77.8*
(b) Provision for smoking cessation and related services by Non-Governmental Organisations			
Subvention to Tung Wah Group of Hospitals	*37.0*	*39.1*	*41.5*
Subvention to Pok Oi Hospital	*7.8*	*7.3*	*7.6*
Subvention to Po Leung Kuk	*2.0*	*2.2*	*2.0*
Subvention to Lok Sin Tong	*1.9*	*2.3*	*2.3*
Subvention to United Christian Nethersole Community Health Service	*2.6*	*2.6*	*2.6*
Subvention to Life Education Activity Programme	*2.3*	*2.3*	*2.3*
Subvention to The University of Hong Kong	*1.5*	*2.3*	*1.9*
Sub-total	*55.1*	*58.1*	*60.2*
Total	**174.4**	**170.1**	**184.3**

Annex 2

Staff Establishment of Tobacco Control Office of the Department of Health

Rank	2014-15	2015-16	2016-17 Estimate
Head, TCO			
Principal Medical & Health Officer	1	1	1
Enforcement			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	2	1	1
Land Surveyor	1	1	1
Police Officer	5	5	5
Overseer/ Senior Foreman/ Foreman	89	89	89
Senior Executive Officer/ Executive Officer	9	9	9
Sub-total	***107***	***106***	***106***
Health Education and Smoking Cessation			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	1	1	1
Scientific Officer (Medical)	1	2	2
Nursing Officer/ Registered Nurse	3	3	3
Hospital Administrator II	4	4	4
Sub-total	***10***	***11***	***11***
Administrative and General Support			
Senior Executive Officer/ Executive Officer	4	4	4
Clerical and support staff	17	17	17
Motor Driver	1	1	1
Sub-total	***22***	***22***	***22***
Total no. of staff:	**140**	**140**	**140**

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)180

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2468)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions, (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the subvention for the outreach dental service provided by non-governmental organisations ("NGO") under the "Outreach Dental Care Programme for the Elderly", what were the amounts of subvention received by each NGO in 2014-15 and 2015-16 and what are the amounts allocated for 2016-17? How many elderly persons were served by each NGO in 2014-15 and 2015-16?

Asked by: Hon Albert HO Chun-yan (Member Question No. (4))

Reply:

Under the "Outreach Dental Care Programme for the Elderly" (ODCP), a total of 22 outreach dental teams from 11 non-governmental organisations (NGOs) have been set up to provide free outreach dental services for elders in residential care homes/day care centres and similar facilities. The amounts of subvention to NGOs for implementing the ODCP are $12.2 million (actual expenditure) in 2014-15, $39.5 million in 2015-16 and $39.9 million in 2016-17. A breakdown of the subvention to the NGOs from 2014-15 to 2016-17 is at **Annex**. Between October 2014 and January 2016, about 50 800 elders (involving about 63 200 attendances) were served under the ODCP.

- End -

Annex

Breakdown of subvention to the non-governmental organisations for implementing the Outreach Dental Care Programme for the Elderly

Name of Non-governmental Organisation	2014-15 Actual Expenditure ($*)	2015-16 Revised Estimate ($*)	2016-17 Estimate ($*)
Caritas Dental Clinics Limited	554,000	1,812,000	1,812,000
Chi Lin Nunnery	1,112,000	3,623,000	3,623,000
Christian Family Service Centre Dental Services Limited	1,104,000	3,623,000	3,623,000
Haven of Hope Christian Service	552,000	1,811,000	1,811,000
The Hong Kong Tuberculosis, Chest & Heart Diseases Association	567,000	1,811,000	1,811,000
H.K.S.K.H. Lady MacLehose Centre	574,000	1,811,000	1,811,000
Pok Oi Hospital	1,107,000	3,623,000	3,623,000
Project Concern Hong Kong	552,000	1,541,000	1,811,000
TWGHs Dental Services Limited	1,661,000	5,434,000	5,434,000
Yan Chai Hospital	551,000	1,811,000	1,811,000
Yan Oi Tong	3,896,000	12,607,000	12,680,000
Total :	12,230,000 (Round off to: $12.2 million)	39,507,000 (Round off to : $39.5 million)	39,850,000 (Round off to : $39.9 million)

* Rounded figures

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2469)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

There is an increasing trend in the number of persons served by the Elderly Health Centres. What was the average waiting time for enrolment of elderly people as members of the Centres in 2014, 2015 and 2016?

Asked by: Hon Albert HO Chun-yan (Member Question No. 4)

Reply:

The median waiting times for enrolment as new member of Elderly Health Centres (EHCs) in 2014, 2015 and 2016 are as follows:

EHC	Median waiting time (months)		
	2014	2015	2016* (as at February)
Sai Ying Pun	30.5	30.0	9.0
Shau Kei Wan	24.9	23.5	11.4
Wan Chai#	34.4	34.3	0.6
Aberdeen	16.2	14.5	7.0
Nam Shan	18.2	15.8	9.7
Lam Tin	15.0	12.0	7.5
Yau Ma Tei	32.9	34.2	22.0

San Po Kong	24.0	18.6	5.5
Kowloon City	31.4	34.4	13.5
Lek Yuen#	21.9	4.5	5.9
Shek Wu Hui	14.3	16.4	13.8
Tseung Kwan O	27.0	29.0	23.3
Tai Po	22.4	16.3	7.3
Tung Chung	12.9	15.0	13.8
Tsuen Wan	15.8	17.8	15.0
Tuen Mun Wu Hong	17.3	15.8	13.2
Kwai Shing	13.7	7.0	0.2
Yuen Long	10.7	13.4	10.6
Overall	20.1	16.3	10.2

*Provisional figures

#A new clinical team commenced operation in Lek Yuen EHC since March 2015. The team was subsequently deployed to assist at Wan Chai EHC since August 2015.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3060)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention, (3) Health Promotion, (4) Curative Care, (5) Rehabilitation, (6) Treatment of Drug Abusers, (7) Medical and Dental Treatment for Civil Servants

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In respect of Programmes (2) to (7) of the Department of Health, please list the numbers, salaries and allowances of their chiropractors, dental hygienists (enrolled), dentists (full and specialist registration), medical practitioners (full, provisional, limited, temporary and specialist registration), midwives, registered nurses, enrolled nurses, pharmacists, registered Chinese medicine practitioners, medical laboratory technicians, occupational therapists, optometrists, physiotherapists and radiographers as indicated in the 2016-17 Estimates.

Asked by: Hon Albert HO Chun-yan (Member Question No. 44)

Reply:

The projected number of posts and the annual recurrent cost of the grades concerned established in Programme (2) to Programme (7) of the Department of Health are set out in **Annex**. Please note that there is no civil service post of chiropractor and Chinese medicine practitioner.

- End -

Annex

Projected Number of Posts and the Annual Recurrent Cost of Individual Grades Established in Programme (2) to Programme (7) of Department of Health in 2016-17

Grade	Programme (2)		Programme (3)		Programme (4)	
	No.	Recurrent cost ($)	No.	Recurrent cost ($)	No.	Recurrent cost ($)
Medical and Health Officer	289	323,883,288	18	20,705,924	67	72,214,528
Dental Officer	32	33,036,360	2	2,199,600	28	35,904,504
Registered Nurse	788	381,647,760	126	60,057,300	146	67,499,400
Enrolled Nurse	111	35,677,620	1	321,420	74	23,785,080
Dental Hygienist	0	0	0	0	0	0
Pharmacist	1	1,309,080	0	0	3	3,012,000
Medical Laboratory Technician	254	128,995,200	0	0	0	0
Occupational Therapist	8	5,405,940	0	0	0	0
Optometrist	14	5,470,080	0	0	0	0
Physiotherapist	8	5,405,940	0	0	0	0
Radiographer	4	2,602,560	0	0	32	15,964,620
Midwife	0	0	0	0	0	0
Total:	**1 509**	**923,433,828**	**147**	**83,284,244**	**350**	**218,380,132**

Grade	Programme (5)		Programme (6)		Programme (7)	
	No.	Recurrent cost ($)	No.	Recurrent cost ($)	No.	Recurrent cost ($)
Medical and Health Officer	24	27,548,804	3	3,927,240	43	45,837,240
Dental Officer	0	0	0	0	266	256,983,764
Registered Nurse	30	14,910,420	0	0	60	26,292,960
Enrolled Nurse	0	0	0	0	0	0
Dental Hygienist	0	0	0	0	13	3,787,680
Pharmacist	0	0	0	0	0	0
Medical Laboratory Technician	0	0	0	0	0	0
Occupational Therapist	8	5,205,120	0	0	0	0
Optometrist	2	781,440	0	0	0	0
Physiotherapist	6	3,903,840	0	0	0	0
Radiographer	0	0	0	0	0	0
Midwife	0	0	0	0	0	0
Total:	**70**	**52,349,624**	**3**	**3,927,240**	**382**	**332,901,644**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0222)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the regulation and development of private hospitals,

(1) please list the number and average utilisation rate of beds provided by the private hospitals in Hong Kong for each of the past five years;

(2) please list the number of inspection conducted, non-compliance cases found and prosecution instituted by the Department of Health (DH) in respect of the private hospitals in Hong Kong for each of the past five years (please provide a breakdown by private hospital); and

(3) please provide a breakdown by grade of the number of staff in the DH responsible for inspecting private hospitals and the total emolument expenditure involved.

Asked by: Hon Alice MAK Mei-kuen (Member Question No. 33)

Reply:

(1) The number and average bed occupancy rate of beds provided by the private hospitals in Hong Kong in the past five years are as follows:

	2011	**2012**	**2013**	**2014**	**2015**
Number of beds:	4 098	4 033	3 882	3 906	4 014
Bed occupancy rate:	66.4%	67.2%	61.3%	62.9%	not yet available

(2) Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) (the Ordinance), the Department of Health (DH) registers private hospitals subject to their conditions relating to accommodation, staffing and equipment. DH has also promulgated the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes (COP) which sets out the standards of good practice, with a view to enhancing patient safety and quality of service. DH conducts inspections to private hospitals for purposes including annual renewal of registration, applications for changes in services and investigating complaints and sentinel events.

DH inspects all private hospitals at least twice per year. In 2011, 2012, 2013, 2014 and 2015, DH conducted respectively 134, 106, 126, 112 and 107 inspections to private hospitals (including maternity homes). A breakdown by private hospital is at **Annex 1**. The total number of inspections conducted is affected by factors such as applications for new services and number of complaints received.

In 2011, 2012, 2013, 2014 and 2015, there were respectively twenty, eight, three, four and two cases of non-compliance by private hospitals. These cases were related to non-compliance with requirements concerning staffing, accommodation, equipment or related policies and procedures. DH has issued regulatory letters to the private hospitals concerned and monitored their remedial actions. A breakdown by private hospital is at **Annex 2**.

(3) The Office for Registration of Healthcare Institutions of DH regulates private hospitals, nursing homes and maternity homes through conducting inspections and investigating sentinel events and complaints to ensure compliance with the Ordinance and the COP. In 2016-17, the number of approved posts and the financial provision earmarked for personal emolument involved in the enforcement of the Ordinance are 28 and $26.0 million, respectively. A breakdown by grade is as follows -

Grades	**Number of Posts Approved in 2016-17**
Medical & Health Officer	14
Pharmacist	1
Scientific Officer (Medical)	1
Registered Nurse	10
Hospital Administrator	2
Total:	**28**

- End -

Annex 1

Number of inspections conducted to private hospitals (including maternity homes) from 2011 to 2015

Private Hospitals (Including Maternity Homes)	2011	2012	2013	2014	2015
Canossa Hospital (Caritas)	6	4	8	6	11
Evangel Hospital	8	10	17	10	9
Hong Kong Adventist Hospital – Stubbs Road^	6	7	9	16	7
Hong Kong Adventist Hospital – Tsuen Wan^	14	11	16	10	10
Hong Kong Baptist Hospital	19	7	17	20	18
Hong Kong Central Hospital*	3	8	N/A	N/A	N/A
Hong Kong Sanatorium & Hospital Limited^	13	6	11	10	6
Matilda & War Memorial Hospital	10	7	7	8	10
Precious Blood Hospital (Caritas)	7	6	7	6	6
St. Paul's Hospital	13	16	8	4	4
St. Teresa's Hospital	17	9	8	10	6
The Hong Kong Anti-Cancer Society Jockey Club Cancer Rehabilitation Centre#	1	N/A	N/A	N/A	N/A
Union Hospital	17	15	18	12	20
Total	**134**	**106**	**126**	**112**	**107**

N/A = Not applicable

^ The following private hospitals changed their names in May 2015:

- "Hong Kong Adventist Hospital (香港港安醫院)" was renamed as "Hong Kong Adventist Hospital – Stubbs Road (香港港安醫院－司徒拔道)";
- "Tsuen Wan Adventist Hospital (荃灣港安醫院)" was renamed as "Hong Kong Adventist Hospital – Tsuen Wan (香港港安醫院－荃灣)";
- "Hong Kong Sanatorium and Hospital, Limited" was renamed as "Hong Kong Sanatorium & Hospital Limited", whilst its Chinese name "香港養和醫院有限公司" remained unchanged.

* Hong Kong Central Hospital ceased operation in September 2012.

The Hong Kong Anti-Cancer Society Jockey Club Cancer Rehabilitation Centre ceased to be registered as private hospital in March 2011.

Annex 2

Breakdown of cases of non-compliance by private hospitals (including maternity homes) from 2011 to 2015

Private Hospitals (Including Maternity Homes)	2011	2012	2013	2014	2015
Canossa Hospital (Caritas)	-	-	1	1	-
Evangel Hospital	1	-	-	-	-
Hong Kong Adventist Hospital – Stubbs Road^	-	1	-	1	1
Hong Kong Adventist Hospital – Tsuen Wan^	2	3	2	1	-
Hong Kong Baptist Hospital	8	-	-	-	-
Hong Kong Central Hospital*	-	-	N/A	N/A	N/A
Hong Kong Sanatorium & Hospital Limited^	-	-	-	1	-
Matilda & War Memorial Hospital	-	-	-	-	-
Precious Blood Hospital (Caritas)	2	2	-	-	1
St. Paul's Hospital	3	2	-	-	-
St. Teresa's Hospital	1	-	-	-	-
The Hong Kong Anti-Cancer Society Jockey Club Cancer Rehabilitation Centre#	-	N/A	N/A	N/A	N/A
Union Hospital	3	-	-	-	-
Total	**20**	**8**	**3**	**4**	**2**

N/A = Not applicable

^ The following private hospitals changed their names in May 2015:

- "Hong Kong Adventist Hospital (香港港安醫院)" was renamed as "Hong Kong Adventist Hospital – Stubbs Road (香港港安醫院－司徒拔道)";
- "Tsuen Wan Adventist Hospital (荃灣港安醫院)" was renamed as "Hong Kong Adventist Hospital – Tsuen Wan (香港港安醫院－荃灣)";
- "Hong Kong Sanatorium and Hospital, Limited" was renamed as "Hong Kong Sanatorium & Hospital Limited", whilst its Chinese name "香港養和醫院有限公司" remained unchanged.

* Hong Kong Central Hospital ceased operation in September 2012.

The Hong Kong Anti-Cancer Society Jockey Club Cancer Rehabilitation Centre ceased to be registered as private hospital in March 2011.

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)184

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2528)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:
Regarding the services of public dental clinics,

(1) please provide the total number of attendances and a breakdown by age group of the number of attendances in general public sessions of dental clinics (GP sessions) (and the percentage of total attendances each age group accounts for) for each of the past five years;

(2) please provide the total number of discs allocated, average daily number of discs allocated and total number of consultation sessions in GP sessions for each of the past five years; and

(3) please provide the total expenditure involved and the average cost per attendance for consultation in GP sessions for each of the past five years.

Asked by: Hon Alice MAK Mei-kuen (Member Question No. 27)

Reply:
(1) The Department of Health provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. In the financial years 2011-12, 2012-13, 2013-14, 2014-15 and 2015-16, the total number of attendances for GP sessions is as follows -

	2011-12	**2012-13**	**2013-14**	**2014-15**	**2015-16 (up to January 2016)**
No. of attendance	34 886	35 179	34 352	35 221	29 704

The breakdown by age group of the number of attendances in GP sessions (and the percentage of total attendances each age group accounts for) in the financial years 2011-12, 2012-13, 2013-14, 2014-15 and 2015-16 are as follows -

	Distribution of attendances by age group				
Age group	**2011-12**	**2012-13**	**2013-14**	**2014-15**	**2015-16 (up to January 2016)**
0-18	802 (2.3%)	774 (2.2%)	721 (2.1%)	726 (2.1%)	573 (1.9%)
19-42	4 814 (13.8%)	4 820 (13.7%)	4 672 (13.6%)	4 676 (13.3%)	4 118 (13.9%)
43-60	10 292 (29.5%)	10 272 (29.2%)	9 962 (29.0%)	9 938 (28.2%)	8 140 (27.4%)
61 or above	18 978 (54.4%)	19 313 (54.9%)	18 997 (55.3%)	19 881 (56.5%)	16 873 (56.8%)

(2) In the financial years 2011-12, 2012-13, 2013-14, 2014-15 and 2015-16, the total number of disc allocated and consultation sessions in GP sessions are as follows -

	2011-12	**2012-13**	**2013-14**	**2014-15**	**2015-16 (up to January 2016)**
No. of maximum disc available	40 208	39 978	40 152	40 430	33 736
No. of sessions	663	659	661	661	556

The maximum number of disc allocated per session for each dental clinic with GP sessions is as follows -

Dental clinic with GP sessions	**Service session**	**Max. no. of discs allocated per session[@]**
Lee Kee Government Dental Clinic (closed on 30.8.2013)	Monday (AM)	84
	Thursday (AM)	42
Kowloon City Dental Clinic (commenced GP sessions with effect from 2.9.2013)	Monday (AM)	84
	Thursday (AM)	42

Kwun Tong Dental Clinic*	Wednesday (AM)	84
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84
	Friday (AM)	84
Fanling Health Centre Dental Clinic	Tuesday (AM)	50
Mona Fong Dental Clinic	Thursday (PM)	42
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42
Tsuen Wan Dental Clinic#	Tuesday (AM)	84
	Friday (AM)	84
Yan Oi Dental Clinic	Wednesday (AM)	42
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42
	Friday (AM)	42
Tai O Dental Clinic	2nd Thursday (AM) of each month	32
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32

@ The maximum numbers of disc allocated per session at individual dental clinics remain the same in 2011-12, 2012-13, 2013-14, 2014-15 and 2015-16.

* Kwun Tong Jockey Club Dental Clinic was renamed as Kwun Tong Dental Clinic with effect from January 2015.

Tsuen Wan Dental Clinic (TWDC) is temporarily closed for renovation from 28 August 2015 onward. GP session has been relocated to Tsuen Wan Government Offices Dental Clinic with effect from 1 September 2015. GP session will resume in TWDC after the completion of renovation.

(3) Expenditure incurred for the operation of the GP sessions is not available as it has been absorbed within the provision for dental services under Programme (4). In this connection, average cost of service per attendance under the GP sessions is also not available.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)185

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2535)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:
Regarding the Elderly Health Centres (EHCs),

1. please list the number of enrolment, the median waiting time for enrolment and the waiting time for first health assessment in the 18 EHCs for each of the past five years (i.e. from 2011 to 2015);
2. please list the numbers of attendances for first health assessment and non-first health assessment as well as the total number of attendances for health assessment in the 18 EHCs for each of the past five years (i.e. from 2011 to 2015); and
3. please list the number of attendances for medical consultation and the cost per attendance for medical consultation in each EHC across the territory for each of the past five years (i.e. from 2011 to 2015).

Asked by: Hon Alice MAK Mei-kuen (Member Question No. 54)

Reply:
1. The numbers of enrolments and median waiting time for enrolment at each of the 18 Elderly Health Centres (EHCs) in the past five years (2011-2015) are listed below. As the health assessment is conducted on the day of enrolment, the waiting time for first-time health assessment is the same as the waiting time for enrolment.

EHC		**2011**	**2012**	**2013**	**2014**	**2015***
Sai Ying Pun	No. of enrolments	2 120	2 130	2 120	2 177	2 288
	Median waiting time (Months)	7.5	13.4	22.8	30.5	30.0
Shau Kei Wan	No. of enrolments	2 210	2 211	2 196	2 213	2 224
	Median waiting time (Months)	8.4	14.4	21.5	24.9	23.5
Wan Chai#	No. of enrolments	2 153	2 141	2 156	2 143	3 614
	Median waiting time (Months)	25.4	25.8	27.8	34.4	34.3

Aberdeen	No. of enrolments	2 128	2 126	2 124	2 164	2 182
	Median waiting time (Months)	5.1	6.7	11.5	16.2	14.5
Nam Shan	No. of enrolments	2 206	2 206	2 193	2 212	2 225
	Median waiting time (Months)	13.8	16.2	17.3	18.2	15.8
Lam Tin	No. of enrolments	2 214	2 230	2 218	2 220	2 220
	Median waiting time (Months)	3.9	4.6	11.1	15.0	12.0
Yau Ma Tei	No. of enrolments	2 124	2 121	2 079	2 162	2 216
	Median waiting time (Months)	32.9	23.7	25.4	32.9	34.2
San Po Kong	No. of enrolments	2 122	2 121	2 122	2 123	2 134
	Median waiting time (Months)	11.4	10	15.9	24.0	18.6
Kowloon City	No. of enrolments	2 211	2 210	2 193	2 211	2 211
	Median waiting time (Months)	16.2	16.4	23.4	31.4	34.4
Lek Yuen#	No. of enrolments	2 199	2 125	2 121	2 129	3 541
	Median waiting time (Months)	43.5	36.2	22.8	21.9	4.5
Shek Wu Hui	No. of enrolments	2 120	2 122	2 119	2 155	2 162
	Median waiting time (Months)	9.3	9.9	10.8	14.3	16.4
Tseung Kwan O	No. of enrolments	2 135	2 136	2 136	2 136	2 136
	Median waiting time (Months)	16.6	14.5	20.5	27.0	29.0
Tai Po	No. of enrolments	2 124	2 124	2 125	2 122	2 124
	Median waiting time (Months)	17.5	21.9	28.6	22.4	16.3
Tung Chung	No. of enrolments	2 259	2 245	2 224	2 226	2 330
	Median waiting time (Months)	6.5	9.5	10.4	12.9	15.0
Tsuen Wan	No. of enrolments	2 109	2 117	2 092	2 114	2 116
	Median waiting time (Months)	19.7	11.3	12.7	15.8	17.8
Tuen Mun Wu Hong	No. of enrolments	2 130	2 133	2 109	2 127	2 149
	Median waiting time (Months)	8.9	9.9	15	17.3	15.8
Kwai Shing	No. of enrolments	2 202	2 212	2 212	2 221	2 310
	Median waiting time (Months)	6.2	6.5	10.4	13.7	7.0
Yuen Long	No. of enrolments	2 219	2 217	2 198	2 215	2 219
	Median waiting time (Months)	5.9	7.5	8.7	10.7	13.4
Total no. of enrolments		**38 985**	**38 927**	**38 737**	**39 070**	**42 401**

* Provisional figures

#A new clinical team commenced operation in Lek Yuen EHC since March 2015. The team was subsequently deployed to assist at Wan Chai EHC since August 2015.

2. The numbers of attendances for first-time health assessment, subsequent health assessment, and follow-up of results of the assessment at each of the 18 EHCs from 2011 to 2015 are as follows:

EHC		**2011**	**2012**	**2013**	**2014**	**2015***
Sai Ying Pun	First-time health assessment	197	185	120	162	698
	Subsequent health assessment	1 923	1 945	2 000	2 015	1 590
	follow-up for the results of the assessment	1 905	1 990	2 060	2 072	2 057
	Sub-total	4 025	4 120	4 180	4 249	4 345
Shau Kei Wan	First-time health assessment	235	145	204	326	665
	Subsequent health assessment	1 975	2 066	1 992	1 887	1 559
	follow-up for the results of the assessment	2 278	2 328	2 207	2 326	2 396
	Sub-total	4 488	4 539	4 403	4 539	4 620
Wan Chai#	First-time health assessment	290	227	183	249	1 879
	Subsequent health assessment	1 863	1 914	1 973	1 894	1 735
	follow-up for the results of the assessment	2 376	2 233	2 076	2 105	2 991
	Sub-total	4 529	4 374	4 232	4 248	6 605
Aberdeen	First-time health assessment	238	228	163	183	467
	Subsequent health assessment	1 890	1 898	1 961	1 981	1 715
	follow-up for the results of the assessment	1 980	2 000	2 101	2 102	2 137
	Sub-total	4 108	4 126	4 225	4 266	4 319
Nam Shan	First-time health assessment	271	370	166	244	490
	Subsequent health assessment	1 935	1 836	2 027	1 968	1 735
	follow-up for the results of the assessment	2 740	2 636	2 544	2 549	2 521
	Sub-total	4 946	4 842	4 737	4 761	4 746
Lam Tin	First-time health assessment	353	244	268	410	560
	Subsequent health assessment	1 861	1 986	1 950	1 810	1 660

	follow-up for the results of the assessment	2 228	2 102	2 010	1 998	2 034
	Sub-total	4 442	4 332	4 228	4 218	4 254
Yau Ma Tei	First-time health assessment	346	334	104	128	488
	Subsequent health assessment	1 778	1 787	1 975	2 034	1 728
	follow-up for the results of the assessment	2 361	2 333	2 343	2 271	2 119
	Sub-total	4 485	4 454	4 422	4 433	4 335
San Po Kong	First-time health assessment	415	225	175	168	550
	Subsequent health assessment	1 707	1 896	1 947	1 955	1 584
	follow-up for the results of the assessment	1 969	2 006	1 968	1 998	2 051
	Sub-total	4 091	4 127	4 090	4 121	4 185
Kowloon City	First-time health assessment	433	198	98	104	554
	Subsequent health assessment	1 778	2 012	2 095	2 107	1 657
	follow-up for the results of the assessment	1955	1 931	1 838	1 839	1 874
	Sub-total	4 166	4 141	4 031	4 050	4 085
Lek Yuen#	First-time health assessment	507	445	440	238	1 628
	Subsequent health assessment	1 692	1 680	1 681	1 891	1 913
	follow-up for the results of the assessment	2 204	1 814	1 499	1 516	3 025
	Sub-total	4 403	3 939	3 620	3 645	6 566
Shek Wu Hui	First-time health assessment	351	290	264	210	450
	Subsequent health assessment	1 769	1 832	1 855	1 945	1 712
	follow-up for the results of the assessment	2 413	2 673	2 572	2 177	1 977
	Sub-total	4 533	4 795	4 691	4 332	4 139
Tseung Kwan O	First-time health assessment	428	263	163	191	537
	Subsequent health assessment	1 707	1 873	1 973	1 945	1 599
	follow-up for the results of the assessment	1 995	2 076	2 011	1 966	2 016
	Sub-total	4 130	4 212	4 147	4 102	4 152
Tai Po	First-time health assessment	155	96	192	278	581

	Subsequent health assessment	1 969	2 028	1 933	1 844	1 543
	follow-up for the results of the assessment	2 014	2 069	2 069	2 110	2 027
	Sub-total	4 138	4 193	4 194	4 232	4 151
Tung Chung	First-time health assessment	454	432	407	244	461
	Subsequent health assessment	1 805	1813	1 817	1 982	1 869
	follow-up for the results of the assessment	2 164	2 150	2 074	2 198	2 232
	Sub-total	4 423	4 395	4 298	4 424	4 562
Tsuen Wan	First-time health assessment	499	392	386	396	520
	Subsequent health assessment	1 610	1 725	1 706	1 718	1 596
	follow-up for the results of the assessment	1 896	1 733	1 773	1 920	1 910
	Sub-total	4 005	3 850	3 865	4 034	4 026
Tuen Mun Wu Hong	First-time health assessment	423	352	275	360	514
	Subsequent health assessment	1 707	1781	1 834	1 767	1 635
	follow-up for the results of the assessment	2 218	2 414	2 220	2 756	2 321
	Sub-total	4 348	4 547	4 329	4 883	4 470
Kwai Shing	First-time health assessment	424	297	184	371	620
	Subsequent health assessment	1 778	1 915	2 028	1 850	1 690
	follow-up for the results of the assessment	2 098	2 115	2 201	2 112	2 263
	Sub-total	4 300	4 327	4 413	4 333	4 573
Yuen Long	First-time health assessment	350	344	332	275	420
	Subsequent health assessment	1 869	1 873	1 866	1 940	1 799
	follow-up for the results of the assessment	2 126	2 205	2 083	2 128	2 102
	Sub-total	4 345	4 422	4 281	4 343	4 321
Total number of health assessments (including follow up for the results of the assessment)		**77 905**	**77 735**	**76 386**	**77 213**	**82 454**

* Provisional figures

#A new clinical team commenced operation in Lek Yuen EHC since March 2015. The team was subsequently deployed to assist at Wan Chai EHC since August 2015.

Note:

"First-time health assessment" is an attendance by a newly enrolled EHC member for physical health examination.

"Subsequent health assessment" is an attendance by a re-enrolling EHC member for physical health examination.

"Follow-up for the results of the assessment" is an attendance by EHC members two to four weeks after a physical health examination for follow-up of the assessment results.

3. The attendances for medical consultation at each of the 18 EHCs from 2011 to 2015 are as follows:

EHC	2011	2012	2013	2014	2015*
Sai Ying Pun	5 153	4 777	4 453	4 046	3 648
Shau Kei Wan	4 552	4 476	4 444	4 289	4 517
Wan Chai#	4 576	4 670	4 576	4 852	5 220
Aberdeen	6 345	6 555	6 472	6 059	5 915
Nam Shan	4 213	5 111	4 890	4 466	4 295
Lam Tin	4 471	4 164	3 960	4 026	3 753
Yau Ma Tei	4 492	4 698	4 515	4 320	3 861
San Po Kong	5 554	5 684	5 273	5 085	5 238
Kowloon City	4 808	4 669	4 503	4 371	4 440
Lek Yuen#	6 831	6 175	5 669	5 489	5 488
Shek Wu Hui	8 027	8 244	8 370	7 997	8 012
Tseung Kwan O	6 169	6 165	5 768	5 837	5 623
Tai Po	5 735	5 347	5 423	5 691	5 439
Tung Chung	3 921	4 269	3 873	3 786	3 343
Tsuen Wan	6 259	6 146	6 014	5 830	6 008
Tuen Mun Wu Hong	5 320	5 470	5 310	4 998	4 880
Kwai Shing	3 836	3 933	3 785	3 773	3 565
Yuen Long	4 048	4 080	4 304	4 163	3 950
Total	**94 310**	**94 633**	**91 602**	**89 078**	**87 195**

*Provisional figures

#A new clinical team commenced operation in Lek Yuen EHC since March 2015. The team was subsequently deployed to assist at Wan Chai EHC since August 2015.

The cost per attendance for medical consultation from 2011-12 to 2015-16 is listed below:

Year	Cost per Attendance for Medical Consultation ($)
2011-12	432
2012-13	455
2013-14	470
2014-15	495
2015-16	515

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)186

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2536)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is noted that the Department of Health (DH) has been providing secretariat services to the Medical Council of Hong Kong (MCHK):

(1) What are the primary responsibilities of the MCHK Secretariat?

(2) Please set out by grade the staff establishment of the MCHK Secretariat and its total payroll costs.

(3) The MCHK's efficiency in handling complaints has long been criticised. Has the Government considered increasing the manpower of the Secretariat to enhance efficiency? If so, what are the details? If not, why?

Asked by: Hon Alice MAK Mei-kuen (Member Question No. 49)

Reply:

(1) The Boards and Councils Office of the Department of Health (DH) provides secretariat support to the Medical Council of Hong Kong (MCHK). The secretariat staff are civil servants under the establishment of the Department of Health. They are deployed to provide administrative support to MCHK and its Committees and Sub-committees e.g. in arranging meetings, handling registration, providing support for conducting inquiries and disciplinary proceedings concerning the professional conduct of registered medical practitioners and licensing examinations.

(2) The manpower of the Medical Council Secretariat as at end February 2016 is shown below:

Grade	No. of staff
Executive Officer Grade	10
Clerical Grades	6
Total:	16

These 16 staff are deployed to support the secretariat work of MCHK and other statutory healthcare boards and councils. The annual recurrent cost of the 16 staff above is around $10.9 million.

(3) The Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong (the Review). The Review aims to make recommendations that would better enable our society to meet the projected demand for healthcare professionals as well as to foster professional development. We expect that the Review will be completed in mid-2016. The Government will publish the results and take forward the recommendations as appropriate upon completion of the Review.

In response to the mounting public concerns over the efficiency of MCHK in complaint investigation and disciplinary inquiries as well as its lack of flexibility for the admission of non-locally trained doctors, pending the completion of the Review report and in advance of the implementation of the full recommendations of the Review, the Government introduced a bill into the Legislative Council on 2 March 2016 to amend the Medical Registration Ordinance to tackle the most urgent issues. The Government will review the manpower resources of the Medical Council Secretariat to ensure that they can support the Council to conduct complaint investigation and disciplinary inquiry.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3040)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the School Dental Care Service (SDCS),

(1) Please list the number of eligible students for participating in School Dental Care Service (SDCS), the actual number of participating students, the participation rate of SDCS, the unit cost for each participating student and the total expenditure of SDCS involved in each of the past five years.

(2) Please list the number of healthcare personnel, the number of attendances annually and the total expenditure involved for each of the school dental clinics of SDCS.

Asked by: Hon Alice MAK Mei-kuen (Member Question No. 34)

Reply:

(1) The annual expenditure of the School Dental Care Service (SDCS) and the unit cost for each participating student in financial years 2011-12, 2012-13, 2013-14, 2014-15 and 2015-16 are as follows:-

Financial Year	Annual Expenditure ($ million)	Unit Cost for each participating student ($)
2011-12	220.5	867
2012-13	215.6	914
2013-14	227.8	946
2014-15	229.4	992
2015-16 (Revised Estimate)	242.4	1,037

Primary school children in Hong Kong can join the SDCS. Since 2013-14 service year, students with intellectual disability and/or physical disability, who are studying in special schools, are allowed to participate in the SDCS until they reach the age of 18. The total number of students eligible for participating in SDCS, the actual number of participating students and the participation rate of SDCS in the service years of 2011-12, 2012-13, 2013-14, 2014-15 and 2015-16 are as follows:-

Service Year [Note 1]	2011-12	2012-13	2013-14	2014-15	2015-16 (Estimate)
Total number of eligible students	323 505	317 065	320 068	328 290	336 925
Actual number of participating students	307 458	301 805	307 503	315 563	325 229
Participation rate	95.0%	95.2%	96.1%	96.1%	96.5%

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

(2) In the service year of 2015-16, the total number of healthcare personnel (as at 1 February 2016) and estimated number of attendance of each school dental clinic are as follows:-

Name of School Dental Clinic	Total number of healthcare personnel (dentists, dental therapists & dental surgery assistants) (as at 1 February 2016)	Estimated number of attendances
Tang Shiu Kin School Dental Clinic - 5/F MacLehose Dental Centre - 1/F MacLehose Dental Centre	54	70 200
1/F Argyle Street Jockey Club School Dental Clinic	37	50 900
3/F Argyle Street Jockey Club School Dental Clinic	39	57 200
Lam Tin School Dental Clinic	36	50 700
Ha Kwai Chung School Dental Clinic	36	51 500
Pamela Youde School Dental Clinic	29	37 400
Tuen Mun School Dental Clinic	46	66 700
Fanling School Dental Clinic	31	44 600

Expenditure incurred for the operation of SDCS has been absorbed within the provision for dental services under Programme (2). In this connection, a breakdown of the expenditure by school dental clinic is not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2423)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding tobacco control work, please provide:

(a) in the form of a table, the numbers of complaints against illegal smoking received by the Government, verbal and written warnings issued and prosecutions by summonses, as well as manpower and expenditure involved in the past three years;

(b) the details of work with regard to the promotion of smoke-free culture by the Government as well as manpower and expenditure involved in the past three years.

Asked by: Hon CHAN Han-pan (Member Question No. 44)

Reply:

(a) Tobacco Control Office (TCO) of Department of Health (DH) conducts inspections to venues concerned in response to smoking complaints. The numbers of complaints received, prosecutions, and warning letters issued related to smoking offences processed by TCO in 2013, 2014 and 2015 are as follows:

	2013	**2014**	**2015**
Complaints received	18 079	17 354	17 875
Prosecutions	8 562	8 027	7 856
Warning letters issued	40	37	20

In general, TCO will prosecute smoking offenders without prior warning. TCO will only consider issuing warning letters if the smoking offenders are found to be persons below 15 years old.

The expenditures and staffing situation of the TCO in the past three years are at **Annexes 1 and 2** respectively.

(b) Over the years, DH has been actively promoting a smoke-free environment through publicity on smoking prevention and cessation services. To leverage community effort, DH has collaborated with the Hong Kong Council on Smoking and Health (COSH), non-government organisations (NGOs) and academic institutions to promote smoking cessation and provide smoking cessation services and carry out publicity programme on smoking prevention.

Smoking cessation is an integral part of the Administration's tobacco control measures to protect public health. Over the years, DH and the Hospital Authority (HA) have been actively promoting smoking prevention and cessation.

DH operates a Smoking Cessation Hotline to provide general enquiry and counselling on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong. Clients who have such need would be referred to follow-up services in smoking cessation clinics operated by DH, the HA and NGOs. DH operates a total of five smoking cessation clinics (four are for civil servants, and one is open to members of the public). HA provides smoking cessation service since 2002. HA now operates 16 full time and 49 part-time centres. Apart from smoking cessation clinics/centres of DH and HA, DH collaborates with NGOs in providing a range of community-based smoking cessation services including counselling and consultations by doctors or Chinese medicine practitioners, as well as targeted services to smokers among ethnic minorities and new immigrants as well as in workplace. For young smokers, DH collaborates with the University of Hong Kong to establish a hotline to provide counselling service tailored for young smokers over the phone.

DH subvents the COSH to carry out publicity and education programme on smoking prevention. These programmes ranged from publicity efforts in kindergartens, primary and secondary schools through production of guidelines and exhibition boards, health talks and theatre programmes etc. targeted at encouraging smokers to quit smoking and the public to garner support for a smoke-free Hong Kong. To take this further, DH collaborates with NGOs to organise health promotional activities at schools. Through interactive teaching materials and mobile classrooms, the programmes enlighten students to discern the tactics used by the tobacco industry to market cigarette products, and equip them with the skills to resist picking up the smoking habit from peer pressure.

The expenditures of the TCO in the past three years are at **Annex 1**. Various DH services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as they form an integral part of the respective DH's services, such expenditure could not be separately identified. Similarly for HA, the smoking cessation services form an integral part of HA's overall services provision; and therefore such expenditure could not be separately identified.

- End -

Annex 1

Expenditures of the Department of Health's Tobacco Control Office

	2013-14 ($ million)	2014-15 ($ million)	2015-16 Revised Estimate ($ million)
Enforcement			
Programme 1: Statutory Functions	**42.7**	**49.9**	**42.1**
Health Education and Smoking Cessation			
Programme 3: Health Promotion	**120.2**	**124.5**	**128.0**
(a) General health education and promotion of smoking cessation			
TCO	*48.2*	*45.1*	*47.4*
Subvention to Council on Smoking and Health (COSH)	*22.0*	*24.3*	*22.5*
Sub-total	*70.2*	*69.4*	*69.9*
(b) Provision for smoking cessation and related services by Non-Governmental Organisations			
Subvention to Tung Wah Group of Hospitals	*34.7*	*37.0*	*39.1*
Subvention to Pok Oi Hospital	*7.3*	*7.8*	*7.3*
Subvention to Po Leung Kuk	*2.2*	*2.0*	*2.2*
Subvention to Lok Sin Tong	*1.9*	*1.9*	*2.3*
Subvention to United Christian Nethersole Community Health Service	*2.6*	*2.6*	*2.6*
Subvention to Life Education Activity Programme	*1.3*	*2.3*	*2.3*
Subvention to The University of Hong Kong	*-*	*1.5*	*2.3*
Sub-total	*50.0*	*55.1*	*58.1*
Total	**162.9**	**174.4**	**170.1**

Annex 2

Staff Establishment of Tobacco Control Office of the Department of Health

Rank	2013-14	2014-15	2015-16
Head, TCO			
Principal Medical & Health Officer	1	1	1
Enforcement			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	2	2	1
Land Surveyor	1	1	1
Police Officer	5	5	5
Overseer/ Senior Foreman/ Foreman	89	89	89
Senior Executive Officer/ Executive Officer	9	9	9
Sub-total	***107***	***107***	***106***
Health Education and Smoking Cessation			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	1	1	1
Scientific Officer (Medical)	1	1	2
Nursing Officer/ Registered Nurse	3	3	3
Hospital Administrator II	4	4	4
Sub-total	***10***	***10***	***11***
Administrative and General Support			
Senior Executive Officer/ Executive Officer	4	4	4
Clerical and support staff	17	17	17
Motor Driver	1	1	1
Sub-total	***22***	***22***	***22***
Total no. of staff:	**140**	**140**	**140**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3125)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the prevention of the spread of communicable diseases, please advise on:

(a) the details of the promotion work on the prevention of the spread of communicable diseases in the community and its effectiveness, as well as the expenditure involved in the past three years;

(b) the details of the preventive measures that have been / to be implemented by the Government in view of the risk of introduction of Zika virus to Hong Kong, as well as the manpower and expenditure involved.

Asked by: Hon CHAN Han-pan (Member Question No. 51)

Reply:

(a) To promote the prevention of the spread of communicable diseases in the community, the Centre for Health Protection (CHP) under the Department of Health (DH) has produced a variety of health education materials such as thematic web pages, television and radio announcements in public interests, guidelines, pamphlets, posters, booklets, Frequently Asked Questions (FAQs) and exhibition boards. Various publicity and health education channels, e.g. websites, television and radio stations, health education hotline, media interviews have been deployed all along for the promulgation of health advice. For instance, the CHP launched a dedicated Facebook Page and a YouTube Channel in February 2015, with a view to further disseminating information on health promotion as well as disease prevention and control to members of the public, especially the younger generation.

The DH has been working closely with its partners, which include Government bureaux/departments, District Councils, Healthy Cities projects at the district level and

non-governmental organisations, to provide regular updates on the latest disease situation and solicit their collaboration in disseminating relevant health information.

The DH does not have separate expenditure and manpower on the prevention and publicity measures on communicable diseases as it is part of DH's overall work on health promotion.

(b) In view of the possible spread of Zika virus infection in Hong Kong, the DH has put in the following measures–

(1) A surveillance system has been implemented to monitor emerging infectious diseases.

(2) The CHP's Public Health Laboratory Services Branch provides laboratory testing service for Zika virus infection, and works closely with the Hospital Authority in virus testing of the specimens so that confirmed cases can be identified as early as possible.

(3) The Government has gazetted Zika virus infection on 5 February 2016 as a statutorily notifiable infectious disease under the Prevention and Control of Disease Ordinance (Cap. 599). Medical practitioners are required to notify the CHP of the DH of any confirmed case for investigation and follow-up actions. The CHP has sent letters to inform doctors and hospitals of the relevant legislative amendments.

(4) The DH has been closely monitoring the global and regional situation and experts' views. The DH will maintain close networking with the World Health Organization, as well as health authorities in the Mainland and overseas countries.

(5) The DH has also maintained close networking with local partners including government bureaux/departments, District Councils, Healthy Cities projects at the district level, non-governmental organisations, healthcare professionals, private hospitals and professional medical organisations to provide regular updates on the latest disease situation and solicit their collaboration in disseminating relevant health information.

(6) Interdepartmental Coordination Committee on Mosquito-borne Diseases has been held with relevant government departments, to enhance the conduct of anti-mosquito measures, and environmental hygiene and enhance the public health education and health advice on the prevention of Zika virus infection and its complications, targeting the general public as well as specific sectors of the community.

(7) Health educational materials, including leaflets and posters have been widely distributed in the community. A dedicated webpage on Zika virus infection has been set up under the CHP website with information including disease update,

prevention and travel advice and Frequently Asked Questions. Health information has also been delivered via radio Announcement in the Public Interest and the 24-hour health education hotline (2833 0111).

(8) The DH has maintained close communication with the tourism sector and other stakeholders, especially travel agents organising tours to areas with ongoing Zika virus transmission (affected areas) and their tour leaders and tour guides, to provide them with up-to-date disease information and health advice regularly. The DH will continue to closely monitor the latest developments in neighbouring and overseas areas.

(9) The DH has been reminding outbound travellers of the risk of Zika virus infection and advising travellers to take necessary anti-mosquito measures as a precaution. Pregnant women and women preparing for pregnancy have been advised to consider deferring their trip to the affected areas. Travellers should seek medical advice before the trip and avoid mosquito bites during the trip. Travellers who return from affected areas should continue to apply insect repellent for 14 days after arrival to Hong Kong.

(10) The Port Health Office of the DH has also stepped up port health measures and enhanced risk communication with stakeholders and travellers to reduce the risk of importing Zika virus to Hong Kong.

(11) The DH has promulgated the special health advice concerning the prevention of potential adverse pregnancy outcomes arising from Zika virus infection for pregnant women and women preparing for pregnancy, as well as advice on prevention of sexual transmission for them and their male partners. The DH has also provided advice on measures to prevent transmissions through blood transfusion.

(12) For the upcoming 2016 Olympic and Paralympic Games (the Games) in Rio de Janeiro, Brazil, the DH has organised a briefing for athletes and their personnel and will continue to maintain liaison with the Hong Kong Sports Institute via the Commissioner for Sports, the Sports Federation & Olympic Committee of Hong Kong, China, and the Hong Kong Paralympic Committee & Sports Association for the Physically Disabled on travel health advice regarding the Games.

(13) The Government launched the "Preparedness and Response Plan on Zika Virus Infection" (the Preparedness Plan) on 11 March 2016. The Plan adopts a three-tier response level (i.e. Alert, Serious and Emergency) and sets out the corresponding command structures and public health measures at each response level, with an aim to better coordinating efforts amongst different government departments and organisations to prevent, respond to and control the spread of the disease. The Alert Response Level was activated on the same day the Preparedness Plan was launched. Under the Alert Response Level, the immediate health impact caused by Zika virus on local population is low.

The DH will absorb the expenditure and manpower required for implementing the public health measures to prevent and control the possible spread of Zika virus infection in Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1513)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As mentioned in *Matters Requiring Special Attention in 2016–17* under Programme (2) Disease Prevention, the Department of Health will launch a pilot colorectal cancer screening programme for persons at specific ages. In this connection, when will the Government announce and implement the specific details of the programme? What will be the staff establishment and estimated expenditure for launching the programme in the coming year? Is the Government conducting any studies on launching similar screening programmes regarding other diseases, such as heart disease, after the pilot colorectal cancer screening programme?

Asked by: Hon CHAN Kin-por (Member Question No. 20)

Reply:

The Department of Health (DH) targets to launch the Colorectal Cancer Screening Pilot Programme (the Pilot Programme) in the second half of 2016 to provide subsidised screening service in phases in three years to eligible Hong Kong residents aged 61-70. Faecal immunochemical test (FIT) will be adopted as the primary screening tool to be prescribed by enrolled primary care doctors under the Pilot Programme. Participants with a positive FIT result will then be referred for colonoscopy to be provided by enrolled colonoscopy specialists through a public-private partnership model. The DH estimates some 300 000 attendances for FIT and 10 000 for colonoscopy examinations will be completed under the Pilot Programme.

Provision for the Pilot Programme in 2016-17 is $91.9 million. The time-limited civil service posts involved in the planning and implementation of the Pilot Programme are listed in the table below.

Rank	No.
Senior Medical and Health Officer	1
Medical and Health Officer	2
Nursing Officer	2
Registered Nurse	1
Treasury Accountant	1
Statistical Officer I	1
Senior Executive Officer	1
Executive Officer I	1
Executive Officer II	4
Total :	***14***

All along, DH has been promoting healthy lifestyle as the primary strategy for non-communicable disease and cancer prevention. This includes avoidance of smoking and alcohol, regular physical activity, healthy eating, and maintenance of a healthy body weight and waistline. Since 2004, the DH has launched the Cervical Screening Programme to encourage women to receive regular screening to reduce incidence and mortality from cervical cancer.

Moreover, the DH has in parallel developed reference frameworks to facilitate healthcare professionals, particularly those practicing in primary care settings, to provide evidence-based interventions that promote health, prevent diseases and tackle major health risks, as well as educating and empowering patients and carers. Currently, the reference frameworks for hypertension care, diabetes care, and preventive care for older adults, which encourage assessment and management in primary care setting, are relevant to the ageing population.

Going forward, the DH will keep in view the latest evidence of screening effectiveness that may be of public health relevance to the local population and take appropriate action.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1514)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As indicated in Programme (1) Statutory Functions, the number of inspections of private hospitals registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (the Ordinance) conducted by the Department of Health decreased from 112 in 2014 to 107 in 2015. In this regard, will the Government advise this Committee:

a) What were the reasons for the drop in the number of inspections of private hospitals in 2015?
b) What were the number of cases of suspected non-compliance with the Ordinance by private hospitals uncovered during inspections of private hospitals in 2015 and the nature of the suspected non-compliances? Have follow-up actions been taken against the relevant private hospitals? If yes, what are the details?
c) What are the staffing and estimated expenditure allocated by the Government to monitor the operation of the private hospitals in the coming year? Will the Government step up inspections to closely monitor the compliance of the private hospitals with the Ordinance? If yes, what are the details? If no, what are the reasons?

Asked by: Hon CHAN Kin-por (Member Question No. 21)

Reply:

Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) (the Ordinance), the Department of Health (DH) registers private hospitals subject to their conditions relating to accommodation, staffing and equipment. DH has also promulgated the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes (COP) which sets out the standards of good practice, with a view to enhancing

patient safety and quality of service. DH conducts inspections to private hospitals for purposes including annual renewal of registration, applications for changes in services and investigating complaints and sentinel events.

(a) DH inspects all private hospitals at least twice per year. In 2015, a total of 107 inspections to private hospitals were conducted. The comprehensiveness and efficiency of annual inspections were enhanced by adoption of inspection checklists. The total number of inspections conducted is affected by factors such as number of applications for new services, and number of complaints received.

(b) In 2015, two cases of non-compliance with the Ordinance or COP were identified. Both of them involved accommodation. DH issued regulatory letters to the two private hospitals concerned and followed up on the remedial measures.

(c) The target number of inspections set for private hospitals has been revised from "not less than once a year" to "not less than twice a year" starting from 2014. DH has stepped up monitoring compliance with the Ordinance, COP and land grant conditions by private hospitals. DH is also assisting the Food and Health Bureau in the review of the regulatory control of private healthcare facilities.

In 2016-17, the number of posts and financial provision earmarked for the regulation of private healthcare institutions and related matters including providing support to the Food and Health Bureau in reviewing the regulatory regime are 59 and $55.7 million, respectively.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)192

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1123)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the services of the 18 Elderly Health Centres (EHCs) and 18 Visiting Health Teams (VHTs), will the Government please advise this Committee on the following:

(1) What were the numbers of enrolment, new members, members from other districts, elderly people on the waiting list, attendance for health assessment and attendance for medical consultation in each EHC for the past year?

(2) What was the number of members who did not renew their membership in each EHC for each of the past three years?

(3) What were the waiting time for new enrolment, interval between health assessments and average daily number of medical consultations provided in each EHC for each of the past three years?

(4) What were the respective numbers of residential care homes for the elderly (RCHEs) and non-RCHEs visited as well as elderly people and their carers served by each VHT for each of the past two years?

(5) What were/are the numbers of clinical teams, the staff establishment and the wastage of doctors, nurses and clerical staff as well as the amount of emolument expenditure involved in each EHC for each of the past three years and the coming year?

(6) The Elderly Health Assessment Pilot Programme was launched in July 2013 to subsidise about 10 000 elderly people aged 70 or above to receive health assessment. In this connection, what were the number of elderly people who had received assessment and the amount of subvention disbursed to each non-governmental organisation for each of the past three years?

(7) What was the number of elderly members with suspected dementia among those who had received elderly health assessment for each of the past two years?

(8) What are the respective numbers of EHCs installed with automatic doors and "push open" doors at main entrance at present? What is the progress of the improvement works to barrier-free facilities in each EHC?

(9) Does the Government have any plans to set up new EHCs? If so, what are the details? If not, why? Does the Department of Health have any plans to expand the existing EHCs? If so, what are the details? If not, why?

Asked by: Hon CHEUNG Kwok-che (Member Question No. 43)

Reply:

(1) The number of enrolment, number of new members, number of members from other districts, number of elders on the waiting list, number of attendances for health assessment and for medical consultation in each of the Elderly Health Centre (EHC) in 2015 are listed at **Annex**.

(2) The number of members enrolled in a year who did not renew their membership by two years in each of the EHC in the past three years is listed below:

EHC	No. of members who did not renew their membership by		
	2013	2014	2015* (as of September 2015)
Sai Ying Pun	499	443	507
Shau Kei Wan	533	441	536
Wan Chai	372	358	386
Aberdeen	420	395	428
Nam Shan	467	456	454
Lam Tin	577	546	526
Yau Ma Tei	465	427	397
San Po Kong	513	495	481
Kowloon City	470	464	499
Lek Yuen	679	549	656
Shek Wu Hui	551	508	527
Tseung Kwan O	478	435	481
Tai Po	329	348	338
Tung Chung	391	420	413
Tsuen Wan	549	534	618
Tuen Mun Wu Hong	492	500	555
Kwai Shing	499	434	486
Yuen Long	403	440	443

* Provisional figures

(3) The median waiting time for new enrolment and the interval between health assessments in the past three years are listed below:

EHC	Median waiting time for new enrolment (months)			Interval between health assessments (months)		
	2013	2014	2015*	2013	2014	2015*
Sai Ying Pun	22.8	30.5	30.0	18.3	17.1	16.0
Shau Kei Wan	21.5	24.9	23.5	17.1	15.9	16.0
Wan Chai	27.8	34.4	34.3	17.1	16.2	16.6
Aberdeen	11.5	16.2	14.5	17.5	16.2	15.5
Nam Shan	17.3	18.2	15.8	18.0	15.8	15.0
Lam Tin	11.1	15.0	12.0	15.5	15.0	15.9
Yau Ma Tei	25.4	32.9	34.2	17.3	15.7	15.2
San Po Kong	15.9	24.0	18.6	18.9	15.1	14.7
Kowloon City	23.4	31.4	34.4	18.8	16.7	17.1
Lek Yuen	22.8	21.9	4.5	22.2	22.6	20.5
Shek Wu Hui	10.8	14.3	16.4	17.8	16.8	15.9
Tseung Kwan O	20.5	27.0	29.0	18.0	17.1	17.9
Tai Po	28.6	22.4	16.3	13.4	13.4	14.1
Tung Chung	10.4	12.9	15.0	15.9	15.8	16.4
Tsuen Wan	12.7	15.8	17.8	18.2	20.2	19.2
Tuen Mun Wu Hong	15.0	17.3	15.8	18.9	18.7	18.9
Kwai Shing	10.4	13.7	7.0	18.7	12.9	13.3
Yuen Long	8.7	10.7	13.4	15.9	15.3	15.3

*Provisional figures

Note: "Interval between health assessments" is estimated based on the assumption that members approach EHCs for re-enrolment 12 months after the previous health assessment.

The average daily number of medical consultations in each of the EHC in the past three years is listed below:

EHC	Average daily number of medical consultations		
	2013	2014	2015*
Sai Ying Pun	18.2	16.4	14.8
Shau Kei Wan	18.1	17.4	18.3
Wan Chai	18.7	19.6	21.1
Aberdeen	26.4	24.5	23.9
Nam Shan	20.0	18.1	17.4
Lam Tin	16.2	16.3	15.2
Yau Ma Tei	18.4	17.5	15.6
San Po Kong	21.5	20.6	21.2
Kowloon City	18.4	17.7	18.0
Lek Yuen	23.1	22.2	22.2
Shek Wu Hui	34.2	32.4	32.4

Tseung Kwan O	23.5	23.6	22.8
Tai Po	22.1	23.0	22.0
Tung Chung	15.8	15.3	13.5
Tsuen Wan	24.5	23.6	24.3
Tuen Mun Wu Hong	21.7	20.2	19.8
Kwai Shing	15.4	15.3	14.4
Yuen Long	17.6	16.9	16.0

*Provisional figures

(4) The number of residential care homes for the elderly (RCHEs) and non-RCHEs visited, as well as the number of elders and carers who attended the activities conducted by each Visiting Health Team (VHT) for the past two years are listed below:

VHT	2014			
	RCHEs	non-RCHEs	Elders	Carers
Central & Western	35	24	10 655	2 929
Island	11	19	4 997	1 109
Eastern	64	52	19 701	4 950
Wan Chai	24	26	7 008	1 992
Southern	35	39	9 309	3 440
Kwun Tong	39	58	23 381	4 222
Yau Tsim Mong	44	33	9 808	4 334
Shamshuipo	69	48	21 990	5 453
Wong Tai Sin	30	53	18 182	3 186
Kowloon City	71	36	13 072	7 425
Shatin	38	50	14 519	3 042
Sai Kung	20	30	9 730	2 753
North	50	30	14 628	3 827
Tai Po	33	32	11 509	2 832
Tsuen Wan	29	25	8 210	3 147
Kwai Tsing	60	50	19 355	6 305
Tuen Mun	46	24	9 269	3 781
Yuen Long	51	42	13 501	5 794
Total	749	671	238 824	70 521

VHT	2015*			
	RCHEs	non-RCHEs	Elders	Carers
Central & Western	34	28	9 607	2 887
Island	11	19	4 563	1 036
Eastern	62	54	16 998	6 361
Wan Chai	22	25	7 159	5 142
Southern	35	40	8 335	3 179

Kwun Tong	41	54	17 738	9 505
Yau Tsim Mong	47	37	9 141	4 846
Shamshuipo	71	57	19 543	6 121
Wong Tai Sin	27	54	17 849	3 613
Kowloon City	69	38	12 217	7 755
Shatin	39	59	13 935	3 619
Sai Kung	20	28	7 383	2 615
North	50	27	13 013	4 511
Tai Po	33	31	11 377	3 519
Tsuen Wan	30	24	8 277	2 883
Kwai Tsing	59	49	17 816	5 361
Tuen Mun	45	23	8 797	4 126
Yuen Long	51	42	12 602	5 868
Total	746	689	216 350	82 947

*Provisional figures

(5) As at 31 March 2016, the total number of staff establishment for the 18 EHCs is 166 comprising –

- 1 Consultant
- 6 Senior Medical and Health Officers;
- 19 Medical and Health Officers;
- 20 Nursing Officers;
- 40 Registered Nurses;
- 1 Senior Dispenser;
- 4 Dispensers;
- 0.5 Senior Clinical Psychologist;
- 3.5 Clinical Psychologists;
- 0.5 Senior Dietitian;
- 3.5 Dietitians;
- 0.5 Senior Occupational Therapist;
- 3.5 Occupational Therapists;
- 0.5 Senior Physiotherapist;
- 3.5 Physiotherapists;
- 20 Assistant Clerical Officers;
- 20 Clerical Assistants; and
- 19 Workman II.

The annual recurrent cost for the above civil service posts is $82.4 million. Breakdown by individual EHC is not available.

Each EHC is typically staffed by one clinical team comprising one doctor and three nurses; and supported by two clerical staff and one workman grade staff. An additional clinical team has commenced operation in Lek Yuen EHC since March 2015. The team was subsequently deployed to assist in Wan Chai EHC since August 2015. Another clinical team will commence operation in April 2016. The newly established teams will be flexibly deployed according to service need.

The wastage figures of doctors, nurses and clerical staff in the past three years and for the coming year, and the EHCs involved are as follows-

	2013	2014	2015	2016 (projected)
Doctors	Nil	Nil	Nil	Nil
Nurses (EHCs)	3 (Wan Chai, Kowloon City)	1 (San Po Kong)	3 (Nam Shan, Tai Po, Tuen Mun Wu Hong)	1 (Tung Chung)
Clerical staff (EHCs)	2 (Lam Tin, Tung Chung)	2 (Sai Ying Pun)	2 (Shek Wu Hui, Tsueng Kwan O)	Nil

The vacancies and anticipated wastage in the EHCs have been, and will be, filled by recruitment, promotion exercises or deployment of staff to ensure that the service of EHCs would not be affected.

(6) The two-year Elderly Health Assessment Pilot Programme (the Pilot Programme) ended in July 2015. The number of elders enrolled in the Pilot Programme in the past three years are as follows:

	Cumulative number of elders enrolled
As of 31 Dec 2013	561
As of 31 Dec 2014	5 339
As of 31 Jul 2015	7 964

A breakdown of subventions to the non-governmental organisations for implementing the Pilot Programme is as follows:

Name of Non-governmental Organisation	2013-14 ($'000*)	2014-15 ($'000*)	2015-16 Revised Estimate ($'000*)#
Chai Wan Baptist Church Community Health Centre Limited	114.0	327.2	164.0
Evangel Hospital	228.0	414.3	570.0
Haven of Hope Christian Service	142.5	95.5	217.0
Hong Kong Sheng Kung Hui Welfare Council Limited	513.0	638.2	1,305.0
Po Leung Kuk	114.0	307.7	186.0
Sik Sik Yuen	57.0	123.6	123.0
The Lok Sin Tong Benevolent Society, Kowloon	85.5	112.5	256.0
Tung Wah Group of Hospitals	57.0	190.3	56.0

United Christian Nethersole Community Health Service	969.0	579.2	1,778.0
Total :	2,280.0	2,788.4	4,655.0

* Rounded figures. Figures may not add up to the total due to rounding.

The estimated expenditure includes both the subsidy for the health assessment service and the reimbursement for the waived co-payment.

(7) The number of members with suspected dementia among the elders who had received health assessment in EHCs in the past two years are as below:

	2014	2015* (as of Sep 2015)
No. of members with suspected dementia	2 415	1 801

* Provisional figures

Follow-up arrangements are made for suspected cases as appropriate, including referrals to specialist services.

(8) 13 EHCs have been installed with automatic main entrance doors. Three EHCs are installed with "push open" main entrance doors which will be replaced by automatic doors. The remaining two EHCs are located within the General Out-patient Clinics with no separate main entrance doors.

The major retrofitting programme for upgrading the barrier-free access facilities in EHCs were generally completed as at June 2014. Other enhancements of barrier-free facilities are being implemented.

(9) There is currently no plan to increase the number of EHCs. However, to enhance service capacity, an additional clinical team will commence operation in April 2016. The Department of Health will continue to monitor service demand and utilization statistics of EHCs.

- End -

Annex

EHC	No. of enrolment	No. of new members	No. of members from other districts (as at September 2015)	No. of elders on the waiting list	No. of attendance for health assessment (including follow-up of assessment results)	No. of attendance for medical consultation
Sai Ying Pun	2 288	698	471	765	4 345	3 648
Shau Kei Wan	2 224	665	43	988	4 620	4 517
Wan Chai#	3 614	1 879	1 130	1 200	6 605	5 220
Aberdeen	2 182	467	47	456	4 319	5 915
Nam Shan	2 225	490	645	785	4 746	4 295
Lam Tin	2 220	560	137	363	4 254	3 753
Yau Ma Tei	2 216	488	623	751	4 335	3 861
San Po Kong	2 134	550	442	186	4 185	5 238
Kowloon City	2 211	554	670	430	4 085	4 440
Lek Yuen#	3 541	1 628	62	386	6 566	5 488
Shek Wu Hui	2 162	450	91	370	4 139	8 012
Tseung Kwan O	2 136	537	172	1 379	4 152	5 623
Tai Po	2 124	581	200	644	4 151	5 439
Tung Chung	2 330	461	982	801	4 562	3 343
Tsuen Wan	2 116	520	551	994	4 026	6 008
Tuen Mun Wu Hong	2 149	514	42	1 182	4 470	4 880
Kwai Shing	2 310	620	411	63	4 573	3 565
Yuen Long	2 219	420	86	696	4 321	3 950
Total	42 401	12 082	6 805	12 439	82 454	87 195

Note: The above are provisional figures for 2015

#A new clinical team commenced operation in Lek Yuen EHC since March 2015. The team was subsequently deployed to assist at Wan Chai EHC since August 2015.

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)193

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2441)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

How many elderly persons in each district are expected to be benefited from the "Outreach Dental Care Programme for the Elderly" (ODCP) in 2016-17? What is the amount of subvention involved?

Asked by: Dr Hon Elizabeth QUAT (Member Question No. 21)

Reply:

Under the ODCP, 22 outreach dental teams from 11 non-governmental organisations (NGOs) have been set up to provide free outreach dental services for elders in residential care homes/day care centres and similar facilities. A total of about 69 000 elders in these homes/centres and similar facilities will benefit from the ODCP. The estimated amount of subvention to NGOs for implementing the ODCP is $39.9 million in 2016-17.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2544)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (4) Curative Care, (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. How many residents who have been affected by the incidents of lead in drinking water were tested for blood lead level by the Department of Health in 2015-16? What is the number of attendances for the testing? What is the related expenditure?

2. In a hearing of the Commission of Inquiry into Excess Lead Found in Drinking Water, an expert of the Commission indicated that 12 should be the cut-off age for testing children's blood lead level. Does the Government allocate a provision for 2016-17 in order to raise the cut-off age from 8 to 12 for testing children's blood lead level? If so, what is the allocated amount and how many additional children are expected to take the blood test? If not, why?

3. What are the staff establishments for providing assessment services to children in 2014-15, 2015-16 and 2016-17? What is the average waiting time for the clients to receive such services? Will the Government provide additional resources to shorten the waiting time? If so, what are the details?

4. How many children who have been affected by the incidents of lead in drinking water were assessed for intellectual development in 2015-16? How many of them were assessed as having developmental delay? What are the manpower and expenditure involved in providing such assessments?

5. In a hearing of the Commission of Inquiry into Excess Lead Found in Drinking Water, an expert of the Commission indicated that 12 should be the cut-off age for testing children's blood lead level. Does the Government allocate a provision for 2016-17 to increase the manpower and expenditure for the preparation of an increased number of children who need to be assessed for intellectual development? If so, what are the details? If not, why?

Asked by: Dr Hon Helena WONG Pik-wan (Member Question No. 3)

Reply:

1. As at 2 March 2016, the Department of Health (DH) has made arrangements for 4 835 public rental housing estate residents with 5 036 attendances to receive blood lead level tests.

In 2015-16, a provision of $8.6 million was provided to the DH to tackle the lead in water incident. The provision covered handling public enquiries through a telephone hotline, arranging blood lead level testing, conducting preliminary developmental assessment, performing lead exposure assessment and home visits, stepping up education on lead, etc.. As at March 2016, a total of 31 non-civil service contract staff has been engaged. Breakdown of expenditure by activity is however not available.

A provision of $7.7 million, including the creation of nine time-limited posts, is earmarked to follow-up for the lead in water incident in 2016-17.

2. At the wake of the incident, the Government and the Hong Kong Housing Authority had quickly introduced a host of measures to provide safe drinking water including suppling bottled water, standpipes and requesting the contractors concerned to install temporary water points on each floor as well as filters certified for lead reduction, etc. for the tenants of the affected housing estates. Precautionary advice on flushing of drinking taps after a period of stagnation was also issued. At the Commission of Inquiry hearing, an expert witness considered the care plan devised by the Government for managing individuals with raised blood lead levels adequate. The cause of lead in water has been identified and the Government has decided to implement plans to remove the lead sources. For those citizens found to have borderline raised blood lead levels, the Government will continue to monitor their blood lead levels until they have returned to normal level and will follow up on the development of those children aged under 12.

3. The approved staff establishment of the Child Assessment Service (CAS) in 2015, 2016 and the projected establishment of the CAS in 2017 are listed below –

Rank	**Approved Establishment of CAS as at**		**Projected Establishment of CAS as at**
	31.3.2015	**31.3.2016**	**31.3.2017**
Consultant	1	1	1
Senior Medical and Health Officer	8	8	9
Medical and Health Officer	8	12	14
Senior Nursing Officer	1	1	1
Nursing Officer	8	8	9
Registered Nurse	18	18	20
Scientific Officer (Medical)	5	5	5
Senior Clinical Psychologist	1	1	1
Clinical Psychologist	16	20	22

Speech Therapist	10	12	13
Optometrist	2	2	2
Occupational Therapist I	7	7	8
Physiotherapist I	5	5	6
Hospital Administrator II	1	1	1
Electrical Technician	2	2	2
Executive Officer I	1	1	1
Clerical Officer	1	1	1
Assistant Clerical Officer	10	10	11
Clerical Assistant	17	17	19
Office Assistant	2	2	2
Personal Secretary I	1	1	1
Workman II	11	10	12
Total:	**136**	**145**	**161**

In the past three years, nearly all new cases referred to CAS were seen within three weeks after registration. Due to the continuous increase in the demand for services provided by the CAS, the rate for completion of assessment for new cases within six months has dropped from 89% in 2013 to 71% in 2015. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment with a view to enhancing service efficiency. The actual waiting time depends on the complexity and conditions of individual cases.

Noting the continuous increase in the requirement for the services provided by the CAS, the DH will start preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing the service capacity to meet the rising number of referred cases. As an interim measure, the Government will allocate additional funding for 2016-17 and onwards for the DH to set up a temporary CAC in the existing facilities to help improve the waiting time problem. The proposal will involve creation of 16 civil service posts in the DH and two civil service posts in the Social Welfare Department. The 16 civil service posts in the DH include one Senior Medical and Health Officer, two Medical and Health Officers, two Clinical Psychologists, one Physiotherapist I, one Occupational Therapist I, one Speech Therapist, one Nursing Officer, two Registered Nurses, one Assistant Clerical Officer, two Clerical Assistants and two Workman IIs.

With the establishment and full-functioning of the new CAC, it is expected that CAS will be able to complete assessments for at least 90% of the newly referred cases within six months. The financial provision for CAS in 2016-17 is $129.6 million.

4. So far, the DH has conducted preliminary developmental assessment for a total of 126 children who were found with borderline raised blood lead level in the incidents of lead in drinking water. Among them, 83 children did not have developmental problem, 33 required monitoring and re-assessment and ten showed features of developmental delay or learning/behavioural problems. Additional workloads thus generated have been met through internal staff redeployment and hiring of contract staff.

5. As indicated in our reply to part 2 above, the Government will continue to monitor the citizens who were found with borderline raised blood lead levels until they have returned to normal level and will follow up on the development of those children aged under 12.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0226)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

According to the World Health Organization, it is possible that "Zika" virus infection, a communicable disease, may spread globally in 2016. In this connection, will the Government inform this Council of the following:

(1) What arrangements and response plans has the Department of Health (DH) made and devised in view of the possible spread of "Zika" virus infection in Hong Kong?

(2) Does the DH have to seek additional funding for expenditure or manpower in view of the possible spread of "Zika" virus infection in Hong Kong? What are the details?

Asked by: Hon Jeffrey LAM Kin-fung (Member Question No. 8)

Reply:

(1) The Department of Health (DH) has put in place a series of measures to prevent and control the possible spread of Zika virus infection in Hong Kong, such as –

(a) A surveillance system has been implemented to monitor emerging infectious diseases.

(b) The Centre for Health Protection (CHP)'s Public Health Laboratory Services Branch provides laboratory testing service for Zika virus infection, and works closely with the Hospital Authority in virus testing of the specimens so that confirmed cases can be identified as early as possible.

(c) The Government has gazetted Zika virus infection on 5 February 2016 as a statutorily notifiable infectious disease under the Prevention and Control of Disease Ordinance (Cap. 599). Medical practitioners are required to notify the CHP of the

DH of any confirmed case for investigation and follow-up actions. The CHP has sent letters to inform doctors and hospitals of the relevant legislative amendments.

(d) The DH has been closely monitoring the global and regional situation and experts' views. The DH will maintain close networking with the World Health Organization, as well as health authorities in the Mainland and overseas countries.

(e) The DH has also maintained close networking with local partners including government bureaux/departments, District Councils, Healthy Cities projects at the district level, non-governmental organisations, healthcare professionals, private hospitals and professional medical organisations to provide regular updates on the latest disease situation and solicit their collaboration in disseminating relevant health information.

(f) Interdepartmental Coordination Committee on Mosquito-borne Diseases has been held with relevant government departments, to enhance the conduct of anti-mosquito measures, and environmental hygiene and enhance the public health education and health advice on the prevention of Zika virus infection and its complications, targeting the general public as well as specific sectors of the community.

(g) Health educational materials, including leaflets and posters have been widely distributed in the community. A dedicated webpage on Zika virus infection has been set up under the CHP website with information including disease update, prevention and travel advice and Frequently Asked Questions. Health information has also been delivered via radio Announcement in the Public Interest and the 24-hour health education hotline (2833 0111).

(h) The DH has maintained close communication with the tourism sector and other stakeholders, especially travel agents organising tours to areas with ongoing Zika virus transmission (affected areas) and their tour leaders and tour guides, to provide them with up-to-date disease information and health advice regularly. The DH will continue to closely monitor the latest developments in neighbouring and overseas areas.

(i) The DH has been reminding outbound travellers of the risk of Zika virus infection and advising travellers to take necessary anti-mosquito measures as a precaution. Pregnant women and women preparing for pregnancy have been advised to consider deferring their trip to the affected areas. Travellers should seek medical advice before the trip and avoid mosquito bites during the trip. Travellers who return from affected areas should continue to apply insect repellent for 14 days after arrival to Hong Kong.

(j) The Port Health Office of the DH has also stepped up port health measures and enhanced risk communication with stakeholders and travellers to reduce the risk of importing Zika virus to Hong Kong.

(k) The DH has promulgated the special health advice concerning the prevention of

potential adverse pregnancy outcomes arising from Zika virus infection for pregnant women and women preparing for pregnancy, as well as advice on prevention of sexual transmission for them and their male partners. The DH has also provided advice on measures to prevent transmissions through blood transfusion.

(l) For the upcoming 2016 Olympic and Paralympic Games (the Games) in Rio de Janeiro, Brazil, the DH has organised a briefing for athletes and their personnel and will continue to maintain liaison with the Hong Kong Sports Institute via the Commissioner for Sports, the Sports Federation & Olympic Committee of Hong Kong, China, and the Hong Kong Paralympic Committee & Sports Association for the Physically Disabled on travel health advice regarding the Games.

(m) The Government launched the "Preparedness and Response Plan on Zika Virus Infection" (the Preparedness Plan) on 11 March 2016. The Plan adopts a three-tier response level (i.e. Alert, Serious and Emergency) and sets out the corresponding command structures and public health measures at each response level, with an aim to better coordinating efforts amongst different government departments and organisations to prevent, respond to and control the spread of the disease. The Alert Response Level was activated on the same day the Preparedness Plan was launched. Under the Alert Response Level, the immediate health impact caused by Zika virus on local population is low.

(2) The DH will absorb the expenditure and manpower required for implementing the public health measures to prevent and control the possible spread of Zika virus infection in Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0540)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the numbers of registration applications from healthcare professionals processed by statutory boards/councils, please advise on the operating expenditure, manpower, number of registration applications and the average processing time for each application in 2015. Besides, how many complaints and disciplinary inquiries were processed by statutory boards/councils last year and what were the expenditure and manpower involved?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 23)

Reply:

In 2015, the relevant statutory Boards/Councils processed 5 518 applications for registration from healthcare professionals. The types and numbers of applications, and the average time required for approval are as follows-

Healthcare Profession	**No. of applications for registration processed in 2015**	**Average time required for approval[#]**
Chiropractors	12	2 - 3 months
Dental Hygienists (Enrolled)	15	1 - 2 months
Dentists	90	
- *Full registration*	*(78*)*	2 - 3 weeks
- *Specialist registration*	*(12)*	2 - 3 months
Medical Practitioners	1 401	
- *Full registration*	*(397)*	1 day
- *Provisional registration*	*(383)*	2 - 3 weeks
- *Limited registration*	*(198)*	2 weeks
- *Temporary registration*	*(109)*	2 weeks
- *Specialist registration*	*(314)*	2 - 3 months

Healthcare Profession	No. of applications for registration processed in 2015	Average time required for approval[#]
Midwives	66	1 week
Nurses (Registered and Enrolled)	2 531	2 - 3 weeks (for applicants holding local qualifications) 1 week (for applicants holding overseas qualifications and passing the licensing examination)
Pharmacists	126	1 week
Registered Chinese Medicine Practitioners	269	4 weeks
Supplementary Medical Profession Practitioners - Medical Laboratory Technologists - Occupational Therapists - Optometrists - Physiotherapists - Radiographers	1 008	1 week (for applicants holding qualifications prescribed under the law) 2 - 3 months (for applicants holding other qualifications)
Total:	5 518	

** including 20 cases of deemed-to-be registered dentists.*

 # The registration applications have to be processed according to the legislations governing the respective healthcare professions, and to be approved by the relevant statutory boards/councils or registrars. The time required for granting approval for registration applications from different healthcare professions varies given the different approval procedures involved.

In the same year, the relevant statutory boards/councils received 798 complaints and conducted 62 inquiries against healthcare professionals. The breakdown figures are as follows-

Healthcare Profession	No. of complaints received in 2015	No. of inquiry cases conducted in 2015
Chiropractors	8	0
Dental Hygienists (Enrolled)	0	0
Dentists	126	4
Medical Practitioners	493	21
Midwives	0	1
Nurses (Registered and Enrolled)	25	8
Pharmacists	0	1
Registered Chinese Medicine Practitioners	126	18
Supplementary Medical Profession Practitioners	20	9
- Medical Laboratory Technologists	(4)	(3)
- Occupational Therapists	(1)	(0)
- Optometrists	(6)	(2)
- Physiotherapists	(7)	(2)
- Radiographers	(2)	(2)
Total:	798	62

In 2015, the Department of Health (DH) assigned 20 staff members to provide secretariat support to the statutory boards and councils in processing registration and other related applications from 13 healthcare professions. In addition, DH assigned 35 staff members to handle complaints and inquiries related to the 13 healthcare professions. The operating expenditures involved in processing registration applications and complaints/inquiries are around $11 million and $13.5 million respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0548)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the provision for 2016-17 is $115.4 million (15.3%) higher than the revised estimate for 2015-16 and there is an increase of 45 posts. Please advise on the reasons for the growth and the details. Will the additional resources be used for launching a voluntary accredited registers scheme for supplementary healthcare professions as mentioned in the Policy Address? If so, what are the details? If not, why?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 24)

Reply:

Provision for 2016-17 is $115.4 million higher than the revised estimate for 2015-16 with an addition of 45 posts. This is mainly due to (a) setting up a temporary testing centre for Chinese medicines, (b) setting up a new Office for Regulation of Private Healthcare Facilities, (c) funding the legal costs arising from committee-related appeals and court proceedings, (d) enhancing the arrangement of the Licensing Examination of the Medical Council of Hong Kong, and (e) conversion of five non-civil service contract positions to civil service posts for rationalising the professional support.

The Government will launch a voluntary accredited registers pilot scheme in 2016 for healthcare personnel who are currently not subject to statutory regulation. The scheme is under development at present. No additional resources have been earmarked for the scheme in 2016-17. The Department of Health will absorb the additional workload by flexible redeployment of existing manpower resources.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0549)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As shown by the indicators, the number of attendances for health assessment and medical consultation at Elderly Health Centres has been increasing. Please advise on:

a. the average waiting time and the number of elders waiting for enrolment in respect of the 18 Elderly Health Centres in 2015; and

b. has the Department earmarked sufficient resources, including manpower, to meet the demand for 2016-17? If so, what are the manpower and resources involved as well as the details? If not, why?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 25)

Reply:

a. The median waiting time and the number of elders waiting for enrolment in respect of the 18 Elderly Health Centres (EHCs) in 2015 are as follows –

EHC	Median waiting time (months)	Number of elders on the waiting list (as at end of December 2015)
Sai Ying Pun	30.0	765
Shau Kei Wan	23.5	988
Wan Chai	34.3	1 200
Aberdeen	14.5	456
Nam Shan	15.8	785
Lam Tin	12.0	363

Yau Ma Tei	34.2	751
San Po Kong	18.6	186
Kowloon City	34.4	430
Lek Yuen	4.5	386
Shek Wu Hui	16.4	370
Tseung Kwan O	29.0	1 379
Tai Po	16.3	644
Tung Chung	15.0	801
Tsuen Wan	17.8	994
Tuen Mun Wu Hong	15.8	1 182
Kwai Shing	7.0	63
Yuen Long	13.4	696
Total	16.3	12 439

b. The financial provision in 2016-17 for the EHCs is $142.3 million. One additional clinical team comprising one doctor, three nurses and supported by two clerical staff will commence operation in April 2016 to enhance the service capacity of EHCs.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)199

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0550)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the provision for 2016-17 is $648.6 million (20.3%) higher than the revised estimate for 2015-16 and there is an increase of 44 posts. The additional provision is made for meeting funding requirement for the Elderly Health Care Voucher Scheme, meeting claims under subsidised vaccination schemes, and launching a pilot colorectal cancer screening programme. Please give an account of the said schemes / programme and the resources and manpower involved?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 26)

Reply:

Provision for 2016-17 is $648.6 million (20.3%) higher than the revised estimate for 2015-16. The increase in provision and posts for the said schemes/programme are as follows :

(a) rationalising the administrative support of the Elderly Health Care Voucher (EHV) Scheme by creation of 8 new posts with provision of $2.8 million. An additional allocation of about $460.0 million is related to the funding provision for the EHV Scheme;
(b) launching and supporting the Colorectal Cancer Screening Pilot Programme with increased provision of $20.0 million and addition of 6 time-limited posts for 3 years from 2016-17 to 2018-19; and
(c) coping with the increased demand from the expansion of Vaccination Subsidy Scheme with $23.7 million increase in provision and the creation of 5 new posts for the increasing workload.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)200

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0551)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding Child Assessment Service,

a. the completion time for assessment of new cases in Child Assessment Centres within six months fell short of the target of 90% for the past two years and further dropped to 71% in 2015; please advise on the reasons for failing to meet the target;

b. please advise on the number of children who received Child Assessment Service and the number of these children who were assessed as having developmental disabilities, broken down by their developmental problems, for each of the past three years;

c. please advise on the average waiting time for new cases, the staff establishment and the number of children assessed each year in Child Assessment Centres; and

d. please advise on the details of the setting up of an additional Child Assessment Centre by the Department of Health as mentioned in the 2016 Policy Address, including the estimated expenditure, manpower, number of additional service quotas and reduction in waiting time for new cases.

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 27)

Reply:

a. In the past three years, the number of newly referred cases received by the Child Assessment Service (CAS) has been on an increasing trend. There was an increase of 12.5 % in 2015 compared with 2013.

b. The numbers of newly referred cases received by the CAS in 2013, 2014 and 2015 are 8 775, 9 494 and 9 872 (provisional figure) respectively.

The numbers of newly diagnosed cases of developmental conditions in the CAS from 2013 to 2015 are as follows:-

Number of newly diagnosed conditions	**Number of cases**		
	2013	**2014**	**2015 (Provisional figure)**
Attention Problems/Disorders	2 325	2 541	2 890
Autistic Spectrum Disorder	1 478	1 720	2 021
Borderline Developmental Delay	1 915	2 073	2 262
Developmental Motor Coordination Problems/Disorders	1 928	1 849	1 888
Dyslexia & Mathematics Learning Disorder	482	535	643
Hearing Loss (Moderate to profound grade)	88	109	76
Language Delay/Disorders and Speech Problems	3 098	3 308	3 487
Physical Impairment (i.e. Cerebral Palsy)	55	41	61
Significant Developmental Delay/Mental Retardation	1 213	1 252	1 443
Visual Impairment (Blind or Low Vision)	41	36	43

Note: A child might have been diagnosed with more than one developmental disability/problem.

c. In the past three years, nearly all new cases were seen within three weeks after registration. Due to the continuous increase in the demand for services provided by the CAS, the rate for completion of assessment for new case within six months has dropped from 89% in 2013 to 71% in 2015. The actual waiting time depends on the complexity and conditions of individual cases. The Department of Health (DH) has not complied statistics on the average waiting time for assessment of new cases.

In the past three years, the number of children served by the CAS are listed below:

	2013	2014	2015
No. of children served by the CAS	21 165	21 252	23 020

The approved establishment of the CAS as at 31 March 2016 is as follows:-

Grades	**Number of posts**
Medical Support	
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	20
Nursing Support	
Senior Nursing Officer / Nursing Officer / Registered Nurse	27
Professional Support	
Scientific Officer (Medical) (Audiology Stream) / (Public Health Stream)	5
Senior Clinical Psychologist / Clinical Psychologist	21
Occupational Therapist I	7
Physiotherapist I	5

Grades	Number of posts
Optometrist	2
Speech Therapist	12
Technical Support	
Electrical Technician	2
Administrative and General Support	
Executive Officer I	1
Hospital Administrator II	1
Clerical Officer / Assistant Clerical Officer	11
Clerical Assistant	17
Office Assistant	2
Personal Secretary I	1
Workman II	10
Total:	**145**

d. Noting the continuous increase in the requirement for the service provided by the CAS, the DH will start preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing the service capacity to meet the rising number of referred cases. As an interim measure, the Government will allocate additional funding for 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities to help shortening the waiting time. The proposal will involve creation of 16 civil service posts in the DH and two civil service posts in Social Welfare Department.

In addition, CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded higher priority in assessment with a view to enhancing service efficiency. Coupled with the establishment and full-functioning of the new CAC, it is expected that CAS will be able to complete assessments for at least 90% of the newly referred cases within six months. The financial provision for CAS in 2016-17 is $129.6 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0559)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In 2015, the number of attendances at Social Hygiene Clinics increased by 800 as compared with 2014, while the number for 2016 is estimated to be the same as the previous year. Has the Department earmarked sufficient resources, including manpower, to meet the demand of this year? If so, what are the details of the manpower and resources involved? If not, why?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 75)

Reply:

The Department of Health (DH) will maintain the same number of posts of Medical Officers (i.e. 30) for Social Hygiene Service in the 2016-17 financial year in order to meet the service demand. To avoid disruption to service arising from staff departure, DH has endeavored to fill the vacancies through recruitment and internal deployment of doctors so as to maintain the service capacity.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)202

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0560)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the review on mental health, the Government proposes in the 2016 Policy Address that a three-year territory-wide public education and promotion campaign will be implemented. What are the details of the campaign? What are the expenditure and manpower involved? What is the timetable for implementation? How will the Government assess its effectiveness?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 8)

Reply:

The Campaign, known as "Joyful@HK", was officially launched in late January 2016. The objectives of the Campaign are to increase public engagement in promoting mental well-being and enhance their knowledge and understanding about mental health. The Department of Health (DH) has commenced a series of mass media and publicity activities targeting at different age groups, including adolescents, adults and the elderly. DH will continue to establish partnership and explore collaboration with relevant stakeholders, including relevant government departments, District Councils, mental health service providers, non-governmental organisations, etc. to organise community-based and setting-specific activities.

A provision of $10 million per annum for three years from 2015-16 to 2017-18 has been earmarked for this purpose. The Campaign has been launched through re-deployment of existing manpower. The effectiveness of the Campaign will be assessed based on the evaluations conducted by academic institutions.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3087)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As shown by the indicators, the number of school children participating in the Student Health Service (primary school students) has been rising significantly. In this connection, has the Department earmarked sufficient resources, including manpower, to meet the demand of this year? If so, what are the manpower and resources involved and the details? If not, why?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No.73)

Reply:

For the school year 2015/16, it is estimated that the number of primary school students participating in the Student Health Service is increasing, but the number of secondary school students participating in the Student Health Service is decreasing due to the decreasing number of secondary school students. A breakdown of the number of school students participating in the Student Health Service for the recent three years is as follows:

	2013-14 (Actual)	2014-15 (Actual)	2015-16 (Estimate)
Primary school students	306 000	312 000	320 000
Secondary school students	342 000	324 000	307 000
Total	648 000	636 000	627 000

The Department has already earmarked sufficient resources, including manpower, to meet the demand. The financial provision for Student Health Service in 2016-17 is $206.7 million. The staff establishment of the Student Health Service in 2016-17 is 409.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3088)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As shown by the indicators, the number of primary school students participating in the School Dental Care Service has been increasing over the past two years. It is estimated that the number in 2016 will be 9 500 more than that in 2015. In this regard, has the Department earmarked sufficient resources, including manpower, to meet the demand of this year? If yes, what are the details of the manpower and resources involved? If no, what are the reasons?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 74)

Reply:

The School Dental Care Service (SDCS) of the Department of Health (DH) promotes oral health and provides basic and preventive dental care to all primary school students in Hong Kong. The increase in the estimated participating students in SDCS in 2015-16 over the past two years is mainly due to the increase in the total number of primary school students in recent years.

The DH has earmarked sufficient resources for SDCS to cope with the increase in demand of dental services due to the increased number of students. The annual expenditure of the SDCS in financial years 2014-15, 2015-16 and 2016-17 are as follows-

Financial Year	Annual Expenditure ($ million)
2014-15	229.4
2015-16 (Revised Estimate)	242.4
2016-17 (Estimate)	250.2

Despite the increase in the number of participating students, the DH will absorb the additional workload by flexible redeployment of resources.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)205

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3089)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The number of laboratory tests relating to public health has been rising significantly. Does the Government have sufficient manpower to cope with the work? If not, will the Government allocate additional resources and manpower for the work? If so, what are the details? If not, why?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 76)

Reply:

The Department of Health (DH) has reserved sufficient resources, including the manpower, to ensure the public health laboratory services are up to international standards and adequate to fulfill the service demand. To increase the capacity in laboratory testing, the DH has also been making use of advanced technology, automation, testing strategies and manpower deployment in parallel.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3174)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As regards the launching of a pilot colorectal cancer screening programme for persons at specific ages, please advise on the work progress and details as well as the manpower and estimated expenditure involved.

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 77)

Reply:

The Department of Health (DH) targets to launch the Colorectal Cancer Screening Pilot Programme (the Pilot Programme) in the second half of 2016 to provide subsidised screening service in phases in three years to eligible Hong Kong residents aged 61-70. Faecal immunochemical test (FIT) will be adopted as the primary screening tool to be prescribed by enrolled primary care doctors under the Pilot Programme. Participants with a positive FIT result will then be referred for colonoscopy to be provided by enrolled colonoscopy specialists through a public-private partnership model. The DH estimates some 300 000 attendances for FIT and 10 000 for colonoscopy examinations will be completed under the Pilot Programme.

Provision for the Pilot Programme in 2016-17 is $91.9 million. The time-limited civil service posts involved in the planning and implementation of the Pilot Programme are listed in the table below.

Rank	No.
Senior Medical and Health Officer	1
Medical and Health Officer	2
Nursing Officer	2
Registered Nurse	1
Treasury Accountant	1

Statistical Officer I	1
Senior Executive Officer	1
Executive Officer I	1
Executive Officer II	4
Total :	***14***

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)207

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3175)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The percentage of new dermatology cases with appointment time given within 12 weeks has been dropping over the past two years. The figure recorded in 2015 was as low as 43%, far below the target of 90%. Please give detailed reasons for failing to meet the target. Has the Government earmarked sufficient resources and formulated measures, including manpower and resource arrangements, to enhance service efficiency in order to cope with the demand? If so, what are the manpower and resources involved in, as well as the details of, these measures?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 78)

Reply:

The Department of Health (DH) was unable to meet the target of 90% mainly due to the high demands for service and the high turnover rate of dermatologists in the department. To improve the situation, the DH has all along endeavoured to fill the vacancies arising from staff departure through recruitment of new doctors and internal deployment within the department. Under the triage system for new skin referrals implemented by the DH, serious or potentially serious cases are accorded higher priority to ensure the patients concerned will be seen by doctors without delay.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)208

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3176)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the provision for 2016-17 is $106.4 million (12.9%) higher than the revised estimate for 2015-16. What is the reason? Please advise on the use and details of the additional resources allocated.

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 79)

Reply:

Provision for 2016-17 is $106.4 million (12.9%) higher than the revised estimate for 2015-16. The increase in provision under Programme (4) is mainly due to increased cash flow requirements for drug costs and procurement of X-ray equipment.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0603)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out in detail, by type of sexually transmitted infections (STIs), the number of attendances at Social Hygiene Clinics of the Department of Health, the numbers / percentages / mean ages of male and female attendees and the unit cost of treatment for 2011-12 to 2015-16.

Type of STIs	Male (no.)	Male (%)	Female (no.)	Female (%)	Total attendances	Mean age of male	Mean age of female	Cost of treatment

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 10)

Reply:

The figures of attendance at the Social Hygiene Clinics under the Department of Health over the past five years are appended below –

Year	**Total attendance***	
2011	79 818	(67:33)
2012	84 287	(69:31)
2013	88 066	(71:29)
2014	85 782	(70:30)
2015	86 609	(71:29)

* The figures in brackets refer to the male:female ratio of the attendance.

Non-gonococcal urethritis/non-specific genital infection (NGU/NSGI), genital warts (GW), gonorrhoea (GC), syphilis, and genital herpes (GH) are the five most common sexually transmitted infections (STIs) seen in the Social Hygiene Clinics. The number of new diagnoses of all STIs over the past five years are appended below:

Year	**NGU/NSGI**	**GW**	**GC**	**Syphilis**	**GH**	**Other STIs**	**Total**
2011	5 805 (59:41)	1 677 (70:30)	1 202 (89:11)	989 (54:46)	583 (70:30)	1 524	11 780 (59:41)
2012	6 002 (58:42)	1 883 (70:30)	1 222 (89:11)	1 013 (52:48)	658 (65:35)	1 440	12 218 (59:41)
2013	6 451 (60:40)	1 902 (69:31)	1 211 (88:12)	999 (56:44)	888 (69:31)	1 461	12 912 (60:40)
2014	5 941 (59:41)	1 947 (72:28)	1 163 (86:14)	1 082 (66:34)	846 (68:32)	1 637	12 616 (59:41)
2015	5 760 (62:38)	1 953 (72:28)	1 357 (88:12)	1 107 (65:35)	772 (67:33)	1 832	12 781 (62:38)

*The figures in brackets refer to the male:female ratio of the new diagnoses.

A breakdown of the mean age of attendees for individual STIs and the average unit cost for treating each type of STI are not available.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)210

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0604)

Head: (37) Department of Health

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

Programme: Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is planned that there will be an increase of 114 non-directorate posts in the Department of Health in 2016-17. Please advise on the respective ranks, remunerations and duties of these posts.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 15)

Reply:

Details of the net increase of 114 posts are at the **Annex**.

- End –

Annex

Proposed Creation and Deletion of Posts in Department of Health in 2016-17

Initiative / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
Programme 1 – Statutory Functions		
(a) Setting up a temporary testing centre for Chinese Medicines		
Scientific Officer (Medical) (Including three posts on a time-limited basis for three years from 2016-17 to 2018-19)	9	7,663,140
Executive Officer II	1	451,080
Assistant Clerical Officer	1	243,660
Senior Chemist	1	1,309,080
Chemist	1	851,460
Science Laboratory Technologist	1	681,240
Science Laboratory Technician I	1	517,260
Science Laboratory Technician II	2	642,840
Laboratory Attendant	1	202,680
Sub-total :	***18***	***12,562,440***
(b) Setting up a new Office for Regulation of Private Healthcare Facilities (Time-limited for three years from 2016-17 to 2018-19)		
Senior Medical and Health Officer	1	1,309,080
Medical and Health Officer	1	971,880
Chief Nursing Officer	1	1,057,500
Senior Dental Officer	1	1,309,080
Pharmacist	1	851,460
Scientific Officer (Medical)	3	2,554,380
Senior Executive Officer	1	931,800
Executive Officer I	1	681,240
Executive Officer II	2	902,160
Clerical Officer	1	390,720
Assistant Clerical Officer	3	730,980
Clerical Assistant	1	190,140
Personal Secretary I	1	390,720
Building Services Engineer/Assistant Building Services Engineer	1	702,060
Senior Electrical and Mechanical Engineer	1	1,309,080
Sub-total :	***20***	***14,282,280***

Initiative / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
(c) Conversion of non-civil service contract positions to civil service posts for rationalising the professional support for the implementation of Medical Device Administrative Control System and the development of a long-term statutory framework for regulating medical devices		
Scientific Officer (Medical)	5	4,257,300
Sub-total :	***5***	***4,257,300***
Total (Programme 1) :	***43***	***31,102,020***
Programme 2 – Disease Prevention		
(a) Enhancing the work of the surveillance and administration team for the Elderly Health Care Voucher Scheme		
Senior Executive Officer	1	931,800
Executive Officer II	2	902,160
Assistant Clerical Officer	1	243,660
Clerical Assistant	1	190,140
Sub-total :	***5***	***2,267,760***
(b) Strengthening the work in combating public health threats from antimicrobial resistance		
Senior Medical and Health Officer	1	1,309,080
Medical and Health Officer	2	1,943,760
Nursing Officer	2	1,301,280
Registered Nurse	3	1,230,480
Senior Pharmacist	1	1,309,080
Scientific Officer (Medical)	1	851,460
Assistant Clerical Officer	1	243,660
Statistical Officer I	1	517,260
Sub-total	***12***	***8,706,060***
(c) Coping with the increased workload arising from the expansion of Vaccination Subsidy Scheme		
Executive Officer II	1	451,080
Clerical Officer	1	390,720
Assistant Clerical Officer	3	730,980
Sub-total :	***5***	***1,572,780***
(d) Coping with the workload arising from the lead in water incident (Time-limited for two years from 2016-17 to 2017-18)		
Senior Medical and Health Officer	1	1,309,080
Medical and Health Officer	2	1,943,760

Initiative / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
Registered Nurse	2	820,320
Scientific Officer (Medical)	1	851,460
Senior Executive Officer	1	931,800
Executive Officer II	1	451,080
Assistant Clerical Officer	1	243,660
Sub-total :	***9***	***6,551,160***
(e) Implementing Baby Friendly Initiative in Maternal and Child Health Centres (Time-limited for three years from 2016-17 to 2018-19)		
Registered Nurse	3	1,230,480
Sub-total :	***3***	***1,230,480***
(f) Strengthening the clerical support in Programme Management and Professional Development Branch		
Assistant Clerical Officer	1	243,660
Property Attendant	-1	-163,680
Sub-total :	***0***	***79,980***
(g) Conversion of non-civil service contract positions to civil service posts for rationalising the administrative support to the Elderly Health Care Voucher Scheme		
Executive Officer II	1	451,080
Assistant Clerical Officer	2	487,320
Sub-total :	***3***	***938,400***
(h) Conversion of non-civil service contract position to civil service post for providing executive support in the handling and investigation of complaint cases referred by various organizations		
Senior Executive Officer	1	931,800
Sub-total :	***1***	***931,800***
(i) Conversion of non-civil service contract positions to civil service posts for supporting the Colorectal Cancer Screening Pilot Programme (Time-limited for three years from 2016-17 to 2018-19)		
Senior Executive Officer	1	931,800
Executive Officer I	1	681,240
Executive Officer II	4	1,804,320
Sub-total :	***6***	***3,417,360***
Total (Programme 2) :	***44***	***25,695,780***

Initiative / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
Programme 5 – Rehabilitation		
Setting up a temporary child assessment centre in Ngau Tau Kok		
Senior Medical and Health Officer	1	1,309,080
Medical and Health Officer	2	1,943,760
Nursing Officer	1	650,640
Registered Nurse	2	820,320
Clinical Psychologist	2	1,702,920
Speech Therapist	1	541,560
Occupational Therapist I	1	650,640
Physiotherapist I	1	650,640
Assistant Clerical Officer	1	243,660
Clerical Assistant	2	380,280
Workman II	2	302,400
Total (Programme 5) :	***16***	***9,195,900***
Programme 7 – Medical and Dental Treatment for Civil Servants		
Setting up seven prosthodontic surgeries		
Senior Dental Officer	1	1,309,080
Dental Officer	1	890,520
Senior Dental Surgery Assistant	2	861,360
Dental Surgery Assistant	2	549,600
Assistant Clerical Officer	1	243,660
Clerical Assistant	1	190,140
Assistant Supplies Officer	1	372,240
Laboratory Attendant	1	202,680
Workman II	1	151,200
Total (Programme 7) :	***11***	***4,770,480***
Total(Overall):	***114***	***70,764,180***

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0605)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Department's financial provision includes funding for "meeting claims under subsidised vaccination schemes". Regarding the vaccination programmes/schemes for pneumococcal and seasonal influenza for elders and young children, please list the following information of these vaccination programmes/schemes in 2014-15, 2015-16 and 2016-17 (estimate) respectively:

(a) the number of participating elders, its percentage in the number of eligible persons, and the amount of subsidy claims;

(b) the number of participating young children, its percentage in the number of eligible persons, and the amount of subsidy claims; and

(c) the number of participating doctors.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 11)

Reply:

The Department of Health (DH) has been administering several programmes/schemes to provide free/subsidized pneumococcal and seasonal influenza vaccination to eligible elders and children, which include –

- Government Vaccination Programme (GVP), which provides free seasonal influenza vaccination to eligible target groups and free pneumococcal vaccination to eligible elders aged 65 or above;

- Childhood Influenza Vaccination Subsidy Scheme (CIVSS), which provides subsidised seasonal influenza vaccination for children between the age of six months to less than six years;

- Elderly Vaccination Subsidy Scheme (EVSS), which provides subsidised seasonal influenza and pneumococcal vaccination to elderly aged 65 or above;

- Hong Kong Childhood Immunisation Programme, which includes provision of pneumococcal conjugate vaccine to eligible children at two, four, six months of age followed by a booster dose at 12 months at the DH's Maternal and Child Health Centres; and

- The Childhood 13-valent Pneumococcal Conjugate Vaccine (PCV13) Booster Vaccination Programme, which was a one-off booster programme launched by phases between December 2013 and October 2015, to provide a choice for children aged from two to under five years old at that period of time (i.e. born on or after 26 November 2008) who have never received PCV13 to receive one dose of PCV13 for personal protection if considered necessary. As part of the programme, the Childhood Vaccination Subsidy Scheme (PCV13 booster) (CVSS (PCV13 booster)) provided eligible children with one subsidised dose of PCV13 from enrolled private doctors.

For better protection of elderly from possible summer influenza season and prevent outbreak in residential care homes for the elderly (RCHEs), the DH conducted an one-off exercise from May to August 2015 to provide one dose of free vaccination of 2015 Southern Hemisphere Seasonal Influenza Vaccination to residents of RCHEs as well as the community elders aged 75 years old or above under the existing GVP.

Since the commencement of the 2015-16 vaccination season in October 2015, there have been two enhancements on a trial basis. The GVP has been extended to cover all elders aged 65 years or above, and persons with intellectual disabilities have also been included as a target group under GVP (for clients of public clinics or hospitals) and Vaccination Subsidy Schemes. As announced in the 2016 Policy Address, these enhancements will be regularized as from the 2016-17 vaccination season.

The statistics of relevant free vaccination programmes and subsidy schemes are detailed at the **Annex**. As some target group members may have received vaccination outside the Government's free vaccination programme and subsidy schemes, they are not reflected in the statistics.

- End -

Annex

Seasonal influenza vaccination provided under the Government Vaccination Programme (GVP), Childhood Influenza Vaccination Subsidy Scheme (CIVSS) and Elderly Vaccination Subsidy Scheme (EVSS)

Target groups	Vaccination programme/scheme	2014-15			2015-16 (as at 28 Feb 2016)		
		No. of recipients	Subsidy Paid ($ million)	Percentage of population in the age group*	No. of recipients	Subsidy Paid ($ million)	Percentage of population in the age group*
Children between the age of 6 months and less than 6 years	GVP	2 400	Not applicable	18%	2 200	Not applicable	13.2%
	CIVSS	55 200	11.4		39 300	7.7	
Elderly aged 65 or above	GVP	193 200	Not applicable	35%	311 000#	Not applicable	39.5%
	EVSS	179 500	28.7		132 700	21.2	
Total:		**430 300**	**40.1**		**485 200**	**28.9**	

\# In addition, a total of 98 000 recipients were provided with free 2015 Southern Hemisphere Seasonal Influenza Vaccination under GVP from May to August 2015. The subsidy paid amounts to $2.18 million.

***** Calculation based on the Hong Kong Population Projections 2015 – 2064 issued by Census and Statistics Department.

Pneumococcal vaccination for the elderly under GVP and EVSS

Target groups	Vaccination programme/scheme	2014 -15			2015-16 (as at 28 Feb 2016)		
		No. of new recipients	Subsidy Paid ($ million)	Accumulative Percentage of population in the age group vaccinated+	No. of new recipients	Subsidy Paid ($ million)	Accumulative Percentage of population in the age group vaccinated+
Elderly aged 65 or above*	GVP	15 800	Not applicable	34.2%	14 600	Not applicable	32.4%
	EVSS	24 700	4.7		12 900	2.5	
Total:		**40 500**	**4.7**		**27 500**	**2.5**	

* According to recommendation from Scientific Committee on Vaccine Preventable Diseases, elders aged 65 or above require a single dose of pneumococcal vaccination.

+ Based on the accumulated number of recipients excluding those already deceased.

The Department of Health has reserved $ 26.8 million for CIVSS and $56.8 million for EVSS to meet the subsidy payments for 2016-17. Out of the $ 56.8 million under EVSS, $4.5 million is reserved for subsidy payments of pneumococcal vaccination under EVSS for 2016-17.

Childhood PCV13 Booster Vaccination Programme (the Programme)

	No. of recipients (as at close of programme on 31 Oct 2015)	**Percentage of population in the age group**
Eligible paediatric patients receiving vaccination at Hospital Authority institutions	350	
Eligible children receiving vaccination at Maternal and Child Health Centres	1 250	
Eligible children receiving vaccination at enrolled private doctors under Childhood Vaccination Subsidy Scheme (PCV13 booster)	21 730	
Total:	**23 330**	**22.2%**[##]

As at 31 October 2015, the cost of all PCV13 used under the Programme amounted to $7.8 million and the subsidies for private doctors amounted to $1.1 million.

[##] Some children received the PCV13 supplementary dose in private sector are not covered by the scheme. As such, the actual coverage should be higher and the figure does not reflect the overall coverage of PCV13 vaccination in the Childhood Immunisation Programme.

Total number of private doctors enrolled under CIVSS, EVSS and CVSS (PCV13 booster)

	2014-15 (as at 31 March 2015)	**2015-16 (as at 28 Feb 2016)**	**2016-17 (Estimate)**
Number of enrolled private doctors *	1 688	1 699	1 700

* A private doctor may have enrolled different vaccination schemes.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0606)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health (DH) states that the targets of the frequency of inspections of private hospitals (including maternity homes) and nursing homes registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance are not less than twice a year and not less than once a year respectively. Please set out in detail:

(a) the respective numbers of private hospitals, maternity homes and nursing homes that had to be inspected and the numbers of inspections conducted by the DH in 2015-16;

(b) the key areas and criteria for inspections, record method and manpower involved in the inspections conducted by the DH in 2015-16; and

(c) whether non-compliance cases were found during the inspections conducted by the DH in the past three years (2013-14, 2014-15, 2015-16). If so, please list out the types and provide a breakdown of the cases.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 12)

Reply:

Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) (the Ordinance), the Department of Health (DH) registers private hospitals and nursing homes subject to their conditions relating to accommodation, staffing and equipment. DH has also promulgated the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes (COP) which sets out the standards of good practice, with a view to enhancing patient safety and quality of service. DH conducts inspections to private hospitals and nursing homes for purposes including annual renewal of registration, applications for changes in services and investigating complaints and adverse events.

(a) As at 31 December 2015, a total of 11 private hospitals, 10 maternity homes and 59 nursing homes were registered under the Ordinance. DH conducted a total of 107 and 150 inspections to private hospitals (including maternity homes) and nursing homes respectively.

(b) The key areas for inspections would be those covered by the Ordinance and the COP, which include organisation and administration of the institution, accommodation and equipment, human resources management, quality management of services, policies and procedures, rights of patients, patient care, risk management, medical records, reporting of incidents and standards on specific types of clinical services and support services. The findings will be documented in inspection and investigation reports. In 2015-16, the number of posts involved in the enforcement of the Ordinance was 28.

(c) DH monitors the compliance with the Ordinance and COP by private hospitals (including maternity homes) and nursing homes through inspection and investigation of complaints and adverse events. The number of non-compliance cases in the past three years is as follows -

	2013	2014	2015
Private Hospitals (including Maternity Homes)	3	4	2
Nursing Homes	3	1	9
Total	6	5	11

The cases were related to non-compliance with requirements concerning staffing, accommodation, equipment and related policies and procedures. DH has issued regulatory letters to the private hospitals and nursing homes concerned and monitored their remedial actions.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0608)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

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

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health (DH) estimates that it has to manage 1 537 civil servants working in the Hospital Authority (HA) in 2016. Please:

(a) list DH's expenditure involved in the related management work as well as the number and ranks of the staff concerned;

(b) list in the table below the ranks and expenditure on remunerations (including basic salaries, allowances, contributions for retirement schemes and other benefits) for the above civil servants working in HA:

	Number of staff	Expenditure on remunerations
list by rank		

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 14)

Reply:

(a) The provision for the personnel management of civil servants working in HA in 2016-17 is $9.1 million. The number of staff responsible for this programme is 22, comprising 20 administration staff in the Hospital Staff Unit (HSU) of DH and two staff in DH headquarters who indirectly provide support to this programme. The establishment in HSU is as follows-

Rank	Number
Senior Executive Officer	1
Executive Officer I	1
Senior Clerical Officer	2
Clerical Officer	4
Assistant Clerical Officer	7
Clerical Assistant	4
Office Assistant	1
Total	20

(b) Expenditure on the salaries and allowances of civil servants working in HA is fully reimbursed by HA. In the 2016-17 Estimates, gross provision of $878 million is shown under Subhead 003 Recoverable salaries and allowances (General), a breakdown of which is at the **Annex**.

- End -

Annex

Breakdown of Gross Provision under
Subhead 003 Recoverable salaries and allowances (General)
for Civil Servants Working in HA in 2016-17

GRADE	Number of staff (as projected at 1.4.2016)	Gross Provision ($'000)
Medical & Health Officer Grades	82	112,644
Nursing & Allied Grades	725	461,076
Supplementary Medical Grades	381	219,234
Hospital Administrator Grade	12	11,269
Other Departmental Grades	164	40,069
Model Scale 1 Grades	171	32,335
General Grades	2	581
TOTAL	1 537	**877,208**
Round up to		**878,000**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0614)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Under Programme (1) Statutory Functions, the revised provision for 2015-16 of the Department of Health was 5.0% higher than the original estimate for 2015-16. What are the reasons for that? Please set out in detail the major revisions in the revised estimate and state the impacts on services and manpower.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 22)

Reply:

The revised estimate for 2015-16 is 5% higher than the original estimate. This is mainly due to the pay rise and inflationary adjustments. The revision has no impact on the services or manpower of the Department of Health.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0615)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Under Programme (2) Disease Prevention, the provision for the subvented sector for 2016-17 represents a reduction of 2.6% as compared with 2015-16. Please set out in detail the names of the subvented organisations and their respective amounts of provision received / to be received in 2015-16 and 2016-17.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 23)

Reply:

The Department of Health subvents the following organisation / programmes under Programme (2) Disease Prevention in 2015-16 and 2016-17 as listed below:

Organisation / Programmes subvented by the Department of Health under Programme (2) Disease Prevention	**2015-16 Revised Estimate ($ million)**	**2016-17 Estimate ($ million)**
The Family Planning Association of Hong Kong (FPA)[Note 1]	52.9	54.7
Elderly Health Assessment Pilot Programme (EHAPP)	4.7	-[(Note 2)]
Outreach Dental Care Programme for the Elderly (ODCP)	39.5	39.9
Total	97.1	94.6

Note 1: Provision of subvention to FPA includes both recurrent subvention (2015-16: $52.2M, 2016-17: $53.3M), and capital subvention (2015-16: $0.7M, 2016-17: $1.4M).

Note 2: The two-year EHAPP ended in July 2015.

A breakdown of the estimated funding grants to the non-governmental organisations under the EHAPP and the ODCP is at the **Annex**.

- End -

Annex

Breakdown of estimated subvention to the non-governmental organisations for implementing the Elderly Health Assessment Pilot Programme (EHAPP)[@]

Name of Non-governmental Organisation	2015-16 Revised Estimate ($*)	2016-17 Estimate ($)
Chai Wan Baptist Church Community Health Centre Limited	164,000	-
Evangel Hospital	570,000	-
Haven of Hope Christian Service	217,000	-
Hong Kong Sheng Kung Hui Welfare Council Limited	1,305,000	-
Po Leung Kuk	186,000	-
Sik Sik Yuen	123,000	-
The Lok Sin Tong Benevolent Society, Kowloon	256,000	-
Tung Wah Group of Hospitals	56,000	-
United Christian Nethersole Community Health Service	1,778,000	-
Total :	4,655,000 (Round off to : $4.7 million)	-

* Rounded figures

[@] The two-year EHAPP ended in July 2015.

Breakdown of estimated subvention to the non-governmental organisations
for implementing the Outreach Dental Care Programme for the Elderly

Name of Non-governmental Organisation	2015-16 Revised Estimate ($*)	2016-17 Estimate ($*)
Caritas Dental Clinics Limited	1,812,000	1,812,000
Chi Lin Nunnery	3,623,000	3,623,000
Christian Family Service Centre Dental Services Limited	3,623,000	3,623,000
Haven of Hope Christian Service	1,811,000	1,811,000
The Hong Kong Tuberculosis, Chest & Heart Diseases Association	1,811,000	1,811,000
H.K.S.K.H. Lady MacLehose Centre	1,811,000	1,811,000
Pok Oi Hospital	3,623,000	3,623,000
Project Concern Hong Kong	1,541,000	1,811,000
TWGHs Dental Services Limited	5,434,000	5,434,000
Yan Chai Hospital	1,811,000	1,811,000
Yan Oi Tong	12,607,000	12,680,000
Total :	39,507,000 (Round off to : $39.5 million)	39,850,000 (Round off to : $39.9 million)

* Rounded figures

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0621)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In 2016-17, the Department of Health will launch a pilot colorectal cancer screening programme for persons at specific ages. Please provide the following details of the programme:

(1) the proposed screening modalities;

(2) the age group and number of persons to be invited to receive screening as well as the anticipated number of participants;

(3) the institution responsible for conducting the screening tests;

(4) the cost and the amount of subsidy per screening test;

(5) the ways to invite targets to receive screening; and

(6) the publicity plan.

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 31)

Reply:

The Department of Health (DH) targets to launch the Colorectal Cancer Screening Pilot Programme (the Pilot Programme) in the second half of 2016 to provide subsidised screening service in phases in three years to eligible Hong Kong residents aged 61-70. Faecal immunochemical test (FIT) will be adopted as the primary screening tool to be prescribed by enrolled primary care doctors under the Pilot Programme. Participants with a positive FIT result will then be referred for colonoscopy to be provided by enrolled colonoscopy specialists through a public-private partnership model. The DH estimates

some 300 000 attendances for FIT and 10 000 for colonoscopy examinations will be completed under the Pilot Programme.

In determining subsidy amounts and administrative details, the DH has taken into account various factors such as market practice, experience of existing healthcare subsidy schemes as well as the promotion of equitable and affordable use of services. Apart from subsidizing FIT and colonoscopy examination, the DH will also provide funding directly to other related services such as laboratory analysis for FIT and histopathology services.

The DH will announce in due course the enrollment details for service providers, including the fees and the amount of subsidy per screening test. The DH will also embark on a publicity campaign targeting service providers and service recipients as well. Apart from conventional means of communication including the website, printed materials, Announcements in the Public Interest and other forms of mass media publicity, the DH will actively engage community stakeholders and partners to jointly promote the Pilot Programme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0622)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In 2016-17, the Department of Health will continue to enhance the preparedness for influenza pandemic and other public health emergencies. In this regard,

(1) what are the details of such efforts; and

(2) will there be measures to enhance the coverage rate of novel influenza vaccination, especially among high-risk persons and healthcare workers? If so, what will be the expenditure involved (including publicity, quantity of vaccines to be procured, cost per dose of vaccine, subsidy schemes, etc)?

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 32)

Reply:

(1) The Government has put in place a Preparedness Plan for Influenza Pandemic (the Plan) which adopts a three-tiered response level system (i.e. Alert, Serious and Emergency) based on risk assessment of influenza pandemic that may affect Hong Kong and its health impact on the community. The Plan contains fine-tuned response measures including surveillance, investigation, control measures, laboratory testing and infection control. In accordance with the Plan, the Alert Response Level is activated.

The Department of Health (DH) has put in place surveillance mechanisms to monitor both local and global epidemiological situation and trends of influenza, and has regularly assessed the risk of outbreak of novel influenza in Hong Kong. In Hong Kong, novel influenza A infection is a statutorily notifiable disease under the Prevention and Control of Disease Ordinance (Cap. 599). Doctors are required to report confirmed cases to the Centre for Health Protection (CHP) for investigation.

The CHP closely monitors influenza activity in the community through its surveillance systems covering childcare centres, residential care homes for the elderly, the Hospital Authority (HA)'s out-patient clinics and Accident and Emergency Departments, and clinics of private practitioners and Chinese medicine practitioners. Besides, the CHP monitors the positive influenza detections among respiratory specimens received by its Public Health Laboratory Services Branch. To monitor the severity of admitted influenza cases, the CHP, in collaboration with the HA and private hospitals, has been operating an enhanced surveillance system during influenza seasons.

All along, the CHP maintains close liaison with the World Health Organization (WHO), the National Health and Family Planning Commission, and the health authorities of Guangdong, Macao, neighbouring and overseas countries to monitor the latest development of avian and other novel influenza viruses around the world.

The Scientific Committees set up by the CHP of DH regularly review documented evidence and recommend public health actions in preparation for an influenza pandemic. Similar measures are also implemented for other communicable diseases with potential of public health emergency.

(2) The Government will consider factors such as international development, recommendations from the WHO, local epidemiological situation, and the recommendations from the Scientific Committees before reaching a decision to implement novel influenza vaccination to the Hong Kong population. Implementation details e.g. vaccine availability, provision of free or subsidised vaccines, scope of subsidies, publicity measures and resources implications will be determined according to the recommendations.

For the influenza season 2016-17, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) will meet to decide on the priority groups of persons and the type of seasonal influenza vaccines (trivalent or quadrivalent) recommended. Implementation arrangements, e.g. briefings to concerned parties, publicity and other logistics etc. will start after the recommendation from the SCVPD is made.

DH has been encouraging greater participation of private doctors in the Vaccination Subsidy Schemes. To further enhance the availability of seasonal influenza vaccination service to the public, in particular the high risk groups, the Government will approach different stakeholders, including the HA, medical professionals and the community groups, to explore feasible options to reach out the target groups for vaccination. To promote the vaccination message, publicity will be launched through multiple channels, e.g. press conferences, Announcements of Public Interest, advertisement on public transport and newspapers/magazines, other social media. The Government will further enlist support from community groups for encouraging vaccination among their clients and media interviews by medical experts will also be arranged.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0625)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

(a) The Department of Health sets the target of appointment time for new dermatology cases be given within 12 weeks at 90%, but the percentages for 2014, 2015 and 2016 (plan) were only 48%, 43% and 43% respectively. Why?

(b) Please list in detail the numbers of new cases on the waiting list and attendances in 2014, 2015 and 2016 (plan) (with a breakdown by specialist outpatient clinic in various districts).

(c) Please list in detail the numbers of returning patients and follow-up attendances in 2014, 2015 and 2016 (plan) (with a breakdown by specialist outpatient clinic in various districts).

(d) Please list in detail the median, the 10th, 25th, 75th and 90th percentile waiting time for new cases in 2014, 2015 and 2016 (plan).

(e) Please list the number of dermatologists by rank (with a breakdown by specialist outpatient clinic in various districts).

Asked by: Dr Hon LEUNG Ka-lau (Member Question No. 36)

Reply:

(a) The Department of Health (DH) was unable to meet the target of 90% mainly due to the high demands for service and the high turnover rate of dermatologists in the department. To improve the situation, DH has all along endeavoured to fill the vacancies arising from staff departure through recruitment of new doctors and internal deployment within the department. Under the triage system for new skin referrals implemented by the DH, serious or potentially serious cases are accorded higher priority to ensure that the patients concerned will be seen by doctors without delay.

(b) The numbers of new cases on the waiting list with a breakdown by special outpatient clinic in various districts are as follows. The DH does not have estimates on the numbers of new cases for 2016.

	Year 2014	**Year 2015**
Cheung Sha Wan	6 505	7 396
Sai Ying Pun	1 880	2 318
Yau Ma Tei	8 208	10 938
Yung Fung Shee	6 493	7 144
Fanling	7 873	8 793
Chai Wan	2 390	2 675
Wan Chai	1 396	2 770
Tuen Mun	5 083	5 620

The numbers of actual new case attendances with a breakdown by special outpatient clinic in various districts are as follows. The DH does not have estimates on the numbers of new case attendance for 2016.

	Year 2014	**Year 2015**
Cheung Sha Wan	4 041	3 541
Sai Ying Pun	2 440	2 150
Yau Ma Tei	4 751	4 747
Yung Fung Shee	4 684	4 399
Fanling	2 604	2 933
Chai Wan	3 005	2 930
Wan Chai	2 011	1 882
Tuen Mun	4 632	4 201

(c) The total numbers of attendances with a breakdown by special outpatient clinic in various districts are as follows. The number also include those new case attendances.

	Year 2014	**Year 2015**
Cheung Sha Wan	35 744	36 142
Sai Ying Pun	19 936	20 448
Yau Ma Tei	41 663	42 217
Yung Fung Shee	34 286	36 262
Fanling	21 742	22 324
Chai Wan	23 229	22 118
Wan Chai	13 304	13 873
Tuen Mun	25 939	26 094

The DH does not compile statistics/estimates on the numbers of returning patients for 2014, 2015 and 2016. The DH also does not have estimates on the numbers of total/ follow-up attendances for 2016.

(d) The DH does not compile the relevant statistics.

(e) The number of dermatologists by rank with a breakdown by special outpatient clinic in various districts are as follows.

	Consultant Dermatologist	Senior Medical & Health Officer (SMO)	Medical & Health Officer (MO) #
Cheung Sha Wan	0.5	-	4
Sai Ying Pun	-	-	2
Yau Ma Tei	0.5	1	3
Yung Fung Shee	-	1	3
Fanling*	-	1	2
Chai Wan*	-	1	2
Wan Chai*	-	-	2
Tuen Mun*	-	1	3

Number comprises of specialists in Dermatology & Venereology and trainee specialists.

* MOs and SMOs take care of both dermatology patient and sexually transmitted infection patients in these clinics.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1597)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

(1) Please advise on the implementation stage, progress and results of the various items in the "Action Plan to Reduce Alcohol-related Harm in Hong Kong" (Action Plan) that have been implemented since 2010.

(2) In this Budget, what are the Government's specific measures and estimates for the implementation of the Action Plan? If there are no such measures, please explain why.

Asked by: Hon MA Fung-kwok (Member Question No. 13)

Reply:

(1) As of February 2016, 15 out of the 17 actions set out in the "Action Plan to Reduce Alcohol-related Harm in Hong Kong" (Action Plan) have met their targets. Among the two outstanding actions, the one on conducting population-based health survey, which aims at, among others, strengthening the knowledge on epidemiology of alcohol consumption locally, is ongoing and its results are expected in early 2017. For the other outstanding item which is related to the studying of the feasibility of imposing age-restriction on off-premise sales of alcohol, the Government is now studying the issue by examining local and overseas evidence and practice as well as the possible impact of the restriction on the society as a whole.

(2) Resources for implementing the various actions set out in the Action Plan are met from the Department of Health's recurrent expenditure on disease prevention.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)220

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1716)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following figures:

1. The number of attendances for various services under the "Outreach Dental Care Programme for the Elderly" (ODCP) in 2015-16, and the estimated number of attendances for these services in 2016-17.

2. The number of attendances and age distribution of attendees under the ODCP in various districts in 2015-16, and the estimated number of attendances and age distribution of attendees under the ODCP in various districts in 2016-17.

3. The expenditure on implementing various services under the ODCP in 2015-16 and the estimated expenditure on implementing these services in 2016-17.

4. The staffing arrangements of the Department of Health for implementing the ODCP in 2015-16 and 2016-17.

Asked by: Hon POON Siu-ping (Member Question No. 15)

Reply:

1. Under the ODCP, a total of 22 outreach dental teams have been set up to provide free outreach dental services for elders in residential care homes (RCHEs)/day care centres (DEs) and similar facilities. A total of about 69 000 elders in these homes/centres and similar facilities will benefit from the ODCP. Between October 2014 and January 2016, about 50 800 elders (involving about 63 200 attendances) were served under the ODCP.

2. We do not have information on the number of attendances and age distribution of attendees by district under the ODCP in 2015-16 and 2016-17. Distribution of the participating RCHEs and DEs by administrative districts of the Social Welfare Department (SWD) in 2015-16 is as follows:-

SWD's Administrative District	**No. of Participating RCHEs/DEs**
Central, Western, Southern and Islands	80
Eastern and Wan Chai	78
Kwun Tong	52
Wong Tai Sin and Sai Kung	56
Kowloon City and Yau Tsim Mong	107
Sham Shui Po	61
Tsuen Wan and Kwai Tsing	90
Tuen Mun	47
Yuen Long	54
Sha Tin	50
Tai Po and North	75
Total :	**750**

3. The financial provision for ODCP in 2015-16 and 2016-17 is the same i.e. $44.5 million.

4. Six civil service posts have been provided for implementing the ODCP in 2015-16 and 2016-17.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2353)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on:

1. the number of inspections of each private hospital for the past three years;
2. the number of cases of non-compliance of each private hospital for the past three years;
3. the items of non-compliance of each private hospital for the past three years; and
4. the penalties for non-compliance of each private hospital for the past three years.

Asked by: Hon POON Siu-ping (Member Question No. 48)

Reply:

Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap.165) (the Ordinance), the Department of Health (DH) registers private hospitals subject to their conditions relating to accommodation, staffing and equipment. DH has also promulgated the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes (COP) which sets out the standards of good practice, with a view to enhancing patient safety and quality of service. DH conducts inspections to private hospitals for purposes including annual renewal of registration, applications for changes in services and investigating complaints and sentinel events.

(1) DH inspects all private hospitals at least twice per year. In 2013, 2014 and 2015, DH conducted respectively 126, 112 and 107 inspections to private hospitals (including maternity homes). A breakdown of inspections by private hospitals is at **Annex 1**. The total number of inspections conducted is affected by factors such as number of applications for new services and number of complaints received.

(2 to 4)

In 2013, 2014 and 2015, there were three, four and two cases of non-compliance by private hospitals, respectively. These cases were related to non-compliance with requirements concerning staffing, accommodation, equipment or related policies and procedures. DH has issued regulatory letters to the private hospitals concerned and monitored their remedial actions. A breakdown of non-compliance cases by private hospitals is at **Annex 2**.

- End -

Annex 1

Number of inspections conducted to private hospitals
(including maternity homes) from 2013 to 2015

Private Hospitals (Including Maternity Homes)	**2013**	**2014**	**2015**
Canossa Hospital (Caritas)	8	6	11
Evangel Hospital	17	10	9
Hong Kong Adventist Hospital – Stubbs Road^	9	16	7
Hong Kong Adventist Hospital – Tsuen Wan^	16	10	10
Hong Kong Baptist Hospital	17	20	18
Hong Kong Sanatorium & Hospital Limited^	11	10	6
Matilda & War Memorial Hospital	7	8	10
Precious Blood Hospital (Caritas)	7	6	6
St. Paul's Hospital	8	4	4
St. Teresa's Hospital	8	10	6
Union Hospital	18	12	20
Total	**126**	**112**	**107**

^ The following private hospitals changed their names in May 2015:

- "Hong Kong Adventist Hospital (香港港安醫院)" was renamed as "Hong Kong Adventist Hospital – Stubbs Road (香港港安醫院－司徒拔道)";
- "Tsuen Wan Adventist Hospital (荃灣港安醫院)" was renamed as "Hong Kong Adventist Hospital – Tsuen Wan (香港港安醫院－荃灣)";
- "Hong Kong Sanatorium and Hospital, Limited" was renamed as "Hong Kong Sanatorium & Hospital Limited", whilst its Chinese name "香港養和醫院有限公司" remained unchanged.

Annex 2

Breakdown of cases of non-compliance by private hospitals (including maternity homes) from 2013 to 2015

Private Hospitals (Including Maternity Homes)	**2013**	**2014**	**2015**
Canossa Hospital (Caritas)	1	1	-
Evangel Hospital	-	-	-
Hong Kong Adventist Hospital – Stubbs Road^	-	1	1
Hong Kong Adventist Hospital – Tsuen Wan^	2	1	-
Hong Kong Baptist Hospital	-	-	-
Hong Kong Sanatorium & Hospital Limited^	-	1	-
Matilda & War Memorial Hospital	-	-	-
Precious Blood Hospital (Caritas)	-	-	1
St. Paul's Hospital	-	-	-
St. Teresa's Hospital	-	-	-
Union Hospital	-	-	-
Total	**3**	**4**	**2**

^ The following private hospitals changed their names in May 2015:

- "Hong Kong Adventist Hospital (香港港安醫院)" was renamed as "Hong Kong Adventist Hospital – Stubbs Road (香港港安醫院－司徒拔道)";
- "Tsuen Wan Adventist Hospital (荃灣港安醫院)" was renamed as "Hong Kong Adventist Hospital – Tsuen Wan (香港港安醫院－荃灣)";
- "Hong Kong Sanatorium and Hospital, Limited" was renamed as "Hong Kong Sanatorium & Hospital Limited", whilst its Chinese name "香港養和醫院有限公司" remained unchanged.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0669)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

At present, the Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres (outreach dental care services for the elderly) of the Government offer dental care to the elderly people residing in residential care homes for the elderly and similar facilities. In this connection, will the Government advise this Committee on the following:

1. for the past three years, how many elderly people were benefited from the outreach dental care services for the elderly? How much resources were allocated? Please give a detailed breakdown of the expenditure for the project; and

2. will the Government consider providing mobile dental services to those needy elderly people living in remote areas? If so, what are the details? If not, why?

Asked by: Dr Hon Priscilla LEUNG Mei-fun (Member Question No. 49)

Reply:

1. (i) Pilot Project

In 2011, the Government launched the Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes (RCHEs) and Day Care Centres (DEs) (Outreach Pilot Project) to provide free outreach dental services for elders residing in RCHEs or receiving services in DEs. A total of about 70 000 elders in these homes and centres were served under the Outreach Pilot Project. The Government earmarked $88 million for implementation of the Outreach Pilot Project. A breakdown of the financial provision is as follows:

		Financial Provision ($ million)
(a)	Annual grants to non-governmental organisations (NGOs) for operating outreach dental teams	65
(b)	Optional annual grant to NGOs for employing young dentists	13
(c)	One-off capital grant to NGOs for purchasing outreach dental and computer equipment (on a matching basis)	4
(d)	Administrative costs (including software enhancement for NGOs' computer system)	6
	Total:	**88**

(ii) Regular Programme

Having regard to the positive feedback from both the recipients of the free dental service and the participating NGOs, we have turned the Outreach Pilot Project into a regular programme [namely the Outreach Dental Care Programme for the Elderly (ODCP)] since October 2014 to continue to provide outreach dental services for elders in these homes/centres and similar facilities. During the period from October 2014 to January 2016, a total of about 50 800 elders have been served under the ODCP. We have included a provision of $44.5 million in 2016-17 under Head 37-Department of Health for the ODCP. A breakdown of the financial provision is as follows:

		Financial Provision ($ million)
(a)	Subvention to NGOs for operating outreach dental teams (including annual block grants, subsidy for further curative treatments and one-off capital grant)	39.9
(b)	Administrative costs (including software enhancement for NGOs' computer system)	4.6
	Total:	**44.5**

2. The concept of mobile dental clinic is to provide dental service to people with limited access to such services (e.g. those living in remote and rural areas) by means of well-equipped vehicles (trailers). In the context of Hong Kong, public transportation is relatively more convenient and dental clinics are easily accessible. It should also be noted that the scope of the services that can be provided in mobile dental clinics is limited. We consider the outreach dental services provided under the ODCP more effective to address the dental care needs of those elders in RCHEs and DEs whose generally physically weak and frail conditions have made it difficult for them to receive dental care services at dental clinics.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)223

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0942)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

For understanding the support of the Government provided to children with special education needs (learning diversity), please advise on:

(a) the manpower deployed for the assessment service for children with learning diversity by the Department of Health (DH) for each of the past three years;

(b) the number of children served by the assessment service for children with learning diversity of the DH for each of the past three years;

(c) the average waiting time for using the assessment service for children with learning diversity for the past three years; and

(d) the mean age of users of the assessment service for children with learning diversity for the past three years.

Asked by: Hon Starry LEE Wai-king (Member Question No. 45)

Reply:

(a) The Child Assessment Service (CAS) of the Department of Health (DH) provides comprehensive assessment, diagnosis, formulation of rehabilitation plan, interim child and family support, public health education activities, as well as review evaluation to children under 12 years of age suspected to have developmental problems and special education needs. After assessment, follow-up plans will be formulated according to the individual needs of children. Children will be referred to other appropriate service providers identified for training and education support.

The staff establishment of the CAS in the past three years are listed below:-

Rank	Approved Establishment of CAS as at 31.3.2014	31.3.2015	31.3.2016
Consultant	1	1	1
Senior Medical and Health Officer	8	8	8
Medical and Health Officer	8	8	12
Senior Nursing Officer	1	1	1
Nursing Officer	8	8	8
Registered Nurse	18	18	18
Scientific Officer (Medical)	5	5	5
Senior Clinical Psychologist	1	1	1
Clinical Psychologist	16	16	20
Speech Therapist	10	10	12
Optometrist	2	2	2
Occupational Therapist I	7	7	7
Physiotherapist I	5	5	5
Hospital Administrator II	1	1	1
Electrical Technician	2	2	2
Executive Officer I	1	1	1
Clerical Officer	1	1	1
Assistant Clerical Officer	10	10	10
Clerical Assistant	17	17	17
Office Assistant	2	2	2
Personal Secretary I	1	1	1
Workman II	11	11	10
Total:	**136**	**136**	**145**

(b) In the past three years, the numbers of children served by the CAS are listed below:-

	2013	2014	2015
No. of children served by the CAS	21 165	21 252	23 020

Majority of these children have developmental or behavioral problems. The DH does not have statistics on children with learning diversity.

(c) In the past three years, nearly all new cases were seen within three weeks after registration. Due to the continuous increase in the number of new cases, the percentage of new cases for which the CAS could complete the assessment within six months has dropped from 89% in 2013 to 71% in 2015. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment with a view to enhancing service efficiency. The actual waiting time depends on the complexity and conditions of individual cases. Moreover, funding has been allocated for DH to set up a temporary Child Assessment Centre (CAC) in its existing facilities as an interim measure before the establishment of a new CAC. It is expected that, when the new CAC comes into full operation, the percentage of

new cases for which CAS could complete the assessment within six months will increase to 90%.

(d) Statistics on the mean age of the users of the assessment service for children with special education needs are not readily available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0948)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

At present, the Government focuses its efforts on providing emergency dental services for the public. Free emergency dental treatments are provided by government dental clinics under the Department of Health. Dental services at "General Public Sessions" cover treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. Will the Government advise on:

(1) the number of service hours, the maximum service capacity, the actual number of attendances, the average time per consultation, the main services provided and the average cost per attendance of each dental clinic in the past three years;

(2) whether the actual public demand for dental services be reviewed, and whether extending the service hours of individual clinics, expanding the service capacity and increasing the number of clinics be considered in the light of the review results? If so, what are the details? If not, why?

Asked by: Hon Starry LEE Wai-king (Member Question No. 51)

Reply:

(1) Under Programme (4), the Department of Health (DH) provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. The scope of service includes treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists also give professional advice with regard to the individual needs of patients.

In 2013, 2014 and 2015, the service session, maximum numbers of disc allocated and numbers of attendances for each dental clinic with GP sessions are as follows -

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session[@]	No. of attendances		
			2013	2014	2015
Lee Kee Government Dental Clinic (closed on 30.8.2013)	Monday (AM)	84	3 786		
	Thursday (AM)	42			
Kowloon City Dental Clinic (commenced GP sessions with effect from 2.9.2013)	Monday (AM)	84	1 503	5 126	5 177
	Thursday (AM)	42			
Kwun Tong Dental Clinic*	Wednesday (AM)	84	3 793	4 146	4 009
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	5 278	5 535	6 159
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 330	2 176	2 340
Mona Fong Dental Clinic	Thursday (PM)	42	1 937	1 816	1 937
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1 943	1 915	1 966
Tsuen Wan Dental Clinic[#]	Tuesday (AM)	84	8 006	7 812	7 642
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	1 915	2 088	2 065
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 913	3 776	3 876
	Friday (AM)	42			
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	131	118	98
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	251	192	198

* Kwun Tong Jockey Club Dental Clinic was renamed as Kwun Tong Dental Clinic with effect from January 2015.

[#] Tsuen Wan Dental Clinic (TWDC) is temporarily closed for renovation from 28 August 2015 onward. GP session has been relocated to Tsuen Wan Government Offices Dental Clinic with effect from 1 September 2015. GP session will resume in TWDC after the completion of renovation.

[@] The maximum numbers of disc allocated per session at individual dental clinics remain the same in 2013, 2014 and 2015.

The "AM" service session of GP sessions refers to 9:00 am to 1:00 pm, and "PM" service session refers to 2:00 pm to 5:00 pm. We do not have the average time per consultation. Patients holding discs for a particular GP session will be seen by dentists in the clinic during that session.

Expenditure incurred for the operation of the GP sessions is not available as it has been absorbed within the provision for dental services under Programme (4). In this connection, average cost of service per attendance under the GP sessions is also not available.

(2) Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. To enhance the oral health of the public, the Oral Health Education Unit of the DH has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminates oral health information through different channels.

In addition to the GP sessions, the DH provides specialist dental care to groups with special healthcare needs through the Oral Maxillofacial Surgery & Dental Units in seven public hospitals.

In recent years, the Government prioritises its resources and care for persons with special dental care needs, in particular, persons with intellectual disability and elderly with financial difficulties.

Since 2013-14 school year, the School Dental Care Service has been extended to cover students with intellectual disability and/or physical disability studying in special schools until they reach the age of 18. In addition, the Government launched a four-year pilot project in 2013 to provide subsidised dental services for patients with intellectual disability aged 18 or above who are recipients of Comprehensive Social Security Assistance Scheme (CSSA), disability allowance or medical fee waiver of the Hospital Authority.

The Government provides free/subsidised dental services for elderly, particularly those with financial difficulties, through the Dental Grants under the CSSA, the Elderly Health Care Voucher Scheme, the Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme.

We shall continue our efforts in promotion and education to improve oral health of the public.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1088)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As regards autism treatments,

(1) please provide a breakdown, by age group, of the number of newly diagnosed autism cases and the number of persons confirmed as suffering from autism for the past five years; and

(2) what existing services or subsidies of the Department of Health can assist autistic children in receiving rehabilitation services? Are the beneficiaries of such services or subsidies required to meet specific financial criteria? What is the expenditure involved for such services?

Asked by: Hon WONG Kwok-kin (Member Question No. 42)

Reply:

(1) The numbers of Autistic Spectrum Disorder (ASD) cases diagnosed by the Child Assessment Service (CAS) of the Department of Health (DH) in the past five years are:-

	2011	2012	2013	2014	2015
Below 6 years old	1 385	1 322	1 261	1 460	1 746
6 years old or above	222	245	217	260	275

(2) The CAS of the DH provides comprehensive assessment, diagnosis, formulation of rehabilitation plan, interim child and family support, public health education activities, as well as review evaluation to children under 12 years of age suspected to have developmental problems and special education needs. After assessment, follow-up

plans will be formulated according to the individual needs of children. Children will be referred to other appropriate service providers identified for training and education support. The attendants at the CAS who are Eligible Persons[1] are required to pay a specialist outpatient service fee ($100 for first appointment and $60 for each subsequent consultation) while non-eligible persons have to pay a fee of $3,460. Civil service eligible persons or patients who are in financial difficulties (including recipients of the Comprehensive Social Security Assistance (CSSA) and patients who are not CSSA recipients but have financial difficulties to pay the medical charges) may be waived of the medical charges. The financial provision for CAS in 2016-17 is $129.6 million.

-- End -

[1] Eligible Persons are:-

(i) Holders of Hong Kong Identity Card issued under the Registration of Persons Ordinance (Cap 177), except those who obtained their Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to them and such permission has expired or ceased to be valid;

(ii) Children who are Hong Kong residents and under 11 years of age; or

(iii) other persons approved by the Director of Health.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1089)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Estimates that a testing centre of Chinese medicines will be set up at a temporary location this year.

(1) What are the specific work plan, works expenditure involved and timetable?
(2) Does the new testing centre involve additional manpower? If so, please list the relevant manpower involved by grade and the estimated expenditure on remunerations.

Asked by: Hon WONG Kwok-kin (Member Question No. 43)

Reply:

(1) Planning work is being undertaken to set up the testing centre for Chinese medicines (CMTC) at a permanent site. Before the establishment of the CMTC at a permanent site, the Government is planning to set up the CMTC at a temporary location for operation in the interim. The estimated cost for the fitting out works is about $28.3 million. Subject to smooth implementation of the planning work, the temporary CMTC will commence operation in phases from 2017.

(2) The relevant manpower involved by grade and the estimated expenditure on remunerations are as follows:-

Grade	No.	Annual recurrent cost of civil service post ($)
Scientific Officer (Medical)	9*	7 663 140
Executive Officer	1	451 080
Clerical Officer	1	243 660

Chemist	2	2 160 540
Science Laboratory Technician	4	1 841 340
Laboratory Attendant	1	202 680
Total:	18	12 562 440

*Including 3 time-limited Scientific Officer (Medical) posts

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0861)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Estimates that a testing centre of Chinese medicines will be set up at a temporary location to conduct research on reference standards and testing methods of Chinese medicines.

Will the SAR Government provide a permanent premises for the testing centre? How much resources will be required for conducting the relevant research in such scale? Is the increase of 45 posts in 2016-17 related to the setting up of the centre, and what are these posts and the expenditure involved?

Asked by: Hon WONG Ting-kwong (Member Question No. 13)

Reply:

Planning work is being undertaken to set up the testing centre for Chinese medicines (CMTC) at a permanent site. Before the establishment of the CMTC at a permanent site, the Government is planning to set up the CMTC at a temporary location for operation in the interim. The temporary CMTC is expected to operate in phases from 2017.

Of the 45 additional posts to be created in 2016-17 under Programme (1) Statutory Functions, 15 posts (including one Senior Chemist, one Chemist, six Scientific Officer (Medical), one Science Laboratory Technologist, one Science Laboratory Technician I, two Science Laboratory Technician II, one Laboratory Attendant, one Executive Officer II, and one Assistant Clerical Officer), and three time-limited Scientific Officer (Medical) posts will be created for the temporary CMTC. The financial provision for the temporary CMTC in 2016-17 is about $22.6 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0862)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

A pilot colorectal cancer screening programme for persons at specific ages will be launched in 2016-17. How much additional provision and resources are required? What are the posts to be increased in this regard? As there is currently a shortage of healthcare manpower, can sufficient staff be recruited as planned?

Will the Government also consider setting up more screening programmes for other major diseases in view of the ageing population? If so, what are the details? If not, why?

Asked by: Hon WONG Ting-kwong (Member Question No. 14)

Reply:

The Department of Health (DH) targets to launch the Colorectal Cancer Screening Pilot Programme (the Pilot Programme) in the second half of 2016 to provide subsidised screening service in phases in three years to eligible Hong Kong residents aged 61-70. Faecal immunochemical test (FIT) will be adopted as the primary screening tool to be prescribed by enrolled primary care doctors under the Pilot Programme. Participants with a positive FIT result will then be referred for colonoscopy to be provided by enrolled colonoscopy specialists through a public-private partnership model. The DH estimates some 300 000 attendances for FIT and 10 000 for colonoscopy examinations will be completed under the Pilot Programme.

Provision for the Pilot Programme in 2016-17 is $91.9 million. The time-limited civil service posts involved in the planning and implementation of the Pilot Programme are listed in the table below.

Rank	No.
Senior Medical and Health Officer	1
Medical and Health Officer	2
Nursing Officer	2
Registered Nurse	1
Treasury Accountant	1
Statistical Officer I	1
Senior Executive Officer	1
Executive Officer I	1
Executive Officer II	4
Total :	***14***

The DH is conducting staff recruitment exercise in stages in accordance with planned timeline.

All along, DH has been promoting healthy lifestyle as the primary strategy for non-communicable disease and cancer prevention. This includes avoidance of smoking and alcohol, regular physical activity, healthy eating, and maintenance of a healthy body weight and waistline. Since 2004, the DH has launched the Cervical Screening Programme to encourage women to receive regular screening to reduce incidence and mortality from cervical cancer. In view of the ageing population, DH has in parallel developed reference frameworks to facilitate healthcare professionals, particularly those practicing in primary care settings, to provide evidence-based interventions that promote health, prevent diseases and tackle major health risks, as well as educating and empowering patients and careers. Currently, the reference frameworks for hypertension care, diabetes care, and preventive care for older adults, which encourage assessment and management in primary care setting, are relevant to the ageing population.

Going forward, the DH will keep in view the latest evidence of screening effectiveness that may be of public health relevance to the local population and take appropriate action.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)229

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0863)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Financial provision for the Government sector increases by 21.0% in 2016-17, while that for the subvented sector has decreased year by year. Provision for the subvented sector is further reduced by 2.6% in 2016-17 as compared with the previous year. Why is that so?

Asked by: Hon WONG Ting-kwong (Member Question No. 15)

Reply:

The decrease in provision to the subvented organisations under Programme (2) in 2016-17 is mainly due to the completion of the Elderly Health Assessment Pilot Programme which ended in July 2015.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0864)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The initiative of strengthening the publicity and education programme and adopting a community approach on smoking prevention and cessation is included under *Matters Requiring Special Attention in 2016–17*, but the number of publicity/educational activities delivered by the Hong Kong Council on Smoking and Health (COSH) under the key performance measures in respect of health promotion has decreased year by year, from 445 in 2014 to 432 in 2015 and 420 in 2016.

What were the reasons and the expenditures involved? What are the specific ways of smoking prevention and cessation with respect to the said community approach?

Asked by: Hon WONG Ting-kwong (Member Question No.16)

Reply:

The Department of Health (DH) subvents the Hong Kong Council on Smoking and Health ("COSH") to carry out publicity and education programmes on smoking prevention. These programmes included outreaching programmes targeted at kindergartens, and primary and secondary schools through providing guidelines and exhibition boards, health talks and theatre programmes etc., as well as publicity and education campaigns for encouraging smokers to quit smoking and the public to garner support for a smoke-free Hong Kong. Since different publicity and education campaigns with different scales and coverage would be conducted by COSH every year, the number of activities organised varies from year to year. The subvention to COSH in 2014-15, 2015-16 and 2016-17 are $24.3 million, $22.5 million and $22.2 million respectively.

Over the years, DH has been actively promoting smoking prevention and cessation through providing cessation counselling telephone hotline, health talks and other health education programmes. To leverage community effort in smoking cessation, DH has collaborated

with non-government organisations (NGOs) and academic institutions to promote smoking cessation and provide smoking cessation services and health education to the public.

DH operates a Smoking Cessation Hotline to provide general enquiry and counselling on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong. Clients who have such need would be referred to follow-up services in smoking cessation clinics operated by DH, the Hospital Authority (HA) and NGOs. DH operates a total of five smoking cessation clinics (four are for civil servants, and one is open to members of the public). HA provides smoking cessation service since 2002. HA now operates 16 full time and 49 part-time centres. Apart from smoking cessation clinics/centres of DH and HA, DH collaborates with NGOs in providing a range of community-based smoking cessation services including counselling and consultation by doctors or Chinese medicine practitioners, as well as targeted services to smokers among ethnic minorities and new immigrants as well as in workplace. For young smokers, DH collaborates with the University of Hong Kong to establish a hotline to provide counselling service tailored for young smokers over the phone.

In order to prevent youngsters from picking up smoking, DH collaborates with NGOs to organise health promotional activities at schools. Through interactive teaching materials and mobile classrooms, the programmes enlighten students to discern the tactics used by the tobacco industry to market cigarette products, and equip them with the skills to resist picking up the smoking habit from peer pressure.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1901)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

(1) The Department of Health ("DH") will support the Food and Health Bureau ("FHB") in the review of the regulation of private healthcare facilities (PHFs) and support private hospital development. What findings and outcome will be expected in the coming year?

(2) As the FHB is committed to the implementation of the Voluntary Health Insurance Scheme and the public-private partnership programmes in healthcare, what measures will be adopted by the DH in the community to dovetail with the implementation of such scheme and programmes?

Asked by: Hon WONG Yuk-man (Member Question No.26)

Reply:

(1) The Food and Health Bureau (FHB) has conducted a review of the regulatory control for private healthcare facilities (PHFs) with a view to strengthening regulation and enhancing standards. The proposed enhanced regulatory regime covers three types of PHFs, namely private hospitals, ambulatory facilities providing high-risk medical procedures (day procedure centres) and medical clinics operated by incorporated bodies. The Government plans to introduce the relevant Bill to the Legislative Council in the 2016/17 legislative session. The Department of Health (DH) has provided FHB with professional and research support for the review and will be responsible for the regulation of PHFs under the proposed enhanced regulatory system.

(2) Both the Voluntary Health Insurance Scheme (VHIS) and the Public-Private Partnership (PPP) programme aim to make better use of the manpower resources in the private healthcare sector to help address the rising demand for medical services. DH will implement the recommendations of the review on the regulatory regime for PHFs and will continue to collaborate with the private healthcare sector on various services such as the Elderly Health Care Voucher Scheme, the Residential Care Home Vaccination

Programme and the Vaccination Subsidy Schemes in support of the VHIS and PPP initiatives.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1902)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

a) What were the Department of Health's actual expenditure on vaccination schemes and the number of beneficiaries for last year and the year before respectively?

b) What arrangements has the Department of Health made this year, apart from providing vaccines, to prepare for the influenza pandemic which occurs several times each year?

Asked by: Hon WONG Yuk-man (Member Question No. 27)

Reply:

a) In 2013-14 and 2014-15, the Department of Health (DH) spent $ 39.2 million and $ 54.3 million respectively on providing free / subsidised seasonal influenza vaccination to eligible persons. The number of people benefitted is 462 800 in 2013-14 and 492 800 in 2014-15 respectively.

b) To get well prepared for the influenza pandemic, the Government has put in place the "Preparedness Plan for Influenza Pandemic" (the Preparedness Plan) which adopts a three-tiered response level system (i.e. Alert, Serious and Emergency) based on risk assessment of influenza pandemic that may affect Hong Kong and its health impact on the community. The Preparedness Plan contains targeted response measures including surveillance, investigation, control measures, laboratory testing and infection control. In accordance with the Preparedness Plan, the Alert Response Level is activated which means the risk of a novel influenza virus causing new and serious health impact in Hong Kong is low.

In addition, the DH has put in place surveillance mechanisms to monitor both local and global epidemiological situation and trends of influenza, and has regularly assessed the risk of outbreak of novel influenza in Hong Kong. In Hong Kong, novel influenza A infection is a statutorily notifiable disease under the Prevention and Control of Disease

Ordinance (Cap. 599). Doctors are required to report confirmed cases to the Centre for Health Protection (CHP) for investigation.

The CHP closely monitors influenza activity in the community through its surveillance systems covering childcare centres, residential care homes for the elderly, the Hospital Authority (HA)'s out-patient clinics and Accident and Emergency Departments, and clinics of private practitioners and Chinese medicine practitioners. Besides, the CHP monitors the positive influenza detections among respiratory specimens received by its Public Health Laboratory Services Branch. To monitor the severity of admitted influenza cases, the CHP, in collaboration with the HA and private hospitals, has been operating an enhanced surveillance system during influenza seasons.

All along, the CHP has been maintaining close liaison with the World Health Organization, the National Health and Family Planning Commission, and the health authorities of Guangdong, Macao, neighbouring and overseas countries to monitor the latest development of avian and other novel influenza viruses around the world.

The Scientific Committees set up by the CHP of the DH regularly review documented evidence and recommend public health actions in preparation for an influenza pandemic. Similar measures are also implemented for other communicable diseases with potential of public health emergency.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1903)

Head: (37) Department of Health

Subhead (No. & title): 000 Operational expenses

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health will drive public health promotion programmes with emphasis on healthy eating and physical activity. Apart from general publicity activities, what and how many commercial or non-governmental organisations will be invited to collaborate with the Department? If so, what are the details of the collaborations?

Asked by: Hon WONG Yuk-man (Member Question No. 28)

Reply:

The Department of Health (DH) has all along been promoting healthy eating and physical activity over the years using a life-course and setting-based approach, jointly with relevant stakeholders in the society. A summary of key action areas is presented below-

(a) An EatSmart@school.hk (ESS) Campaign with emphasis on promotion of healthy eating has been in place in primary schools since 2006-07 school year to combat childhood obesity and reduce children's risk of developing non-communicable diseases. Riding on the success of the ESS Campaign, the DH launched the StartSmart@school.hk Campaign in January 2012 to promote healthy eating and physical activity among preschoolers across the territory with a view to preventing childhood obesity.

(b) Addressing the workplace setting, the DH launched the Health@work.hk Pilot Project in 2010 which called on employers and employees to join hands to create a supportive health-promoting working environment. The Project entered its second phase in 2012 with the aim of developing a sustainable and cost-effective model for application in the wider business community. The second phase attracted a total of 18 organisations benefiting some 3 300 staff.

(c) At the community level, the DH launched the EatSmart@restaurant.hk Campaign in

April 2008 to encourage and assist restaurants to provide dishes with more fruit and vegetables but less oil, salt and sugar. Another health promotion programme known as "I'm So Smart" Community Health Promotion Programme was launched in June 2012 to engage community partners, including the Hong Kong Housing Authority (HKHA), Estate Management Advisory Committees of estates under the HKHA, Healthy Cities Projects, and non-governmental organisations to promote healthy eating and physical activity in the community.

Apart from the above, the DH has also been supporting other government departments/bureaux and community organisations, including the Leisure and Cultural Services Department and the Education Bureau, to promote active living. Various health education resources, including guidelines, pamphlets, posters, exhibition boards, newsletters, Television and Radio Announcements in the Public Interest, pre-recorded telephone hotline messages, thematic websites and smart phone applications have been produced to support related health promotional activities.

Going forward, the DH will intensify existing programmes and explore new partnerships with community stakeholders to enhance efforts in health promotion and health education.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)234

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1904)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Of the increased provision of $648.6 million over the revised estimate, how much is allocated for the Elderly Health Care Voucher Scheme? What are the estimated proportions of the provision to be used for voucher amount, monitoring of the use of vouchers and monitoring of voucher claims? What is the manpower involved in the monitoring of voucher claims and how does this compare with the previous year?

Asked by: Hon WONG Yuk-man (Member Question No. 29)

Reply:

Under Programme (2) Disease Prevention, the provision increases by $648.6 million for 2016-17, which is 20.3% higher than the revised estimate for 2015-16. Out of this increased amount, about $460.0 million is related to the funding provision for the Elderly Health Care Voucher (EHV) Scheme and another $2.8 million is provided for strengthening the administration and monitoring of the EHV Scheme.

The EHV Scheme is administered by the Health Care Voucher Unit of the Department of Health. The Health Care Voucher Unit has a current establishment of 16 civil service posts. Eight additional civil service posts will be created in 2016-17, including one Senior Executive Officer, two Executive Officers II, one Assistant Clerical Officer and one Clerical Assistant to strengthen the support for managing and monitoring the voucher claims under the EHV Scheme, and another three posts (namely one Executive Officer II and two Assistant Clerical Officers) to replace the remaining non-civil service contract staff of the Unit.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4537)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding this Programme, would the Government set out in table form the expenditure and number of inpatient attendances of each public hospital in the past year, as well as the estimated expenditure for the coming year?

Asked by: Hon Albert CHAN Wai-yip (Member Question No. 69)

Reply:

The table below sets out the projected total operating expenditure for 2015-16 (based on expenditure as at 31 December 2015) as well as the number of inpatient discharges and deaths (IP D&D) and day inpatient discharges and deaths (DP D&D) (based on provisional figures up to 31 December 2015) of each hospital / institution managed by the Hospital Authority (HA) in 2015-16.

Cluster	Hospital / Institution	2015-16		
		Projected total operating expenditure ($ million)	Number of IP D&D	Number of DP D&D
HKEC	Cheshire Home, Chung Hom Kok	100	313	4
	Pamela Youde Nethersole Eastern Hospital	3,975	62 414	47 257
	Ruttonjee Hospital and Tang Shiu Kin Hospital	1,189	17 305	2 049
	St. John Hospital	80	469	2 399

Cluster	Hospital / Institution	2015-16		
		Projected total operating expenditure ($ million)	Number of IP D&D	Number of DP D&D
	Tung Wah Eastern Hospital	396	4 191	2 407
	Wong Chuk Hang Hospital	90	131	2
HKWC	The Duchess of Kent Children's Hospital at Sandy Bay	182	1 758	824
	Tung Wah Group of Hospitals Fung Yiu King Hospital	165	2 207	10
	Grantham Hospital	456	6 026	5 133
	MacLehose Medical Rehabilitation Centre	95	693	4
	Queen Mary Hospital and Tsan Yuk Hospital (Note 1)	5,085	66 792	47 815
	Tung Wah Hospital	537	6 574	13 710
KCC	Hong Kong Buddhist Hospital	245	4 190	1 997
	Hong Kong Eye Hospital	255	634	5 791
	Hong Kong Red Cross Blood Transfusion Service	330		- (Note 2)
	Kowloon Hospital	1,205	11 737	562
	Queen Elizabeth Hospital	5,202	81 889	53 448
	Rehabaid Centre	20		- (Note 3)
KEC	Haven of Hope Hospital	422	5 140	86
	Tseung Kwan O Hospital	1,516	28 524	13 003
	United Christian Hospital	3,669	61 173	27 542
KWC	Caritas Medical Centre	1,910	33 863	8 466
	Kwai Chung Hospital	1,074	3 325	19
	Kwong Wah Hospital	2,438	51 450	21 826
	North Lantau Hospital	320	1 850	967
	Our Lady of Maryknoll Hospital	513	5 158	3 143
	Princess Margaret Hospital	3,897	69 296	43 287
	Tung Wah Group of Hospitals Wong Tai Sin Hospital	389	5 505	877
	Yan Chai Hospital	1,498	35 095	5 715
NTEC	Alice Ho Miu Ling Nethersole Hospital	1,416	22 958	19 177
	Bradbury Hospice	42	446	5
	Cheshire Home, Shatin	115	154	1
	North District Hospital	1,496	27 183	6 525
	Prince of Wales Hospital	4,573	64 427	54 436
	Shatin Hospital	521	6 548	38
	Tai Po Hospital	571	7 631	28

Cluster	Hospital / Institution	2015-16		
		Projected total operating expenditure ($ million)	Number of IP D&D	Number of DP D&D
NTWC	Castle Peak Hospital	961	2 097	17
	Pok Oi Hospital	1,071	19 384	13 272
	Siu Lam Hospital	202	352	7
	Tuen Mun Hospital	4,866	82 873	43 765

The budget allocation to individual hospitals for 2016-17 is being worked out and hence is not yet available.

The operating expenditure as shown in the table above represents the resources utilised to meet clusters' daily operational needs, such as staff costs, drugs expenditure (including items self-financed by patients), medical supplies and utility charges, etc. It does not include capital expenditure such as those for capital works projects, major equipment acquisition, and corporate-wide information technology development projects, etc.

It should be noted that HA hospitals and clinics are organised into 7 clusters to form networks of services and facilities, with individual hospitals having different roles (e.g. acute hospitals and general hospitals) in supporting their respective clusters, often complementing each other along the patient care path. Hence, expenditure of individual hospitals reflects their respective roles and scope of services within a cluster and is not directly comparable.

In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than 1 day. The calculation of the number of discharges and deaths includes both inpatients and day inpatients.

Note 1 : Tsan Yuk Hospital is now a day centre mainly offering ambulatory care for antenatal and postnatal patients and therefore has no inpatient beds.

Note 2 : Hong Kong Red Cross Blood Transfusion Service is mainly responsible for ensuring that sufficient supplies of safe and high-quality blood and blood components are available for local transfusion therapy patients and therefore has no inpatient beds.

Note 3 : Rehabaid Centre mainly provides a wide range of rehabilitation services to people with special needs and therefore has no inpatient beds.

Abbreviations

HKEC – Hong Kong East Cluster
HKWC – Hong Kong West Cluster
KCC – Kowloon Central Cluster

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No.7210)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Please provide the following information on each of the hospital clusters in the past 5 financial years:
(1) the total population and the total population of persons aged 65 or above;
(2) the percentage of persons aged 65 or above in the total population of the clusters; and
(3) the percentage of average service costs incurred by persons aged 65 or above in the total service costs of the clusters.

Asked by: Hon Alice MAK Mei-kuen (Member Question No. 9)

Reply:
(1) The tables below set out the population and the population aged 65 or above in respect of each hospital cluster of the Hospital Authority (HA) from 2011 to 2015.

Population Estimates in 2011 (as at mid-2011)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	776 500	120 800
Central & Western, Southern	HKWC	530 200	74 000
Kowloon City, Yau Tsim	KCC	500 200	77 700
Kwun Tong, Sai Kung	KEC	1 058 800	140 800
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 907 500	289 100
Sha Tin, Tai Po, North	NTEC	1 231 300	136 800
Tuen Mun, Yuen Long	NTWC	1 066 000	102 000
Overall Hong Kong		**7 071 600**	**941 400**

Population Estimates in 2012 (as at mid-2012)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	780 200	125 800
Central & Western, Southern	HKWC	533 600	76 900
Kowloon City, Yau Tsim	KCC	508 700	80 700
Kwun Tong, Sai Kung	KEC	1 074 900	146 000
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 929 300	298 200
Sha Tin, Tai Po, North	NTEC	1 246 500	144 500
Tuen Mun, Yuen Long	NTWC	1 080 300	108 100
Overall Hong Kong		**7 154 600**	**980 300**

Population Estimates in 2013 (as at mid-2013)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	777 600	132 000
Central & Western, Southern	HKWC	534 100	80 700
Kowloon City, Yau Tsim	KCC	508 800	85 500
Kwun Tong, Sai Kung	KEC	1 088 100	151 700
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 931 800	304 500
Sha Tin, Tai Po, North	NTEC	1 258 200	152 600
Tuen Mun, Yuen Long	NTWC	1 088 300	114 500
Overall Hong Kong		**7 187 500**	**1 021 500**

Population Estimates in 2014 (as at mid-2014)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	772 500	134 900
Central & Western, Southern	HKWC	529 400	83 400
Kowloon City, Yau Tsim	KCC	534 900	89 900
Kwun Tong, Sai Kung	KEC	1 097 000	157 700
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 941 700	317 200
Sha Tin, Tai Po, North	NTEC	1 266 700	160 900

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Tuen Mun, Yuen Long	NTWC	1 098 700	121 700
Overall Hong Kong		**7 241 700**	**1 065 900**

Projected Population in 2015 (as at mid-2015)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	767 300	142 100
Central & Western, Southern	HKWC	525 400	87 500
Kowloon City, Yau Tsim	KCC	540 300	95 100
Kwun Tong, Sai Kung	KEC	1 105 100	164 800
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 952 800	330 800
Sha Tin, Tai Po, North	NTEC	1 290 300	172 300
Tuen Mun, Yuen Long	NTWC	1 116 700	130 600
Overall Hong Kong		**7 298 600**	**1 123 300**

Note:
The above population figures are based on the mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department. Individual figures may not add up to the total due to rounding and the inclusion of marine population.

(2) The table below sets out the percentage of population aged 65 or above in respect of each hospital cluster of HA from 2011 to 2015.

Districts	Corresponding Hospital Cluster	% Population aged 65+ (%)				
		2011	2012	2013	2014	2015
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	15.6%	16.1%	17.0%	17.5%	18.5%
Central & Western, Southern	HKWC	14.0%	14.4%	15.1%	15.8%	16.7%
Kowloon City, Yau Tsim	KCC	15.5%	15.9%	16.8%	16.8%	17.6%
Kwun Tong, Sai Kung	KEC	13.3%	13.6%	13.9%	14.4%	14.9%
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	15.2%	15.5%	15.8%	16.3%	16.9%
Sha Tin, Tai Po, North	NTEC	11.1%	11.6%	12.1%	12.7%	13.4%
Tuen Mun, Yuen Long	NTWC	9.6%	10.0%	10.5%	11.1%	11.7%
Overall Hong Kong		**13.3%**	**13.7%**	**14.2%**	**14.7%**	**15.4%**

Note:
The above population figures are based on the mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

(3) The table below sets out the cost of services provided to persons aged 65 or above as a percentage of total service costs of the respective hospital cluster from 2011-12 to 2015-16.

	2011-12	**2012-13**	**2013-14**	**2014-15**	**2015-16 (Revised Estimate)**
HKEC	52.3%	52.5%	53.3%	53.8%	55.2%
HKWC	42.6%	43.0%	43.4%	43.3%	44.9%
KCC	49.8%	49.1%	49.8%	49.9%	50.8%
KEC	48.3%	48.8%	49.3%	49.5%	50.8%
KWC	47.3%	47.1%	47.4%	47.4%	48.6%
NTEC	42.1%	42.5%	43.2%	43.4%	45.6%
NTWC	35.1%	35.6%	36.9%	37.8%	39.6%
HA Overall	45.4%	45.5%	46.0%	46.2%	47.8%

The percentages in 2011-12 to 2014-15 are based on the actual service throughput provided to patients at all ages, those provided to patients aged 65 or above, and the average cost of different services. The percentage in 2015-16 is an estimated figure.

It should be noted that the percentages vary among different clusters owing to the varying complexity of conditions of patients aged 65 or above and different diagnostic services, treatments and prescriptions required as well as length of stay of patients in the clusters. The percentages also vary among different clusters due to different case-mix, i.e. the mix of patients of different conditions in the clusters, which may differ according to the population profile and other factors, including specialisation of the specialties in the clusters. Hence clusters with greater number of patients aged 65 or above with more complex conditions or requiring more costly treatment would be resulted in a higher percentage of cost of services provided to patients aged 65 or above. Therefore, the percentages cannot be directly compared among clusters.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7223)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

It is learnt that the Hospital Authority has re-employed retired healthcare staff to be back at work on contract basis in response to the healthcare manpower shortage problem. Please provide by hospital cluster the numbers of doctors, nurses and other allied health professionals getting back to work in hospitals by way of the above measure and the expenditure on emoluments involved in each of the past 3 years.

Asked by: Hon Alice MAK Mei-kuen (Member Question No. 30)

Reply:

A Special Retired and Rehire Scheme to rehire suitable clinical doctors, nurses and allied health staff upon their retirement or completion of contract at normal retirement age in 2015-16 and 2016-17 to help alleviate the expertise gap and manpower issues has been implemented by the Hospital Authority from 1 April 2015. As at 31 December 2015, arrangements have been made to re-employ 54 suitable retired/retiring clinical staff in 2015-16, with breakdowns on the number of rehirees by retiring year and by cluster as follows :

Retiring Year	Staff Group	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Total
2013-14	Not Applicable								
2014-15	Not Applicable								
2015-16	Doctors	1	4	3	4	6	1	8	27
	Nurses	5	3	2	3	5	3	4	25
	Allied Health Staff	0	0	1	0	1	0	0	2
	Total	6	7	6	7	12	4	12	54

The full year projection of the total remuneration expenditure in 2015-16 was $38.1 million.

Note:
The total remuneration includes basic salary, allowance, gratuity and other on cost such as provision of home loan interest subsidy benefit and death & disability benefit.

Abbreviations

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

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)238

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7236)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower of public hospitals, please advise on the following:

(1) the number of non-local doctors with limited registration employed by the Hospital Authority and the payroll cost involved in the past 3 years, with a breakdown by hospital cluster and specialty; and

(2) the conditions that non-local doctors have to meet in order to be granted limited registration, the validity period of limited registration, whether the Government has reviewed the registration system for non-local doctors, and whether it will consider improving the system.

Asked by: Hon Alice MAK Mei-kuen (Member Question No. 48)

Reply:

(1)

The table below sets out the number of non-local doctors by specialty in each hospital cluster of the Hospital Authority (HA) and the respective expenditures on their remuneration in 2013-14, 2014-15 and 2015-16.

Number and Total Remuneration of Non-local Doctors in HA in 2013-14, 2014-15 and 2015-16

Cluster	Specialty	2013-14 (as at 31 March 2014)	2013-14 Total Remuneration ($ million)	2014-15 (as at 31 March 2015)	2014-15 Total Remuneration ($ million)	2015-16* (as at 31 December 2015)	2015-16 Total Remuneration (Full-year projection) ($ million)
HKEC	Family Medicine	1	1.0	1	1.2	1	0.3
HKWC	Anaesthesia	4	4.9	5	7.0	4	7.2
	Pathology	1	1.9	1	2.0	1	2.1
KCC	Psychiatry	1	0.5	0	0	0	0
KEC	Emergency Medicine	1	1.2	1	0.3	0	0
	Family Medicine	0	0	1	0.1	1	1.1
	Internal Medicine	1	1.1	2	1.3	2	1.5
KWC	Emergency Medicine	1	0.8	1	0.3	0	0
NTEC	Anaesthesia	2	1.6	2	2.4	2	2.7
	Emergency Medicine	0	0	1	0.8	1	1.4
	Family Medicine	1	<0.1	1	1.2	1	1.3
NTWC	Emergency Medicine	1	0.7	1	1.2	1	1.2
	Family Medicine	1	1.3	1	1.4	1	1.5

*Two non-local doctors have reported duty since February 2016.

Note:

1. The statistics on the number of doctors for 2013-14 and 2014-15 are based on headcounts as at 31 March 2014 and 31 March 2015 respectively. The statistics on the number of doctors for 2015-16 are based on headcounts as at 31 December 2015. For staff who is no longer serving in HA as at these dates, 'no. of doctors' is reflected as 0.

2. Total remuneration includes basic salary, allowance, gratuity and other on cost such as provision of home loan interest subsidy benefit and death & disability benefit. The figures for 2015-16 represent full-year projection.

(2)

According to section 14A of the Medical Registration Ordinance (Cap. 161), non-locally trained doctors with acceptable qualifications and proven experience, if selected for employment by specified institutions (including the Department of Health, Hospital Authority, University of Hong Kong and Chinese University of Hong Kong, etc.) for the purpose of teaching, conducting research or performing clinical or hospital work, may apply to the Medical Council of Hong Kong (MCHK) for limited registration in Hong Kong. Each approval for limited registration will be valid for a maximum period of 1 year, and upon expiry the relevant person may apply for renewal for a period not exceeding 1 year.

In response to the mounting public concerns over the efficiency of MCHK in complaint investigation and disciplinary inquiries as well as its lack of flexibility for the admission of non-locally trained doctors, the Government has introduced a bill into the Legislative Council in March 2016 to amend the Medical Registration Ordinance to, among others, facilitate non-locally trained doctors, in particular specialists, to practice in Hong Kong by extending the maximum term of registration and renewal of medical practitioners with limited registration from not exceeding 1 year to not exceeding 3 years.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7237)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding seasonal influenza, please provide the following information:

(1) the number of deaths with principal diagnosis of influenza in each of the past 5 years;

(2) the number of admissions (to public hospital) due to seasonal influenza in each of the past 3 years and the medical expenses involved; and

(3) the number of additional beds provided in each cluster for peak flu seasons in each of the past 3 years, and the healthcare manpower and medical expenses involved.

Asked by: Hon Alice MAK Mei-kuen (Member Question No. 28)

Reply:

(1) The table below sets out the number of deaths with principal diagnosis of influenza among hospitalised patients at the Hospital Authority (HA) in the past 5 years.

Year	Number of deaths with principal diagnosis of influenza
2011	34
2012	76
2013	25
2014	75
2015	232

(2) The table below sets out the number of hospital admissions with principal diagnosis of influenza at HA in the past 3 years from 2013 to 2015.

Year	Number of admissions with principal diagnosis of influenza
2013	3 057
2014	5 270
2015	9 744

HA does not have figures on the medical expenses involved in treating these patients.

Note

The larger number of deaths and admissions with principal diagnosis of influenza in 2015 as seen in the tables in parts (1) and (2) of the reply above may be related to the predominance of influenza A(H3N2) viruses which tended to affect elderly who had higher chances of hospitalisation and fatal outcome once infected. Besides, there was marked decrease in the effectiveness of the seasonal influenza vaccine in the 2014-15 vaccination season due to the circulation of an antigenically drifted H3N2 virus (i.e. the Switzerland strain) which was unmatched with the H3N2 component (a Texas strain) included in the 2014-15 northern seasonal flu vaccine. In response, to better protect the elderly from possible summer influenza season in 2015 and prevent outbreak in residential care homes for the elderly (RCHEs), the Department of Health conducted a one-off exercise from May to August 2015 to provide one dose of free vaccination of 2015 Southern Hemisphere Seasonal Influenza Vaccination to residents of RCHEs as well as the community elders aged 75 or above under the Government Vaccination Programme.

(3) In response to challenges of upsurge in service demand during the influenza peak season, HA has implemented various measures to cope with the demand for emergency and inpatient services. Measures include enhancing support to discharged and elderly patients through Community Geriatric Assessment Services, Community Nursing Services, Visiting Medical Officer Programmes, Geriatric Day Hospital Services and Patient Support Call Centre; increasing the service capacity of convalescent hospitals and facilitating transfer of stable patients to convalescent hospitals within cluster; improving patient flow and treatment capacity during weekends and public holidays; increasing General Outpatient Clinic quotas especially during long holidays; and augmenting manpower by special honorarium scheme, leave encashment and employment of temporary undergraduate nursing students.

Furthermore, increasing bed capacity is one of the key measures to cope with demand surge. HA expended over $300 million, $270 million and $320 million for opening beds in 2013-14, 2014-15 and 2015-16 respectively. The table below sets out the number of beds opened in the past 3 years.

Cluster	2013-14	2014-15	2015-16
HKEC	–	40	21
HKWC	7	–	–
KCC	1	24	–
KEC	116	4	36
KWC	42	23	–
NTEC	3	62	71
NTWC	118	52	122
Total	**287**	**205**	**250**

HA has deployed and recruited additional manpower to support the opening of the above beds. In addition, cluster hospitals have opened temporary beds during influenza peak season to cope with increased demand as required.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7263)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the $13 billion one-off provision granted to the Hospital Authority in 2014 for minor works projects to improve the facilities of public hospitals and clinics, please provide the following information:

(a) the use of the provision since it was granted to the Hospital Authority and its effectiveness, with a breakdown by hospital cluster in table form; and

(b) how much of the provision is left as at now and when and how will it be expected to be exhausted?

Asked by: Hon CHAN Han-pan (Member Question No. 46)

Reply:

(a)

Since the inception of the $13 billion one-off grant to the Hospital Authority (HA) in 2014, HA has deployed $890 million and $1,200 million in 2014-15 and 2015-16 respectively to implement a number of minor works projects to (i) improve the condition and environment of ageing facilities; (ii) provide additional hospital beds, expand general outpatient clinics and other treatment/diagnostic facilities for enhancing service capacity; (iii) upgrade the major electrical and mechanical engineering installations in hospitals; (iv) enhance universal accessibility to its hospitals and clinics; and (v) carry out regular maintenance and preparatory works for major hospital projects.

Provision of the one-off grant has been allocated among the clusters taking into account the conditions and sizes of the facilities of individual cluster, as well as for meeting statutory requirements (such as barrier free access facilities) and service demand. Details can be

found in the annual report compiled by HA on "Head 708 Subhead 8083MM – One-off Grant to HA for Minor Works Projects" which has been submitted to the Panel on Health Services and the Public Works Subcommittee of the Legislative Council.

(b)

The one-off grant is allocated to HA for use in the next 10 years or so starting from 2014-15. The projected expenditure up to 31 March 2016 is around $2,090 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5278)

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

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Would the Government inform this Committee of the following:

(1) How many additional civil service Information Technology (IT) posts were applied by the Food and Health Bureau (Health Branch) from the Civil Service Bureau (CSB) over the past 3 years? How many of these posts applied were approved by the CSB (please list by department, year and post title)?

(2) What were the justifications of the CSB if application requests of such IT posts were revised or rejected?

Asked by: Hon Charles Peter MOK (Member Question No. 52)

Reply:

(1) The number of civil service posts approved for creation in the grades of information technology (IT) staff (the IT grades include Analyst/Programmer, Computer Operator and Data Processor) in the Food and Health Bureau (Health Branch) in the past 3 years is set out below :

Financial Year	Number of posts approved
2013-14	-
2014-15	-
2015-16	3

(2) The Government's guiding principles for considering the creation of additional civil service posts are as follows: when the operational need is fully justified; and the work involved cannot be handled by streamlining the procedures, re-organisation, re-deployment of existing staff or any other means. The above principles are applicable across all the civil service grades, including the IT grades. Manpower in the IT grades will be increased as and when it is fully justified on the grounds of maintaining effective operation and addressing the manpower needs arising from new and improved services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5296)

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

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

In respect of the public relations expenditure of government departments, please inform this Committee of the following:

(1) the total expenditure of the Food and Health Bureau (Health Branch) for publishing advertisements, sponsored content or advertorials in newspapers registered under the Registration of Local Newspapers Ordinance in the past year as well as the relevant details:

Date of publish (Day/Month/Year)	Status (one-off/ ongoing/done) (as at 29 February 2016)	Government or public organisation (including policy bureau/ department/ public organisation/ government advisory body)	Name and purpose of advertisement	Name of media organisation and newspaper	Frequency (as at 29 February 2016)	Expenditure (as at 29 February 2016)

(2) the expenditure of the Food and Health Bureau (Health Branch) for sponsoring local free-to-air television stations, paid television stations and radio stations to provide information and produce programmes or materials in the past year as well as the relevant details:

Date of publish (Day/Month/Year)	Status (one-off/ ongoing/done) (as at 29 February 2016)	Government or public organisation (including policy bureau/ department/ public organisation/ government advisory body)	Name and purpose of advertisement	Media organisation	Frequency (as at 29 February 2016)	Expenditure (as at 29 February 2016)

(3) the media organisations which published or broadcast advertisements/sponsored content of the Food and Health Bureau (Health Branch) in the past 3 years, as well as the frequency and the total expenditure involved (in descending order of amount spent):

Name of media organisation	Frequency	Total expenditure ($)

(4) the websites/network platforms on which the Food and Health Bureau (Health Branch) published online advertisements/sponsored content in the past 3 years, as well as the frequency, the duration (days) and the total expenditure involved (tabulated in descending order of amount spent):

Website/ network platform	Content of advertisement	Frequency	Duration (days)	Hit rate, frequency of exposure and number of viewers	Total expenditure ($)

Asked by: Hon Charles Peter MOK (Member Question No. 70)

Reply:

The requested information pertaining to public relations expenditure incurred by the Food and Health Bureau (Health Branch) is provided below -

(1) Nil

(2) Nil

(3) Nil

(4) Published online advertisements/sponsored content in the past 3 years

Website/ network platform	Content of advertisement	Frequency	Duration (days)	Hit rate, frequency of exposure and number of viewers	Total expenditure ($)
Yahoo! HK	Public Consultation on the Voluntary Health Insurance Scheme	Not applicable	123 days	Impressions: 30,168,279 Clicks: 18,942	480,000
Facebook				Impressions: 5,990,177 Clicks: 60,505	160,600
Youtube/ Google Display Network				Impressions: 10,653,404 Clicks: 19,329	89,350

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5317)

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

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

(1) Please tabulate the details concerning the social media platforms set up and run by the Food and Health Bureau (Health Branch) and subvented organisations under its commission (including outsourced contractors or consultants) in 2015-16 (as at 29 February 2016).

Commence-ment date (month/ year)	Status (updating in progress/ ceased updating)	Bureau/ agencies under its commission	Name	Social media platforms	Purpose of establishment and contents	No. of "likes"/ subscribers / average monthly visits	Regular compilation of summary of comments and follow-up (yes/no)	Average no. of posts per day and average no. of interactions per post (total no. of "likes", comments and shares)	Ranks and no. of officers responsible for running the platforms	Expenditure for setting up the platforms and daily operational expenses

(2) Please provide the number of deleted messages and blocked accounts on the above social media platforms.

Asked by: Hon Charles Peter MOK (Member Question No. 91)

Reply:

The details of social media platforms set up and run by the Food and Health Bureau (Health Branch) and subvented organisations under its commission in 2015-16 (as at 29 February 2016) are at Annex.

- End -

Annex

(1) Social media platforms set up and run by the Food and Health Bureau (Health Branch) and subvented organisations under its commission -

Commencement date (month/ year)	Status (updating in progress/ ceased updating)	Bureau/ agencies under its commission	Name	Social media platforms	Purpose of establishment and contents	No. of "likes"/ subscribers / average monthly visits	Regular compilation of summary of comments and follow-up (yes/no)	Average no. of posts per day and average no. of interactions per post (no. of "likes", comments and shares)	Ranks and no. of officers responsible for running the platforms	Expenditure for setting up the platforms and daily operational expenses
Mid-2010	Keeps on updating	Hospital Authority (HA)	Hong Kong Red Cross Blood Transfusion Service "ABO Channel"	YouTube	To promote blood donation through sharing related videos	169 subscribers	No	No. of posts per day: Less than 1 No. of interactions per post : 9.4	1 Executive Officer I 1 Executive Officer II	Absorbed by existing resources
November 2010	Keeps on updating	HA	Hospital Authority	YouTube	To promote HA's image, disseminate HA information and engage the public	666 subscribers	No	No. of posts per day: Less than 1 No. of interactions per post : 8	1 Corporate Communication Manager	Absorbed by existing resources
December 2011	Keeps on updating	HA	我們這一班．遇上紅斑狼瘡的少年^	Facebook	To promote the publication of the health education book 「我們這一班．遇上紅斑狼瘡的少年」 ("We're Together Teens with SLE")	224 "Likes"	Yes	No. of posts per day: Less than 1 No. of interactions per post: 179	1 Social Worker	Absorbed by existing resources

Commencement date (month/ year)	Status (updating in progress/ ceased updating)	Bureau/ agencies under its commission	Name	Social media platforms	Purpose of establishment and contents	No. of "likes"/ subscribers / average monthly visits	Regular compilation of summary of comments and follow-up (yes/no)	Average no. of posts per day and average no. of interactions per post (no. of "likes", comments and shares)	Ranks and no. of officers responsible for running the platforms	Expenditure for setting up the platforms and daily operational expenses
April 2012	Keeps on updating	HA	Blood for Life (Hong Kong Red Cross Blood Transfusion Service)	Facebook	To promote blood donation and disseminate information of the Hong Kong Red Cross Blood Transfusion Services (HKBTS)	18 000 "Likes"	No	No. of posts per day: 2.2 No. of interactions per post: 150	1 Executive Officer I 1 Executive Officer II	Absorbed by existing resources
December 2012	Keeps on updating	HA	傷健孖吆・Teens 夢想之旅*	Facebook	To communicate with volunteers of the "Together Dreams Come True" project and inform them of the activities schedule	117 "Likes"	Yes	No. of posts per day: Less than 1 No. of interactions per post: 168	1 Social Worker	Absorbed by existing resources
August 2014	Keeps on updating	eHealth Record Office, Food and Health Bureau (FHB)	Electronic Health Record Sharing System (eHRSS)	YouTube	To promote eHRSS	8 subscribers; 2,452 visits since launch	No	No. of posts per day: Less than 1 No. of interactions per post : 5	1 Systems Analyst	Absorbed by existing resources
December 2014	Keeps on updating	Healthcare Planning and Development Office, FHB	Voluntary Health Insurance Scheme	Facebook	To promote Voluntary Health Insurance Scheme	3251 "Likes"	Yes	No. of posts per day: Less than 1 No. of interactions per post : 26	1 Associate Manager (Health Insurance)	Absorbed by existing resources

Commencement date (month/ year)	Status (updating in progress/ ceased updating)	Bureau/ agencies under its commission	Name	Social media platforms	Purpose of establishment and contents	No. of "likes"/ subscribers / average monthly visits	Regular compilation of summary of comments and follow-up (yes/no)	Average no. of posts per day and average no. of interactions per post (no. of "likes", comments and shares)	Ranks and no. of officers responsible for running the platforms	Expenditure for setting up the platforms and daily operational expenses
December 2014	Keeps on updating	Healthcare Planning and Development Office, FHB	VHIS FHB	YouTube	To promote Voluntary Health Insurance Scheme	41 subscribers; over 22 000 views	No	No. of posts per day: Less than 1 No. of interactions per post : 0	1 Associate Manager (Health Insurance)	Absorbed by existing resources
February 2015	Keeps on updating	HA	醫院管理局 Hospital Authority*	Facebook	To enhance corporate image and share information of issues of public interest in a user-friendly manner	1 552 "Likes"	No	No. of posts per day: Less than 1 No. of interactions per post: 67	1 Corporate Communication Manager	Absorbed by existing resources
April 2015	Keeps on updating	The Prince Philip Dental Hospital	菲臘牙科醫院 - 牙科輔助人員訓練課程^	Facebook	To promote the dental ancillary courses and provide the application method	128 "Likes"	No	No. of posts per day: Less than 1 No. of interactions per post : 6.4	1 Clerical Officer II 1 Assistant Hospital Administrator	Absorbed by existing resources

^ Only a Chinese name is available
* Only a combined Chinese/English name is available

(2) The number of deleted messages and blocked accounts on the above social media platforms -

Number of posts deleted : 1 post (indecent language)
Number of accounts blocked : 1 account (the account repeatedly placed commercials on relevant Facebook page)

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5736)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

(1) Please provide, in table form, the number of requests for information under the Code on Access to Information received by the Food and Health Bureau (Health Branch) and its subvented organisations in 2015-16 as well as the relevant details:

Bureau/ Department/ Organisation	Number of requests received	Information involved (items)	Number of requests being handled	Number of requests in which all information was provided	Number of requests in which some information was provided	Average number of days taken to handle the requests (working days)

(2) the 3 pieces of information most frequently requested by the public and the number of such requests;

(3) the 5 requests for information which took the longest time to handle, the number of days taken to handle such requests and the reasons; and

(4) the content of the requests refused, the reasons for the refusal and the number of requests for reviews lodged by the public.

Asked by: Hon Charles Peter MOK (Member Question No. 171)

Reply:

During the period from January to September 2015, the Food and Health Bureau (Health Branch) received 3 requests for information under the Code on Access to Information (the Code). Among these requests, 2 were met in full while the remaining one was withdrawn. Action on all the requests was completed within 21 days from the receipt of requests in accordance with the Code.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)245

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4294)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

The number of attendances for child and adolescent psychiatric services under the Hospital Authority (HA) has been on the rise in recent years. Some social workers, based on their experience, have indicated that early intervention and prevention are vital to adolescent mental illnesses. Adolescents who receive early diagnostic and counselling services after the first psychotic attack will have a better chance of recovery and returning to normal life. Please provide this Committee with the following information:

1. The Early Assessment Service for Young People with Psychosis (EASY) Programme of the HA offers one-stop services and assessment to patients through 7 service centres so that direct and appropriate treatments may be provided as soon as possible. Please list the number of adolescent cases handled by each service centre in 2013-14, 2014-15 and 2015-16.

2. Will the HA allocate additional resources to expand the child and adolescent psychiatric services and shorten the waiting time so that adolescents who have a first psychotic attack may receive diagnostic and counselling services within 1 or 2 weeks for a better chance of early recovery and return to normal life?

3. Will the HA allocate additional resources to increase the manpower of the EASY early intervention teams so that more preventive and educational activities concerning mental health may be conducted for secondary school students, teachers, adolescents in the community and their parents as a preventive measure?

4. Please give the number of child and adolescent patients treated by the HA in the past three years (i.e. 2013-14, 2014-15 and 2015-16), with a breakdown by age and major disease group.

Asked by: Hon CHEUNG Kwok-che (Member Question No. 46)

Reply:

(1) and (3)

To facilitate early identification of early psychosis, the Hospital Authority (HA) has implemented the Early Assessment Service for Young People with Psychosis (EASY) Programme since 2001. Initially targeting at young people aged between 15 and 25 with first episode psychosis, the Programme offers one-stop, phase-specific and ongoing support for the first two critical years of illness. Public education and promotion efforts are also organised under the Programme to enhance awareness of mental health in the community. In 2011-12, HA expanded the service target of the EASY Programme to include patients aged between 15 and 64 and extended the duration of intensive care to the first three critical years of illness, an addition of around 40 health care professionals were recruited to support this service.

Currently, there are around 1 300 new cases receiving ongoing follow-up support by the EASY Programme each year. Detailed breakdown including the number of adolescent cases handled by each service centre is not available.

(2)

Given an increasing demand for services, HA expanded its child & adolescent (C&A) psychiatric teams in the Kowloon West Cluster and the New Territories East Cluster in 2014-15, involving an addition of two doctors, four nurses, two occupational therapists and two clinical psychologists. In 2015-16, HA also expanded the C&A psychiatric teams in the Kowloon East Cluster, with an addition of one doctor, two nurses, one occupational therapist and one clinical psychologist. In 2016-17, HA will further expand its C&A psychiatric services in the Hong Kong West Cluster and New Territories West Cluster. It is estimated that two additional doctors, four nurses, two occupational therapists and two clinical psychologists will be required to enhance the services. The additional recurrent expenditure is estimated at around $13.3 million.

HA will continue to review and monitor its services to ensure that they are in keeping with the needs of patients.

(4)

The table below sets out the number of C&A psychiatric patients treated in HA by age and major disease groups in the past three years.

No. of C&A psychiatric patients[1 &2]		**Autism Spectrum Disorder**	**Attention Deficit Hyperactivity Disorder**	**Behavioural and emotional disorders**	**Other psychiatric diagnosis**	**Total**[3]
2013-14	Age<=5	1 860	190	40	950	2 800
	Aged 6-11	3 770	5 040	580	5 290	12 300

No. of C&A psychiatric patients[1 &2]		Autism Spectrum Disorder	Attention Deficit Hyperactivity Disorder	Behavioural and emotional disorders	Other psychiatric diagnosis	Total[3]
	Aged 12-17	2 010	3 270	930	4 850	9 040
	Total[4]	**7 640**	**8 500**	**1 540**	**11 090**	**24 150**
2014-15	Age<=5	1 850	160	40	980	2 860
	Aged 6-11	4 290	5 530	590	5 560	13 790
	Aged 12-17	2 270	3 700	890	4 990	9 830
	Total[4]	**8 410**	**9 390**	**1 520**	**11 530**	**26 470**
2015 (January - December) [Provisional figures]	Age<=5	1 530	120	30	930	2 460
	Aged 6-11	4 710	6 040	610	5 870	14 610
	Aged 12-17	2 600	4 230	880	5 230	10 660
	Total[4]	**8 840**	**10 390**	**1 520**	**12 020**	**27 740**

Notes:

1. Age as at 30 June of each year.
2. Figures are rounded to the nearest ten.
3. Sums of the disease groups may not equal to total as some patients were categorised into more than one group in the same year.
4. Individual figures may not add up to total due to rounding.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4295)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

The mental health problem in Hong Kong has become increasingly serious and the number of attendances for psychiatric services of the Hospital Authority has been on the rise in recent years. The Food and Health Bureau has been conducting a mental health review for nearly 2 years, with a view to mapping out the direction on the development of mental health services in Hong Kong. In this connection, please advise on the following:

1. The specific direction and plans in respect of the development of mental health services in Hong Kong.

2. Measures to facilitate coordination and cooperation between the medical and social work professions.

3. Will additional resources be allocated to expand the Integrated Community Centres for Mental Wellness and enhance adolescent psychiatric services to cope with the growing community demand? If yes, what is the amount to be allocated? If not, what are the reasons?

Asked by: Hon CHEUNG Kwok-che (Member Question No. 49)

Reply:

To ensure that our mental health regime can rise up to the challenges of a growing and ageing population, the Food and Health Bureau has embarked on a review of the existing mental health policy through the setting up of a Review Committee on Mental Health in May 2013. Chaired by the Secretary for Food and Health, the Review Committee on Mental Health (the Review Committee) comprises members with wide representation, including legislative councillors, academics, healthcare professionals, service providers, service user and caregiver, as well as representatives from the Equal Opportunities Commission and

the Hong Kong Council of Social Services. The Review Committee is tasked to study the existing policy on mental health services in Hong Kong. It will also consider means and measures to strengthen the provision of mental health services in Hong Kong having regard to changing needs of the community.

The Review Committee adopts a life course approach to the review. Apart from examining adult mental health issues, two expert groups have also been set up under the Review Committee to study dementia care and mental health services for children and adolescents in parallel.

While the review is still under way, the Administration has already been implementing a number of measures to enhance the existing services for those with mental illness based on the recommendations of the Review Committee. For instance, the Hospital Authority (HA) and the Social Welfare Department will launch a two-year pilot scheme to provide services for elderly persons with mild and moderate dementia through medical-social collaboration at District Elderly Community Centres. The scheme aims to enhance community care services for dementia patients, with a view to reducing the waiting time for HA assessment and specialist services in the long run.

Meanwhile, in order to increase public engagement in promoting mental well-being and increase public knowledge and understanding about mental health, the Department of Health has launched a three-year territory-wide public education and publicity campaign on mental well-being in January 2016.

The on-going review creates an opportunity for the Administration to improve and enhance existing services for those with mental illness. HA has been strengthening the manpower and resources of the psychiatric healthcare team. In the past five financial years (2010-11 to 2014-15), the manpower in psychiatric healthcare team in HA has increased by 25%. HA will continue to assess regularly its manpower requirements and review its service provision to ensure that its service can meet the needs of the patients.

Upon the conclusion of the review, the report will be published and bureaux/departments concerned will take forward the recommendations of the review accordingly. The review is expected to be completed within 2016.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4297)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

The demand for Hospital Authority's (HA) psychiatric services has been on the rise in recent years. The attendance for such services has reached 213 300 in 2015 from 172 800 in 2011, or a rise of 23.4% over 5 years. The waiting time is long and the situation is critical. In this connection, please advise on:

1. the average waiting time at every child and adolescent psychiatric specialist out-patient (SOP) clinic in 2013-14, 2014-15 and 2015-16, with a breakdown by district;

2. the average waiting time at every adult psychiatric SOP clinic in 2013-14, 2014-15 and 2015-16, with a breakdown by district;

3. the number of elderly patients with dementia who received psychiatric treatments in the HA facilities in 2013-14, 2014-15 and 2015-16, and the average waiting time for psychogeriatric services in the respective years; and

4. the average consultation time per SOP patient in minutes, and the average number of SOP patients treated per hour by a doctor, considering the keen demand for SOP services and the large number of patients seeking psychiatric help.

Asked by: Hon CHEUNG Kwok-che (Member Question No. 51)

Reply:

(1)

The table below sets out the median waiting time of new cases at the child and adolescent (C&A) psychiatric specialist outpatient clinics (SOPCs) in each cluster of the Hospital Authority (HA) in the past three years.

Cluster	2013-14 (weeks)	2014-15 (weeks)	2015-16 (up to 31 December 2015) [Provisional figures] (weeks)
HKEC[1]	30	64	98
HKWC[1]			
KCC[2]	18	39	37
KWC[2]			
KEC	62	72	67
NTEC	48	43	54
NTWC	19	56	84
Overall	**34**	**45**	**58**

Notes:

7. The majority of the C&A psychiatric services in HKEC is supported by the C&A psychiatric specialist team of HKWC.
8. The majority of the C&A psychiatric services in KCC is supported by the C&A psychiatric specialist team of KWC.

(2)

The table below sets out the median waiting time of new cases at the adult psychiatric SOPCs in each cluster of the HA in the past three years.

Cluster	2013-14 (weeks)	2014-15 (weeks)	2015-16 (up to 31 December 2015) [Provisional figures] (weeks)
HKEC	3	5	6
HKWC	3	3	2
KCC	8	7	7
KEC	7	7	6
KWC	16	17	6
NTEC	5	5	6
NTWC	7	7	7
Overall	**7**	**7**	**6**

(3)

The table below sets out the median waiting time of new cases at the psychogeriatric SOPCs and the number of dementia patients who have received psychiatric specialist services in HA in the past three years.

	2013-14	**2014-15**	**2015-16 (up to 31 December 2015) [Provisional figures]**
Median waiting time (weeks) of new cases at psychogeriatric SOPCs	8	14	11
Number of dementia patients[3, 4]	11 900	11 860	12 000 (2015 January – December) [Provisional figures]

Notes:

9. Refer to patients who have ever been diagnosed with dementia under the psychiatric specialty in HA.
10. Figures are rounded to the nearest ten.

(4)

HA provides a spectrum of mental health services depending on the severity of patients' condition, including inpatient, outpatient, ambulatory and community outreach services by using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists. In general, doctors will spend about one hour on a first/new appointment. For subsequent follow-up, the consultation time will depend on the clinical needs of individual patients.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4307)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

The Government said that $200 billion would be earmarked to support the long-term planning of the Hospital Authority (HA) to take forward the 10-year hospital development plan. Please advise on the following:

1. The amount of additional provision will the HA allocate for the provision of new generation psychiatric drugs this year and how many types of new generation psychiatric drugs will be provided for patients in need? How many psychiatric patients are expected to benefit from this?
2. Please list the number of psychiatrists and psychiatric nurses and their turnover in each year from 2012-13 to 2015-16. How many additional psychiatrists and psychiatric nurses will the HA employ in 2016 to enhance in-patient and out-patient services?
3. Please list the number of community psychiatric nurses and their turnover in each year from 2012-13 to 2015-16. How many additional community psychiatric nurses will the HA employ in 2016 to provide mental health assessment and suitable ambulatory services for patients?

Asked by: Hon CHEUNG Kwok-che (Member Question No. 71)

Reply:

(1)

Over the years, the Hospital Authority (HA) has taken measures to increase the use of new psychiatric drugs, including new anti-psychotics, anti-depressants, anti-dementia drugs and drugs for attention deficit hyperactivity disorder (ADHD), with less disabling side effects.

To enhance the quality of drugs provided to psychiatric patients, in 2014-15, HA further expanded the provision of new psychiatric drugs including new anti-psychotics and anti-dementia drugs. An additional recurrent expenditure of about $32 million each year will be expended to benefit around 10 700 patients under suitable clinical conditions. At present, HA has repositioned all its second generation oral anti-psychotic drugs (save for Clozapine due to its side effects) from the special drug category to the general drug category in the HA Drug Formulary so that all these drugs could be prescribed as first-line drugs.

HA will continue to keep in view the development of new psychiatric drugs and review the use of the drugs through the established mechanism.

(2) and (3)

HA delivers mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers, and occupational therapists. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements.

The table below sets out the number of psychiatric doctors, psychiatric nurses and community psychiatric nurses (CPN) working in psychiatric stream in HA from 2012-13 to 2015-16. The attrition rate of psychiatric doctors and psychiatric nurses ranged between 2.4% and 4.5% during the period.

Year	**Psychiatric doctors**[1 & 2]	**Psychiatric Nurses**[1 & 3] **(including Community Psychiatric Nurses)**	**Community Psychiatric Nurses**[1 & 4] **(CPNs)**
2012-13	332	2 296	127
2013-14	335	2 375	130
2014-15	333	2 442	129
2015-16 (up to 31 December 2015)	346	2 459	127

Notes:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff, but excluding HA Head Office staff. Individual figures may not add up to the total due to rounding.
2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except interns.
3. Psychiatric nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatry department of other non-psychiatric hospitals as well as all nurses in psychiatric stream.
4. The job duty of CPN is mainly to provide short-term community support for discharged psychiatric patients to facilitate their community re-integration.

In 2016-17, HA will further enhance its psychiatric services with details as below:

i. Expanding child and adolescent psychiatric services in the Hong Kong West Cluster (HKWC) and New Territories West Cluster. It is estimated that two additional doctors, four nurses, two occupational therapists and two clinical psychologists will be required to enhance the services;

ii. Strengthening the psychiatric specialist outpatient services in the Kowloon East Cluster (KEC). It is estimated that an additional two doctors, three nurses, two occupational therapists and one clinical psychologist will be required to provide support for patients with common mental disorders;

iii. Enhancing the peer support element in the Case Management Programme for patients with severe mental illness. It is estimated that five peer support workers (one in the Hong Kong East Cluster, HKWC and KEC respectively and two in the New Territories East Cluster (NTEC)) will be recruited;

iv. Establishing a centralised psychiatric gender identity disorder service in NTEC. It is estimated that one doctor, two nurses, one occupational therapist and one clinical psychologist will be required;

v. Enhancing the service for patients with learning disabilities in Kwai Chung Hospital. It is estimated four nurses and one occupational therapist will be recruited; and

vi. Enhancing the infirmary and rehabilitation services in Siu Lam Hospital. It is estimated 12 professional staff including nurses and allied health professionals will be recruited.

HA will continue to assess regularly its manpower requirements and review its service provision to meet service needs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4372)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the dementia assessment service provided by the HA's psychogeriatric outreach teams for elders at day care centres for the elderly, would the Government advise this Committee of the following:

(a) The age distribution and total number of people who have been/will be diagnosed for dementia by the HA's psychogeriatric outreach teams at day care centres/units for the elderly each year from 2011-12 to 2016-17.

(b) The respective number of day care centres/units for the elderly and residential care homes for the elderly visited/to be visited by the HA's psychogeriatric outreach teams each year from 2011-12 to 2016-17.

(c) The number of visits made/to be made by the HA's psychogeriatric outreach teams each year from 2011-12 to 2016-17.

Asked by: Hon CHEUNG Kwok-che (Member Question No. 306)

Reply:

The Hospital Authority (HA) provides psychogeriatric outreach services to elderly patients with mental health problems, including dementia, residing in old age homes through its psychogeriatric teams (PGTs). Services provided include formulation of treatment plans, monitoring of patients' recovery and follow-up consultations. HA also provides relevant training to staff of residential care homes for the elderly (RCHEs) to equip them with necessary skills to provide better caring services to patients.

The table below sets out the number of total attendances for the psychogeriatric outreach services and the total number of RCHEs (including subvented and private) visited by the PGTs of HA in the past five years. Figures in 2016-17 are not available.

	2011-12	**2012-13**	**2013-14**	**2014-15**	**2015-16 (up to 31 December 2015) [Provisional figures]**
Number of total attendances for the psychogeriatric outreach services[1]	95 400	96 400	98 000	95 200	73 700
Total number of RCHEs (including subvented and private) covered by PGTs	332	333	331	328	328

Note: Figures are rounded to the nearest hundred.

HA does not maintain statistics on the number of people who received assessment for dementia at day care centres/ units for the elderly.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6482)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the annual number of first attendances served by medical social workers of the Hospital Authority, including in-patient services, out-patient services, accident & emergency services, community services and day hospital services respectively over the past 3 years.

Asked by: Hon CHEUNG Kwok-che (Member Question No. 961)

Reply:

The table below sets out the annual number of first attendance served by medical social workers (MSWs) employed by the Hospital Authority (HA) in 2013-14, 2014-15 and 2015-16.

Year	Annual number of first attendance served by MSWs of HA per year
2013-14	121 345
2014-15	125 034
2015-16 (As at 31 December 2015)	98 483

Note:
The figures exclude services served by MSWs of the Social Welfare Department.

The provision of MSWs' services is based on the welfare needs of patients and their family members when HA provides a continuum of care for the patients, and it is not confined to a particular clinical setting. The above figures of first attendances served by MSWs of HA include inpatient services, outpatient services, accident & emergency services, community services and day hospital services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6855)

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

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

Controlling Officer: Permanent Secretary for Food and Health (Health)(Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Regarding the consultancy studies commissioned by the Food and Health Bureau (Health Branch) and the departments under its purview for the purpose of formulating and assessing policies, please provide information about the studies in the following format.

a. Please provide details of the public policy studies and strategic public policy studies commissioned with funds allocated from 2011-12 to 2015-16.

Name of consultant	Mode of award (open auction/tender/ quotation/ others (please specify))	Title, content and objective of project	Consultancy fee ($)	Start date	Progress of study (under planning/in progress/completed (completion month and year))	The Administration's follow-ups to the study report and their progress (if any)	For completed studies, have they been made public? If yes, through what channels? If no, why?

b. Regarding the consultancy studies commissioned by the Food and Health Bureau (Health Branch) and the departments under its purview for the purpose of formulating and assessing policies, are there any such projects for which funds have been reserved in 2016-17? If yes, what are the details?

Name of consultant	Mode of award (open auction/tender/ quotation/ others (please specify))	Title, content and objective of project	Consultancy fee ($)	Start date	Progress of study (under planning/in progress/completed (completion month and year))	The Administration's follow-ups to the study report and their progress (if any)	For completed studies, have they been made public? If yes, through what channels? If no, why?

Asked by: Hon CHEUNG Kwok-che (Member Question No. 1082)

Reply:

The information requested is provided at the Annex.

- End -

Annex

(a) Studies on public policy and strategic public policy for which funds had been allocated from 2011-12 to 2015-16

Name of consultant	Mode of award (open auction/ tender/ quotation/ others (please specify))	Title, content and objective of project	Consultancy fee ($)	Start date	Progress of study (under planning/in progress/ completed (completion month and year))	The Administration's follow-ups to the study report and their progress (if any)	For completed studies, have they been made public? If yes, through what channels? If no, why?
Pricewaterhouse Coopers Advisory Services Limited	By invitation of quotations	Provision of consultancy service for business impact assessment on statutory regulation of medical devices	1,299,800	May 2011	Completed in January 2013	The legislative proposal is being revised in response to, inter alia, the recommendations made by the consultant.	The results of the study and the revised legislative proposal have been reported to the Legislative Council Panel on Health Services in Jun 2014.
Consumer Search HK Limited	By invitation of quotations	Opinion Polls on the Health Protection Scheme (September to December 2011): to gauge the views of the general public on the Health Protection Scheme (HPS) after release of the Healthcare Reform Second Stage Consultation Report	198,000	Sept. 2011	Completed in January 2012	Findings have been considered by the Food and Health Bureau for the planning of the Health Protection Scheme.	Study report has been uploaded onto the website of Second Stage Public Consultation of Health Protection Scheme through the Food and Health Bureau homepage.
The University of Hong Kong	By invitation of quotations	Consultancy service to update Hong Kong's Domestic Health Accounts (DHA) to 2009-10 and provide technical support in other research projects	1,302,756	Oct. 2011	Completed in May 2013	Findings have been considered by the Food and Health Bureau for the planning of healthcare policies.	Results of DHA for 2009-10 have been released though the website of Food and Health Bureau.
IBM China/ Hong Kong Limited	By invitation of quotations	Consultancy Review of Prince Philip Dental Hospital (PPDH): to review the structure and working arrangement for managing PPDH, and make recommendations	1,429,900	Nov. 2011	Completed in March 2013	Findings have been considered by the Food and Health Bureau and the Board of Governors of PPDH for enhancing the management of the Hospital.	No. This review is mainly concerned with the internal management of PPDH.

Name of consultant	Mode of award (open auction/ tender/ quotation/ others (please specify))	Title, content and objective of project	Consultancy fee ($)	Start date	Progress of study (under planning/in progress/ completed (completion month and year))	The Administration's follow-ups to the study report and their progress (if any)	For completed studies, have they been made public? If yes, through what channels? If no, why?
		for enhancing the management of the Hospital					
Pricewaterhouse Coopers Advisory Services Ltd	By invitation of proposals	Consultancy Study on the Health Protection Scheme – to analyse the existing market situation of private health insurance in Hong Kong; and to propose a technically feasible and actuarially sound design for the Health Protection Scheme	8,763,855	May 2012	Completed in January 2014	Findings have been considered by the Food and Health Bureau for the planning of the Voluntary Health Insurance Scheme.	Consultancy report has been released through the website of the Voluntary Health Insurance Scheme.
The University of Hong Kong	By invitation of quotations	School-based survey on smoking among students 2012/13: to study the prevalence of smoking and its pattern among students, assess the impact of relevant policy measures on youth smokers and their smoking patterns, and collect other information related to smoking among students	1,429,475	July 2012	Completed in December 2013	Results of this study have been considered by the Food and Health Bureau for formulation of tobacco control policy.	Results of the survey have been published in Appendix 2 to Thematic Household Survey Report No. 53 of Census and Statistics Department.
PharmOut Pty Limited	By invitation of proposals	Consultancy Services for the upgrade of Good Manufacturing Practice (GMP) Licensing Standards for Drug Office, Department of Health	9,976,400	Aug. 2012	Completed in August 2014	The consultancy expert advice and training programs have been used to upgrade the GMP licensing standards for Drug Office, Department of Health.	The consultancy deliverables have not been made public as they are for DH internal training purpose only.

Name of consultant	Mode of award (open auction/ tender/ quotation/ others (please specify))	Title, content and objective of project	Consultancy fee ($)	Start date	Progress of study (under planning/in progress/ completed (completion month and year))	The Administration's follow-ups to the study report and their progress (if any)	For completed studies, have they been made public? If yes, through what channels? If no, why?
The University of Hong Kong	By invitation of quotations	Project to update the DHA to 2010-11 and 2011-12: to further update the estimates of Hong Kong's domestic health expenditure, and to appraise the applications of DHA	1,420,588	Sept. 2012	Completed in July 2015	Findings have been considered by the Food and Health Bureau for the planning of healthcare policies.	The updating of DHA to 2010-11 and 2011-12 has been completed with results released through FHB website.
The University of Hong Kong	By invitation of quotations	School-based survey on smoking among students 2014/15: to study the prevalence of smoking and its pattern among students, assess the impact of relevant policy measures on youth smokers and their smoking patterns, and collect other information related to smoking among students	1,429,664	July 2014	Completed in February 2016	Results of this study have been considered by the Food and Health Bureau for formulation of its tobacco control policy.	Results of the survey have been published in Appendix 2 of Thematic Household Survey Report No. 59 of Census and Statistics Department.
The Chinese University of Hong Kong	By invitation of proposals	Provision of Consultancy Services for the Study on Health and Medical Advertisements in Hong Kong and their Regulation by the Undesirable Medical Advertisements Ordinance (Cap. 231)	1,381,585	Oct. 2014	In progress	The study is still on-going.	The project result will not be publicised as it is for internal reference for reviewing the legislative regime.
The University of Hong Kong	By invitation of quotations	Project to update the DHA to 2012-13 and provision of professional support services: to further update the estimates of Hong Kong's domestic health expenditure, and to	1,430,000	Sept. 2015	Remaining tasks expected to be completed by mid-2016	Findings have been considered by the Food and Health Bureau for the planning of healthcare policies.	Results of DHA for 2012-13 have been released through the website of Food and Health Bureau.

Name of consultant	Mode of award (open auction/ tender/ quotation/ others (please specify))	Title, content and objective of project	Consultancy fee ($)	Start date	Progress of study (under planning/in progress/ completed (completion month and year))	The Administration's follow-ups to the study report and their progress (if any)	For completed studies, have they been made public? If yes, through what channels? If no, why?
		provide related technical support services					
Emergency Care Research Institute	By invitation of proposals	Consultancy Service for the Study on the Control of Use of Selected Medical Devices in Hong Kong	USD 669,329	Sept 2015	In progress	The study is still on-going	The outcome of the study will be reported to the LegCo Panel on Health Services

(b) Projects for which funds have been reserved for conducting consultancy study in 2016-17

Name of consultant	Mode of award (open auction/ tender/ quotation/ others (please specify))	Title, content and objective of project	Consultancy fee ($)	Start date	Progress of study (under planning/in progress/completed (completion month and year))	The Administration's follow-ups to the study report and their progress (if any)	For completed studies, have they been made public? If yes, through what channels? If no, why?
To be selected	By invitation of quotations	Project to update the DHA to 2013-14 and 2014-15: to further update the estimates of Hong Kong's domestic health expenditure, and to appraise the applications of DHA	1,430,000 (estimate)	Mid 2016	Under planning	Contract not yet awarded	The project is yet to commerce and it is expected to be completed in 2018. The results will be released through the website of Food and Health Bureau.

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)252

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3649)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information:

1. Details of all infirmaries in Hong Kong, including their locations, the types of services provided, the age groups of the patients served, and the number of service quotas available;

2. The number of persons with severe intellectual disability aged below 6 who were admitted to hospitals or infirmaries for a prolonged period (a consecutive stay of 3 months or more) in the past 5 years;

3. The number of persons with severe intellectual disability aged between 6 and 19 who were admitted to hospitals or infirmaries for a prolonged period (a consecutive stay of 3 months or more) in the past 5 years;

4. The number of follow-up attendances of persons with severe intellectual disability at various departments of public hospitals in the past 5 years; and

5. Details of Siu Lam Hospital, including its staff establishment, the number of patients on its waiting list, the number of inpatient deaths, the number of admissions, and the waiting time in the past 5 years.

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 104)

Reply:

(1)

The Hospital Authority (HA) infirmary service aims to cater for elders or disabled persons fully dependent on others in carrying out activities of daily living and having health conditions that require prolonged medical care. As at end December 2015, there are a total of 2 041 infirmary beds in HA.

The table below sets out the number of infirmary beds in HA by clusters as at 31 December 2015:

Cluster	**No. of Infirmary beds[1] (as at 31 December 2015)**
HKE	627
HKW	200
KC	118
KE	116
KW	328
NTE	517
NTW	135
Overall	**2 041**

Note 1: Territory-wide infirmary and rehabilitation inpatient services provided in HA for patients with severe and profound intellectual disability are excluded.

HA does not have information on all infirmary facilities in Hong Kong.

(2) & (3)

At present, HA also has a total of 660 beds providing territory-wide infirmary and rehabilitation inpatient service for patients with severe and profound intellectual disability, including 160 beds in the KWC for children, and 500 beds in the NTWC for adults.

The table below sets out the number of patients with severe and profound intellectual disability who stayed for longer than three months in HA's infirmary and rehabilitation services in the past 5 years:

Year	**No. of patients with severe and profound intellectual disability**	
	0-5 years old	**6-19 years old**
2011-12	12	94
2012-13	15	94
2013-14	25	78
2014-15	23	70
2015 (January – December) [Provisional figures]	22	68

(4)

Patients with severe and profound intellectual disability may consult a variety of specialist services for follow-up depending on their clinical needs. HA does not have readily available breakdown on the follow-up attendances of these patients.

(5)

The table below sets out the number of patients with severe and profound intellectual disability on the active central waiting list, the number of inpatient deaths, the number of admissions and the median waiting time for the territory-wide infirmary and rehabilitation inpatient service in Siu Lam Hospital (SLH) in the past 5 years:

	2011-12	**2012-13**	**2013-14**	**2014-15**	**2015-16 (up to 31 December 2015) [Provisional figures]**
No. of patients on active central waiting list (as at 31 March)	30	37	34	27	21 (as at 31 December)
No. of inpatient deaths	0	0	0	0	0
No. of inpatient admissions	223	439	439	496	354
Median waiting time (months)	22.4	24.3	26.8	23.9	23.7

SLH, under the management of NTWC of HA, provides infirmary and rehabilitation services for adult patients with severe and profound learning disability using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists, etc. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As healthcare professionals usually provide support for a variety of psychiatric services, HA does not have the requested breakdown on the manpower for supporting SLH only.

The table below sets out the number of psychiatric doctors, psychiatric nurses, clinical psychologists and occupational therapists working in psychiatric stream in NTWC in the past 5 years:

	Psychiatric doctors[1 & 2]	**Psychiatric Nurses**[1 & 3] **(including CPNs)**	**Clinical Psychologists**[1]	**Occupational Therapists**[1]
2011-12	75	640	9	46
2012-13	73	691	11	55
2013-14	77	703	12	55
2014-15	74	700	12	57

	Psychiatric doctors[1 & 2]	Psychiatric Nurses[1 & 3] (including CPNs)	Clinical Psychologists[1]	Occupational Therapists[1]
2015-16 (as at 31 December 2015)	73	699	12	58

Notes:

1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff, but excluding HA Head Office staff.
2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except interns.
3. Psychiatric nurses include all nurses working in psychiatric stream in NTWC.

Abbreviations:

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3651)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the following:

1. For Siu Lam Hospital, the increase in the number of and total number of patients on the waiting list, their gender and applicants' districts of residence for the past 5 years.
2. The number of in-patients, their average waiting time and gender.
3. The number of deaths, their age and gender.
4. The per capita unit cost.
5. The number of people declining offers and their gender for the past 5 years.
6. The number of people applying for the freeze of placement and their gender.
7. Please list by quarter the age (in 4 age groups with an interval of 5 years starting from the age of 16) of applicants, rejected cases and users of respite service, their respective numbers and districts of residence in the past 10 years.

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 149)

Reply:

(1), (2), (3), (5) and (6)

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

The table below sets out the number of patients with severe and profound intellectual disability on the active central waiting list, number of new applications and number of withdrawals/ not-eligible applications; the number of patients with severe and profound intellectual disability on the inactive central waiting list; the number of inpatient deaths, the number of inpatient admissions; and the median waiting time for the territory-wide

infirmary and rehabilitation inpatient service in SLH in the past five years. HA does not maintain statistics on the applicants' district of residence.

	2011-12[1]		**2012-13**[1]		**2013-14**		**2014-15**		**2015-16 (as at 31 December 2015) [Provisional figures]**	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
No. of patients on active central waiting list (as at 31 March)	30		38		17	17	18	9	16	5
No. of new applications	11	14	12	13	18	17	10	14	11	6
No. of withdrawals/ not-eligible applications	3	3	0	3	5	4	5	4	8	5
No. of patients on inactive central waiting list (as at 31 March)	33		32		23	11	22	13	18	14
No. of inpatient deaths	0	0	0	0	0	0	0	0	0	0
No. of inpatient admissions	147	76	204	235	217	222	252	244	192	162
Median waiting time (months)	22.4		24.3		26.8		23.9		23.7	

Note 1: Breakdown of number of patients on active and inactive central waiting list by gender in 2011-12 and 2012-13 was not available.

(4)

The table below sets out the average cost per patient day and the average cost per inpatient discharged for providing mentally handicapped service in SLH from 2011-12 to 2014-15. Since the financial year of 2015-16 is not yet completed, corresponding cost information is not yet available.

	2011-12	**2012-13**[1]	**2013-14**	**2014-15**
Average cost per patient day ($)	1,046	1,097	1,166	1,259
Average cost per inpatient discharged ($)	570,122	654,301	460,072	443,760

Note 1: A relocation exercise was conducted in 2012-13 in which 350 cases from the old SLH and 150 cases from Tuen Mun Hospital were moved to the current SLH.

The inpatient service costs include direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as pharmacy); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment). The average cost per patient day and average cost per inpatient discharged represent an average computed with reference to its total costs of the respective inpatient service and the corresponding activities (in terms of patient days and inpatient discharged) provided.

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

(7)

The table below sets out the number of patients who are on the central waiting list and have received time-limited respite care in SLH in the past ten years. Breakdown by gender, age and districts of residence is not available.

	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16 (up to 31 December 2015) [Provisional figures]
Number of patients received respite care	5	6	2	1	3	4	2	3	1	1

No patients were rejected for application of respite care in SLH in the past ten years.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5989)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide information on the utilisation of the Easy-Access Transport Service (ETS), including the number of registered members, number of users, utilisation rate, number of unsuccessful requests and the waiting time, in the past 5 years.

2. To ensure the best use of resources, does the Government have any plan to relax the restriction on the use of the ETS so that it is available not only to elderly people aged over 60 but also eligible disabled persons?

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 56)

Reply:

(1) and (2) The Easy-Access Transport Service (ETS) under the Hospital Authority (HA) is operated by the Hong Kong Society for Rehabilitation to provide transport service for the needy elderly patients. It provides transfer service between homes and public hospitals or clinics for patients aged 60 or above with minor mobility-disability. Eligible patients can make booking for using the service on a first-come-first-served basis.

The table below sets out the number of registered members, patient trips served and unsuccessful requests of ETS in the past 5 years.

Year	Number of registered members	Number of patient trips served	Number of unsuccessful requests
2011-12	151 649	149 885	16 385
2012-13	160 879	151 603	14 212
2013-14	170 004	143 360	12 868
2014-15	178 764	148 319	9 037
2015-16	185 798 (as at January 2016)	157 400 (projected as at January 2016)	6 880 (projected as at January 2016)

Information on the waiting time is not available.

HA has worked to improve the ETS by adding three ETS buses in 2015-16. Consequently the number of unsuccessful requests for ETS has dropped from 9 037 in 2014-15 to 6 880 in 2015-16. In 2016-17, HA plans to add 1 new vehicle and to replace two aged vehicles to further expand the fleet of ETS buses to meet the service demand and reduce unsuccessful requests.

Currently, "Rehabus Service" of the Hong Kong Society for Rehabilitation provides transport services for people with mobility difficulties without age restriction, while the ETS under HA provides transport services for elderly HA patients aged 60 or above with minor mobility-disability mainly to attend geriatric day hospitals and out-patient clinics in HA. HA will continue to monitor the provision of ETS and explore new measures to provide transport support for frail patients or patients with disability to attend day rehabilitation programmes, thereby facilitating their early discharge from hospital and recovery in the community.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)255

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6017)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the number of cases in which doctors' signatures instead of guardianship orders were administered to conduct medical procedures on disabled persons in the past 5 years.

Asked by: Hon Fernando CHEUNG Chiu-hung (Member Question No. 150)

Reply:

In situation where no guardian is appointed for a mentally incapacitated person (MIP), the Mental Health Ordinance provides that a treatment may be carried out by a registered medical practitioner if that treatment is considered necessary and in the best interests of the MIP. The Hospital Authority (HA) does not have statistics on the number of treatments carried out by HA doctors under such circumstances.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6033)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown of the number of applications approved and the amount of expenditure under the Samaritan Fund administered by the Hospital Authority for the past 5 years.

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 1)

Reply:

The tables below set out the number of applications approved and the corresponding amount of subsidy granted under the Samaritan Fund in 2011-12, 2012-13, 2013-14, 2014-15 and 2015-16 (up to 31 December 2015):

Items	2011-12	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	1 516	174.9
Non-drugs:		
Cardiac Pacemakers	536	25.3
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventinal cardiology	1 555	55.3
Intraocular Lens	1 487	1.7
Home use equipment and appliances	53	0.6
Gamma knife surgeries in private hospital	26	2.0
Harvesting bone marrow in foreign countries	14	1.6
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	94	1.4
Total	5 281	262.8

Items	2012-13	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	1 745	241.6
Non-drugs:		
Cardiac Pacemakers	547	28.3
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventinal cardiology	1 486	53.9
Intraocular Lens	1 220	1.4
Home use equipment and appliances	39	0.4
Gamma knife surgeries in private hospital	1	0.1
Harvesting bone marrow in foreign countries	10	1.5
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	86	1.3
Total	5 134	328.5

Items	2013-14	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	2 027	280.2
Non-drugs:		
Cardiac Pacemakers	484	24.3
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventinal cardiology	1 571	67.1
Intraocular Lens	1 292	1.8
Home use equipment and appliances	30	0.4
Gamma knife surgeries in private hospital	4	0.4
Harvesting bone marrow in foreign countries	10	2.1
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	72	1.6
Total	5 490	377.9

Items	2014-15	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	2 230	310.8
Non-drugs:		
Cardiac Pacemakers	556	32.2
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventinal cardiology	1 869	103.4
Intraocular Lens	1 133	1.6
Home use equipment and appliances	47	0.6
Gamma knife surgeries in private hospital	1	0.1
Harvesting bone marrow in foreign countries	14	1.4
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	78	1.1
Total	5 928	451.2

Items	**2015-16 (up to 31 December 2015)**	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	1 689	244.1
Non-drugs:		
Cardiac Pacemakers	386	21.9
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventinal cardiology	1 469	80.3
Intraocular Lens	1 037	1.5
Home use equipment and appliances	20	0.5
Gamma knife surgeries in private hospital	0*	0*
Harvesting bone marrow in foreign countries	21	4.7
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	41	0.5
Total	4 663	353.5

* No application for this item has been received.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6034)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out the number of people currently on the waiting list and the waiting time for specialist outpatient services, with a breakdown by District Council district.

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 2)

Reply:

The table below sets out the number of specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases and their respective median (50^{th} percentile) waiting time in each hospital cluster of the Hospital Authority (HA) for 2015-16 (up to 31 December 2015).

2015-16 (up to 31 December 2015) [Provisional figures]

Cluster	Specialty	Priority 1		Priority 2		Routine	
		Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC	ENT	866	<1	2 325	3	3 574	35
	MED	1 957	1	2 852	5	4 903	22
	GYN	551	<1	589	3	3 237	33
	OPH	4 059	<1	1 505	6	5 211	21
	ORT	1 243	1	1 428	6	5 102	59
	PAE	139	1	692	5	194	12
	PSY	249	1	658	3	1 808	9
	SUR	1 484	1	3 256	7	6 000	37
HKWC	ENT	510	<1	1 852	6	3 178	14

Cluster	Specialty	Priority 1		Priority 2		Routine	
		Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
	MED	1 441	<1	1 372	4	6 845	36
	GYN	1 337	<1	879	6	3 876	20
	OPH	2 720	<1	875	4	3 335	19
	ORT	596	<1	824	3	6 758	17
	PAE	405	<1	644	4	951	10
	PSY	558	<1	676	3	2 564	86
	SUR	1 803	<1	2 132	5	7 606	20
KCC	**ENT**	1 126	<1	1 030	4	9 289	24
	MED	1 115	<1	1 474	5	7 060	50
	GYN	330	<1	1 351	6	2 424	26
	OPH	5 955	<1	3 525	4	9 601	62
	ORT	220	1	841	1	5 577	50
	PAE	558	<1	393	6	896	16
	PSY	80	<1	737	3	1 273	16
	SUR	1 506	1	2 115	4	9 942	39
KEC	**ENT**	1 361	<1	1 916	2	4 156	66
	MED	1 179	1	3 768	6	9 965	65
	GYN	874	1	705	6	4 749	55
	OPH	4 245	<1	250	5	9 843	15
	ORT	2 847	<1	2 529	7	7 873	100
	PAE	891	<1	634	5	2 026	17
	PSY	346	<1	1 480	4	3 745	53
	SUR	1 245	1	4 829	7	13 637	21
KWC	**ENT**	2 900	<1	2 475	5	8 486	34
	MED	2 202	<1	5 001	6	15 942	57
	GYN	804	<1	1 931	6	8 763	25
	OPH	5 042	<1	4 356	2	5 735	42
	ORT	3 040	<1	3 978	5	11 215	63
	PAE	2 086	<1	791	6	3 083	12
	PSY	232	<1	449	3	10 129	14
	SUR	2 699	<1	7 754	6	20 681	28
NTEC	**ENT**	3 118	<1	2 863	4	6 755	53
	MED	2 344	<1	2 172	5	12 264	73
	GYN	1 699	<1	666	6	6 105	48
	OPH	5 776	<1	2 774	4	8 004	63
	ORT	4 405	<1	1 872	5	10 747	111
	PAE	263	<1	327	4	2 943	11
	PSY	1 021	1	1 950	4	4 446	52
	SUR	1 505	<1	2 419	5	15 903	44
NTWC	**ENT**	2 154	<1	948	4	6 803	48
	MED	929	1	2 294	6	4 525	53
	GYN	834	1	104	4	4 434	39
	OPH	7 333	<1	2 162	3	5 957	59
	ORT	1 397	1	1 075	4	8 018	84
	PAE	46	1	380	5	1 363	12
	PSY	358	1	1 441	6	3 220	49
	SUR	1 123	1	2 519	6	12 965	60

The corresponding catchment districts of HA's clusters are listed below:

- HKEC – Eastern, Wan Chai, Islands (excluding Lantau Island)
- HKWC – Central & Western, Southern
- KCC – Kowloon City, Yau Tsim
- KEC – Kwun Tong, Sai Kung
- KWC – Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
- NTEC – Sha Tin, Tai Po, North
- NTWC – Tuen Mun, Yuen Long

Abbreviations

Specialty:
ENT – Ear, Nose & Throat
MED – Medicine
GYN – Gynaecology
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology
PAE – Paediatrics
PSY – Psychiatry
SUR – Surgery

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6371)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health, (2) Subvention : Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower planning of allied health (AH) professionals, would the Government please advise on the following:

1. The employment status of AH professionals in the past 5 years, including the statistics of AH professionals employed by the Government, subvented organisations and private sector, the attrition rates of those working for the Government and subvented organisations, and their average length of service.

2. With an ageing population, the demand for healthcare and social services will only get stronger over time. What is the Government's projection of the demand for AH professionals for various services in the next decade? Can the demand be met under the existing Government policies?

3. How many AH professional positions and vacancies are there in the whole sector?

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 58)

Reply:

(1) The Department of Health conducts Health Manpower Surveys (HMS) on a regular basis to obtain information on the characteristics and employment status of healthcare personnel practising in Hong Kong. According to the 2014 HMS on the 16 types of healthcare personnel included in the health services functional constituency and the 2014 HMS on medical laboratory technologists, occupational therapists, optometrists, physiotherapists and radiographers, the estimated distribution of allied health personnel who were practising in the respective local healthcare professions among different service sectors is set out in the following tables –

Healthcare Personnel	Number of Healthcare Personnel❖*	Service Sector				
		Hospital Authority	Government	Subvented Sector	Academic Sector	Private Sector
2014 HMS						
Audiologist	93	25.8%	7.5%	5.4%	-	61.3%
Audiology Technician	31	19.4%	-	6.5%	-	74.2%
Chiropodist / Podiatrist	63	57.1%	-	3.2%	-	39.7%
Clinical Psychologist	515	27.6%	24.1%	8.9%	3.7%	35.7%
Dental Hygienist	332	-	2.7%	-	5.4%	91.9%
Dental Surgery Assistant	3 727	0.3%	8.3%	1.2%	3.8%	86.4%
Dental Technician / Technologist	354	0.8%	13.3%	-	8.5%	77.4%
Dental Therapist	284	-	100.0%	-	-	-
Dietitian	387	34.9%	4.4%	5.9%	0.8%	54.0%
Dispenser	2 201	51.3%	2.7%	3.8%	0.3%	41.8%
Educational Psychologist	246	-	19.1%	25.6%	28.5%	26.8%
Mould Laboratory Technician	46	56.5%	-	-	-	43.5%
Orthoptist	59	25.4%	3.4%	-	-	71.2%
Prosthetist / Orthotist	165	76.4%	-	0.6%	1.2%	21.8%
Scientific Officer (Medical)	224	25.9%	49.1%	-	12.5%	12.5%
Speech Therapist	641	12.8%	3.4%	40.4%	8.0%	35.4%

Healthcare Personnel	Number of registered healthcare personnel❖+	Service Sector				
		Hospital Authority	Government	Subvented Sector	Academic Sector	Private Sector
2014 HMS						
Medical Laboratory Technologist	3 084	46.2%	9.0%	8.4%		36.3%
Occupational Therapist	1 608	49.8%	2.8%	32.0%	4.9%	10.5%
Optometrist	2 097	3.3%	5.4%			91.4%
Physiotherapist	2 538	38.5%	1.3%	15.9%	3.4%	40.8%
Radiographer (Diagnostic)	1 649	50.6%	6.1%			43.3%
Radiographer (Therapeutic)	318	59.6%	-		40.4%	

Notes：

❖ To tally with the HMS, the number of healthcare personnel is provided as at the respective reference date of the survey.

* Figures refer to number of the healthcare personnel employed by the surveyed institutions as at

31st March of the survey year.

+ Figures refer to the number of healthcare professions registered with the respective boards under the Supplementary Medical Professions Ordinance (Cap. 359) as at 31st March of the survey year. There may be slight discrepancy between the sum of individual items and the total due to rounding.

We do not have information on the attrition rates of allied health professionals in the subvented and private sectors. For those employed by the Department of Health and the Hospital Authority, the attrition rates range between 1% to 9% in 2015.

(2) In response to the challenges of an ageing population and increasing demand for healthcare services with higher expectations, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong (the Review). The Review aims to make recommendations that would better enable our society to meet the projected demand for healthcare professionals, including medical laboratory technologists, occupational therapists, optometrists, physiotherapists and radiographers, as well as to foster professional development. We expect that the Review will be completed in mid-2016. The Government will publish the report and take forward the recommendations as appropriate upon completion of the Review.

(3) We do not have statistics on the number of allied health professional positions and vacancies in the whole sector.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6381)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

1. In the past 5 financial years, what was the average waiting time for different levels of emergency cases at the accident and emergency (A&E) departments?
2. In the past 5 financial years, what was the manpower wastage of the A&E departments?
3. Does the Government have any options to address the problems of exceedingly long waiting time and manpower wastage?

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 87)

Reply:

(1) The table below sets out the average waiting time for Accident & Emergency (A&E) services in various triage categories at the Hospital Authority (HA) from 2011-12 to 2015-16.

	Average waiting time (minute) for A&E services				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
2011-12	0	6	17	76	103
2012-13	0	7	21	90	114
2013-14	0	7	27	106	124
2014-15	0	7	26	110	127
2015-16 (up to 31 December 2015) [Provisional figures]	0	7	24	107	130

(2) The tables below set out the attrition (wastage) number and rate of full-time doctors and nurses in the A&E specialty from 2011-12 to 2015-16.

Full-time	Attrition (Wastage) Number				
	2011-12	2012-13	2013-14	2014-15	2015-16 (Rolling 12 months Jan 15 - Dec 15)
Doctors	18	21	10	12	19
Nurses	43	42	37	53	45

Full-time	Attrition (Wastage) Rate				
	2011-12	2012-13	2013-14	2014-15	2015-16 (Rolling 12 months Jan 15 - Dec 15)
Doctors	4.5%	5.3%	2.4%	2.8%	4.4%
Nurses	5.5%	5.2%	4.3%	5.6%	4.6%

The tables below set out the attrition (wastage) number and rate of part-time doctors and nurses in the A&E specialty from 2011-12 to 2015-16.

Part-time	Attrition (Wastage) Number				
	2011-12	2012-13	2013-14	2014-15	2015-16 (Rolling 12 months Jan 15 - Dec 15)
Doctors	6	6	7	6	8
Nurses	0	0	0	0	0

Part-time	Attrition (Wastage) Rate				
	2011-12	2012-13	2013-14	2014-15	2015-16 (Rolling 12 months Jan 15 - Dec 15)
Doctors	72.0%	37.9%	33.2%	23.5%	30.1%
Nurses	0%	0%	0%	0%	0%

Notes:

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

(2) Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.

(3) Rolling Attrition (Wastage) Rate = (Total no. of staff left HA in the past 12 months / Average strength in the past 12 months) x 100%

(3) To improve the A&E services, HA has introduced the following measures to strengthen healthcare support at A&E departments:

(a) Implementing a scheme since February 2013 to recruit additional medical and nursing staff to handle semi-urgent and non-urgent cases;

(b) Augmenting doctor manpower through the following:

(i) extra financial incentives, such as introducing special honorarium scheme, enhancing fixed-rate honorarium and providing leave encashment;

(ii) additional promotion mechanism for promoting frontline doctors with more than 5 years of post-fellowship experience in the specialty and consistently good performance to Associate Consultant;

(iii) appointment of part-time doctors through proactively approaching leaving and retiring doctors for working part-time in A&E departments with enhanced package; and

(iv) recruitment of non-local doctors under limited registration for pressurised specialties since 2012, including the A&E specialty.

(c) Strengthening manpower of nurses and supporting staff through the following:

(i) provision of short term employment of retired nursing staff, undergraduate nurses and other healthcare workers;

(ii) enhancement of recruitment and retention, promotion opportunities, improvement of working conditions and training opportunities for nurses;

(iii) strengthening of phlebotomist services and clerical support; and

(iv) deployment of additional staff to streamline patient flow and perform crowd control during prolonged waiting.

(d) considering, depending on the service needs and funding availability, extending the present Special Retired and Rehire Scheme to retired doctors, nurses, allied health professionals and supporting staff as appropriate to recruit more staff, including those in the A&E specialty, subject to an age limit of 65;

(e) Setting up additional observation areas to alleviate the congestion of A&E departments; and

(f) Stepping up publicity to call on the public to avoid using A&E services in non-emergency situations.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)260

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6382)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

1. Please tabulate the wastage rate (including attrition and retirement) of government doctors in each specialty and cluster in the past 5 financial years.

2. Please advise on the ratio of doctors (in both public and private sectors) to population by cluster, as well as the ratio of the total number of doctors to population.

3. Is there any long term plan to increase the ratio of healthcare personnel (including doctors, nurses and therapists) to population? If yes, what are the timetable and objectives? What benchmarks or which countries' experience will the Government make reference to?

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 88)

Reply:

(1)

The table below sets out the attrition rate of full-time doctors by major specialties in each cluster of the Hospital Authority (HA) in 2011-12, 2012-13, 2013-14, 2014-15 and 2015-16.

Cluster	**Major Specialty**	**Full-time Attrition Rate**				
		2011-12	**2012-13**	**2013-14**	**2014-15**	**2015-16 (Rolling 12 months from 1 January to 31 December 2015)**
HKEC	Accident & Emergency	2.0%	1.9%	3.7%	1.8%	3.7%
	Anaesthesia	3.2%	3.1%	12.8%	13.0%	3.1%
	Family Medicine	4.0%	-	3.7%	3.8%	3.8%
	Intensive Care Unit	-	-	-	-	-

Cluster	Major Specialty	Full-time Attrition Rate				
		2011-12	2012-13	2013-14	2014-15	2015-16 (Rolling 12 months from 1 January to 31 December 2015)
	Medicine	2.1%	2.7%	2.7%	4.0%	2.0%
	Neurosurgery	-	9.8%	-	-	8.9%
	Obstetrics & Gynaecology	9.7%	-	4.5%	4.9%	11.3%
	Ophthalmology	10.3%	10.5%	-	10.5%	5.4%
	Orthopaedics & Traumatology	6.4%	3.2%	-	3.0%	19.5%
	Paediatrics	7.7%	13.8%	9.6%	-	-
	Pathology	-	5.2%	5.1%	10.5%	5.3%
	Psychiatry	-	3.1%	2.9%	6.0%	-
	Radiology	8.6%	2.7%	11.1%	2.6%	5.2%
	Surgery	6.2%	8.3%	10.7%	4.2%	4.0%
	Others	8.1%	8.1%	3.8%	-	7.4%
	Total	**4.1%**	**3.9%**	**4.8%**	**4.2%**	**4.3%**
HKWC	Accident & Emergency	-	-	-	3.8%	16.1%
	Anaesthesia	9.6%	3.6%	10.6%	8.3%	9.4%
	Cardio-thoracic Surgery	10.1%	-	-	9.4%	-
	Family Medicine	2.8%	2.5%	-	4.8%	2.4%
	Intensive Care Unit	-	-	-	7.1%	7.3%
	Medicine	6.2%	6.1%	3.8%	6.0%	5.2%
	Neurosurgery	-	-	8.2%	-	7.7%
	Obstetrics & Gynaecology	3.8%	11.3%	3.8%	7.7%	3.9%
	Ophthalmology	-	-	8.3%	16.4%	14.9%
	Orthopaedics & Traumatology	10.1%	3.3%	-	13.2%	13.4%
	Paediatrics	2.5%	5.1%	2.3%	2.2%	4.3%
	Pathology	-	7.7%	16.8%	-	-
	Psychiatry	13.5%	12.1%	12.7%	-	12.5%
	Radiology	5.4%	2.7%	2.7%	11.3%	5.4%
	Surgery	7.8%	6.4%	6.6%	6.5%	6.4%
	Others	3.8%	3.7%	7.5%	-	7.1%
	Total	**5.6%**	**4.9%**	**5.1%**	**6.0%**	**6.7%**
KCC	Accident & Emergency	2.7%	10.9%	2.5%	10.1%	9.5%
	Anaesthesia	-	-	1.9%	1.8%	1.7%
	Cardio-thoracic Surgery	-	-	-	-	6.3%
	Family Medicine	5.9%	3.9%	1.9%	3.8%	1.8%
	Intensive Care Unit	-	-	-	-	9.8%
	Medicine	1.4%	2.8%	3.5%	3.5%	2.7%
	Neurosurgery	-	5.1%	9.8%	5.1%	4.8%
	Obstetrics & Gynaecology	-	3.7%	-	11.2%	24.9%
	Ophthalmology	2.8%	5.4%	14.3%	5.7%	2.8%
	Orthopaedics & Traumatology	-	5.7%	8.8%	8.6%	2.6%
	Paediatrics	11.4%	2.8%	-	4.8%	4.6%
	Pathology	-	7.3%	-	3.3%	14.1%
	Psychiatry	6.0%	-	6.2%	3.0%	3.0%
	Radiology	2.3%	-	6.7%	8.9%	-
	Surgery	5.9%	1.9%	3.7%	5.5%	1.7%
	Others	6.7%	7.0%	2.4%	7.2%	4.6%
	Total	**3.1%**	**3.5%**	**3.9%**	**5.1%**	**4.4%**
KEC	Accident & Emergency	11.5%	3.5%	3.5%	3.4%	6.8%
	Anaesthesia	5.1%	7.7%	2.5%	-	7.7%
	Family Medicine	4.9%	3.5%	7.0%	4.8%	2.3%
	Intensive Care Unit	-	-	-	-	-
	Medicine	1.6%	6.1%	1.5%	2.1%	4.7%
	Neurosurgery	-	-	-	-	-
	Obstetrics & Gynaecology	3.8%	7.3%	-	11.3%	7.5%
	Ophthalmology	-	16.2%	16.7%	5.4%	-
	Orthopaedics & Traumatology	7.7%	2.6%	5.0%	4.9%	2.3%
	Paediatrics	13.1%	5.3%	7.8%	2.5%	5.0%
	Pathology	-	-	5.5%	-	14.8%
	Psychiatry	-	-	2.9%	-	2.9%
	Radiology	4.2%	8.3%	4.0%	-	7.1%
	Surgery	5.2%	5.3%	5.4%	5.4%	3.4%
	Others	11.5%	-	-	-	3.5%

Cluster	Major Specialty	Full-time Attrition Rate				
		2011-12	2012-13	2013-14	2014-15	2015-16 (Rolling 12 months from 1 January to 31 December 2015)
	Total	**5.1%**	**4.8%**	**4.1%**	**3.0%**	**4.6%**
KWC	Accident & Emergency	3.7%	8.7%	2.7%	3.2%	2.4%
	Anaesthesia	6.3%	7.5%	2.4%	7.2%	3.6%
	Family Medicine	5.6%	8.3%	2.7%	3.3%	4.5%
	Intensive Care Unit	6.4%	-	-	12.1%	2.8%
	Medicine	4.7%	3.2%	3.5%	1.7%	5.7%
	Neurosurgery	17.1%	4.6%	-	12.8%	-
	Obstetrics & Gynaecology	-	-	2.0%	14.5%	8.3%
	Ophthalmology	22.1%	4.4%	-	4.3%	8.3%
	Orthopaedics & Traumatology	4.3%	2.7%	4.0%	1.3%	5.2%
	Paediatrics	8.4%	5.6%	1.3%	2.5%	2.4%
	Pathology	4.2%	4.3%	4.3%	4.1%	9.8%
	Psychiatry	1.4%	5.9%	2.9%	7.3%	4.2%
	Radiology	3.8%	5.5%	9.2%	3.4%	6.5%
	Surgery	1.8%	7.0%	1.7%	5.0%	3.3%
	Others	-	2.1%	2.0%	2.3%	7.2%
	Total	**4.8%**	**5.1%**	**2.9%**	**4.2%**	**4.8%**
NTEC	Accident & Emergency	7.7%	3.1%	3.3%	-	-
	Anaesthesia	3.5%	1.8%	6.9%	3.3%	1.5%
	Cardio-thoracic Surgery	-	-	17.9%	19.0%	-
	Family Medicine	2.4%	2.3%	7.0%	5.9%	3.5%
	Intensive Care Unit	-	3.8%	-	7.5%	7.1%
	Medicine	7.3%	2.8%	2.7%	5.9%	3.7%
	Neurosurgery	-	13.8%	-	-	-
	Obstetrics & Gynaecology	6.2%	-	17.4%	3.7%	3.6%
	Ophthalmology	18.4%	-	-	-	3.9%
	Orthopaedics & Traumatology	3.3%	3.3%	-	10.7%	7.1%
	Paediatrics	3.8%	5.4%	7.1%	-	1.7%
	Pathology	-	3.1%	-	9.4%	9.3%
	Psychiatry	-	3.3%	3.3%	5.0%	-
	Radiology	-	2.6%	-	-	-
	Surgery	3.8%	-	3.6%	1.2%	3.4%
	Others	4.0%	2.0%	3.8%	3.9%	-
	Total	**4.4%**	**2.6%**	**3.9%**	**4.2%**	**2.9%**
NTWC	Accident & Emergency	1.7%	5.2%	-	-	3.1%
	Anaesthesia	6.4%	4.6%	7.2%	4.9%	2.2%
	Cardio-thoracic Surgery	-	-	-	-	-
	Family Medicine	5.9%	4.2%	5.4%	4.0%	5.3%
	Intensive Care Unit	-	6.0%	10.8%	5.5%	11.4%
	Medicine	4.2%	5.8%	4.0%	3.8%	3.6%
	Neurosurgery	-	-	7.1%	8.0%	-
	Obstetrics & Gynaecology	3.4%	3.3%	10.0%	17.7%	20.0%
	Ophthalmology	-	10.1%	-	4.7%	4.5%
	Orthopaedics & Traumatology	2.3%	9.8%	2.2%	2.1%	-
	Paediatrics	5.4%	8.7%	-	-	5.5%
	Pathology	-	4.9%	15.1%	4.6%	-
	Psychiatry	2.7%	6.6%	2.6%	3.8%	7.7%
	Radiology	3.3%	9.5%	3.0%	3.0%	2.9%
	Surgery	1.8%	5.4%	5.4%	1.7%	6.2%
	Others	10.0%	3.3%	3.2%	3.1%	3.1%
	Total	**3.6%**	**5.9%**	**4.2%**	**3.7%**	**4.7%**

Notes

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

2. Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition

(Wastage) Rate.

3. Rolling Attrition (Wastage) Rate = Total no. of staff left HA in the past 12 months / Average strength in the past 12 months x 100%

(2)

The table below sets out the number and ratio of doctors serving in HA per 1 000 population by cluster in 2015-16 (as at 31 December 2015). The number and ratio of doctors working in the private sector are not available.

Cluster	Number of doctors and ratio per 1 000 geographical population of catchment districts		Catchment districts
	Doctors	Ratio to overall population	
HKEC	599	0.8	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	629	1.2	Central & Western, Southern
KCC	730	1.4	Kowloon City, Yau Tsim
KEC	668	0.6	Kwun Tong, Sai Kung
KWC	1 354	0.7	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	921	0.7	Sha Tin, Tai Po, North
NTWC	760	0.7	Tuen Mun, Yuen Long
Cluster Total	**5 660**	**0.8**	

Notes:

1. The manpower to population ratios involve the use of the mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

2. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.

3. It should be noted that the ratios of doctors per 1 000 population vary among clusters and the variances cannot be used to compare the level of service provision directly among the clusters because:

   (a) in planning for its services, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors considered;

   (b) patients may receive treatment in hospitals other than those in their own residential districts; and

   (c) some specialised services are available only in certain hospitals, and hence certain clusters and the beds in these clusters are providing services for patients throughout the territory.

(3)

In response to the challenges of an ageing population and increasing demand for healthcare services with higher expectations, the Government is conducting a strategic review on

healthcare manpower planning and professional development in Hong Kong (the Review). The Review covers 13 healthcare professions which are subject to statutory regulation, viz. medical practitioners, dentists, dental hygienists, nurses, midwives, Chinese medicine practitioners, pharmacists, chiropractors, medical laboratory technologists, occupational therapists, optometrists, radiographers and physiotherapists. The Review aims to make recommendations that would better enable our society to meet the projected demand for healthcare professionals as well as to foster professional development. We expect that the Review will be completed in mid-2016. The Government will publish the report and take forward the recommendations as appropriate upon completion of the Review.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6383)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

What is the median waiting time for first appointment at psychiatric specialist outpatient clinics in each hospital cluster in the past five years? If adolescent and adult patients are on separate waiting lists, please set out the median waiting time of both lists. Please also advise whether the Government has plans to shorten the relevant waiting time.

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 91)

Reply:

The table below sets out the median waiting time (weeks) of psychiatric specialist outpatient (SOP) clinics for adult services in each cluster of the Hospital Authority (HA) in the past five years:

	2011-12	**2012-13**	**2013-14**	**2014-15**	**2015-16 (up to 31 December 2015) [Provisional figures]**
HKEC	2	5	3	5	6
HKWC	2	3	3	3	2
KCC	3	2	8	7	7
KEC	5	7	7	7	6
KWC	10	16	16	17	6
NTEC	5	4	5	5	6
NTWC	7	5	7	7	7
Overall	**5**	**6**	**7**	**7**	**6**

The table below sets out the median waiting time (weeks) of psychiatric SOP clinics for child and adolescent (C&A) services in each cluster in the past five years:

	2011-12	**2012-13**	**2013-14**	**2014-15**	**2015-16 (up to 31 December 2015) [Provisional figures]**
HKEC[1]	22	17	30	64	98
HKWC[1]					
KCC[2]	1	19	18	39	37
KWC[2]					
KEC	42	52	62	72	67
NTEC	22	26	48	43	54
NTWC	7	10	19	56	84
Overall	**9**	**19**	**34**	**45**	**58**

Notes:

i. The majority of the C&A psychiatric services in HKEC is supported by the C&A psychiatric specialist team of HKWC.

ii. The majority of the C&A psychiatric services in KCC is supported by the C&A psychiatric specialist team of KWC.

In 2016-17, HA will further enhance its psychiatric SOP services with details as below:

i. Expanding child and adolescent psychiatric services in the HKWC and NTWC. It is estimated that two additional doctors, four nurses, two occupational therapists and two clinical psychologists will be required to enhance the services;

ii. Strengthening the psychiatric SOP services in the KEC. It is estimated that an additional two doctors, three nurses, two occupational therapists and one clinical psychologist will be required to provide support for patients with common mental disorders; and

iii. Establishing a centralised psychiatric gender identity disorder service in the NTEC. It is estimated that one doctor, two nurses, one occupational therapist and one clinical psychologist will be required.

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

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6400)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in paragraph 227 of the Policy Address that the Review Committee on Mental Health has submitted its preliminary recommendations. Please provide the details of, as well as the resources allocated and expected outcomes for each recommendation concerned.

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 123)

Reply:

To ensure that our mental health regime can rise up to the challenges of a growing and ageing population, the Food and Health Bureau has embarked on a review of the existing mental health policy through the setting up of a Review Committee on Mental Health in May 2013. Chaired by the Secretary for Food and Health, the Review Committee on Mental Health (the Review Committee) comprises members with wide representation, including legislative councillors, academics, healthcare professionals, service providers, service user and caregiver, as well as representatives from the Equal Opportunities Commission and the Hong Kong Council of Social Services. The Review Committee is tasked to study the existing policy on mental health services in Hong Kong. It will also consider means and measures to strengthen the provision of mental health services in Hong Kong having regard to changing needs of the community.

The Review Committee adopts a life course approach to the review. Apart from examining adult mental health issues, two expert groups have also been set up under the Review Committee to study dementia care and mental health services for children and adolescents in parallel.

While the review is still under way, the Administration has already been implementing a number of measures to enhance the existing services for those with mental illness based on the recommendations of the Review Committee. For instance, the Hospital Authority (HA) and the Social Welfare Department will launch a two-year pilot scheme to provide

services for elderly persons with mild and moderate dementia through medical-social collaboration at District Elderly Community Centres. The scheme aims to enhance community care services for dementia patients, with a view to reducing the waiting time for HA assessment and specialist services in the long run.

Meanwhile, in order to increase public engagement in promoting mental well-being and increase public knowledge and understanding about mental health, the Department of Health has launched a three-year territory-wide public education and publicity campaign on mental well-being in January 2016.

The on-going review creates an opportunity for the Administration to improve and enhance existing services for those with mental illness. HA has been strengthening the manpower and resources of the psychiatric healthcare team. In the past five financial years (2010-11 to 2014-15), the manpower in psychiatric healthcare team in HA has increased by 25%. HA will continue to assess regularly its manpower requirements and review its service provision to ensure that its service can meet the needs of the patients.

Upon the conclusion of the review, the report will be published and bureaux/departments concerned will take forward the recommendations of the review accordingly. The review is expected to be completed within 2016.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6408)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

By 18 District Council districts, what were the numbers of persons newly assessed as with intellectual disability in the past 5 years, and what were their ages and sexes? (Please list out the information by 4 age groups, every 5 years each starting from aged 0, and provide a breakdown by 4 levels of intellectual disability as well as by orphans, doubly non-permanent residents, non-Chinese speakers and legitimate children of Hong Kong people.)

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 146)

Reply:

The Hospital Authority does not have statistics on the number of persons newly assessed as having intellectual disability in Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6409)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

By 18 District Council districts, what were the numbers of deaths of persons with intellectual disability in the past 5 years, and what were their ages and sexes? (Please list out the information by 5 groups, i.e. aged 0-6, 7-18, 19-40, 41-60 and 61 or above, and provide a breakdown by 4 levels of intellectual disability as well as by orphans, doubly non-permanent residents, non-Chinese speakers and legitimate children of Hong Kong people.)

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 147)

Reply:

The Hospital Authority does not maintain statistics on the number of deaths of persons with intellectual disability in Hong Kong.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)265

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6410)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

1. By 18 District Council districts, what were the numbers of persons with intellectual disability attending follow-up appointments at various specialties in all public hospitals in the past 5 years? (Please provide a breakdown by 4 levels of intellectual disability, excluding the numbers from outreach services.)

2. What were the numbers of beneficiaries of outreach services by various specialties of public hospitals? (Please provide a breakdown by 4 levels of intellectual disability.)

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 148)

Reply:

(1) and (2)

Patients with intellectual disability may consult a variety of specialist services for follow-up and receive outreach services provided by various specialties depending on their clinical needs. The Hospital Authority therefore does not have readily available breakdown on the follow-up attendances of these patients and the numbers of beneficiaries of outreach services.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)266

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6411)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Please provide by public hospital the numbers of patients who had used the non-emergency ambulance transfer service to attend follow-up consultations or upon their discharge from hospital over the past 5 years.

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 151)

Reply:
The Non-emergency Ambulance Transfer Service (NEATS) of the Hospital Authority (HA) provides point to-point transfer service primarily for mobility-handicapped patients who are unable to use public transport such as bus, taxi and Rehabus. Eligible patients can book NEATS on a first-come-first-served basis. Patients' eligibility for the service is assessed by clinical staff and HA will endeavour to schedule the vehicles to meet patients' need as far as possible.

The usage rate of NEATS varies among hospitals and clusters. The total number of patient-trips served for outpatient appointments (including specialist outpatient clinics and day rehabilitation services) and discharge in the past 5 years are shown below.

Year	Number of patient-trips served for Outpatient	Number of patient-trips served for Discharge
2011-12	155 719	140 813
2012-13	206 681	150 212
2013-14	228 126	157 757
2014-15	240 150	166 039
2015-16	253 692 (projected as at January 2016)	167 854 (projected as at January 2016)

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7100)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

What were the unit costs (per day) of general (including acute and convalescent), infirmary, mentally ill and mentally handicapped inpatient services in the past 10 years?

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 661)

Reply:

The table below sets out the average cost per patient day by types of beds in the Hospital Authority for the past 10 years.

Year	Average cost per patient day* ($)			
	General (acute & convalescent)	Infirmary	Mentally Ill	Mentally Handicapped
2006-07	3,290	990	1,560	960
2007-08	3,440	1,030	1,720	1,030
2008-09	3,650	1,090	1,890	1,050
2009-10	3,590	1,130	1,780	1,070
2010-11	3,600	1,130	1,750	1,070
2011-12	3,950	1,270	1,930	1,190
2012-13	4,180	1,360	2,150	1,220

Year	Average cost per patient day* ($)			
	General (acute & convalescent)	**Infirmary**	**Mentally Ill**	**Mentally Handicapped**
2013-14	4,330	1,400	2,270	1,290
2014-15	4,600	1,470	2,470	1,400
Year	**Projected average cost per patient day* ($)**			
	General (acute & convalescent)	**Infirmary**	**Mentally Ill**	**Mentally Handicapped**
2015-16 (Revised Estimate)	5,000	1,570	2,550	1,500

* Average cost per patient day includes both inpatient and day inpatient services.

The inpatient service costs include direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as anaesthetic and operating theatre, pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment). The average cost per patient day represents an average computed with reference to the total costs of the respective inpatient service and the corresponding activities (in terms of patient days) provided.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7101)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

(a) How many resources have been allocated for women's specialist medical centres?

(b) Will the number of these centres be increased to meet women's needs?

(c) How many Chinese medicine clinics will be set up?

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 662)

Reply:

(a) & (b) The provision for 3 Woman Health Centres (WHCs) in the Department of Health (DH) is $33.7 million in 2015-16 (revised estimate) and $34.3 million in 2016-17 (estimate). The woman health service offered by WHCs, which is provided to women aged 64 or below, aims to promote the health of women according to their health needs at various stages of life. The woman health service covers health assessment, health education and counselling for enrolled women. Health assessment includes medical history taking, physical examination and investigations if clinically indicated. DH is one of the providers of woman health service alongside with other organisations (such as non-governmental organisations (NGOs), private hospitals and private doctors) in providing a wide array of health programmes for women. DH has no plan to increase the number of WHCs in 2016-17.

The public healthcare services delivered by the Hospital Authority (HA) are disease-based under various clinical specialties, which cater for the divergent healthcare needs of the population. HA does not organise services on the basis of gender. HA will constantly review both the service demand and supply of public healthcare services having regard to population growth, demographic changes and

updates in disease patterns to ensure that any service gaps are addressed as appropriate.

(c) The Government has established 18 Chinese Medicine Centres for Training and Research (CMCTRs) (one in each district) to promote the development of "evidence-based" Chinese medicine and provide training placements for local Chinese medicine degree programme graduates. Each of these CMCTRs is operating on a tripartite collaboration model involving HA, an NGO, and a local university. The NGOs are responsible for the day-to-day operation of CMCTRs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7102)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Please advise on the actual and estimated expenditures on general outpatient services in the past 5 years and the next financial year.

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 663)

Reply:
Public general outpatient services provided by the Hospital Authority are primarily targeted at serving the elderly, the low-income group and the chronically ill. The table below sets out the costs for operating the general outpatient clinics (GOPCs) from 2011-12 to 2016-17.

Year	**GOPC Service Costs ($ million)**
2011-12	1,776
2012-13	2,021
2013-14	2,236
2014-15	2,431
2015-16 (Revised Estimate)	2,624
2016-17 (Estimate)	2,726

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

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)270

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7119)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
The Case Management Programme has provided support to more than 11 000 patients since its launch in April 2010. Please inform this Committee of the following:

1. The number of new arrivals, single-parent families and children as well as their gender composition and age profile.

2. The number of victims and batterers of domestic violence as well as their gender composition and age profile.

3. The number of children witnessing domestic violence as well as their gender composition and age profile.

Please set out the above information in table form.

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 683)

Reply:
The Hospital Authority (HA) launched the Case Management Programme (the Programme) in three districts (Kwai Tsing, Kwun Tong and Yuen Long) in 2010-11 to provide intensive, continuous and personalised support for patients with severe mental illness (SMI). Since 2014-15, the Programme has been extended to cover all the 18 districts in Hong Kong. As at 31 December 2015, the Programme has provided personalised and intensive community support to about 15 000 patients with SMI.

HA does not have statistics on the numbers of psychiatric patients who are new arrivals, single-parent families and children, or victims and batterers of domestic violence.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)271

CONTROLLING OFFICER'S REPLY

(Question Serial No.4147)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

The ten-year Hospital Development Plan will provide 5 000 additional hospital beds. The number of operating theatres will increase to 320 and the specialist outpatient service capacity will increase to 10 million attendances. Please provide a breakdown of the above figures by cluster and by hospital and the relevant implementation timetables.

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 48)

Reply:

The following table sets out the estimated number of additional beds, operating theatres, and annual capacity of specialist outpatient clinic attendances of the projects by hospital cluster under the ten-year hospital development plan (HDP) of the Hospital Authority.

Hospital Cluster	Proposed projects	Estimated Additional Provision		
		beds	**operating theatres**	**annual capacity of specialist outpatient clinic attendances**
Hong Kong West	Redevelopment of Grantham Hospital, phase 1	-	3	-
	Redevelopment of Queen Mary Hospital (Phase 1) - main works	-	14	-
	Sub-total	***-***	***17***	***-***
New Kowloon Central[2]	Redevelopment of Our Lady of Maryknoll Hospital (OLMH)	16	-	75 900
	New Acute Hospital (NAH) at Kai Tak Development Area (Phase 1)	2 400	37	1 410 000
	NAH at Kai Tak Development Area (Phase 2)			
	Redevelopment of Kwong Wah Hospital (KWH) - main works	350	10	255 600
	Sub-total	***2 766***	***47***	***1 741 500***
Kowloon East	Expansion of Haven of Hope Hospital	160	-	-
	Expansion of United Christian Hospital - main works (superstructure and remaining works)	560	5	681 800
	Sub-total	***720***	***5***	***681 800***
New Kowloon West[2]	Redevelopment of Kwai Chung Hospital (KCH) (Phase 1)	80	-	254 500
	Redevelopment of KCH (Phases 2 & 3)			
	Expansion of Lai King Building in Princess Margaret Hospital	400	-	-
	Sub-total	***480***	***-***	***254 500***
New Territories East	Redevelopment of Prince of Wales Hospital (Phase 2) (stage 1)	450	16	-
	Expansion of North District Hospital	600	-	180 000
	Sub-total	***1 050***	***16***	***180 000***
New Territories West	Extension of Operating Theatre Block for Tuen Mun Hospital	-	9	-
	Sub-total	***-***	***9***	***-***

Hospital Cluster	Proposed projects	Estimated Additional Provision		
		beds	operating theatres	annual capacity of specialist outpatient clinic attendances
	HA's Total	***5 016***	***94***	***2 857 800***

Notes :

1. Actual deliverables of individual projects may be adjusted in the future subject to detailed planning and design.
2. According to the recommendations of the Steering Committee on Review of Hospital Authority (HA), the Wong Tai Sin district and Mong Kok area (KWH, Wong Tai Sin Hospital and OLMH), which are originally served by Kowloon West Cluster, will be re-grouped to Kowloon Central Cluster.

The Hospital Authority (HA) and relevant government departments are conducting planning and preparatory works for the above projects, such as ground investigations, technical assessments and detailed design works. Upon completion of the concerned works, HA will be able to formulate a more concrete timetable and cost estimate for individual project under the HDP. Subject to funding approval by the Finance Committee, the projects are tentatively targeted for completion by or before 2026.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No.4148)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

On the redevelopment and expansion of a number of hospitals, please provide the anticipated completion dates and expenditures involved for each hospital concerned.

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 49)

Reply:

The list of hospital projects under the ten-year hospital development plan (HDP) of the Hospital Authority (HA) is set out below. The estimated total project costs will be within the Government's dedicated provision of $200 billion for the HDP.

- Redevelopment of Grantham Hospital, Phase 1
- Redevelopment of Queen Mary Hospital (Phase 1) - main works
- Redevelopment of Our Lady of Maryknoll Hospital
- New Acute Hospital at Kai Tak Development Area (Phase 1)
- NAH at Kai Tak Development Area (Phase 2)
- Redevelopment of Kwong Wah Hospital - main works
- Expansion of Haven of Hope Hospital
- Expansion of United Christian Hospital - main works (superstructure and remaining works)
- Redevelopment of Kwai Chung Hospital (KCH) (Phase 1)
- Redevelopment of KCH (Phases 2 & 3)
- Expansion of Lai King Building in Princess Margaret Hospital
- Redevelopment of Prince of Wales Hospital (Phase 2) (stage 1)
- Expansion of North District Hospital
- Extension of Operating Theatre Block for Tuen Mun Hospital

HA and the Architectural Services Department are conducting planning and preparatory works for the HDP projects, such as ground investigations, technical assessments and detailed design works. Upon completion of the concerned works, HA can formulate a more concrete timetable and cost estimate for individual project under the HDP. Subject to funding approval by the Finance Committee, the projects are tentatively targeted for completion by or before 2026.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4150)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

An amount of $10 billion has been earmarked for the High Risk Pool and tax concession under the Voluntary Health Insurance Scheme. What is the progress of and timetable for implementation of the scheme?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 51)

Reply:

We are refining the details of the Voluntary Health Insurance Scheme (VHIS) proposals taking into account the views collected during the public consultation and the subsequent discussions with stakeholders. We will publish the relevant consultation report as soon as possible, which will report the consultation outcomes and map out the way forward for the VHIS. Issues pertaining to the arrangement of the High Risk Pool will be addressed in the consultation report. In the meantime, we will also formulate the detailed arrangements for introducing tax deduction under the VHIS.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)274

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4151)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the revamp of private healthcare facilities regulatory regime, please advise this Committee of the progress, the implementation timetable and the resources involved.

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 52)

Reply:

The Government had earlier conducted a public consultation on regulation of private healthcare facilities (PHFs), and will publish the consultation report in due course. In addition, we are taking steps to iron out the details of the new regulatory regime for PHFs in collaboration with various Government departments and stakeholders, with a view to introducing the relevant Bill to the Legislative Council in the 2016-17 legislative session. Related expenditure will be absorbed within the existing resources of Food and Health Bureau.

The Department of Health will set up a new Office for Regulation of Private Healthcare Facilities for three years, so as to enhance the capacity of the Department in handling the relevant legislative review. In 2016-17, the financial provision earmarked for the regulation of private healthcare institutions and related matters including providing support to the FHB in reviewing the regulatory regime is $55.7 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4152)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the development of private hospitals, the Government will provide a loan of $4 billion to the Chinese University of Hong Kong for developing a non-profit making private hospital. What are the details and implementation timetable of the plan? And what are the progress and implementation timetable for other planned private hospital projects?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 53)

Reply:

For encouraging the development of private hospitals, the Food and Health Bureau (FHB) supports the proposal of the Chinese University of Hong Kong (CUHK) to develop the Chinese University of Hong Kong Medical Centre (CUHKMC). Approval of the Finance Committee of the Legislative Council had been obtained for the provision of a loan of around $4 billion to CUHK for developing this non-profit making private teaching hospital. The Conditions of Grant (Land Lease) will be modified and approved at a nominal premium. The loan is for a period of 15 years with interest-free for the first 5 years from the first drawdown in 2016-17 and on a floating interest rate equivalent to the interest rate of the Government's fiscal reserves placed with the Exchange Fund from 2021 onwards. CUHKMC is required to commence operation no later than 60 months from the date of approval of the Conditions of Grant (Land Lease) by the Government. Also, CUHKMC is required to take up by phases 17,600 specialist outpatient cases and 6,600 day surgery cases from the Hospital Authority each year.

Apart from the CUHKMC Development Project, the Government put out the site reserved for private hospital use at Wong Chuk Hang for open tender in 2012, and entered into the Conditions of Sale (Land Grant) and the Service Deed with the successful tenderer in 2013.

The new private hospital is under construction and is expected to commence operation in the 1st quarter of 2017.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4153)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the review on mental health, the 2015 Policy Address has proposed the introduction of peer support. In this connection, will the Government advise this Committee:

a. of the expenditure of the above initiative, the number of service recipients and the manpower involved in the past year, with a breakdown by rank; and

b. whether the Government has assessed the effectiveness of the initiative; if yes, of the details; if not, the reasons for that.

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 54)

Reply:

(a) & (b)

The Hospital Authority (HA) launched the Case Management Programme (the Programme) in three districts (Kwai Tsing, Kwun Tong and Yuen Long) to provide intensive, continuous and personalised support for patients with severe mental illness (SMI) in 2010-11. In 2014-15, the Programme was extended to cover all the 18 districts in Hong Kong. As at 31 December 2015, HA has recruited a total of 317 case managers to provide personalised and intensive community support to about 15 000 patients with SMI under the Programme.

In 2015-16, HA introduced a peer support element into the Programme to enhance community support for patients with SMI. Five peer support workers (one in the Kowloon Central Cluster, two in the Kowloon West Cluster and two in the New Territories West Cluster), who are previous service users doing well in their recovery, were recruited in the rank of Patient Care Assistant II to support patients with SMI in achieving their personal

recovery goals and developing illness management skills. This initiative involves an additional recurrent expenditure of around $1.5 million.

In 2016-17, HA will further roll out the peer support element in the Programme. It is estimated that five more peer support workers (one in the Hong Kong East Cluster, Hong Kong West Cluster and Kowloon East Cluster respectively and two in the New Territories East Cluster) will be recruited. The additional recurrent expenditure is estimated at around $1.5 million.

As the initiative has just been introduced in 2015-16, HA plans evaluate its effectiveness in 2016-17.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4154)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

What is the progress of the mental health review? What is the specific work schedule in this regard? Has the Government earmarked manpower and resources for improving the mental health policy? If yes, what are the details? If not, what are the reasons?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 55)

Reply:

To ensure that our mental health regime can rise up to the challenges of a growing and ageing population, the Food and Health Bureau has embarked on a review of the existing mental health policy through the setting up of a Review Committee on Mental Health in May 2013. Chaired by the Secretary for Food and Health, the Review Committee on Mental Health (the Review Committee) comprises members with wide representation, including legislative councillors, academics, healthcare professionals, service providers, service user and caregiver, as well as representatives from the Equal Opportunities Commission and the Hong Kong Council of Social Services. The Review Committee is tasked to study the existing policy on mental health services in Hong Kong. It will also consider means and measures to strengthen the provision of mental health services in Hong Kong having regard to changing needs of the community.

The Review Committee adopts a life course approach to the review. Apart from examining adult mental health issues, two expert groups have also been set up under the Review Committee to study dementia care and mental health services for children and adolescents in parallel.

While the review is still under way, the Administration has already been implementing a number of measures to enhance the existing services for those with mental illness based on the recommendations of the Review Committee. For instance, the Hospital Authority (HA)

and the Social Welfare Department will launch a two-year pilot scheme to provide services for elderly persons with mild and moderate dementia through medical-social collaboration at District Elderly Community Centres. The scheme aims to enhance community care services for dementia patients, with a view to reducing the waiting time for HA assessment and specialist services in the long run.

Meanwhile, in order to increase public engagement in promoting mental well-being and increase public knowledge and understanding about mental health, the Department of Health has launched a three-year territory-wide public education and publicity campaign on mental well-being in January 2016.

The on-going review creates an opportunity for the Administration to improve and enhance existing services for those with mental illness. HA has been strengthening the manpower and resources of the psychiatric healthcare team. In the past five financial years (2010-11 to 2014-15), the manpower in psychiatric healthcare team in HA has increased by 25%. HA will continue to assess regularly its manpower requirements and review its service provision to ensure that its service can meet the needs of the patients.

Upon the conclusion of the review, the report will be published and bureaux/departments concerned will take forward the recommendations of the review accordingly. The review is expected to be completed within 2016.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)278

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4155)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of seasonal influenza vaccination programmes, please provide the following information for the past three years:

a. The quantity of vaccines purchased each year and the resources involved.
b. The number of vaccine recipients and their age distribution.
c. Were there any surplus vaccines? If so, what were the quantity and expenditure involved? How did the Government dispose of them?
d. How did the Government assess the quantity of vaccines required each year?
e. What measures did the Government take to encourage the public to receive vaccination?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 56)

Reply:

The Department of Health (DH) has been administering several vaccination programme/schemes to provide free/ subsidised seasonal influenza vaccination to eligible persons, which include –

- Government Vaccination Programme (GVP), which provides free seasonal influenza vaccination to eligible target groups ; and

- Vaccination Subsidy Schemes (VSS), which provide subsidised seasonal influenza vaccination to children between the age of six months to less than six years under Childhood Influenza Vaccination Subsidy Scheme (CIVSS), and subsidised seasonal influenza vaccination to elderly aged 65 or above under Elderly Vaccination Subsidy Scheme (EVSS) through private practitioners, among other target groups.

For better protection of elderly from possible summer influenza season and prevent outbreak in residential care homes for the elderly (RCHEs), the DH conducted a one-off exercise from May to August 2015 to provide one dose of free vaccination of 2015 Southern Hemisphere Seasonal Influenza Vaccination to residents of RCHEs as well as the community elders aged 75 or above under the existing GVP.

Since commencement of the 2015-16 vaccination season in October 2015, there have been two enhancements on a trial basis. The GVP has been extended to cover all elders aged 65 or above, and persons with intellectual disability have also been included as a target group under GVP (for clients of public clinics or hospitals) and VSS. As announced in the 2016 Policy Address, these enhancements will be regularized as from the 2016-17 season.

As some target group members may have received seasonal influenza vaccination outside the Government's free vaccination programme and subsidy schemes, they are not reflected in the statistics.

(a) The following figures are the quantities of seasonal influenza vaccines (SIV) that the Government procured under the GVP in the past three years and the contract prices:

Year	Number of doses	Amount $ million
2013-14	285 000	7.7
2014-15	278 000#	14.1
2015-16	400 000	21.0

In addition, a total of 100 000 doses of Southern Hemisphere Seasonal Influenza Vaccines at a cost of $4.0 million was procured in 2014-15.

(b) The numbers of recipients for the past three years under seasonal influenza vaccination programme/ schemes are as follows –

Total no. of seasonal influenza recipients under the GVP and VSS in the past three vaccination seasons

Target groups	**No. of seasonal influenza recipients**		
	2013-14	**2014-15**	**2015-16 (as at 28.2.2016)**
Children between the age of 6 months and less than 6 years	64 700	57 600	41 500
Elderly aged 65 or above	336 200	372 700	443 800*
Others#	61 900	62 500	68 100
Total:	**462 800**	**492 800**	**553 400**

Others include (a) healthcare workers; (b) poultry workers; (c) pig farmers or pig-slaughtering industry personnel; and (d) pregnant women or people aged 50 to below

65 receiving Comprehensive Social Security Assistance or holding valid Certificate for Waiver of Medical Charges and (e) persons with intellectual disability (as from October/November 2015), etc.

* In addition, a total of 98 000 recipients were provided with free 2015 Southern Hemisphere Seasonal Influenza Vaccination under GVP from May to August 2015.

(c) Generally, SIV can last for one year in general and expired vaccines will not be used. Expired vaccines are arranged for disposal by phases in accordance with established procedures and arrangement. Among the SIV procured by the DH for 2013-14 and 2014-15 vaccination seasons, about 40 000 and 15 000doses expired respectively. As for 2015-16 vaccination season, we anticipate that 12,000 doses will expire. The cost of the vaccines disposed depends on the relevant contract price for the vaccines for that particular vaccination season.

(d) The DH will assess the quantity of vaccines required under the GVP each year by making reference to the epidemiology of seasonal influenza, scope of eligibility, number of doses administered in the previous season, current vaccination situation, expected increase of vaccination rate and damage of vaccine, among other factors.

During the last winter season in early 2015, there were community influenza outbreaks severely affecting the elderly and those with underlying illnesses, who had higher risk of developing severe complications or death. As such, the 2015-16 GVP has been extended to cover all elders aged 65 or above. The Government had procured extra vaccines to cater for the above expansion. As announced in the 2016 Policy Address, this enhancement will be regularised as from the 2016-17 vaccination season.

The DH will strive to reduce wastage of vaccines whilst ensuring sufficient vaccine provision by collaborating with different service units.

(e) The DH has been closely monitoring the vaccination rate of SIVs, and continuously promotes the importance of SIVs to the public through various channels. To further enhance the availability of seasonal influenza vaccination service to the public, in particular the high risk groups, the DH has approached different stakeholders, including the Hospital Authority, medical professionals and the community groups, to explore feasible options to reach out the target groups for vaccination. To promote the vaccination message, publicity has been launched through multiple channels, e.g. press conferences, Announcements of Public Interest, advertisement on public transport and newspapers/magazines, other social media. The DH has further enlisted support from community groups for encouraging vaccination among their clients and media interviews by medical experts have also been arranged.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4156)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the development of the regulatory framework for medical devices, the Committee is aware that the Department of Health is now in the process of engaging an external consultant to conduct a detailed study to examine overseas experience and practices and the scope of control on the use of the selected medical devices. What is the progress? The beauty sector has been supporting the Government in regulating beauty services. To protect public health and safety, will the Government promote the regulation and development of beauty services? If yes, what are the details? If no, what are the reasons?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 57)

Reply:

Beauty industry in Hong Kong, like most other industries and businesses, runs and evolves in a free-market environment subject to laws and regulations of a general nature. Most of the practices of the beauty industry are non-invasive and pose low health risks to customers. Instead of regulating the beauty industry indiscriminately, the Government has adopted a risk-based approach focusing on those procedures/treatments that are intrinsically risky and could cause considerable harm to clients if not properly administered by qualified personnel.

In this connection, the Working Group on Differentiation between Medical Procedures and Beauty Services (Working Group) established under the Steering Committee on Review of the Regulation of Private Healthcare Facilities recommended that certain cosmetic services should be performed by registered medical practitioners/ dentists because of the risks involved. Enforcement action will be taken as necessary under the Medical Registration Ordinance (Cap. 161) and the Dentists Registration Ordinance (Cap. 156).

With regard to the use of some medical devices (in particular energy-emitting devices) in beauty procedures, the Working Group considered that the control over their use should be

deliberated under the regulatory framework for medical devices. As such, the Department of Health has been engaging an external consultant since the latter half of 2015 to conduct a detailed study to examine overseas experience and practices and the scope of control on the use of these types of medical devices. Upon completion of the study, the Government will report to the Legislative Council Panel on Health Services on the outcome of the consultancy study and the details of the legislative proposal on the statutory regulatory regime for medical devices in 2016.

Besides, the Government had earlier conducted a public consultation on Regulation of Private Healthcare Facilities (PHFs), and will publish the consultation report in due course. In addition, we are taking steps to iron out the details of the new regulatory regime for PHFs in collaboration with various government departments and stakeholders, with a view to introducing the relevant legislative proposal to the Legislative Council in the 2016/17 legislative session.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)280

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4157)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

What are the resources and manpower involved in the measures tackling antimicrobial resistance?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 58)

Reply:

The Chief Executive announced in the 2016 Policy Address that a high-level steering committee (HLSC) will be set up to formulate strategies in collaboration with the relevant sectors to tackle the threat of antimicrobial resistance (AMR).

On this front, new resources (including recurrent funding at the amount of $16.1 million and 12 non-directorate grade civil service posts) have been earmarked to strengthen the work of the Department of Health ("DH") in developing and implementing a comprehensive plan to contain AMR, providing necessary support to the HLSC on management of AMR and strengthen the capacity of the DH in AMR outbreak management.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)281

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4158)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

What are the resources and manpower involved in the measure on temporary testing centre for Chinese medicines?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 59)

Reply:

A total of 15 posts, including 1 Senior Chemist, 1 Chemist, 6 Scientific Officers (Medical), 1 Science Laboratory Technologist, 1 Science Laboratory Technician I, 2 Science Laboratory Technician IIs, 1 Laboratory Attendant, 1 Executive Officer II, and 1 Assistant Clerical Officer, and 3 time-limited Scientific Officer (Medical) posts will be created for the temporary testing centre for Chinese medicines. The provision for the testing centre in 2016-17 amounts to $22.6 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4159)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the measures to attract, motivate and retain staff, please advise:

a. on the concrete measures to retain nurses and allied health professionals in the past year. What were the effectiveness and resources involved?
b. whether there will be concrete measures to retain nurses and allied health professionals in 2016-17. What will be the resources involved?
c. whether resources have been reserved to improve the remuneration package of nurses and allied health professionals, including cancelling first year pay freeze, as well as reinstating the incremental jump, 16.5% cash allowance and study grant etc., so as to retain them. If yes, what are the details? If no, what are the reasons?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No.60)

Reply:

From 2013-14 onwards, Hospital Authority (HA) has earmarked around $321 million a year for recruitment and retention of healthcare staff to ensure effective provision of quality care. Apart from the $321 million, there is an additional 3-year time-limited funding of $100 million per annum (from 2015-16 to 2017-18) designated for enhancing staff training and development. An additional funding of $570 million for 2015-16 to 2017-18 has also been designated for a Special Retired and Rehire Scheme to rehire suitable clinical doctors, nurses and allied health staff upon their retirement or completion of contract at normal retirement age to help alleviate the expertise gap and manpower issues.

Major measures to retain nurses include the enhancement of career advancement opportunities for experienced nurses, enhancement of nursing manpower and provision of training to registered nursing students and enrolled nursing students at HA's nursing schools.

Major measures to recruit and retain allied health staff include offering of overseas scholarship to allied health undergraduates for grades with no local supply, re-engineering of work processes, strengthening of manpower support and enhancement of training opportunities.

The attrition rate of full-time nurses decreased from 5.2% in 2011-12 to 4.7% in 2014-15, and the attrition rate of full-time allied health professionals decreased from 3.9% in 2011-12 to 3.8% in 2014-15.

In 2016-17, HA plans to recruit about 1 720 nursing and 480 allied health staff in order to address manpower shortage, maintain existing service provision and implement service enhancement initiatives. HA will continue to implement the range of measures to retain staff in the nursing and allied health grades in 2016-17, and review the effectiveness of the above initiatives and explore further enhancement measures to attract and retain staff as and when necessary.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)283

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4160)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the specialist out-patient services, it was mentioned in the 2015 Policy Agenda that the quota for specialist out-patient consultation would be increased to improve the waiting time. However, as indicated in the 2016 Estimates, the median waiting times of first priority and second priority patients for first appointments at specialist clinics are still 2 weeks and 8 weeks respectively. What are the reasons for this?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 61)

Reply:

It has been the target of Hospital Authority (HA) to keep the median waiting time for first appointment at specialist outpatient clinics (SOPCs) for Priority 1 cases (i.e. urgent cases) and Priority 2 cases (i.e. semi-urgent cases) to within 2 weeks and 8 weeks respectively. The corresponding figures indicated in the Estimates for 2015-16 and 2016-17 reflect this target. The corresponding figures for 2014-15, on the other hand, reflect HA's actual performance (with median waiting time less than 1 week for Priority 1 patients and 5 weeks for Priority 2 patients), indicating that HA's actual performance was better than the target.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)284

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4161)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

The estimated number of specialist outpatient (clinical) new attendances is 720 000 for 2016-17, more than the revised estimate of 714 000 for 2015-16. In this connection, will the Government provide more resources and manpower to meet the service needs? If yes, what are the details? If no, what are the reasons?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 62)

Reply:

To meet the rising demand of growing and ageing from population, the Hospital Authority (HA) will continue to strengthen its healthcare services to the public. The overall operating expenditure of HA for 2016-17 is projected to reach around $58 billion, representing an increase of around 4% when compared to 2015-16. The number of doctors, nurses and allied health professionals in 2016-17 will be increased by, on full-time equivalent basis, 145, 411 and 234 respectively when compared to 2015-16. HA will implement various measures to meet the rising demand for healthcare services and to improve the quality of patient care in the coming year, including increasing the number of specialist outpatient (clinical) new attendances.

HA will continue to closely monitor the operation and service utilisation of the specialist outpatient clinics, and flexibly deploy manpower and other resources to meet the service needs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4162)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding general out-patient attendances, the estimated number of 5 962 000 for 2016-17 is more than the revised estimate of 5 913 000 for 2015-16. As such, will the Government increase the resources and manpower to meet the demand? If yes, what are the details? If no, what are the reasons?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 63)

Reply:

To meet the growing demand from population growth and ageing, the Hospital Authority (HA) will continue to strengthen its healthcare services to the public. The overall operating expenditure of HA for 2016-17 is projected to reach around $58 billion, representing an increase of around 4% as compared to 2015-16. In 2016-17, $21 million has been earmarked for increasing the quota for general outpatient clinics (GOPCs) in 5 Clusters (namely Hong Kong West Cluster, Kowloon East Cluster, Kowloon West Cluster, New Territories East Cluster and New Territories West Cluster).

HA has always endeavoured to improve the services of GOPCs, including active staff recruitment, renovating clinic premises and modernising clinic facilitates to enhance the general out-patient services. Meanwhile, HA will continue to closely monitor the operation and service utilisation of GOPCs, and flexibly deploy manpower and other resources to ensure that primary care services could be appropriately provided to our target groups, namely the elderly, the low-income group and the chronically ill.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)286

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4163)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

The estimated number of home visits by community nurses in 2016-17 is 866 000, which is higher than the revised estimate of 863 000 for 2015-16. In this connection, will the Government increase resources or manpower to cope with the demand? If yes, what are the details? If not, what are the reasons?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 64)

Reply:

To meet the rising demand of growing and ageing from population, the Hospital Authority (HA) will continue to strengthen its healthcare services to the public. The overall operating expenditure of HA for 2016-17 is projected to reach around $58 billion, representing an increase of around 4% when compared to 2015-16. The number of doctors, nurses and allied health professionals in 2016-17 will be increased by, on full-time equivalent basis, 145, 411 and 234 respectively when compared to 2015-16. HA will implement various measures to meet the rising demand for healthcare services and to improve the quality of patient care in the coming year, including increasing the number of home visits by community nurses.

HA will continue to closely monitor the operation and service utilization of the community nursing services, and flexibly deploy manpower and other resources to meet the service needs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4164)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

The estimated number of psychiatric outreach attendances in 2016-17 is 280 500, which is higher than the revised estimate of 280 100 for 2015-16. In this connection, will the Government increase resources or manpower to cope with the demand? If yes, what are the details? If not, what are the reasons?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 65)

Reply:

The Hospital Authority (HA) launched the Case Management Programme (the Programme) in 2010 to provide personalised and intensive community support for discharged patients with severe mental illness (SMI). The Programme has been extended to cover 18 districts in Hong Kong from 2014-15. In 2015-16, HA has introduced a peer support element into the Programme to enhance community support for patients with SMI. As at 31 December 2015, HA has recruited 317 case managers under the Programme. HA plans to recruit a total of 340 case managers, and ongoing recruitment exercise is in progress.

In 2016-17, HA will further enhance the peer support element of the Programme. It is estimated that five more peer support workers (one in the Hong Kong East Cluster, Hong Kong West Cluster and Kowloon East Cluster respectively and two in the New Territories East Cluster) will be recruited, involving an additional recurrent expenditure of around $1.5 million.

HA will continue to assess regularly its manpower requirements and review its service provision to ensure that its service can meet the needs of the patients.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4165)

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

Subhead (No. & title): (-) Not Specified

Programme: (3) Subvention: Prince Philip Dental Hospital

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Despite the rising demand for elderly dental services, there will only be a small increase of training places in the Prince Philip Dental Hospital for undergraduates and postgraduates in the estimate for the 2016/17 academic year. As compared to the revised estimate for the 2015/16 academic year, training places for undergraduates will be increased by 19 to 339 and that for postgraduates by 3 to 170. Has the Government assessed whether the increased training places are sufficient to meet the rising demand? If yes, please set out the assessed manpower requirements for dental services in the coming 5 years. If not, what are the plans to provide additional manpower to cope with the demand for dental services?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 66)

Reply:

The undergraduate and postgraduate programmes are organised by the Faculty of Dentistry of the University of Hong Kong and are not funded under Head 140.

In response to the challenges of an ageing population and increasing demand for healthcare services with higher expectations, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong (the Review). The Review aims to make recommendations that would better enable our society to meet the projected demand for healthcare professionals, including dentists, as well as to foster professional development. We expect that the Review will be completed in mid-2016. The Government will publish the report and take forward the recommendations as appropriate upon completion of the Review.

To meet the anticipated demand for dental manpower, the Government, based on the preliminary findings of the Review, has increased the number of University Grants

Committee-funded degree places in dentistry from 53 to 73 by 20 in the 2016/17-2018/19 triennium.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4166)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

What were the numbers of dental ancillary personnel (including Dental Surgery Assistants, Dental Technicians, Dental Technologists and Dental Therapists) working for the Hospital Authority and their scope of duties in the past 3 years? Please provide a breakdown by rank. Does the Government have any plans to increase the number of dental ancillary personnel? If yes, what are the details? If no, what are the reasons?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 67)

Reply:

The Hospital Authority (HA) does not provide general dental services at present. HA only provides specialist dental services, mainly specialist oral-maxillofacial surgery and hospital dental service, through its dental service teams working in United Christian Hospital, Caritas Medical Centre and Kwong Wah Hospital.

The table below sets out the number of dental surgery assistants and dental technicians employed by HA for its service delivery in 2013-14, 2014-15 and 2015-16.

Rank	**2013-14 (As at 31 March 2014)**	**2014-15 (As at 31 March 2015)**	**2015-16 (As at 31 December 2015)**
Dental Surgery Assistant	10	10	9
Dental Technician	3	3	3

For the scope of duties, dental surgery assistant is responsible for assisting dental officers in the treatment of patients, sterilising and supplying dental materials, handling clinical instruments and materials used in the department, undertaking other related duties in the control dispensaries of the dental clinics or units, responding to patient enquiries and assisting in administrative works. The key responsibilities of dental technicians include construction of oral maxillofacial and dental appliance under supervision and performance of other related duties in the dental-maxillofacial laboratory.

Apart from HA, the Department of Health also operates Oral Maxillofacial Surgery & Dental Units in 7 public hospitals which provide specialist oral-maxillofacial surgery and dental treatment for hospital in-patients, patients with special oral health care needs and dental emergency. Such specialist services are provided through referral by HA or private practitioners.

We will review the manpower requirement from time to time with a view to coping with the service demand.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)290

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7218)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the strategic review on healthcare manpower planning and professional development, does it include a review on the current role of the Pharmacy and Poisons Board? Has consideration been given to the establishment of an independent authority to regulate the registration of pharmacists? If yes, what are the details, including the expenditure and manpower to be involved? If no, what are the reasons?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 7)

Reply:

In response to the challenges of an ageing population and increasing demand for healthcare services with higher expectations, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong (the Review). The Review aims to make recommendations that would better enable our society to meet the projected demand for healthcare professionals, including pharmacists, as well as to foster professional development. We expect that the Review will be completed in mid-2016. The Government will publish the report and take forward the recommendations as appropriate upon completion of the Review.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)291

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3589)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Hospital Authority's upward pay adjustment for senior rank officers in line with that for senior civil servants last year, please advise on the following:
1. the amount of money involved in the upward pay adjustment, and whether additional Government funding was involved; and
2. whether the civil service pay adjustment mechanism be continued to be followed. If yes, what is the mechanism concerned? If no, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 439)

Reply:

1. The Hospital Authority (HA) would deploy internal resources alongside efficiency gains and savings to meet the additional recurrent financial commitment arising from this Special Pay Adjustment while not affecting patient services. The additional financial commitment is about $216 million per annum.

2. For future annual pay adjustment of HA staff, HA will continue to follow the usual practice to revise its pay scales by making reference to the annual civil service pay adjustment.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3591)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

As mentioned in the Matters Requiring Special Attention in 2016-17, the Health Branch will facilitate healthcare service development, including encouraging private hospital development and revamping private healthcare facilities regulatory regime. In this connection, will the Government advise on the following:

a. What are the details of the plan to encourage private hospital development? What is the expenditure involved? What are the targeted numbers of private hospital beds to be increased and private hospitals to be developed?

b. What are the details on the effectiveness of various methods, the number of institutions which have indicated to the Government the intention to provide private hospital services, and the reasons of acceptance or refusal by the Government?

c. Does the Government have any plans to reserve sites for private hospital development? If yes, what are the location and area of the sites? If no, what are the reasons?

d. What are the details of publicity and education efforts for the public consultation? What is the expected number of people to be reached? What is the cost involved?

e. The Government set up the Steering Committee on Review of the Regulation of Private Healthcare Facilities in 2012. Up to now, what is the progress of the work commenced? What are the future work programme and schedule, and the staffing and expenditure involved?

f. Does the Government have any plans to legislate on the beauty industry, including general beauty services and those involving medical procedures, by implementing licensing and demerit point systems?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 413)

Reply:

(a) to (c)

Approval of the Finance Committee of the Legislative Council had been obtained for the provision of a loan of about $4 billion to the Chinese University of Hong Kong (CUHK) for the development of a non-profit making private teaching hospital, to be named the CUHK Medical Centre (CUHKMC). The CUHKMC will have 516 beds upon full commissioning (with an expansion potential of an additional 90 beds).

Apart from the CUHKMC, we note that 4 organisations have also indicated intention to develop new private hospitals.

In considering reserving government sites for private hospital development, we will also consider proposals to expand existing private hospitals and develop new private hospitals from various organisations (including non-governmental organizations). At the same time, we note the current shortage of land supply in Hong Kong and understand that there are other social demands that need to be met by land supply. We will assess the needs of the community in formulating the overall direction of the development of private hospitals.

The work on encouraging private hospital development is conducted with existing resources of the Food and Health Bureau (FHB) and breakdown on the expenditure involved in this area is not available.

(d) to (f)

The Government had earlier conducted a public consultation on regulation of private healthcare facilities (PHFs). During the consultation period, the Government hosted public forums, participated in talks, attended district council meetings, sent consultation documents to healthcare organisations and personnels, universities and schools, etc. with a view to introducing the new proposal on the regulation of PHFs to all sectors of the general public. Related expenditure was absorbed within the existing resources of the FHB. We will publish the consultation report in due course.

The Steering Committee on Review of Regulation of PHFs (the Steering Committee) concluded its work in June 2014. The recommendations of the Steering Committee formed the basis of the consultation document for the aforementioned public consultation.

In addition, we are taking steps to iron out the details of the new regulatory regime for PHFs in collaboration with various Government departments and stakeholders, with a view to introducing the relevant Bill to the Legislative Council in the 2016-17 legislative session. Related expenditure will be absorbed within the existing resources of the FHB. The Department of Health will set up a new Office for Regulation of Private Healthcare Facilities for three years, so as to enhance the capacity of the Department in handling the relevant legislative review. In 2016-17, the financial provision earmarked for the regulation of private healthcare institutions and related matters including providing support to the FHB in reviewing the regulatory regime is $55.7 million.

Beauty industry in Hong Kong, like most other industries and businesses, runs and evolves in a free-market environment subject to laws and regulations of a general nature. Most of the practices of the beauty industry are non-invasive and pose low health risks to customers. Instead of regulating the beauty industry indiscriminately, the Government has adopted a risk-based approach to focus on the high risk procedures which may cause unnecessary harm or complications to customers if performed by a person without proper training or qualification.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3641)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned that Matters Requiring Special Attention that the Government will develop the long-term regulatory framework for medical devices. Has the Government considered regulating the import and sale of medical devices through legislative control? If yes, what are the details? If no, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 416)

Reply:

The Administration has been taking steps to put in place statutory regulation of medical devices manufactured, sold and/or used in Hong Kong. To this end, a voluntary Medical Device Administrative Control System (MDACS) has been established by the Department of Health (DH) since 2004 to pave the way for implementing the long-term statutory control.

In November 2010, the Food and Health Bureau consulted the Legislative Council (LegCo) Panel on Health Services (HS Panel) on the proposed regulatory framework for medical devices, which had taken into account the results of the regulatory impact assessment, views of stakeholders and the public collected during consultations, previous discussions with the LegCo, and experience gained from the operation of the MDACS. In response to the recommendation of the Business Facilitation Advisory Committee, the DH engaged in 2011 a consultant to conduct a Business Impact Assessment (BIA) on the regulatory proposal. The BIA was completed in 2013. The Administration reported to the LegCo HS Panel in June 2014 on the outcome of the BIA study together with the way forward of the legislative exercise for putting in place the statutory regulatory framework for medical devices.

The Working Group on Differentiation between Medical Procedures and Beauty Services (WG) under the Steering Committee on Review of Regulation of Private Healthcare

Facilities had examined, among others, the safety and health risks of devices commonly used in beauty procedures e.g. high-power medical lasers, intense pulsed light equipment, radiofrequency devices, etc. Given the heterogeneity of the devices involved, the WG considered that the control of their use (particularly energy-emitting devices) should be deliberated under the regulatory framework for medical devices.

Taking into consideration the views and recommendations of the WG, the DH has engaged an external consultant since September 2015 to conduct a detailed study to examine overseas experience and practices and the scope of control on the use of selected medical devices. Upon completion of the study, the Administration will report to the LegCo HS Panel on the outcome of the consultancy study and the details of the legislative proposal on the statutory regulatory regime for medical devices in 2016.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4800)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information on obstetrics and gynaecology (O&G) services:

- the utilisation rate, the number of attendances, the respective number and rate of spontaneous and caesarean deliveries, and the cost and subsidy per delivery in the O&G units of each cluster for the past 3 years; and

- the number of O&G doctors by rank and by cluster, and their ratio to the number of deliveries for the past 3 years.

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 437)

Reply:

The table below sets out the inpatient bed occupancy rate, the number of specialist outpatient (SOP) attendances, the number of deliveries and caesarean-section rate in obstetric units in the Hospital Authority (HA) by cluster in 2013-14, 2014-15 and 2015-16 (up to 31 December 2015).

Cluster		**2013-14**	**2014-15**	**2015-16 (up to 31 December 2015) [Provisional Figures]**
HKEC	Inpatient bed occupancy rate - Obstetrics	71%	84%	85%
	Number of SOP attendances - Obstetrics	23 114	23 072	16 955

Cluster		2013-14	2014-15	2015-16 (up to 31 December 2015) [Provisional Figures]
	Number of deliveries	2 645	2 810	2 075
	Caesarean-section rate	31.5%	30.1%	28.6%
HKWC	Inpatient bed occupancy rate - Obstetrics	59%	62%	62%
	Number of SOP attendances - Obstetrics	37 032	38 549	31 338
	Number of deliveries	3 451	3 787	2 809
	Caesarean-section rate	25.8%	24.7%	26.0%
KCC	Inpatient bed occupancy rate - Obstetrics	69%	75%	71%
	Number of SOP attendances - Obstetrics	66 791	72 132	48 973
	Number of deliveries	5 627	6 324	4 546
	Caesarean-section rate	26.3%	25.1%	26.4%
KEC	Inpatient bed occupancy rate - Obstetrics	58%	63%	63%
	Number of SOP attendances - Obstetrics	32 846	34 633	25 735
	Number of deliveries	4 116	4 338	3 209
	Caesarean-section rate	23.1%	23.2%	22.2%
KWC	Inpatient bed occupancy rate - Obstetrics	63%	69%	67%
	Number of SOP attendances - Obstetrics	81 842	82 819	62 382
	Number of deliveries	9 532	10 170	7 552
	Caesarean-section rate	21.5%	21.6%	21.3%
NTEC	Inpatient bed occupancy rate - Obstetrics	57%	65%	63%
	Number of SOP attendances - Obstetrics	43 506	48 821	37 586
	Number of deliveries	6 204	6 963	5 108
	Caesarean-section rate	24.7%	23.8%	24.4%
NTWC	Inpatient bed occupancy rate - Obstetrics	90%	94%	93%
	Number of SOP attendances - Obstetrics	48 890	51 075	33 116

Cluster		2013-14	2014-15	2015-16 (up to 31 December 2015) [Provisional Figures]
	Number of deliveries	5 159	5 592	4 185
	Caesarean-section rate	28.4%	26.3%	28.3%

The table below sets out the total costs of obstetrics services (comprising both inpatient and outpatient services) by cluster in 2013-14 and 2014-15. The estimated obstetric service costs in 2015-16 are not yet available.

Year	Total Costs of Obstetric Services ($ million)							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
2013-14	113	144	190	150	304	185	155	1,241
2014-15	117	150	211	157	330	212	177	1,354

The costs of obstetric services include direct staff costs (such as doctors and nurses) for providing services to patients; the expenditure incurred for various clinical support services (such as anaesthetic and operating theatre, pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment).

It should be noted that obstetric services provided by HA include a range of services, e.g. delivery of births, antenatal and postnatal care, handling of stillbirth and other pregnancy related complications and diseases. The cost for each delivery varies among different cases owing to the varying complexity of conditions of patients and different diagnostic services, treatments and prescriptions required as well as length of hospital stay. Hence clusters with greater number of patients or heavier load of patients with more complex conditions or requiring more costly treatment would incur higher service costs. Therefore, the service costs cannot be directly compared among clusters.

All Hong Kong residents are eligible to receive HA's wide range of public healthcare services at a heavily subsidised rate. Public patients are charged at a per diem/attendance flat fee for the respective services, including inpatient and outpatient services. The average subsidy levels for overall inpatient and specialist outpatient services are about 98% and 94% for 2013-14. The actual (or estimated) average subsidy levels for corresponding services are about 98% and 95% for both 2014-15 and 2015-16.

The table below sets out the number of obstetrics and gynaecology (O&G) doctors by cluster by rank in 2013-14, 2014-15 and 2015-16 (as at 31 December 2015).

Number of O&G doctors by cluster by rank				
Cluster	Rank Group	2013-14 (as at 31 March 2014)	2014-15 (as at 31 March 2015)	2015-16 (as at 31 December 2015)
HKEC	Cons	3	3	4
	SMO/AC	5	6	7
	MO/RS	13	10	6
HKEC Total		**21**	**19**	**17**
HKWC	Cons	7	6	5
	SMO/AC	5	5	5
	MO/RS	15	15	15
HKWC Total		**27**	**27**	**26**
KCC	Cons	7	7	7
	SMO/AC	10	9	9
	MO/RS	15	12	10
KCC Total		**31**	**28**	**26**
KEC	Cons	6	6	5
	SMO/AC	6	7	7
	MO/RS	16	13	14
KEC Total		**28**	**26**	**26**
KWC	Cons	9	8	8
	SMO/AC	15	17	16
	MO/RS	27	23	25
KWC Total		**51**	**48**	**49**
NTEC	Cons	4	6	6
	SMO/AC	7	7	8
	MO/RS	16	14	13
NTEC Total		**27**	**28**	**28**
NTWC	Cons	6	6	8
	SMO/AC	8	9	7
	MO/RS	16	13	10
NTWC Total		**30**	**27**	**25**

Note:

1) The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff, but excluding Interns.

2) Individual figures may not add up to the total due to rounding.
Based on the O&G doctor numbers and the number of deliveries given above, the table below sets out the ratio of O&G doctors to the number of deliveries in the past 3 years.

Ratio of O&G doctors to the number of deliveries							
Year	Clusters						
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
2013-14	1:126	1:128	1:182	1:147	1:187	1:230	1:172
2014-15	1:148	1:140	1:226	1:167	1:212	1:249	1:207
2015-16	1:162	1:143	1:232	1:164	1:205	1:241	1:219

It should be noted that the ratio of O&G doctors to the number of deliveries varies among clusters because service demands vary among clusters, and the variances cannot be directly compared among the clusters.

Note:
The manpower figures above are drawn as at 31 March of respective years (except for 2015-16 the manpower figures are drawn as at 31 December 2015), whereas the number of deliveries refers to the throughput for the whole financial year (except for 2015-16 the number refers to the actual number from 1 January 2015 to 31 December 2015).

Abbreviations:
HKEC – Hong Kong East Cluster
HKWC – Hong Kong West Cluster
KCC – Kowloon Central Cluster
KEC – Kowloon East Cluster
KWC – Kowloon West Cluster
NTEC – New Territories East Cluster
NTWC – New Territories West Cluster
Cons – Consultant
SMO – Senior Medical Officer
AC – Associate Consultant
MO – Medical Officer
RS – Resident

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4801)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a detailed breakdown of the annual turnover of medical officers in hospitals of the Hospital Authority in 2013-14, 2014-15 and 2015-16 by post (including Consultant, Associate Consultant/Senior Doctor, Specialist and Specialist Trainee) and by clinical department upon the officers' departure, including the number of departures, attrition rate and median lengths of service upon departure.

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 438)

Reply:

The table below sets out the attrition number of all ranks of full-time doctors by major specialties in the Hospital Authority (HA) in 2013-14, 2014-15 and 2015-16 (rolling 12 months from 1 January 2015 - 31 December 2015).

Cluster	Specialty	2013-14				2014-15				2015-16 (rolling 12 months from 1 January 2015 - 31 December 2015)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
HKEC	Accident & Emergency	0	0	2	2	0	1	0	1	0	1	1	2
	Anaesthesia	0	1	3	4	0	4	0	4	1	0	0	1
	Family Medicine	0	0	2	2	1	0	1	2	1	1	0	2
	Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
	Medicine	1	1	2	4	3	1	2	6	1	1	1	3
	Neurosurgery	0	0	0	0	0	0	0	0	0	0	1	1
	Obstetrics & Gynaecology	1	0	0	1	0	1	0	1	0	2	0	2
	Ophthalmology	0	0	0	0	1	0	1	2	0	0	1	1
	Orthopaedics & Traumatology	0	0	0	0	0	1	0	1	1	3	2	6
	Paediatrics	1	1	0	2	0	0	0	0	0	0	0	0
	Pathology	0	1	0	1	1	1	0	2	0	1	0	1
	Psychiatry	0	1	0	1	0	0	2	2	0	0	0	0
	Radiology	1	3	0	4	0	1	0	1	0	2	0	2
	Surgery	0	5	0	5	1	1	0	2	2	0	0	2
	Others	1	0	0	1	0	0	0	0	1	0	1	2
	Total	**5**	**13**	**9**	**27**	**7**	**11**	**6**	**24**	**7**	**11**	**7**	**25**
HKWC	Accident & Emergency	0	0	0	0	0	0	1	1	1	1	2	4
	Anaesthesia	1	2	3	6	0	3	2	5	0	2	4	6
	Cardio-thoracic Surgery	0	0	0	0	0	1	0	1	0	0	0	0
	Family Medicine	0	0	0	0	0	0	2	2	0	0	1	1
	Intensive Care Unit	0	0	0	0	0	0	1	1	0	0	1	1
	Medicine	1	2	2	5	2	3	3	8	1	1	5	7
	Neurosurgery	0	1	0	1	0	0	0	0	1	0	0	1
	Obstetrics & Gynaecology	1	0	0	1	1	1	0	2	0	0	1	1
	Ophthalmology	0	1	0	1	0	1	1	2	0	2	0	2
	Orthopaedics & Traumatology	0	0	0	0	0	2	2	4	0	2	2	4
	Paediatrics	0	0	1	1	0	0	1	1	0	1	1	2
	Pathology	0	2	2	4	0	0	0	0	0	0	0	0
	Psychiatry	1	0	2	3	0	0	0	0	0	0	3	3
	Radiology	0	0	1	1	0	4	0	4	1	1	0	2
	Surgery	2	3	0	5	1	3	1	5	1	3	1	5

Cluster	Specialty	2013-14				2014-15				2015-16 (rolling 12 months from 1 January 2015 - 31 December 2015)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Others	1	1	0	2	0	0	0	0	0	1	1	2
	Total	**7**	**12**	**11**	**30**	**4**	**18**	**14**	**36**	**5**	**14**	**22**	**41**
KCC	Accident & Emergency	0	0	1	1	0	2	2	4	0	2	2	4
	Anaesthesia	1	0	0	1	0	0	1	1	0	1	0	1
	Cardio-thoracic Surgery	0	0	0	0	0	0	0	0	0	1	0	1
	Family Medicine	0	1	0	1	0	0	2	2	0	0	1	1
	Intensive Care Unit	0	0	0	0	0	0	0	0	0	1	0	1
	Medicine	2	3	0	5	1	1	3	5	0	1	3	4
	Neurosurgery	1	1	0	2	0	0	1	1	0	1	0	1
	Obstetrics & Gynaecology	0	0	0	0	0	1	2	3	1	2	3	6
	Ophthalmology	0	2	3	5	0	1	1	2	0	1	0	1
	Orthopaedics & Traumatology	1	2	0	3	2	1	0	3	1	0	0	1
	Paediatrics	0	0	0	0	1	0	1	2	0	1	1	2
	Pathology	0	0	0	0	0	1	0	1	0	3	1	4
	Psychiatry	0	0	2	2	0	1	0	1	0	1	0	1
	Radiology	1	2	0	3	2	2	0	4	0	0	0	0
	Surgery	1	1	0	2	2	1	0	3	0	1	0	1
	Others	0	1	0	1	1	1	1	3	1	1	0	2
	Total	**7**	**13**	**6**	**26**	**9**	**12**	**14**	**35**	**3**	**17**	**11**	**31**
KEC	Accident & Emergency	0	0	2	2	0	0	2	2	1	0	3	4
	Anaesthesia	0	1	0	1	0	0	0	0	0	0	3	3
	Family Medicine	0	0	6	6	0	0	4	4	0	0	2	2
	Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
	Medicine	0	0	2	2	1	1	1	3	2	2	3	7
	Neurosurgery	0	0	0	0	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	0	0	0	1	2	3	1	0	1	2
	Ophthalmology	0	0	3	3	0	1	0	1	0	0	0	0
	Orthopaedics & Traumatology	1	0	1	2	0	2	0	2	0	0	1	1
	Paediatrics	0	0	3	3	1	0	0	1	1	1	0	2
	Pathology	0	0	1	1	0	0	0	0	1	1	1	3
	Psychiatry	0	1	0	1	0	0	0	0	1	0	0	1
	Radiology	0	1	0	1	0	0	0	0	2	0	0	2

Cluster	Specialty	2013-14				2014-15				2015-16 (rolling 12 months from 1 January 2015 - 31 December 2015)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Surgery	0	3	0	3	2	1	0	3	1	0	1	2
	Others	0	0	0	0	0	0	0	0	0	1	0	1
	Total	**1**	**6**	**18**	**25**	**4**	**6**	**9**	**19**	**10**	**5**	**15**	**30**
KWC	Accident & Emergency	0	1	2	3	0	0	4	4	0	1	2	3
	Anaesthesia	1	1	0	2	0	3	3	6	0	1	2	3
	Family Medicine	0	1	3	4	0	0	5	5	0	1	6	7
	Intensive Care Unit	0	0	0	0	2	2	0	4	0	1	0	1
	Medicine	3	4	3	10	1	3	1	5	2	6	9	17
	Neurosurgery	0	0	0	0	1	1	1	3	0	0	0	0
	Obstetrics & Gynaecology	0	0	1	1	1	4	2	7	2	1	1	4
	Ophthalmology	0	0	0	0	1	0	0	1	0	2	0	2
	Orthopaedics & Traumatology	1	1	1	3	0	0	1	1	1	1	2	4
	Paediatrics	0	1	0	1	0	0	2	2	1	0	1	2
	Pathology	1	0	1	2	1	0	1	2	3	1	1	5
	Psychiatry	0	0	2	2	1	3	1	5	0	2	1	3
	Radiology	2	3	0	5	1	1	0	2	1	3	0	4
	Surgery	0	0	2	2	3	2	1	6	2	1	1	4
	Others	0	0	1	1	0	0	1	1	0	2	1	3
	Total	**8**	**12**	**16**	**36**	**12**	**19**	**23**	**54**	**12**	**23**	**27**	**62**
NTEC	Accident & Emergency	0	1	1	2	0	0	0	0	0	0	0	0
	Anaesthesia	0	4	0	4	0	2	0	2	0	1	0	1
	Cardio-thoracic Surgery	0	1	0	1	0	1	0	1	0	0	0	0
	Family Medicine	0	0	6	6	0	3	2	5	0	0	3	3
	Intensive Care Unit	0	0	0	0	0	2	0	2	0	0	2	2
	Medicine	0	1	4	5	0	7	4	11	0	5	2	7
	Neurosurgery	0	0	0	0	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	2	1	2	5	0	1	0	1	0	1	0	1
	Ophthalmology	0	0	0	0	0	0	0	0	0	1	0	1
	Orthopaedics & Traumatology	0	0	0	0	1	2	3	6	0	2	2	4
	Paediatrics	0	0	4	4	0	0	0	0	0	0	1	1
	Pathology	0	0	0	0	0	2	1	3	1	2	0	3
	Psychiatry	0	1	1	2	0	3	0	3	0	0	0	0

Cluster	Specialty	2013-14				2014-15				2015-16 (rolling 12 months from 1 January 2015 - 31 December 2015)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Radiology	0	0	0	0	0	0	0	0	0	0	0	0
	Surgery	0	1	2	3	0	0	1	1	0	2	1	3
	Others	0	0	2	2	1	0	1	2	0	0	0	0
	Total	**2**	**10**	**22**	**34**	**2**	**23**	**12**	**37**	**1**	**14**	**11**	**26**
NTWC	Accident & Emergency	0	0	0	0	0	0	0	0	0	0	2	2
	Anaesthesia	1	2	0	3	1	1	0	2	0	0	1	1
	Cardio-thoracic Surgery	0	0	0	0	0	0	0	0	0	0	0	0
	Family Medicine	0	1	3	4	0	0	3	3	0	2	2	4
	Intensive Care Unit	1	1	0	2	0	1	0	1	0	2	0	2
	Medicine	1	3	1	5	1	2	2	5	2	2	1	5
	Neurosurgery	0	1	0	1	1	0	0	1	0	0	0	0
	Obstetrics & Gynaecology	0	0	3	3	0	0	5	5	0	2	3	5
	Ophthalmology	0	0	0	0	0	0	1	1	0	0	1	1
	Orthopaedics & Traumatology	1	0	0	1	0	0	1	1	0	0	0	0
	Paediatrics	0	0	0	0	0	0	0	0	1	1	0	2
	Pathology	1	2	0	3	0	1	0	1	0	0	0	0
	Psychiatry	0	2	0	2	0	1	2	3	0	3	3	6
	Radiology	0	1	0	1	0	1	0	1	1	0	0	1
	Surgery	1	2	0	3	0	1	0	1	0	1	3	4
	Others	0	1	0	1	1	0	0	1	1	0	0	1
	Total	**6**	**16**	**7**	**29**	**4**	**8**	**14**	**26**	**5**	**13**	**16**	**34**

On the basis of the above turnover of doctors, the table below sets out the attrition rate and median length of service of all ranks of full-time doctors departing HA by major specialties in HA in 2013-14, 2014-15 and 2015-16 (rolling 12 months from 1 January 2015 - 31 December 2015).

Specialty	Full-time Attrition (wastage) rate				Full-time Median length of service (Years)			
	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
2013-14								
Accident & Emergency	-	1.3%	3.6%	**2.4%**	-	14.87	2.26	**3.51**
Anaesthesia	7.7%	7.6%	3.6%	**5.7%**	19.87	13.66	4.65	**15.34**
Cardio-thoracic Surgery	-	6.3%	-	**2.9%**	-	12.62	-	**12.62**
Family Medicine	-	3.7%	4.4%	**4.2%**	-	15.45	3.96	**5.00**
Intensive Care Unit	8.6%	1.8%	-	**1.6%**	21.30	19.13	-	**20.21**

Specialty	Full-time Attrition (wastage) rate				Full-time Median length of service (Years)			
	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
Medicine	6.0%	3.6%	2.2%	**3.1%**	21.97	16.45	5.24	**14.71**
Neurosurgery	6.0%	13.1%	-	**4.6%**	19.30	18.75	-	**19.02**
Obstetrics & Gynaecology	10.5%	1.9%	5.0%	**5.2%**	20.37	8.92	6.48	**16.72**
Ophthalmology	-	6.1%	7.1%	**5.9%**	-	15.52	6.21	**8.14**
Orthopaedics & Traumatology	7.6%	3.0%	1.2%	**2.9%**	21.79	12.66	2.74	**17.25**
Paediatrics	2.0%	1.9%	5.1%	**3.6%**	21.88	11.39	7.40	**7.50**
Pathology	3.9%	6.6%	6.4%	**5.8%**	19.25	19.16	6.23	**17.49**
Psychiatry	2.9%	4.5%	3.8%	**3.9%**	19.25	12.51	5.26	**11.89**
Radiology	5.9%	11.8%	0.8%	**5.5%**	21.01	12.28	2.76	**13.10**
Surgery	5.5%	11.1%	1.4%	**4.7%**	16.78	13.52	2.81	**13.25**
Others	4.3%	3.8%	2.1%	**3.0%**	18.93	22.42	9.68	**17.08**
Total	**5.1%**	**5.0%**	**3.1%**	**3.9%**	**21.28**	**15.43**	**5.26**	**12.59**
2014-15								
Accident & Emergency	-	1.8%	4.0%	**2.8%**	19.82	16.84	2.00	**3.33**
Anaesthesia	1.8%	8.7%	3.6%	**5.4%**	-	12.02	1.59	**9.70**
Cardio-thoracic Surgery	-	14.5%	-	**6.0%**	-	18.31	-	**18.31**
Family Medicine	6.8%	3.7%	4.2%	**4.2%**	19.85	16.75	11.00	**11.34**
Intensive Care Unit	15.3%	9.3%	1.7%	**6.3%**	20.11	16.99	7.00	**17.46**
Medicine	6.3%	4.5%	2.5%	**3.6%**	22.46	18.00	8.14	**17.17**
Neurosurgery	12.8%	4.6%	4.1%	**5.8%**	22.48	11.23	5.07	**11.23**
Obstetrics & Gynaecology	5.3%	17.0%	9.8%	**10.8%**	12.62	12.09	7.65	**8.94**
Ophthalmology	10.3%	5.8%	4.7%	**5.8%**	21.15	13.08	8.04	**10.37**
Orthopaedics & Traumatology	5.7%	7.8%	4.3%	**5.6%**	22.75	17.91	7.55	**16.39**
Paediatrics	3.9%	-	2.3%	**1.8%**	22.54	-	4.45	**7.27**
Pathology	3.8%	6.1%	3.3%	**4.6%**	22.87	10.83	7.79	**10.83**
Psychiatry	2.7%	7.2%	2.7%	**4.2%**	22.33	14.33	8.50	**13.71**
Radiology	4.3%	9.9%	-	**4.3%**	22.73	10.75	-	**11.48**
Surgery	11.8%	6.3%	1.1%	**4.2%**	21.25	11.95	8.37	**15.25**
Others	6.5%	1.3%	3.6%	**3.4%**	22.33	13.06	2.41	**13.06**
Total	**5.8%**	**5.7%**	**3.2%**	**4.4%**	**22.31**	**14.66**	**7.00**	**11.69**
2015-16 (Rolling 12 months from 1 January 2015 - 31 December 2015)								
Accident & Emergency	5.4%	2.8%	5.4%	**4.4%**	23.54	17.57	4.90	**7.00**
Anaesthesia	1.8%	3.1%	5.8%	**4.1%**	23.92	13.97	4.02	**7.57**
Cardio-thoracic Surgery	-	9.3%	-	**3.0%**	-	24.06	-	**24.06**
Family Medicine	7.1%	4.7%	3.3%	**3.6%**	19.85	12.18	10.41	**11.72**
Intensive Care Unit	-	7.5%	4.7%	**5.4%**	-	16.70	4.00	**15.94**
Medicine	5.2%	4.5%	3.7%	**4.1%**	23.31	17.65	7.46	**13.88**
Neurosurgery	6.3%	4.5%	1.9%	**3.3%**	24.08	20.74	3.14	**20.74**
Obstetrics & Gynaecology	10.6%	14.2%	8.9%	**10.8%**	23.10	12.29	8.70	**10.78**
Ophthalmology	-	11.4%	2.3%	**5.0%**	-	13.85	7.30	**11.38**
Orthopaedics & Traumatology	5.6%	7.5%	5.5%	**6.2%**	24.00	16.13	9.11	**13.35**

Specialty	Full-time Attrition (wastage) rate				Full-time Median length of service (Years)			
	Consultant	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**
Paediatrics	5.8%	3.8%	2.2%	**3.3%**	23.08	21.81	7.77	**20.91**
Pathology	9.3%	10.2%	4.6%	**8.1%**	21.91	11.57	9.43	**13.27**
Psychiatry	2.7%	5.2%	3.8%	**4.2%**	19.87	17.77	4.42	**10.67**
Radiology	7.2%	6.5%	-	**3.8%**	21.09	11.82	-	**17.86**
Surgery	7.3%	5.4%	2.4%	**4.1%**	22.29	11.12	3.37	**10.58**
Others	6.3%	6.3%	2.1%	**4.1%**	23.36	18.07	8.50	**18.07**
Total	**5.7%**	**5.6%**	**3.7%**	**4.6%**	**23.24**	**15.20**	**7.24**	**12.13**

Notes:

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

2. Rolling Attrition (Wastage) Rate = Total no. of staff left HA in the past 12 months /Average strength in the past 12 months x 100%

3. Since April 2013, attrition (wastage) for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.

4. The services of the psychiatry departments include services for the mentally handicapped.

Abbreviations

SMO/AC – Senior Medical Officer/Associate Consultant
MO/R – Medical Officer/Resident
HKEC – Hong Kong East Cluster
HKWC – Hong Kong West Cluster
KCC – Kowloon Central Cluster
KEC – Kowloon East Cluster
KWC – Kowloon West Cluster
NTEC – New Territories East Cluster
NTWC – New Territories West Cluster

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4802)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Please provide the following information on general outpatient (GOP) services of the past 3 years:

1. the utilisation rate, number of attendances, daily consultation quotas and daily consultation quotas per doctor in GOP clinics of each hospital cluster;

2. the number of doctors by rank, their lengths of service, vacancy rates, wastage rates and average weekly working hours in GOP clinics of each hospital cluster; and

3. whether funding has been set aside in the 2016-17 Estimates for improving the telephone appointment system; if yes, please provide the details; if no, please give the reasons.

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 440)

Reply:
(1)
The general outpatient clinics (GOPCs) under the Hospital Authority (HA) are primarily targeted at serving the elderly, the low-income group and the chronically ill. At present, HA operates a total of 73 GOPCs throughout the territory. The GOPC service is of high volume and the utilisation is over 95%.

The table below sets out the number of GOP attendances in the past 3 years:

2013-14	**2014-15**	**2015-16 (Revised Estimate)**
5 813 706	5 905 262	5 913 000

The table below sets out the number of doctors working in these GOPCs in the past 3 years:

2013	2014	2015
412	432	439

(2)

HA provides inpatient services, ambulatory and outreach services to the public, including day inpatient services, specialist outpatient services, primary care services, etc. The clinical duties of HA doctors are subject to operational needs of individual specialty. Doctors are generally scheduled to work with an average weekly working hour of 44 hours. In 2015-16, the overall manpower shortfall of doctors in HA is around 300.

Within HA, services delivered in a range of outpatient clinics including GOPCs, HA Staff Clinics and Family Medicine Specialist Clinics are organised under the Family Medicine specialty. The table below sets out the number and the years of service of doctors working in the Family Medicine specialty in the past 3 years:

	2013-14 (as at 31 Mar 2014)	**2014-15 (as at 31 Mar 2015)**	**2015-16 (as at 31 Dec 2015)**
<1 Year	17	23	10
1 - <6 Years	168	171	197
6 - <11 Years	208	115	98
11 - <16 Years	131	222	237
16 - <21 Years	42	44	47
21 - <26 Years	18	22	26
26 Years or above	0	1	1
Overall	**584**	**598**	**616**

Notes

1. Manpower on a headcount basis includes permanent, contract, temporary staff excluding interns.
2. For the purpose of this analysis, only staff members who have completed years of experience are grouped into the respective categories. For example, staff with less than 6 years, say 5.5 years, would be counted towards the group of "1 - <6" years.
3. The figures on years of service are captured on a specialty basis. Breakdown of figures for doctors working in GOPC is not available.

The table below sets out the attrition rate of full-time doctors working in the Family Medicine specialty in the past 3 years:

2013-14	**2014-15**	**2015-16 (Rolling 12 months from 1 January 2015 to 31 December 2015)**
4.2%	4.2%	3.6%

Notes

1. Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on a headcount basis.
2. Since April 2013, attrition (wastage) for the HA full-time and part-time workforce has been separately monitored and presented i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.
3. Rolling Attrition (Wastage) Rate = (Total number of staff left HA in the past 12 months /Average strength in the past 12 months) x 100%

(3)

Patients under the care of GOPCs mainly comprise chronic disease patients (such as patients with diabetes mellitus or hypertension) and episodic disease patients with relatively mild symptoms (such as those suffering from flu, cold, fever or gastroenteritis). For those with episodic diseases, consultation timeslots at GOPCs in the next 24 hours are available for booking through HA's telephone appointment system (TAS). As for chronic disease patients requiring follow-up consultations, they will be assigned a timeslot after each consultation and do not need to make separate appointments by phone.

To improve patients' access to GOPC service, HA plans to increase GOPC quotas in 5 clusters (Hong Kong West Cluster, Kowloon East Cluster, Kowloon West Cluster, New Territories East Cluster and New Territories West Cluster) by 27 000 attendances in 2016-17.

Taking into consideration the feedback from the public, HA has introduced a number of measures to improve the operation of the TAS over the past few years. These include replacing computerised voice with authentic human voice to make it easier for elders to hear, simplifying data entry procedures to make the system more user-friendly for elders, extending the response time in each step to allow sufficient time for elders to input data, etc. HA has further simplified the procedures of telephone booking since 2013. Currently, when users are connected to the telephone appointment system, the system will automatically search for available quota in the next 24 hours in the called clinic and its nearby clinics. If that particular clinic and clinics nearby have run out of consultation quotas, the system will inform right away without the need to enter personal information. To further improve the telephone appointment service, HA has recently increased the number of telephone lines to over 600 lines. In 2016, further line addition would be implemented. Moreover, help desks have been set up in GOPCs to assist those who may encounter difficulties in using the TAS. HA will continue to keep in view the operation of the TAS, and introduce improvement measures as appropriate.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)297

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4803)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information on accident and emergency (A&E) services:

a. the utilisation rate, number of attendances, number of patients of different triage categories and their average and longest waiting time in each A&E Department for the past 3 years;

b. whether the Government has compiled statistics on the number of A&E attendances at different timeslots; if so, please set out the service capacity at various timeslots in each A&E Department;

c. the number of A&E doctors in each HA hospital, their lengths of service, vacancy rates, wastage rates, average weekly working hours, the longest working hours and the longest continuous working hours for the past 3 years;

d. the details and objectives of "The A&E Support Session Program"; the number, rank and length of service of participating doctors as well as their average and longest hours of part-time service last year.

Asked by: Dr Hon KWOK Ka Ki (Member Question No. 441)

Reply:

a. The tables below set out the number of attendances in various triage category in each Accident and Emergency (A&E) Department in the past 3 years.

2013-14

Cluster	Hospital	Number of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	1 580	2 504	37 537	94 172	9 114
	RH	664	1 626	14 260	56 448	6 610
	SJH	35	44	1 691	7 587	1 355
HKWC	QMH	957	2 380	33 238	85 453	6 263
KCC	QEH	3 373	4 614	92 529	76 490	5 753
KEC	TKOH	449	932	31 256	89 277	8 029
	UCH	2 366	4 684	65 605	95 017	16 319
KWC	CMC	1 268	1 581	34 439	80 348	15 907
	KWH	1 854	2 331	55 214	67 234	5 762
	NLTH^	68	127	3 983	18 630	3 359
	PMH	1 269	2 632	65 662	65 973	9 275
	YCH	1 290	2 411	42 671	84 863	4 356
NTEC	AHNH	413	1 253	22 186	99 258	13 446
	NDH	845	1 669	39 117	63 617	6 819
	PWH	1 380	4 927	35 755	98 923	1 972
NTWC	POH	505	2 229	32 483	75 320	15 702
	TMH	1 042	5 192	67 215	129 749	15 365
Overall HA		**19 358**	**41 136**	**674 841**	**1 288 359**	**145 406**

2014-15

Cluster	Hospital	Number of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	1 624	2 446	37 657	89 994	8 588
	RH	697	1 580	13 907	55 519	6 083
	SJH	32	43	1 595	7 701	1 291
HKWC	QMH	880	2 502	35 180	82 441	4 832
KCC	QEH	3 690	4 470	93 533	71 948	4 909
KEC	TKOH	503	989	33 101	89 362	8 289
	UCH	2 336	4 618	63 511	92 680	14 461
KWC	CMC	1 366	1 415	33 016	77 561	14 342
	KWH	1 599	2 207	55 479	64 523	4 244
	NLTH^	185	471	13 046	59 565	5 793
	PMH	1 145	2 482	61 809	60 079	6 849
	YCH	1 079	2 567	40 737	83 203	3 323
NTEC	AHNH	371	1 081	21 748	101 633	10 042
	NDH	834	1 567	37 938	59 945	5 666
	PWH	1 505	5 437	35 774	92 726	1 409
NTWC	POH	547	2 332	31 957	74 572	12 289
	TMH	960	5 137	67 469	123 399	13 675

Overall HA	**19 353**	**41 344**	**677 457**	**1 286 851**	**126 085**

2015-16 (up to 31 December 2015) [Provisional figures]

Cluster	Hospital	Number of A&E attendances				
		Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	PYNEH	1 186	1 621	28 671	66 090	5 618
	RH	491	960	10 199	40 399	4 684
	SJH	20	20	1 118	5 468	555
HKWC	QMH	636	2 061	27 835	59 064	3 241
KCC	QEH	2 757	3 596	71 264	54 936	3 793
KEC	TKOH	354	665	24 660	67 520	5 324
	UCH	1 639	3 569	47 309	68 240	9 194
KWC	CMC	1 048	1 153	24 068	59 124	11 084
	KWH	935	1 771	40 626	48 340	2 935
	NLTH^	143	449	11 737	49 786	2 658
	PMH	858	1 783	45 055	44 925	5 179
	YCH	651	1 797	29 824	61 066	2 263
NTEC	AHNH	279	831	17 193	77 853	5 527
	NDH	573	1 210	29 243	45 417	3 826
	PWH	1 086	4 215	28 161	69 887	1 005
NTWC	POH	374	1 728	24 102	55 895	9 418
	TMH	719	3 999	50 902	93 533	11 244
Overall HA		**13 749**	**31 428**	**511 967**	**967 543**	**87 548**

^ North Lantau Hospital (NLTH) has commenced its A&E services since September 2013.

The tables below set out the average waiting time for A&E services in various triage category in each A&E Department in the past 3 years.

2013-14

Cluster	Hospital	Average waiting time (minute) for A&E services				
		Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	PYNEH	0	5	15	80	121
	RH	0	7	17	65	119
	SJH	0	6	13	21	32
HKWC	QMH	0	7	22	90	155
KCC	QEH	0	9	40	174	207
KEC	TKOH	0	6	14	71	79
	UCH	0	9	24	122	184
KWC	CMC	0	9	21	69	64

Cluster	Hospital	Average waiting time (minute) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
	KWH	0	9	35	151	179
	NLTH^	0	6	13	23	24
	PMH	0	7	19	108	160
	YCH	0	5	20	125	159
NTEC	AHNH	0	6	11	26	29
	NDH	0	6	25	106	160
	PWH	0	11	52	174	163
NTWC	POH	0	5	23	111	124
	TMH	0	5	32	149	161
Overall HA		**0**	**7**	**27**	**106**	**124**

2014-15

Cluster	Hospital	Average waiting time (minute) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	0	5	16	103	143
	RH	0	6	17	69	127
	SJH	0	8	15	24	37
HKWC	QMH	0	8	24	110	177
KCC	QEH	0	8	37	156	183
KEC	TKOH	0	6	14	72	85
	UCH	0	9	24	137	206
KWC	CMC	0	7	20	66	63
	KWH	0	7	42	229	244
	NLTH^	0	7	14	28	33
	PMH	0	7	19	103	150
	YCH	0	5	21	132	161
NTEC	AHNH	0	4	12	27	30
	NDH	0	7	23	102	154
	PWH	0	12	47	188	172
NTWC	POH	0	5	21	111	120
	TMH	0	5	30	142	156
Overall HA		**0**	**7**	**26**	**110**	**127**

2015-16 (up to 31 December 2015) [Provisional figures]

Cluster	Hospital	Average waiting time (minute) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	0	6	16	115	153

Cluster	Hospital	Average waiting time (minute) for A&E services				
		Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
	RH	0	5	17	79	139
	SJH	0	7	14	21	26
HKWC	QMH	0	8	25	103	163
KCC	QEH	0	7	29	140	180
KEC	TKOH	0	6	14	83	91
	UCH	0	8	24	152	227
KWC	CMC	0	7	19	64	63
	KWH	0	6	32	171	194
	NLTH^	0	8	14	25	41
	PMH	0	7	19	96	140
	YCH	0	4	20	143	174
NTEC	AHNH	0	5	12	27	31
	NDH	0	7	21	96	139
	PWH	0	12	41	177	173
NTWC	POH	0	5	22	110	123
	TMH	0	5	27	132	150
Overall HA		**0**	**7**	**24**	**107**	**130**

^ NLTH has commenced A&E services since September 2013.

The figure of longest waiting time at each A&E Department is not readily available.

In A&E Departments, a triage system is in place to ensure that patient are prioritised and attended to according to their clinical conditions or seriousness of their injuries. For patients whose clinical conditions are triaged as Category I to III, HA has set performance pledges on the waiting time for their treatment. In the past 3 years, HA is able to meet its waiting time targets for cases triaged as Category I (critical) and Category II (emergency). This shows that the majority of patients with pressing medical needs receive timely medical treatment.

b. The tables below set out the number of attendances at various timeslots in each A&E Department in the past 3 years.

2013-14

Cluster	Hospital	Total number of A&E attendances					
		Weekdays			**Sundays and Public holidays**		
		From 12:00am to 7:59am	**From 8:00am to 3:59pm**	**From 4:00pm to 11:59pm**	**From 12:00am to 7:59am**	**From 8:00am to 3:59pm**	**From 4:00pm to 11:59pm**
HKEC	PYNEH	19 219	62 530	43 607	4 696	12 025	10 255
	RH	8 654	32 813	24 097	2 315	7 450	5 477
	SJH	1 251	2 970	3 633	377	1 306	1 175
HKWC	QMH	16 613	52 525	38 607	4 404	10 693	8 735
KCC	QEH	23 136	83 030	56 252	6 032	14 721	12 109

Cluster	Hospital	Total number of A&E attendances					
		Weekdays			Sundays and Public holidays		
		From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm	From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm
KEC	TKOH	17 101	54 360	39 810	4 135	10 778	9 086
	UCH	26 875	73 865	54 274	6 542	14 538	12 339
KWC	CMC	16 599	53 195	41 531	4 088	11 451	9 949
	KWH	17 258	60 096	39 649	4 151	11 078	8 751
	NLTH^	58	15 405	6 593	18	3 352	1 505
	PMH	20 871	60 774	42 045	5 093	11 348	9 514
	YCH	18 967	58 045	38 320	4 643	11 752	8 986
NTEC	AHNH	16 412	54 442	40 705	3 936	11 354	10 064
	NDH	15 918	43 626	32 397	3 931	9 113	7 792
	PWH	18 467	60 236	40 856	4 527	11 564	8 931
NTWC	POH	16 170	55 579	36 569	3 914	10 504	8 276
	TMH	31 729	93 483	62 022	7 490	17 661	13 843
Overall HA		**285 298**	**916 974**	**640 967**	**70 292**	**180 688**	**146 787**

2014-15

Cluster	Hospital	Total number of A&E attendances					
		Weekdays			Sundays and Public holidays		
		From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm	From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm
HKEC	PYNEH	18 868	60 161	41 582	4 701	11 975	10 122
	RH	8 116	32 013	23 004	2 286	7 662	5 595
	SJH	1 140	3 058	3 647	333	1 336	1 148
HKWC	QMH	16 159	51 261	37 502	4 438	10 631	8 864
KCC	QEH	22 421	80 305	54 569	5 891	14 829	12 376
KEC	TKOH	17 275	55 148	39 759	4 294	11 420	9 655
	UCH	25 849	71 727	51 622	6 530	14 438	12 354
KWC	CMC	15 507	51 360	39 353	3 908	11 085	9 657
	KWH	16 350	57 925	38 243	4 350	10 929	8 659
	NLTH^	3 745	33 813	28 442	982	7 770	6 562
	PMH	18 247	56 520	38 197	4 550	10 587	8 902
	YCH	18 041	55 655	36 712	4 630	11 785	9 081
NTEC	AHNH	16 149	53 504	39 957	4 080	11 551	10 034
	NDH	15 075	41 061	30 356	3 859	8 702	7 577
	PWH	17 682	57 168	38 510	4 471	11 429	8 877
NTWC	POH	15 786	52 746	34 757	4 133	10 518	8 352
	TMH	30 467	90 015	59 612	7 542	17 497	13 823
Overall HA		**276 877**	**903 440**	**635 824**	**70 978**	**184 144**	**151 638**

2015-16 (up to 31 December 2015) [Provisional figures]

Cluster	Hospital	Total number of A&E attendances					
		Weekdays			Sundays and Public holidays		
		From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm	From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm
HKEC	PYNEH	13 871	44 469	30 057	3 506	8 949	7 345
	RH	5 848	23 466	16 837	1 608	5 833	3 977

Cluster	Hospital	Total number of A&E attendances					
		Weekdays			Sundays and Public holidays		
		From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm	From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm
	SJH	785	1 944	2 591	236	842	783
HKWC	QMH	11 450	38 916	27 626	3 154	7 899	6 338
KCC	QEH	16 689	61 688	41 409	4 474	11 625	9 425
KEC	TKOH	12 520	42 215	29 589	3 211	8 429	7 008
	UCH	18 824	52 487	38 086	4 645	10 614	8 865
KWC	CMC	11 945	38 436	29 906	3 070	8 483	7 146
	KWH	12 004	42 895	28 397	3 159	7 888	6 432
	NLTH^	5 674	25 324	22 753	1 480	5 982	5 390
	PMH	12 834	41 643	28 627	3 185	8 058	6 538
	YCH	13 067	40 714	27 078	3 329	8 683	6 377
NTEC	AHNH	12 227	40 394	30 293	3 083	8 628	7 396
	NDH	11 342	31 317	23 014	2 812	6 718	5 607
	PWH	13 522	43 757	29 050	3 364	8 681	6 615
NTWC	POH	11 851	39 633	26 301	3 137	7 940	6 306
	TMH	22 669	68 366	45 839	5 482	13 607	10 359
Overall HA		**207 122**	**677 664**	**477 453**	**52 935**	**138 859**	**111 907**

^ NLTH has commenced its A&E services since September 2013.

c. The table below sets out the manpower of A&E doctors by cluster in the past 3 years.

A&E Specialty		Number of Doctors		
Cluster	**Hospital**	**2013-14** (as at 31 March 2014)	**2014-15** (as at 31 March 2015)	**2015-16** (as at 31 December 2015)
HKEC	PYNEH	34	33	34
	RH	17	17	18
	SJH	4	5	4
HKWC	QMH	29	26	26
KCC	QEH	40	41	48
KEC	TKOH	23	21	24
	UCH	36	37	39
KWC	CMC	23	27	24
	KWH	27	26	25
	NLTH ^	15	22	22
	PMH	30	31	32
	YCH	31	28	28
NTEC	AHNH	24	24	24
	NDH	20	20	20
	PWH	23	22	24
NTWC	POH	24	25	25
	TMH	39	41	42

Note: The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff excluding Interns and Dental Officers.

^ NLTH has commenced its A&E services since September 2013.

The year of services of A&E doctors is not readily available.

In general, HA fills vacancies of senior healthcare staff through internal transfer or promotion of suitable serving HA staff as far as possible. For vacancies of junior level staff, HA conducts recruitment exercise each year to recruit graduates of local universities and other qualified healthcare professionals to fill the vacancies in HA. Individual departments may also recruit healthcare staff throughout the year to cope with service and operational needs. The total manpower shortfall of doctors in 2015-16 in HA is around 300.

The table below sets out the attrition (wastage) rate of full-time doctors by cluster in the past 3 years.

Full-time Attrition (Wastage) Rate				
Cluster	**Hospital**	**2013-14**	**2014-15**	**2015-16 (Rolling 12 months Jan 15 - Dec 15)**
HKEC	PYNEH	2.8%	2.8%	5.7%
	RH	-	-	-
	SJH	25.0%	-	-
HKWC	QMH	-	3.8%	16.1%
KCC	QEH	2.5%	10.1%	9.5%
KEC	TKOH	-	4.6%	9.5%
	UCH	5.5%	2.6%	5.3%
KWC	CMC	8.2%	-	4.1%
	KWH	-	4.3%	-
	NLTH^	-	4.9%	4.5%
	PMH	-	3.6%	-
	YCH	3.5%	3.6%	3.6%
NTEC	AHNH	-	-	-
	NDH	5.3%	-	-
	PWH	5.0%	-	-
NTWC	POH	-	-	-
	TMH	-	-	4.9%

Notes :

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

(2) Since April 2013, attrition (wastage) for the HA full-time and part-time workforce has been separately monitored and presented i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively

(3) Rolling Attrition (Wastage) Rate = Total no. of staff left HA in the past 12 months /Average strength in the past 12 months x 100%

^ NLTH has commenced its A&E services since September 2013.

Doctors in A&E departments are generally rostered to work on shift with an average weekly working hour of 44 hours.

d. "The A&E Support Session Programme" aims to recruit additional medical and nursing staff, including those from and outside A&E Departments, to work extra hours on a voluntary basis with payment of special honorarium. The extra manpower are deployed to handle semi-urgent and non-urgent cases so that the pressure and workload of A&E staff can be reduced, thus allowing them to focus on more urgent cases. As at end December 2015, about 400 doctors (including Consultants, Associate Consultants /

Senior Medical Officers, Residents / Medical Officers), on a headcount basis, participated in the Programme. Detailed breakdown of the participating doctors by rank, length of services and average and longest hours of work is not readily available.

Abbreviations

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

Hospitals
PYNEH – Pamela Youde Nethersole Eastern Hospital
RH – Ruttonjee Hospital
SJH – St. John Hospital
QMH – Queen Mary Hospital
QEH – Queen Elizabeth Hospital
TKOH – Tseung Kwan O Hospital
UCH – United Christian Hospital
CMC – Caritas Medical Centre
KWH – Kwong Wah Hospital
NLTH – North Lantau Hospital
PMH – Princess Margaret Hospital
YCH – Yan Chai Hospital
AHNH – Alice Ho Miu Ling Nethersole Hospital
NDH – North District Hospital
PWH – Prince of Wales Hospital
POH – Pok Oi Hospital
TMH – Tuen Mun Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4804)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information on mental health services of the past 3 years:

a. the estimated number of mentally-ill persons in the territory;

b. the number of mentally-ill persons seeking consultation from the Hospital Authority (HA) and the number of those diagnosed with severe mental illness in each hospital cluster;

c. the manpower for psychiatric services (including psychiatrists, nurses and community nurses) and their respective ratios to persons seeking consultation from HA in each cluster;

d. the respective ratios of psychiatrists and nurses to the overall population, mental patients and the population aged 65 or above in relevant districts in each cluster; and

e. the numbers of psychiatric inpatient discharges and deaths, and the unplanned readmission rates within 28 days and 3 months respectively in each cluster.

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 442)

Reply:

(a) The Hospital Authority (HA) does not have statistics on the estimated number of mentally-ill persons in the territory.

(b) The table below sets out the total number of psychiatric patients treated and the number of patients diagnosed with severe mental illness (SMI) in HA in the past three years by cluster:

	Total no. of psychiatric patients treated [1] **(including inpatients, patients at specialist outpatient clinics and day hospitals)**	**No. of patients diagnosed with SMI** [1]
2013-14		
HKEC	19 500	3 400
HKWC	17 900	3 200
KCC	17 000	4 900
KEC	28 600	6 800
KWC	59 300	14 800
NTEC	37 100	7 000
NTWC	33 700	8 200
Overall [2]	**208 100**	**46 500**
2014-15		
HKEC	20 100	3 500
HKWC	18 500	3 200
KCC	17 400	5 000
KEC	29 900	7 000
KWC	62 600	15 300
NTEC	38 900	7 100
NTWC	34 800	8 300
Overall [2]	**217 400**	**47 500**
2015 (January –December) [Provisional figures]		
HKEC	20 700	3 500
HKWC	19 100	3 200
KCC	17 900	4 900
KEC	31 100	7 200
KWC	65 700	15 500
NTEC	40 500	7 200
NTWC	35 700	8 400
Overall [2]	**225 900**	**48 000**

Notes:

1. Figures are rounded to the nearest hundred.
2. Sum of clusters may not add up to the total as a patient may be treated in more than one cluster.

(c) The table below sets out the number of psychiatric doctors, psychiatric nurses and community psychiatric nurses (CPNs) in HA in the past three years by cluster:

	Psychiatric doctors[1 & 2]	Psychiatric Nurses[1 & 3] (including Community Psychiatric Nurses)	Community Psychiatric Nurses[1 & 4] (CPNs)
2013-14 (as at 31 March 2014)			
HKEC	35	230	9
HKWC	24	113	7
KCC	34	238	12
KEC	35	133	14
KWC	69	608	23
NTEC	61	349	23
NTWC	77	703	42
Overall	**335**	**2375**	**130**
2014-15 (as at 31 March 2015)			
HKEC	36	231	9
HKWC	24	112	8
KCC	36	245	12
KEC	35	135	16
KWC	71	651	21
NTEC	58	367	21
NTWC	74	700	43
Overall	**333**	**2 442**	**129**
2015-16 (as at 31 December 2015)			
HKEC	37	241	9
HKWC	25	110	7
KCC	36	244	12
KEC	35	141	16
KWC	76	652	21
NTEC	65	372	16
NTWC	73	699	46
Overall	**346**	**2 459**	**127**

Notes:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but exclude those in HA Head Office. Individual figures may not add up to the total due to rounding.
2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except interns.
3. Psychiatric nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatric departments of other non-psychiatric hospitals, as well as all other nurses in psychiatric stream.
4. The job duty of CPN is mainly to provide short-term community support for discharged psychiatric patients to facilitate their community re-integration.

(d) Mental health services are provided by multi-disciplinary teams comprising psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers, occupational therapists, etc. In planning services, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors under consideration. Furthermore, patients may receive treatment in hospitals other than those in their own residential districts. Some specialised services are available only in certain hospitals,

and hence certain clusters. The beds in those clusters are providing services for patients throughout the territory. HA does not have ready breakdown on the requested staffing ratios which may not reflect the actual level of service provision due to the above reasons.

(e) The table below sets out the number of discharges and deaths for inpatient psychiatric service in the past three years by cluster:

Number of discharges and deaths for inpatient psychiatric service [1,2]	**2013-14**	**2014-15**	**2015-16 (up to 31 December 2015) [Provisional figures]**
HKEC	1 900	1 800	1 300
HKWC	800	800	500
KCC	3 200	3 100	2 400
KEC	600	500	400
KWC	4 200	4 200	3 300
NTEC	4 100	4 000	3 100
NTWC	2 900	2 800	2 200
Overall [3]	**17 700**	**17 100**	**13 300**

Notes:

1. Figures are rounded to the nearest hundred.
2. The number of day inpatient discharges and deaths are not included in the above table because it only accounts for small volume at about 140, 120 and 90 in 2013-14, 2014-15 and 2015-16 (up to 31 December 2015) [Provisional figures] respectively.
3. Individual figures may not add up to total due to rounding.

The unplanned readmission rates within 28 days for psychiatry specialty were 6.7%, 7.1% and 7.8% in 2013-14, 2014-15 and 2015-16 (up to 31 December 2015) [Provisional figures] respectively. To register the unplanned readmission rate within 28 days for respective specialty is an established practice in HA. HA does not have the statistics of unplanned readmission rate within three months after discharge.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4807)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under Matters Requiring Special Attention in 2016-17 that the Health Branch will continue to oversee primary care development in Hong Kong, including the implementation of initiatives in accordance with the primary care development strategy. Would the Government please advise on:

(a) the progress of various initiatives implemented in the past 3 years, their effectiveness, the number of service recipients, as well as the facilities and staffing establishment involved; and

(b) the details and targeted service recipients of various initiatives to be implemented in the year ahead, and the expenditure and staffing establishment involved.

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 396)

Reply:

The provision of primary care involves a wide range of services and activities by different multi-disciplinary teams in the Department of Health (DH) and the Hospital Authority (HA). The annual expenditure on primary care services cannot be separately identified.

The Primary Care Office (PCO) was established in September 2010 under DH to support and co-ordinate the implementation of primary care development strategies and actions. The latest major PCO primary care initiatives include:

(a) Primary care conceptual models and reference frameworks
Reference Frameworks for diabetes care, hypertension care and preventive care in children as well as older adults have been developed. A mobile application of these reference frameworks has also been launched. Development of new modules under

these reference frameworks (e.g. module on cognitive impairment for older adults and module on development for children) is in progress while the promulgation of the existing reference frameworks continues.

(b) Primary Care Directory

The web-based and mobile application versions of the sub-directories for doctors, dentists and Chinese medicine practitioners have been launched. We will continue to promote the Primary Care Directory to the public as well as to primary care service provider for enrolment.

(c) Community Health Centres (CHCs)

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, was commissioned in mid-2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. The North Lantau CHC and Kwun Tong CHC commenced service in 2013 and 2015 respectively. Allied health services have been strengthened in CHCs. We are exploring the feasibility of developing CHC projects in other districts and will consider the scope of services and modus operandi that suit district needs most.

(d) Publicity Activities

A variety of publicity activities are being conducted through various channels to enhance public understanding and awareness of the importance of primary care, drive attitude change and foster public participation and action.

The Government continues to take forward the primary care development strategy and implement, through DH and HA, a series of projects to enhance primary care. These include the Childhood Influenza Vaccination Subsidies Scheme, the Elderly Vaccination Subsidies Scheme, the Elderly Health Care Voucher Scheme, and the Outreach Dental Care Programme for the Elderly.

Separately, HA has implemented various initiatives to enhance chronic disease management since 2008-09. The latest position of these programmes is as follows:

Programme	**Implementation schedule**
Risk Factor Assessment and Management Programme Multi-disciplinary teams are set up at selected general outpatient clinics (GOPCs) and specialist outpatient clinics of HA to provide targeted health risk assessment for diabetes mellitus and hypertension patients.	Launched in 2009-10 and extended to all seven clusters in 2011-12. Funding has been allocated for covering some 201 600 patients under the programme annually starting from 2012-13.
Patient Empowerment Programme Collaborating with non-governmental organisations to improve chronic disease	Launched in March 2010 and extended to all seven clusters in 2011-12. Over 98 000 patients are expected to benefit from the programme by the end of 2015-16. An

patients' knowledge of their own disease conditions, enhance their self-management skills and promote partnership with the community.	additional 14 000 patients are expected to be enrolled in 2016-17.
Nurse and Allied Health Clinics Nurses and allied health professionals of HA to provide more focused care for high-risk chronic disease patients. These services include fall prevention, handling of chronic respiratory problems, wound care, continence care, drug compliance and supporting mental wellness.	Launched in selected GOPCs in all seven clusters in August 2009, and extended to over 40 GOPCs by the end of 2011. Over 83 000 attendances are planned annually starting from 2012-13.
Tin Shui Wai Primary Care Partnership Project To test the use of public-private partnership model and supplement the provision of public GOPC services in Tin Shui Wai for stable chronic disease patients.	Launched in Tin Shui Wai North in June 2008, and extended to the whole Tin Shui Wai district in June 2010. As at end-February 2016, more than 1 600 patients have participated in the programme. This programme has been extended to end-March 2018, pending the expansion of the GOPC Public-Private Partnership Programme to the Yuen Long district.
General Outpatient Clinic Public-Private Partnership Programme Under the programme, patients with specific chronic diseases and in stable clinical condition would be given a choice receiving treatment provided by private doctors.	Launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts in mid-2014. As at end-February 2016, 7 453 patients have enrolled in the programme. HA is formulating plans to extend the programme to the remaining 15 districts in phases in the next three years.

Staff disciplines involved for the above chronic disease management programmes include doctors, nurses, dietitians, dispensers, optometrists, podiatrists, physiotherapists, pharmacists, social workers, clinical psychologists, occupational therapists, executive officers, technical services assistants and general service assistants, etc. The healthcare staff works in a multi-disciplinary manner, across different service programmes and in multiple clinic sites.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4808)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Under the Matters Requiring Special Attention in 2016-17, the Health Branch will continue to oversee the implementation of the Elderly Health Care Voucher Scheme. In this connection, please provide the following information for the past 3 years:

a. the number of eligible persons;

b. the number and percentage of eligible persons who had used the vouchers, the number of vouchers used and the total amount of claim transactions by gender and age group (70-74, 75-79, 80-84, 85 or above);

c. the number of healthcare service providers enrolled in the scheme, with a breakdown by type of healthcare professionals (medical practitioners, chinese medicine practitioners, dentists, chiropractors, registered and enrolled nurses, physiotherapists, occupational therapists, radiographers, medical laboratory technologists and optometrists).

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 397)

Reply:

(a) & (b) The table below shows the number of eligible elders, the number and percentage of elders who had made use of vouchers and the total voucher amount involved up to end 2013, 2014 and 2015, broken down by gender and age group:

	As at 31.12.2013			As at 31.12.2014			As at 31.12.2015		
	Number of elders	% of eligible elders	Amount of vouchers claimed^ (in $'000)	Number of elders	% of eligible elders	Amount of vouchers claimed^ (in $'000)	Number of elders	% of eligible elders	Amount of vouchers claimed^ (in $'000)
(3) Number of eligible elders (i.e. elders aged 70 or above)*	724 000	-	-	737 000	-	-	760 000	-	-
(4) Number of elders who had made use of vouchers	488 000	67%	629,814	551 000	75%	1,194,029	600 000	79%	2,034,342
(iii) By gender									
- Male	211 000	65%	263,482	242 000	73%	504,467	266 000	77%	871,622
- Female	277 000	70%	366,332	309 000	76%	689,562	334 000	80%	1,162,720
(iv) By age group									
-70 – 74	124 000	58%	133,323	142 000	67%	249,793	158 000	74%	429,291
-75 – 79	150 000	71%	209,470	164 000	78%	389,961	172 000	82%	644,873
-80 – 84	119 000	75%	164,669	133 000	81%	314,084	142 000	85%	529,917
-85 or above	95 000	66%	122,352	112 000	74%	240,191	128 000	77%	430,261

* Source: Hong Kong Population Projections 2012 - 2041 and Hong Kong Population Projections 2015 - 2064, Census and Statistics Department

^ Face value of each voucher was changed from $50 to $1 on 1 July 2014.

(c) The table below shows the number of healthcare service providers enrolled in the Scheme up to end 2013, 2014 and 2015, broken down by types of healthcare professionals:

	As at 31.12.2013	As at 31.12.2014	As at 31.12.2015
Medical Practitioners	1 645	1 782	1 936
Chinese Medicine Practitioners	1 282	1 559	1 826
Dentists	408	548	646
Occupational Therapists	39	45	45
Physiotherapists	267	306	312
Medical Laboratory Technologists	25	26	30
Radiographers	19	21	21
Nurses	79	108	124
Chiropractors	45	51	54
Optometrists	167	185	265
Sub-total (Hong Kong)	3 976	4 631	5 259
University of Hong Hong - Shenzhen Hospital [Note]	-	-	1
Total:	3 976	4 631	5 260

Note: The Pilot Scheme for use of vouchers at the University of Hong Kong - Shenzhen Hospital was launched on 6 October 2015.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4809)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Outreach Dental Care Programme for the Elderly, please provide the following information:

(a) the number of attendances for the service (with a breakdown by service type) and the number of healthcare staff involved each year since 2011;

(b) details of the places offering the service, the number of attendances for the service (with a breakdown by place) and the number of healthcare staff involved each year since 2011; and

(c) the manpower and resources involved in the Programme.

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 399)

Reply:

(a)&(b) The Outreach Dental Care Programme (ODCP) was launched in October 2014. A total of 22 outreach dental teams from 11 non-governmental organisations have been set up to provide free outreach dental services for elders in residential care homes (RCHEs)/day care centres (DEs) and similar facilities. During the period from October 2014 to January 2016, about 50 800 elders (involving about 63 200 attendances) were served under the ODCP. Distribution of the participating RCHEs and DEs by administrative districts of the Social Welfare Department (SWD) is as follows:

SWD's Administrative District	No. of Participating RCHEs/DEs
Central, Western, Southern and Islands	80
Eastern and Wan Chai	78
Kwun Tong	52
Wong Tai Sin and Sai Kung	56
Kowloon City and Yau Tsim Mong	107
Sham Shui Po	61
Tsuen Wan and Kwai Tsing	90
Tuen Mun	47
Yuen Long	54
Sha Tin	50
Tai Po and North	75
Total :	**750**

(c) The financial provision was $25.1 million in 2014-15 and $44.5 million in 2015-16 respectively, and six civil service posts have been provided for implementing the ODCP.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)302

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4810)

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

Subhead (No. & title): (-) Not specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

On organ donation, please advise this Council of the following:

(a) the total number of persons who registered their wish to donate organs in the Centralised Organ Donation Register in the past 3 years, with a breakdown by type of organ to be donated;

(b) the respective numbers of patients waiting for organ donation, their average waiting time and the number of patients who successfully received organ donation in the past 3 years; and

(c) details of the publicity efforts previously made by the Government, the effectiveness of such efforts as well as the manpower and expenditure involved.

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 400)

Reply:

(a) The number of registrations in the Centralised Organ Donation Register in the past three years with breakdown by type of organ/tissue to be donated are as follows –

	2013	2014	2015
Number of registrations during the year	24 036	19 868	29 357
Cumulative total	139 614	159 482	188 839
Organs they wish to donate:			
All organs	126 627	144 501	171 159
Kidney	11 655	13 387	15 787
Heart	11 134	12 808	15 152
Liver	11 295	12 985	15 350
Lung	10 522	12 081	14 289
Cornea	9 785	11 268	13 322
Bone	4 840	5 536	6 548
Skin	2 672	3 104	3 697

Note: A person can indicate his wish to donate more than one or all organs in the register.

(b) The table below sets out the relevant statistics in the past three years (2013-2015):

Year	**Organ / Tissue**	**No. of patients waiting for organ / tissue transplant**	**Average waiting time (months)** *Note 2*	**No. of donations** *Note 3*
2013	Kidney	1 991	48.5	82
	Heart	17	5.8	11
	Lung	18	29	4
	Liver	120	34.5	72
	Cornea (piece)	500	24	248
	Bone	N/A *Note 1*	N/A	3
	Skin			4
2014	Kidney	1 965	50	79
	Heart	28	5.4	9
	Lung	22	27.6	4
	Liver	98	39.9	63
	Cornea (piece)	465	24	337
	Bone	N/A	N/A	1
	Skin			9
2015	Kidney	1 941	51	81
	Heart	36	16.1	14
	Lung	16	15.4	13
	Liver	89	43	59
	Cornea (piece)	374	24	262
	Bone	N/A	N/A	4
	Skin			10

Notes

(1): N/A = Not Applicable. Patients waiting for skin and bone transplant are spontaneous and emergency in nature. As substitutes will be used if no suitable piece of skin or bone is identified for transplant, patients in need of skin and bone transplant are not included in the organ / tissue donation waiting list.

(2): "Average waiting time" is the average of the waiting time for patients on the organ / tissue transplant waiting list as at end of that year.

(3): HA has not kept statistics on the success or otherwise of the subsequent transplant cases.

(c) The Department of Health, in collaboration with the Hospital Authority and relevant non-governmental organisations (NGOs), have been making continuous efforts over the years to promote organ donation on various fronts. These include: (i) institution-based networking by inviting Government departments, NGOs and private companies to work in collaboration to promote organ donation and to encourage registration through the Centralised Organ Donation Register (CODR) within their respective institutions; (ii) public education through exhibitions, talks and seminars; (iii) publicity campaigns using various channels, e.g. television, radio, newspapers, internet etc.; and (iv) E-engagement by making use of social media with a dedicated Facebook fan page entitled "Organ Donation@HK" launched in 2011.

The short-term goal of promoting organ donation is to encourage members of the general public to sign up on the CODR and to lessen reluctance and hesitation of individuals and family members to donate organs after death. In the long term, our goal is to create an atmosphere in our society which recognises voluntary organ donation as a commendable act of altruism and something that is the norm rather than the exception.

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

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)303

CONTROLLING OFFICER'S REPLY

(Question Serial No.4811)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Under the Matters Requiring Special Attention in 2016-17, the Health Branch will continue to oversee the progress of various capital works projects of the Hospital Authority. In this connection, please advise this Council of the following:

(a) the commencement date, approved estimate, current progress and anticipated date of completion of the works (such as construction of the Tin Shui Wai Hospital and the Hong Kong Children's Hospital in Kai Tak, the reprovisioning of Yaumatei Specialist Clinic at Queen Elizabeth Hospital, the expansion of United Christian Hospital and the Hong Kong Red Cross Blood Transfusion Service Headquarters, the refurbishment of Hong Kong Buddhist Hospital, and plans for the redevelopment of Kwong Wah Hospital, Queen Mary Hospital, Kwai Chung Hospital, Grantham Hospital and Our Lady of Maryknoll Hospital, the construction of a new acute hospital in Kai Tak, the extension of the Operating Theatre Block of Tuen Mun Hospital and the expansion of Haven of Hope Hospital) as well as the additional beds and increased service capacity upon their completion, and the staff establishment and resources involved; and

(b) whether there is any redevelopment/expansion of other hospitals in addition to the works projects above. If yes, please state the commencement date, approved estimate, current progress and anticipated date of completion of such projects as well as the additional beds and increased service capacity upon their completion, and the staff establishment and resources involved.

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 402)

Reply:

(a) & (b)

Construction works for Tin Shui Wai Hospital (TSWH) of the Hospital Authority (HA) commenced in February 2013 for completion in 2016. The approved project estimate (APE) in money-of-the-day (MOD) prices is $3,910.9 million with an estimated expenditure of $350 million in 2016-17. The new TSWH will be a general hospital with a planned capacity of 300 inpatient and day beds in total providing inpatient services, ambulatory services including an Accident and Emergency (A&E) department, community care services, diagnostic services and other supporting and administrative services.

Construction works for Hong Kong Children's Hospital (HKCH) commenced in August 2013 for completion in 2017. The APE in MOD prices is $12,985.5 million with an estimated expenditure of $2,500 million in 2016-17. The new HKCH with a total planned capacity of 468 inpatient and day beds will mainly provide tertiary specialist services for children under the age of 18 with serious and complex illnesses throughout the territory.

Construction works for the new Specialist Clinic Building (SCB) at Queen Elizabeth Hospital (QEH) to reprovision the Yaumatei Specialist Clinic (YMTSC) commenced in July 2013 for completion in 2016. The APE in MOD prices is $1,891.6 million with an estimated expenditure of $268.1 million in 2016-17. The new SCB is constructed at the site of the old Specialist Outpatient Clinic Building at QEH for reprovisioning the existing HA services at YMTSC and relocating some ambulatory care services of QEH.

The expansion of United Christian Hospital (UCH) project will be carried out in 2 phases, namely preparatory works and main works. The preparatory works commenced in August 2012 and the APE in MOD prices is $352.3 million with an estimated expenditure of $9 million in 2016-17. The demolition and substructure works commenced in August 2015 and the APE in MOD prices is $1,791.6 million with an estimated expenditure of $300 million in 2016-17. Subject to funding approval by the Finance Committee (FC), the whole expansion project is planned for completion in 2023. Many existing services including ambulatory care service, cancer service, inpatient convalescent and rehabilitation service as well as A&E service will be enhanced under the UCH expansion project to cater for increasing medical needs of the community due to growing and ageing population. The total bed capacity including inpatient and day beds in UCH will be increased from about 1 400 to around 1 960 after the expansion of UCH project.

The expansion of Hong Kong Red Cross Blood Transfusion Service (BTS) Headquarters project started in June 2015 for completion in 2020. The APE of the project in MOD prices is $893.1 million with an estimated expenditure of $118.8 million in 2016-17. The expanded BTS will cater for new and expanded services in order to cope with the projected increase in service levels since BTS is the only organisation responsible for the collection and supply of fully-tested blood and haematopoietic stem cells, and is also a major provider of plasma products in Hong Kong. The expansion project will bring the facilities of BTS up to prevailing international standards, provide adequate space to cope with its projected level of services, and ensure a safe working environment.

The refurbishment of Hong Kong Buddhist Hospital project commenced in June 2015 for completion in 2019. The APE in MOD prices is $563.3 million with an estimated expenditure of $73.88 million in 2016-17. This project covers the provision of additional convalescent / rehabilitation beds to strengthen longer-term care and rehabilitation services for elderly people suffering from chronic diseases as well as the refurbishment of existing inpatient wards, supporting departments, offices and ancillary facilities.

The redevelopment of Kwong Wah Hospital (KWH) project will be carried out in 2 phases. The preparatory works commenced in March 2013. The APE for this part of the project is $552.7 million in MOD prices with an estimated expenditure of $60 million in 2016-17. Subject to funding approval by the FC, the main works are planned to commence in stages from 2016 for completion of the whole project in 2025. The redevelopment of KWH will provide new and modernised facilities for service development, including adoption of new models of care such as ambulatory and integrated care, implementation of non-radiation oncology services, introduction of emergency medicine ward and provision of integrated Chinese and Western medicine services. The total number of beds in KWH will be increased from about 1 200 to around 1 550 after the redevelopment.

The redevelopment of Queen Mary Hospital, phase 1 project will be carried out in 2 phases, namely preparatory works and main works. Preparatory works of the project, at an APE of $1,592.8 million in MOD prices, commenced in July 2014. Estimated expenditure in 2016-17 is $469 million. The redevelopment project aims to renew the hospital into a modern medical centre with additional space to meet operational needs, improved accessibility and physical design for cost-effective and efficient clinical operations, and promote integrated research and education.

Subject to funding approval by the FC, the 1st phase of works of the Kwai Chung Hospital redevelopment project is planned to start in 2016. This project involves phased demolition of all existing hospital buildings except Block J and the construction of a new hospital campus for mental health services providing inpatient services, rehabilitation facilities, ambulatory care, patient resource and social centre with therapeutic and leisure areas.

Subject to funding approval by the FC, the extension of the Operating Theatre (OT) Block for Tuen Mun Hospital is planned to start in 2016 for completion in 2020-21. This project involves the construction of a new block adjacent to the existing OT Block in order to accommodate additional OTs as well as expanded A&E and Radiology departments, together with the streamlining of workflows for more efficient delivery of surgical services.

The expansion of Haven of Hope Hospital is planned to commence in 2016 for completion in 2021, subject to funding approval by the FC. With the objective of strengthening longer-term care and rehabilitation services for elderly people suffering from chronic diseases in order to better meet the needs of the community, this project involves the construction of a new hospital block with new facilities meeting prevailing standards to reprovision the existing infirmary wards and provide 160 additional extended care beds.

The new acute hospital in Kai Tak will provide a total of 2 400 beds with inpatient and ambulatory services of major specialties. It will also house an A&E department, an oncology centre and a neuroscience centre. We are reviewing the implementation

programme of the project with a view to expediting the construction of the proposed new hospital.

The redevelopment of Grantham Hospital and Our Lady of Maryknoll Hospital are currently at initial planning stage. Apart from the above projects, the HDP will also cover the redevelopment of Prince of Wales Hospital (Phase 2) the expansion of Stage 1 project, the expansion of Lai King Building in Princess Margaret Hospital and North District Hospital. Details of the 5 aforementioned projects, including services and facilities to be provided, project programme, etc. are subject to detailed planning and design.

HA will work out the detailed operational arrangements, including the financial and manpower requirements, for all the above projects at a later stage when the detailed design and commissioning plans are finalised. In general, a phased implementation approach for service commissioning of hospital development projects is adopted to cater for the prevailing service needs of the community. HA will continue to closely monitor the manpower situation, assess its manpower requirements, make appropriate arrangements in manpower planning, flexibly deploy its staff and recruit additional staff to ensure that the service and operational needs in relation to the above projects are met.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)304

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4813)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Has the Government regularly reviewed the medical needs of residents in Tung Chung North and implemented any improvement measures, including increasing the provision of primary care services (such as quotas for public outpatient services) and hospital services (such as number of hospital beds and quotas for specialist outpatient services) of the relevant cluster? If yes, what are the details? If no, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 547)

Reply:

In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in Tung Chung North is incorporated in the service planning of the Kowloon West Cluster (KWC). Over the years, KWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 151 000, specialist outpatient attendances by 102 000 and the number of beds by 70 from 2011-12 to 2015-16 in order to meet service demand in the cluster. HA will regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)305

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4814)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Has the Government regularly reviewed the healthcare needs of the residents of Sun Tuen Mun Centre and implemented improvement measures, including the provision of additional primary care services in the cluster (such as quotas for public out-patient services) and additional hospital services (such as the number of hospital beds and quotas for specialist out-patient services)? If yes, what are the details? If not, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 557)

Reply:

In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in Sun Tuen Mun Centre is incorporated in the service planning of the New Territories West Cluster (NTWC). Over the years, NTWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 84 000, specialist outpatient attendances by 67 000 and the number of beds by 333 from 2011-12 to 2015-16 in order to meet the service demand in the cluster. HA will regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4817)

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

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

With respect to the Estimates of Expenditure in the past 5 years, will the Government advise on the annual total expenditure on local healthcare services, the comparison of such expenditure with that of the private sector, the year-on-year and cumulative rates of change in such expenditure, as well as the percentage such expenditure accounts for in the Gross Domestic Product? What is the computation of the said figures and what items are included in the computation?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 391)

Reply:

Statistics on the overall health expenditures in Hong Kong are derived from the Domestic Health Accounts of Hong Kong (HKDHA), which are compiled in accordance with the framework of the International Classification for Health Accounts promulgated by the Organisation for Economic Co-operation and Development (OECD). The HKDHA aim to capture all public and private expenditures or outlays for medical care, disease prevention, health promotion, rehabilitation, long-term care, community health activities, health administration and regulation, and capital formation with the predominant objective of improving health. Due to the complexity of gathering, compiling, verifying and analyzing health expenditure data from various sources, HKDHA take time to compile and are available up to 2012-13 only.

On the other hand, the health policy area group (PAG) in the Government Estimates of Expenditure covers the estimated expenditures by government departments and agencies for the relevant functions and activities. Hence HKDHA capture a broader scope of public health expenditures than those under the Government Estimates. Annex 1 sets out the major differences and the respective statistics for the period from 2008-09 to 2012-13. The estimated expenditure under the health PAG in the Government Estimates for 2016-17 is

$77,567 million, or about 3.1% of the projected GDP, representing an increase of 30% or $17,995 million over four years ago. The government recurrent expenditure on health is estimated at about $57,288 million in 2016-17, taking up 16.5% of the total government recurrent expenditure and representing a 24% increase over the expenditure in 2012-13.

Annex 2 shows the total health expenditure, public health expenditure and private health expenditure under HKDHA for the period from 2008-09 to 2012-13. Expenditure under the health PAG in the Government Estimates for the period from 2012-13 to 2016-17 is at Annex 3.

Annex 1

Public Health Expenditure in the Domestic Health Accounts of Hong Kong and Public Expenditure on Health Policy Area Group in the Government Estimates of Expenditure

The public health expenditure under the Domestic Health Accounts of Hong Kong (HKDHA) has a wider coverage than the public expenditure under the health policy area group (PAG) in the Government Estimates of Expenditure.

Under the health PAG of the Government Estimates, only expenditure directly related to health incurred by the Food and Health Bureau (including the Bureau's allocation to the Hospital Authority), the Department of Health and the Government Laboratory are counted as government expenditure under the health policy area.

Apart from the above, public health expenditures under the HKDHA cover related functions performed by other government departments such as nursing homes, rehabilitation and medical social services under the Social Welfare Department, and ambulance service under the Fire Services Department and Auxiliary Medical Services.

As a result of the above, the HKDHA statistics on public health expenditure are generally higher than those on health PAG under the Government Estimates.

Expenditure (in HK$ million)	2008-09	2009-10	2010-11	2011-12	2012-13
(A) Public health expenditure under HKDHA	41,253	43,866	45,490	49,265	53,354
(B) Expenditure on health PAG under Government Estimates	36,706	38,387	39,890	45,297	49,572*
Difference [percentage of (A – B) / (A)]	*4,547 (11.0%)*	*5,479 (12.5%)*	*5,600 (12.3%)*	*3,968 (8.1%)*	*3,782 (7.1%)*

Note: * Excluding a one-off injection of $10 billion from the Government into the Samaritan Fund

Source of expenditure under the Government Estimates: Financial Services and Treasury Bureau, Government Secretariat

Annex 2

Major Statistics under the Domestic Health Accounts of Hong Kong (HKDHA), 2008-09 to 2012-13

	2008-09	2009-10	2010-11	2011-12	2012-13
Total Health Expenditure					
At current prices (HK$ million)	83,714	88,070	93,417	102,476	112,144
At constant 2013 prices (HK$ million)	91,468	96,599	101,875	107,174	113,702
Annual change (at constant 2013 prices)		5.6%	5.5%	5.2%	6.1%
Cumulative change since 2008-09 (at constant 2013 prices)		5.6%	11.4%	17.2%	24.3%
As % of GDP	5.0%	5.2%	5.1%	5.2%	5.4%
Per capita (HK$) (at constant 2013 prices)	13,146	13,854	14,503	15,156	15,892
Public Health Expenditure					
At current prices (HK$ million)	41,253	43,866	45,490	49,265	53,354
At constant 2013 prices (HK$ million)	45,074	48,115	49,609	51,524	54,096
Annual change (at constant 2013 prices)		6.7%	3.1%	3.9%	5.0%
Cumulative change since 2008-09 (at constant 2013 prices)		6.7%	10.1%	14.3%	20.0%
As % of GDP	2.5%	2.6%	2.5%	2.5%	2.6%
As % of Total Health Expenditure	49.3%	49.8%	48.7%	48.1%	47.6%
Per capita (HK$) (at constant 2013 prices)	6,478	6,900	7,063	7,286	7,561
Private Health Expenditure					
At current prices (HK$ million)	42,461	44,203	47,927	53,211	58,790
At constant 2013 prices (HK$ million)	46,394	48,484	52,266	55,650	59,607
Annual change (at constant 2013 prices)		4.5%	7.8%	6.5%	7.1%
Cumulative change since 2008-09 (at constant 2013 prices)		4.5%	12.7%	20.0%	28.5%
As % of GDP	2.5%	2.6%	2.6%	2.7%	2.8%
As % of Total Health Expenditure	50.7%	50.2%	51.3%	51.9%	52.4%
Per capita (HK$) (at constant 2013 prices)	6,668	6,953	7,441	7,870	8,331

Note: Health expenditure estimates with adjustment for inflation are computed at constant 2013 prices which are as released in the latest set of HKDHA, 2008-09 to 2012-13.

Annex 3

Total Public Expenditure under the Health Policy Area Group in the Government Estimates for the Period from 2012-13 to 2016-17

	2012-13	2013-14	2014-15	2015-16*	2016-17**
At current prices (HK$ million)	59,572#	67,602@	57,508	70,774^	67,567
At constant 2013 prices (HK$ million)	60,400	67,203	55,306	65,456	61,566
Annual change (at constant 2013 prices)		11.3%	-17.7%	18.4%	-5.9%
Cumulative change since 2012-13 (at constant 2013 prices)		11.3%	-8.4%	8.4%	1.9%
As % of GDP	2.9%	3.1%	2.5%	2.9%	2.7%
Per Capita (HK$) (at constant 2013 prices)	8,442	9,350	7,637	8,960	8,371

Notes: For comparison with health expenditure estimates from HKDHA, expenditure figures at constant 2013 prices are computed using the same inflation adjustment factor as in the HKDHA.

 # Including a one-off injection of $10 billion from the Government into the Samaritan Fund

@ Including a one-off injection of $350 million from the Government into the AIDS Trust Fund and a one-off grant of $13 billion to the Hospital Authority for minor works projects.

^ Including a provision of $10 billion for supporting and enhancing public-private partnership initiatives. [Since the Finance Committee passed the $10 billion endowment fund for public-private partnership initiatives on 19 Mar 2016, the funding has been transferred before the close of the 2015-16 financial year and thus it is counted in 2015-16 instead of 2016-17.]

** Revised Estimates*

*** Estimates*

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)307

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4818)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

The revised estimate for 2015-16 is 0.1% lower than the original estimate. What are the reasons for this? Which items have caused the decrease in the estimate? Are any cuts in manpower or services involved? If yes, what are the cuts in manpower or services?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 392)

Reply:

The decrease of $0.4 million (0.11%) in the 2015-16 revised estimate of Programme 1: Health as compared with the 2015-16 original estimate is mainly due to the less-than-estimated requirements for general departmental expenses. There are no cuts in manpower nor services.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)308

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4819)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

The estimate for Programme (1) in 2016-17 is 31.8% higher than the total revised estimate for the programme in 2015-16. What are the reasons for that? What are the items that have led to the increase in the estimate?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 394)

Reply:

This is mainly due to the increased cash flow requirement for the general non-recurrent item on Health and Medical Research Fund as well as increased operating expenses for additional measures to tackle antimicrobial resistance, promotion of breastfeeding and temporary Chinese medicine testing centre.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4820)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise whether the Government has any means to enhance surgery capacity before the completion of the extension of the Operating Theatre Block of Tuen Mun Hospital. If yes, what are the details and the expenditure and manpower involved? If not, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 404)

Reply:

The New Territories West Cluster (NTWC) has been enhancing its surgical service capacity and will continue to do so in order to meet the increasing service demand.

In 2015-16, $490.63 million additional recurrent funding has been allocated to NTWC for implementing initiatives to better manage the overall growing service demand and improve service quality. Initiatives relating to the enhancement of surgical services are as follows :

(a) opening 4 surgical High Dependency Unit (HDU) beds in Tuen Mun Hospital (TMH);

(b) opening new operating theatre sessions and upgrading 2 HDU beds to Intensive Care Unit beds in Pok Oi Hospital (POH) to support extended hour operations; and

(c) enhancing the sterilisation supply service in Tuen Mun Eye Centre so as to cover all emergency operations in TMH.

In 2016-17, $368.21 million additional recurrent funding will be allocated to NTWC for implementing various service enhancement initiatives. Initiatives relating to surgical services are as follows :

(a) opening 6 operating theatre sessions in POH to support emergency operations during weekends and on public holidays; and

(b) opening an endoscopy room in POH to support surgical emergency / elective endoscopy service.

In addition, with the commissioning of service of Tin Shui Wai Hospital in phases from the 4th quarter of 2016, the capacity of surgical services in NTWC will be further enhanced.

NTWC will deploy existing staff and recruit additional staff to implement the above initiatives.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4821)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding Pok Oi Hospital,

a. it was intended to be a general hospital providing 742 beds upon completion of redevelopment phases 1 and 2 in 2006 and 2007 respectively. Please set out the services commissioned so far, details of the disparity between its current services and the services the original redevelopment plan intended to provide (including the streams of services commissioned, number of beds and strength of healthcare staff), and reasons for the disparity.

b. are there any plans for full commissioning of services in 2016-17? If yes, what are the plans? If not, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 405)

Reply:

The scope of the main works of the redevelopment and expansion of Pok Oi Hospital (POH) project in the New Territories West Cluster (NTWC) of the Hospital Authority (HA) comprised the construction of a new building to accommodate 622 inpatient beds and other supporting facilities. Since the commissioning of the redevelopment project in 2006, various healthcare services and beds have been opened in phases having regard to the service demand and manpower availability. Inpatient and specialist outpatient services, ambulatory care and allied health services covering a spectrum of clinical specialties, namely Accident and Emergency, Anaesthesia and Intensive Care, Gynaecology, Medicine and Geriatrics, Orthopaedics and Traumatology, Ophthalmology, Otorhinolaryngology, Paediatrics and Surgery, are provided in the new hospital building.

As at 31 December 2015, there were 584 beds in the new hospital building. In 2016-17, POH will further open 38 convalescent beds (i.e. total 622 beds in POH) to meet the service needs of the Yuen Long area. Moreover, additional operating theatres and endoscopic sessions will be opened.

NTWC will continue to review the service demand in the cluster and plan for the provision of facilities and services in future having regard to the demographic changes, overall growth in service demand, service utilisation and manpower supply situation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4822)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding the Rehabilitation Block of Tuen Mun Hospital,

a. what were the services and number of beds the original plan in 2003 intended to provide?

b. what are the services and number of beds currently provided? What is the disparity with the original plan and reasons for that?

c. are there any plans for full commissioning of services in 2016-17? If yes, what are the plans? If not, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 406)

Reply:

a. to c.

The Tuen Mun Hospital (TMH) Rehabilitation Block was planned to accommodate 512 convalescent / rehabilitation beds and related rehabilitation and social support facilities to cope with the demand for rehabilitation services in the New Territories West Cluster (NTWC). TMH Rehabilitation Block was commissioned in 2007. Various healthcare services and beds in the Block have been opened in phases since 2007 according to the service demand and manpower availability. As at 31 December 2015, the Block provided 420 beds. In 2016-17, HA will further open 37 convalescent beds in the Block. NTWC will continue to review the service demand in the cluster and plan for the provision of facilities and services in future having regard to the demographic changes, overall growth in service demand, service utilisation and manpower supply situation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4823)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

According to the planning endorsed by the Legislative Council in 2009, phase 1 of the North Lantau Hospital (NLTH) Project would provide 180 beds, including 80 beds for emergency medicine, 80 beds for extended care to provide convalescence and rehabilitation services, and 20 day beds. Phase two of the project would add another 170 beds. In this regard,

a. what are the services commissioned in the NLTH so far, details of the disparity between current services and the services the original plan intended to provide (including the streams of services commissioned, number of beds and strength of healthcare staff), and reasons for the disparity?

b. are there any plans for full commissioning of services in the NLTH in 2016-17? If yes, what are the plans? If not, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 407)

Reply:

It is planned that upon the full operation of its Phase 1 development, the North Lantau Hospital (NLTH) will have 160 beds (including 80 acute and 80 extended care beds), an Accident & Emergency (A&E) department providing 24-hour services, as well as diagnostic and treatment facilities. Ambulatory care services including specialist outpatient (SOP) clinics, primary care/general outpatient (GOP) clinics, a day rehabilitation centre, an ambulatory surgery/day procedure centre with 20 day beds, and community care services will also be provided.

NLTH has commenced patient services in phases since 24 September 2013. At present, the hospital provides 24-hour A&E services, inpatient services with 20 acute and 20 extended care beds, GOP services, SOP services (Medicine & Geriatrics, Orthopaedics & Traumatology, Psychiatry and Surgery), radiology services, pathology services, allied health services including physiotherapy, occupational therapy, dietetic services, speech therapy, medical social services and pharmacy as well as day rehabilitation services and ambulatory surgical services. Community care services including Community Nursing Services, Community Psychiatric Services and Community Geriatric Assessment Team (CGAT) services are also provided. In 2015-16, NLTH has expanded its service capacity in SOP, Community Psychiatric and CGAT services.

NLTH will, having regard to the service needs and availability of manpower and other resources, continue to roll out its services gradually. The Hospital Authority will monitor the situation and keep in close contact with the Islands District Council on service provision of NLTH.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)313

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4824)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding Yan Chai Hospital, please provide information on the following:

a. The commencement date, approved estimate and anticipated completion date of the redevelopment; the increase in the number of beds and service capacity upon completion of the works; and the staffing and resources involved.

b. The current progress of works, the deviations, if any, from the original schedule, and whether the deviations involve overspending or delay.

c. An acute hospital, Yan Chai Hospital does not provide magnetic resonance imaging services and has been relying on Yan Chai Hospital Board Ng Shi Chow MRI Centre for the provision of related services. Has the Government any plans to provide relevant facilities in the hospital in 2016-17? If yes, what are the expenditure and manpower involved? If not, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki(Member Question No. 408)

Reply:

a. Construction works of the redevelopment of Yan Chai Hospital (YCH) commenced in July 2011 and are progressing on schedule. The approved project estimate in money-of-the-day prices is $590.5 million. The project provides a new community health and wellness centre which has commenced services in February 2015 while the remaining works which cover the provision of an open car park and landscaped areas will be completed in the second quarter of 2016. The new community health and wellness centre comprises a health resource centre, a primary care centre and a specialist care centre that deliver community-based services which promote continuity

of healthcare at different stages of life through "one-stop" integrated services. A total of 64 additional staff have been deployed to YCH to meet the operational needs.

b. The progress of construction works for the redevelopment of YCH is generally in line with the project schedule taking into account the worse than expected inclement weather. The current financial position of the project is healthy. Overspending of the approved project estimate is not expected.

c. Services of the Hospital Authority are delivered on a cluster basis, with each hospital within a cluster taking up different roles and functions. The equipment provision to individual hospitals is based on service needs, roles and functions of respective hospitals.

Majority of patients receiving magnetic resonance imaging (MRI) service are non-urgent / out-patient cases. Currently, each cluster is equipped with MRI scanner to meet the service needs.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)314

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4825)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding Lady Trench General Out-patient Clinic, please provide information on the following:

a. The commencement date, approved estimate and anticipated completion date of the redevelopment works; the increase in the number of beds and service capacity upon completion of the works; and the staffing and resources involved.

b. The current progress of works, the deviations, if any, from the original schedule, and whether the deviations involve overspending or delay.

c. The plan for the in-situ relocation of the clinic upon completion of the works, and the means to ensure that the services of the clinic will not be affected during relocation.

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 409)

Reply:

Renovation works aiming to streamline the patient flow and improve the environment of the Lady Trench General Out-patient Clinic (GOPC) have been completed. The Lady Trench GOPC has resumed services at its original site at 213 Sha Tsui Road, Tsuen Wan on 20 March 2016.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4826)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the seasonal influenza vaccination, would the Government advise on the following:

(a) In the past three years, what were the coverage rates of receiving seasonal influenza vaccination among local residents? Please provide information in accordance with the table below:

Target Group	Coverage Rate of Vaccination
6 months to 5 years old	
6 to 49 years	
50 to 64 years old	
65 years old or above	
Local Population	

(b) In the past three years, what were the coverage rates of receiving seasonal influenza vaccination among local residents who belong to "high risk groups"? Please provide information in accordance with the table below:

Target Group	Coverage Rate of Vaccination
Pregnant women	
Persons with chronic medical problems	
Healthcare workers in public sector	
Healthcare workers in private sector	
Healthcare workers in residential care homes	

(c) In the past three years, how many people received vaccination through the Government

Vaccination Programme and Vaccination Subsidy Schemes? Please provide information accordance to target groups of the Programme/ Scheme.

(d) What is the unit cost of seasonal influenza vaccination through the Government Vaccination Programme and Vaccination Subsidy Schemes?

(e) How many private clinics have joined the Vaccination Subsidy Schemes ?

(f) Does the Government have any measures to promote the rate of seasonal influenza vaccination among local residents? If yes, what the measures and expenditures involved?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 410)

Reply:

(a) & (b)

The Department of Health (DH) has been administering several programme/schemes to provide free/ subsidised seasonal influenza vaccination to eligible persons, which include –

- Government Vaccination Programme (GVP), which provides free seasonal influenza vaccination to eligible target groups ; and

- Vaccination Subsidy Schemes (VSS), which provide subsidised seasonal influenza vaccination to children between the age of six months to less than six years under Childhood Influenza Vaccination Subsidy Scheme (CIVSS), and subsidised seasonal influenza vaccination to elderly aged 65 or above under Elderly Vaccination Subsidy Scheme (EVSS) through private practitioners, among other target groups.

For better protection of elderly from possible summer influenza season and prevent outbreak in residential care homes for the elderly (RCHEs), the DH conducted a one-off exercise from May to August 2015 to provide one dose of free vaccination of 2015 Southern Hemisphere Seasonal Influenza Vaccination to residents of RCHEs as well as the community elders aged 75 or above under the existing GVP.

Since commencement of the 2015-16 vaccination season in October 2015, there have been two enhancements on a trial basis. The GVP has been extended to cover all elders aged 65 or above, and persons with intellectual disability have also been included as a target group under GVP (for clients of public clinics or hospitals) and VSS. As announced in the 2016 Policy Address, these enhancements will be regularied as from the 2016-17 vaccination season.

As some target group members may have received seasonal influenza vaccination outside the Government's free vaccination programme and subsidy schemes, they are not reflected in the statistics.

A survey on the coverage of seasonal influenza vaccination conducted by the Centre for Health Protection in the 2012-13 season provided the overall picture of receipt of seasonal influenza vaccination among the different target groups in the population. About 14% of the local population has received seasonal influenza vaccination and detailed breakdown is as follows –

Category of target groups	Coverage Rate of seasonal influenza vaccination (%)
Children aged 6 months to 5 years	28.4
Persons aged 6 to 49 years	11.0
Persons aged 50 to 64 years	8.5
Elderly aged 65 or above	39.1
Pregnant women	2.0
Persons with chronic illness	28.2
Healthcare professionals in public sector	28.6 - 44.9 #
Healthcare professionals in residential care homes	39.8
Healthcare professionals in private sector	32.6 - 35.4 #
Local population	14

The coverage rate of healthcare professionals in public sector and that in private sector vary among organisations within the ranges indicated above.

(c) The numbers of recipients of seasonal influenza vaccination under the GVP and VSS, which include CIVSS and EVSS, for the past three years are as follows –

Target groups	**Vaccination programme/ scheme**	**2013-14**	**2014-15**	**2015-16 (as at 28 Feb 2016)**
		No. of recipients	**No. of recipients**	**No. of recipients**
Children between the age of 6 months and less than 6 years	GVP	2 700	2 400	2 200
	CIVSS	62 000	55 200	39 300
Elderly aged 65 or above	GVP	176 100	193 200	311 100*
	EVSS	160 100	179 500	132 700
Others[#]		61 900	62 500	68 100
Total:		**462 800**	**492 800**	**553 400**

Others include (a) healthcare workers; (b) poultry workers; (c) pig farmers or pig-slaughtering industry personnel; and (d) pregnant women or people aged 50 to below 65 receiving Comprehensive Social Security Assistance or holding valid Certificate for Waiver of Medical Charges and persons with intellectual disability (as from October / November 2015), etc.

* In addition, a total of 98 000 recipients were provided with free 2015 Southern Hemisphere Seasonal Influenza Vaccination under GVP from May to August 2015.

(d) The purchase cost under the GVP is $21 million for 400 000 doses of Northern Hemisphere Seasonal Influenza Vaccines in 2015-16. For seasonal influenza vaccination under the VSS, the Government will reimburse $160 per dose to private doctors enrolled under the Schemes.

(e) As at 28 February 2016, a total of 1 701 private doctors (involving 2 332 clinics) have joined the VSS.

(f) The total number of recipients of seasonal influenza vaccination as at 28 February 2016 for 2015-16 vaccination season, as shown in the table at (c) above, has exceeded that of the whole vaccination season in 2014-15 by 60 600 (around 13% higher). As the 2015-16 vaccination season is yet to end, it is expected that the number of recipients for the vaccination would continue to increase in the remaining months of the season.

The DH has been closely monitoring the vaccination rate of seasonal influenza vaccination, and promoting the importance of seasonal influenza vaccination to the public through various channels. It will continue to make early appeals to target groups by means of press announcements, mass media, social media and joint-up support from experts and professional organisations.

The DH has been encouraging greater participation of private doctors in the VSS. To further enhance the availability of seasonal influenza vaccination service to the public, in particular the high risk groups, the DH will approach different stakeholders, including the Hospital Authority, medical professionals and the community groups, to explore feasible options to reach out the target groups for vaccination.

The expenditure on the publicity and promotion on the prevention of influenza cannot be separately identified as it is absorbed as part of the overall expenditure for health promotion and other related votes under the DH.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4827)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Pneumococcal Vaccination Programme for elderly people and young children, would the Government advise on the following:

(a) In the past three years, how many elderly people received pneumococcal vaccination? In 2016-17, what is the estimated number of elderly people who will receive pneumococcal vaccination? What is the percentage of elderly people receiving pneumococcal vaccination in the target group to which they belong? What is the expenditure involved?

(b) In the past three years, how many young children received pneumococcal vaccination? In 2016-17, what is the estimated number of young children who will receive pneumococcal vaccination? What is the percentage of young children receiving pneumococcal vaccination in the target group to which they belong? What is the expenditure involved?

(c) How many private clinics have joined the Pneumococcal Vaccination Progamme?

(d) Does the Government have any measures to promote the rate of pneumococcal among local residents? If yes, what the measures and expenditures involved?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 411)

Reply:

The Department of Health (DH) has been administering several programmes/schemes to provide free/subsidised pneumococcal vaccination to eligible elders and children, which include –

- Government Vaccination Programme (GVP), which provides free pneumococcal vaccination to eligible elders aged 65 or above;

- Elderly Vaccination Subsidy Scheme (EVSS), which provides subsidised pneumococcal vaccination to elderly aged 65 or above;

- Hong Kong Childhood Immunisation Programme, which includes provision of pneumococcal conjugate vaccine (PCV) to eligible children at two, four, six months of age followed by a booster dose at 12 months at the DH's Maternal and Child Health Centres (MCHCs); and

- The Childhood 13-valent Pneumococcal Conjugate Vaccine (PCV13) Booster Vaccination Programme, which was a one-off booster programme launched by phases between December 2013 and October 2015 to provide a choice for children aged from two to under five years old at that period of time (i.e. born on or after 26 November 2008) who have never received PCV13 to receive one dose of PCV13 for personal protection if considered necessary. As part of the programme, the Childhood Vaccination Subsidy Scheme (PCV13 booster) (CVSS (PCV13 booster)) provided eligible children with one subsidised dose of PCV13 from enrolled private doctors.

(a) Relevant statistics and estimated number of recipients for the 2015-16 vaccination season, and the expenditure involved are detailed at **Annex 1**. As some elders may have received pneumococcal vaccination outside the GVP and EVSS, they are not reflected in these statistics.

(b) Hong Kong Childhood Immunisation Programme

The statistics on PCV vaccinations in the MCHCs in the past three years are tabulated as follows. The total vaccine cost involved for the past three years is about $220.3 million.

Year	No. of doses of PCV administered in MCHC
2013	232 400
2014	205 900
2015	218 900

As some children may have received PCV outside the MCHCs, they are not reflected in the above statistics.

Based on the figure for 2015, the number of PCV doses administered in the MCHCs in 2016 is estimated to be around 218 000 and the expenditure involved will be subject to the relevant contract price.

The Childhood PCV13 Booster Vaccination Programme

The relevant statistics of the Programme are at **Annex 2**.

According to an immunisation survey conducted by the DH in 2012, the PCV vaccination coverage among surveyed children for the 1st, 2nd, 3rd and booster dose were 99.4%, 99.0%, 97.4% and 94.7% respectively.

(c) As at 28 February 2016, 1 633 doctors (involving 2 260 clinics) are enrolled in the EVSS providing subsidised pneumococcal vaccination to eligible elders. As for CVSS(PCV13 booster), a total of 951 doctors (involving 1 149 clinics) were enrolled in the scheme during the implementation period of December 2013 and October 2015.

(d) The DH will continue to work with different stakeholders, including community groups and private doctors, and make appeals to target groups of pneumococcal vaccination by means of press announcements, mass media, websites of the DH and the Centre for Health Protection, health talks, publicity posters and other printed materials, health advices for parents attending MCHCs etc. The expenditure on the related publicity and promotion work cannot be separately identified as it is absorbed as part of the overall expenditure for health promotion and other related votes under the DH.

- End -

Annex 1

Pneumococcal vaccination for the elderly under GVP and EVSS

Target groups	Vaccination programme / scheme	2013 -14			2014 -15			2015-16 (as at 28 Feb 2016)		
		No. of new recipients	Subsidy Paid ($ million)	Accumulative Percentage of population in the age group vaccinated+	No. of new recipients	Subsidy Paid ($ million)	Accumulative Percentage of population in the age group vaccinated+	No. of new recipients	Subsidy Paid ($ million)	Accumulative Percentage of population in the age group vaccinated+
Elderly aged 65 or above*	GVP	13 700	Not applicable	32.4%	15 800	Not applicable	34.2%	14 600	Not applicable	32.4%
	EVSS	22 800	4.3		24 700	4.7		12 900	2.5	
Total:		**36 500**	**4.3**		**40 500**	**4.7**		**27 500**	**2.5**	

* According to recommendation from Scientific Committee on Vaccine Preventable Disease, elders aged 65 or above require a single dose of pneumococcal vaccination.

+ Based on the accumulated number of recipients excluding those already deceased

For the 2016-17 vaccination season, it is estimated that around 24 000 elders will receive pneumococcal vaccination under EVSS (with $4.5 million being subsidy payments reserved by the Department of Health), and around 15 000 elders will receive pneumococcal vaccination under GVP, resulting in a total estimate of around 39 000 elders.

Annex 2

Childhood PCV13 Booster Vaccination Programme (the Programme)

	No. of recipients (as at close of programme on 31 Oct 2015)	**Percentage of population in the age group**
Eligible paediatric patients receiving vaccination at Hospital Authority institutions	350	
Eligible children receiving vaccination at Maternal and Child Health Centres	1 250	
Eligible children receiving vaccination at enrolled private doctors under Childhood Vaccination Subsidy Scheme (PCV13 booster)	21 730	
Total:	**23 330**	**22.2%**[##]

As at 31 October 2015, the cost of all PCV13 used under the Programme amounted to $7.8 million and the subsidies for private doctors amounted to $1.1 million.

[##]Some children received the PCV13 supplementary dose in private sector are not covered by the scheme. As such, the actual coverage should be higher and the figure does not reflect the overall coverage of PCV13 vaccination in the Childhood Immunisation Programme.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4828)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

According to the Matters Requiring Special Attention in 2016-17, the Health Branch will continue to oversee the implementation of the established tobacco control policy through a multi-pronged approach, including promotion, education, legislation, enforcement, taxation and smoking cessation. In this connection, will the Government advise on:
a. the plans and expenditure of the implementation of the established tobacco control policy through promotion, education, legislation, enforcement, taxation and smoking cessation for the past 3 years and the coming year;
b. the respective years, rates and smoking prevalences among the population of the last 5 adjustments to tobacco duty in table form;
c. the numbers of people suffering from diseases and deaths caused by smoking, and the medical cost concerned;
d. the numbers of people suffering from diseases and deaths caused by passive smoking, and the medical cost concerned; and
e. whether studies on the import, sale and consumption of electronic cigarettes were conducted and tobacco control policies formulated over the past 3 years; if so, what were the results and the manpower and expenditure involved; if not, were there related estimates in 2015-16 (sic) and what are the details?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 412)

Reply:

a. On tobacco control, the Government has been adopting a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, promote smoking cessation and taxation. The expenditures / provisions of tobacco control activities managed by the Tobacco Control Office (TCO) of the Department of Health (DH) from 2013-14 to 2016-17, broken down by types of activities, are at **Annex**. TCO will continue to enforce the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty

(Smoking Offences) Ordinance (Cap. 600), and collaborate with non-governmental organisations to provide community-based anti-smoking publicity and education programmes and smoking cessation services to the public. With DH's funding, the Hong Kong Council on Smoking and Health (COSH) will continue to promote smoking cessation and a smoke-free culture in Hong Kong

b. The Government increased tobacco duty in 1998, 2001, 2009, 2011 and 2014. The table below shows the percentage increase in tobacco duty and smoking prevalence since 1998-

Year	Percentage of tobacco duty	Smoking Prevalence (daily cigarette smokers (aged 15 and over)[#]
1998	6%	15.0%
2000	-	12.4%
2001	5%	-
2002/03	-	14.4%
2005	-	14.0%
2007/08	-	11.8%
2009	50%	-
2010	-	11.1%
2011	41.5%	-
2012	-	10.7%
2014	11.7%	-
2015	-	10.5%

[#] *Source: Thematic Household Survey conducted by the Census and Statistics Department*

c. & d.

Regarding the number of deaths related to smoking and second hand smoke, the School of Public Health of the University of Hong Kong (HKU) published a study report in 2006 on the estimated mortality figures and annual cost to tobacco-related diseases. The study reported that a total of 6 920 deaths (aged 35 and over) in Hong Kong in 1998 were caused by active smoking or second-hand smoke, in which 1 324 deaths were attributed to second-hand smoke. The results showed that the total annual cost of active and passive smoking in Hong Kong was $5.3 billion ($4.1 billion for active smoking and $1.2 billion for passive smoking). We have commissioned a local university to update these statistics which should be available this year.

e. Under the Pharmacy and Poisons Ordinance (Cap 138), e-cigarette containing nicotine is regarded as pharmaceutical product and must be registered as a pharmaceutical product before sale or distribution in Hong Kong. Currently, there is no nicotine-containing e-cigarette product registered as pharmaceutical products in Hong Kong. In addition, nicotine is a listed Part one poison under the same Ordinance. Pharmaceutical product contains Part one poisons could only be sold by Authorized Sellers of Poisons in the presence and under the supervision of registered pharmacist or by licensed wholesale dealers. Illegal sale and possession of unregistered pharmaceutical products and Part one poisons are criminal offences. The maximum penalty for each offence is a fine of $100,000 and two years' imprisonment upon conviction for each offence.

In addition, smoking in statutory no smoking area is prohibited under the Smoking (Public Health) Ordinance (Cap. 371). Any person who smokes (including e-cigarette) in a no smoking area is subject to a fixed penalty of $1,500.

Use of e-cigarettes has first been included in the Thematic Household Survey which was conducted by the Census and Statistics Department in 2015. According to the survey conducted by the School of Public Health of HKU in 2014/15, 1.3% and 9.0% of secondary students were current e-cigarette users and ever e-cigarette users respectively, and 2.6% of primary 4-6 students were ever e-cigarette users. The relevant consultancy expenditure is $1,429,664.

Given the potential harmful effects of e-cigarettes, and to safeguard public health, the Government is considering the regulation of e-cigarettes through legislation. It will also strengthen public education on the potential harm of e-cigarettes.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4829)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding bed occupancy rates, will the Government provide the following information:
a. What were the bed occupancy rates of each of the public hospitals in the hospital clusters in the past 3 years, with a breakdown by age group? Of which, what were the percentages taken up by the elderly and the chronically ill?
b. What were the bed occupancy rates of each private hospital in the past 3 years, with a breakdown by age group? Of which, what were the percentages taken up by the elderly and the chronically ill?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 414)

Reply:

(a) The table below sets out the inpatient bed occupancy rate in each of the hospitals under the Hospital Authority (HA) in 2013-14, 2014-15 and 2015-16 (up to 31 December 2015).

Cluster	**Hospital / Institution**	**Inpatient bed occupancy rate**		
		2013-14	**2014-15**	**2015-16 (up to 31 December 2015) [Provisional Figures]**
Hong Kong East	Cheshire Home, Chung Hom Kok	83%	82%	76%
	Pamela Youde Nethersole Eastern Hospital	86%	84%	82%
	Ruttonjee Hospital and Tang Shiu Kin Hospital	86%	88%	88%
	St. John Hospital	64%	71%	55%
	Tung Wah Eastern Hospital	86%	84%	83%
	Wong Chuk Hang Hospital	93%	92%	90%

Cluster	Hospital / Institution	Inpatient bed occupancy rate		
		2013-14	2014-15	2015-16 (up to 31 December 2015) [Provisional Figures]
Hong Kong West	The Duchess of Kent Children's Hospital at Sandy Bay	53%	55%	61%
	Tung Wah Group of Hospitals Fung Yiu King Hospital	69%	79%	74%
	Grantham Hospital	68%	71%	73%
	MacLehose Medical Rehabilitation Centre	60%	54%	52%
	Queen Mary Hospital	77%	78%	78%
	Tung Wah Hospital	80%	83%	81%
Kowloon Central	Hong Kong Buddhist Hospital	83%	86%	89%
	Hong Kong Eye Hospital	44%	39%	41%
	Kowloon Hospital	84%	84%	82%
	Queen Elizabeth Hospital	92%	96%	93%
Kowloon East	Haven of Hope Hospital	88%	91%	90%
	Tseung Kwan O Hospital	94%	92%	92%
	United Christian Hospital	85%	85%	88%
Kowloon West	Caritas Medical Centre	87%	84%	82%
	Kwai Chung Hospital	77%	74%	74%
	Kwong Wah Hospital	77%	80%	81%
	North Lantau Hospital	**	80%	92%
	Our Lady of Maryknoll Hospital	65%	68%	62%
	Princess Margaret Hospital	97%	96%	96%
	Tung Wah Group of Hospitals Wong Tai Sin Hospital	91%	88%	90%
	Yan Chai Hospital	82%	82%	82%
NT East	Alice Ho Miu Ling Nethersole Hospital	87%	84%	84%
	Bradbury Hospice	91%	90%	89%
	Cheshire Home, Shatin	71%	68%	73%
	North District Hospital	97%	94%	92%
	Prince of Wales Hospital	86%	87%	87%
	Shatin Hospital	92%	92%	91%
	Tai Po Hospital	83%	84%	82%
NT West	Castle Peak Hospital	68%	65%	66%
	Pok Oi Hospital	94%	90%	90%
	Siu Lam Hospital	96%	96%	96%
	Tuen Mun Hospital	98%	98%	102%

** North Lantau Hospital has commenced inpatient services since September 2014.

In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than one day. The calculation of inpatient bed occupancy rate does not include that of day inpatients.

The requested data on inpatient bed occupancy rate by age group and for chronic disease patients are not available as usage of beds is not categorised by age group or chronic disease type.

(b) The average bed occupancy rate of private hospitals in Hong Kong in the past three years is as follows:

	2013	**2014**	**2015**
Bed occupancy rate:	61.3%	62.9%	not yet available

A breakdown by private hospital is at **Annex 1**. The Government does not have data on bed occupancy rates breakdown by age group or medical condition of patients.

- End -

Annex 1

Average bed occupancy rate of beds provided by the private hospitals (including maternity homes) from 2013 to 2014

Private Hospitals (Including Maternity Homes)	2013	2014
Canossa Hospital (Caritas)	39.1%	39.3%
Evangel Hospital	51.8%	50.5%
Hong Kong Adventist Hospital – Stubbs Road^	40.8%	44.4%
Hong Kong Adventist Hospital – Tsuen Wan^	59.2%	62.1%
Hong Kong Baptist Hospital	59.0%	63.2%
Hong Kong Sanatorium & Hospital Limited^	80.7%	74.5%
Matilda & War Memorial Hospital	42.4%	43.7%
Precious Blood Hospital (Caritas)	23.3%	22.2%
St. Paul's Hospital	61.2%	68.2%
St. Teresa's Hospital	61.9%	62.4%
Union Hospital	80.8%	83.4%
Average	61.3%	62.9%

^ The following private hospitals had their names changed in May 2015:

- "Hong Kong Adventist Hospital" was renamed as "Hong Kong Adventist Hospital – Stubbs Road", and its Chinese name changed from "香港港安醫院" to "香港港安醫院－司徒拔道";
- "Tsuen Wan Adventist Hospital" was renamed as "Hong Kong Adventist Hospital – Tsuen Wan", and its Chinese name changed from "荃灣港安醫院" to "香港港安醫院－荃灣";

"Hong Kong Sanatorium and Hospital, Limited" was renamed as "Hong Kong Sanatorium & Hospital Limited", whilst its Chinese name "香港養和醫院有限公司" remained unchanged.

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)319

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4830)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the specialist outpatient services in each cluster of the Hospital Authority (including ear, nose and throat, gynaecology, obstetrics, medicine, ophthalmology, orthopaedics and traumatology, paediatrics and adolescent medicine, surgery, geriatrics and psychiatry), please set out the numbers of new cases, and their respective average, lower quartile and 99th percentile waiting time in the past 3 years.

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 422)

Reply:

The tables below set out the number of specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases; and their respective lower quartile (25th percentile), median (50th percentile), and longest (90th percentile) waiting time in each hospital cluster of the Hospital Authority (HA) for 2013-14, 2014-15 and 2015-16 (up to 31 December 2015).

2013-14

Cluster	Specialty	Priority 1				Priority 2				Routine			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			25th	50th	90th		25th	50th	90th		25th	50th	90th
			percentile				percentile				percentile		
HKEC	ENT	1 191	<1	<1	<1	2 781	1	3	7	4 239	15	35	45
	MED	2 306	<1	1	2	3 348	2	4	7	6 143	6	15	47
	GYN	814	<1	<1	1	912	3	3	6	4 067	8	12	22
	OPH	5 321	<1	<1	1	1 757	4	7	8	5 011	10	14	36
	ORT	1 892	<1	1	1	2 297	4	6	7	5 370	15	47	51
	PAE	197	<1	1	2	903	3	5	7	256	9	13	26
	PSY	451	<1	1	1	869	2	3	7	2 127	2	7	28
	SUR	1 971	<1	1	2	3 932	4	6	8	7 345	10	20	47
HKWC	ENT	701	<1	<1	1	2 212	3	6	8	3 743	6	21	89
	MED	1 588	<1	<1	1	1 735	3	5	9	8 839	9	31	57
	GYN	1 174	<1	1	2	893	3	4	7	5 616	9	18	62
	OPH	3 672	<1	<1	1	1 435	4	4	8	5 090	13	17	21
	ORT	1 113	<1	<1	2	1 527	2	4	7	8 340	6	14	42
	PAE	391	<1	<1	1	806	2	4	8	1 226	10	16	19
	PSY	178	<1	1	2	624	1	3	6	3 311	3	14	86
	SUR	2 155	<1	1	2	2 426	3	5	8	9 753	6	21	66
KCC	ENT	1 395	<1	<1	<1	859	<1	2	5	13 466	5	21	28
	MED	1 585	<1	<1	1	1 751	3	4	7	8 584	12	38	85
	GYN	476	<1	<1	1	1 771	3	4	6	3 259	5	10	28
	OPH	7 229	<1	<1	<1	5 314	1	2	5	11 438	43	53	60
	ORT	327	<1	<1	1	1 029	<1	2	6	6 797	29	54	93
	PAE	565	<1	<1	1	428	4	5	7	1 203	6	16	20
	PSY	241	<1	<1	1	964	2	4	8	1 570	8	16	36
	SUR	2 294	<1	1	1	2 960	3	4	7	12 100	20	24	65
KEC	ENT	1 758	<1	<1	1	2 666	3	4	7	4 547	32	52	78
	MED	1 735	<1	1	1	4 433	4	7	7	12 518	12	43	75
	GYN	1 622	<1	1	1	1 067	3	6	7	6 033	11	33	89
	OPH	5 551	<1	<1	1	944	3	6	7	11 141	11	23	71
	ORT	3 881	<1	<1	1	3 033	5	7	8	9 144	37	100	149
	PAE	898	<1	<1	1	749	4	7	7	2 502	15	20	35
	PSY	349	<1	1	2	2 110	3	4	7	4 517	12	48	97
	SUR	1 594	<1	1	1	5 726	4	6	7	17 092	6	24	151

Cluster	Specialty	Priority 1				Priority 2				Routine			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			25th	50th	90th		25th	50th	90th		25th	50th	90th
			percentile				percentile				percentile		
KWC	ENT	3 345	<1	<1	1	4 492	4	6	8	9 530	14	24	45
	MED	2 740	<1	<1	2	6 275	4	6	7	20 394	20	43	74
	GYN	987	<1	<1	1	2 617	4	6	7	10 406	12	21	46
	OPH	6 168	<1	<1	<1	6 129	4	5	7	6 499	36	44	49
	ORT	4 251	<1	<1	1	5 647	3	5	8	12 419	46	57	107
	PAE	2 918	<1	<1	1	1 009	4	6	7	3 652	8	10	17
	PSY	396	<1	1	2	840	1	4	8	13 096	1	17	92
	SUR	5 182	<1	1	2	10 720	4	6	7	21 631	17	38	104
NTEC	ENT	4 278	<1	<1	2	3 310	3	3	7	7 493	23	57	87
	MED	2 787	<1	<1	1	2 594	3	5	8	15 318	19	64	83
	GYN	1 600	<1	<1	2	872	3	5	8	7 886	19	48	128
	OPH	7 061	<1	<1	1	2 942	3	4	8	9 948	14	46	70
	ORT	5 903	<1	<1	1	2 237	4	5	7	13 644	17	111	127
	PAE	495	<1	<1	2	723	3	4	7	2 843	10	26	48
	PSY	1 470	<1	1	2	2 285	2	4	8	4 878	15	40	104
	SUR	2 108	<1	<1	2	3 388	3	5	7	18 571	17	27	79
NTWC	ENT	2 654	<1	<1	1	1 216	2	3	7	8 738	13	28	41
	MED	1 121	1	1	2	2 346	5	6	7	6 593	23	38	59
	GYN	1 130	1	1	3	951	4	6	9	5 255	11	15	43
	OPH	7 057	<1	<1	1	3 282	2	4	6	9 282	15	51	68
	ORT	1 759	<1	1	2	1 153	2	4	7	10 137	20	73	82
	PAE	43	<1	1	2	271	4	6	8	1 873	10	13	14
	PSY	547	<1	1	1	1 888	2	5	8	4 399	6	24	49
	SUR	1 386	<1	1	5	3 478	4	7	29	17 673	22	48	59

2014-15

Cluster	Specialty	Priority 1				Priority 2				Routine			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			25th	50th	90th		25th	50th	90th		25th	50th	90th
			percentile				percentile				percentile		
HKEC	ENT	1 217	<1	<1	<1	2 790	1	3	6	4 252	12	35	42
	MED	2 601	<1	1	2	3 705	2	4	7	6 118	12	23	51
	GYN	748	<1	<1	1	908	2	3	6	4 245	7	13	36
	OPH	5 502	<1	<1	1	1 928	4	6	8	5 306	10	12	32
	ORT	1 927	<1	1	1	2 242	4	6	7	5 552	19	46	51
	PAE	237	<1	1	2	921	3	5	7	230	10	14	19
	PSY	384	<1	1	1	917	2	3	6	2 189	4	9	23
	SUR	1 925	<1	1	2	4 270	5	7	8	7 655	15	31	55
HKWC	ENT	811	<1	<1	1	2 762	3	6	8	3 230	8	26	81
	MED	1 804	<1	<1	1	1 924	3	5	9	8 580	10	33	69
	GYN	1 552	<1	<1	2	1 106	4	5	7	4 999	9	18	124
	OPH	3 478	<1	<1	1	1 434	3	4	8	4 546	3	13	24
	ORT	909	<1	<1	2	1 584	3	4	7	8 578	9	16	42
	PAE	532	<1	<1	1	701	1	4	7	1 237	10	12	14
	PSY	516	<1	1	2	875	2	3	6	2 812	8	32	124
	SUR	1 897	<1	<1	2	2 675	3	6	8	9 636	8	15	62
KCC	ENT	1 482	<1	<1	1	1 142	1	2	6	12 105	13	25	35
	MED	1 418	<1	1	1	1 875	3	5	7	8 812	18	42	97
	GYN	427	<1	<1	1	1 809	3	4	7	3 183	11	16	34
	OPH	7 166	<1	<1	<1	4 333	1	4	5	13 391	49	54	58
	ORT	301	<1	1	1	1 029	<1	2	6	6 594	37	66	108
	PAE	711	<1	<1	1	544	5	6	7	1 174	7	16	18
	PSY	179	<1	<1	1	980	1	3	7	1 692	14	16	37
	SUR	2 234	<1	1	1	2 750	3	5	7	13 217	22	32	47
KEC	ENT	1 907	<1	<1	1	2 545	1	3	7	5 663	36	40	57
	MED	1 741	<1	1	1	4 322	4	6	7	12 609	12	55	83
	GYN	1 277	<1	1	1	1 048	4	6	7	6 017	13	51	83
	OPH	5 487	<1	<1	1	540	3	6	7	12 213	11	14	81
	ORT	3 778	<1	<1	1	3 140	6	7	7	9 762	20	105	167
	PAE	1 027	<1	<1	1	741	4	7	7	2 441	15	16	20
	PSY	359	<1	1	2	1 892	3	5	7	4 621	8	34	103
	SUR	1 733	<1	1	1	6 252	6	7	7	17 700	12	23	140

Cluster	Specialty	Priority 1				Priority 2				Routine			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			25th	50th	90th		25th	50th	90th		25th	50th	90th
			percentile				percentile				percentile		
KWC	ENT	3 663	<1	<1	1	3 801	3	5	8	9 921	16	28	53
	MED	2 530	<1	<1	1	6 305	4	6	7	21 351	17	47	72
	GYN	1 032	<1	<1	2	2 239	4	6	7	10 672	11	28	53
	OPH	6 722	<1	<1	<1	6 499	3	4	7	6 629	5	52	58
	ORT	3 981	<1	<1	1	5 343	3	5	8	14 345	25	60	125
	PAE	3 092	<1	<1	1	1 217	4	5	7	3 652	8	11	18
	PSY	399	<1	1	4	560	2	4	8	13 306	2	21	64
	SUR	3 782	<1	1	2	10 504	4	6	7	23 841	16	36	83
NTEC	ENT	4 181	<1	<1	2	3 564	3	4	7	7 893	12	38	96
	MED	2 883	<1	<1	1	2 662	3	5	8	15 413	18	70	95
	GYN	2 024	<1	<1	2	1 032	3	6	8	7 993	17	41	99
	OPH	7 644	<1	<1	1	3 149	3	4	8	9 745	18	62	66
	ORT	5 896	<1	<1	1	2 133	3	4	8	14 036	23	119	140
	PAE	341	<1	<1	2	475	3	4	7	3 297	4	17	36
	PSY	1 221	<1	1	2	2 454	2	4	8	5 353	12	45	131
	SUR	2 031	<1	<1	2	3 065	3	5	8	19 902	17	35	78
NTWC	ENT	2 807	<1	<1	1	1 658	2	3	7	8 379	25	56	73
	MED	1 325	<1	1	2	3 066	5	6	7	5 540	39	61	80
	GYN	1 112	<1	1	2	543	4	6	8	5 621	12	19	68
	OPH	8 769	<1	<1	1	4 058	2	4	7	7 403	17	60	66
	ORT	1 731	<1	1	1	1 231	2	3	7	10 643	28	78	83
	PAE	147	1	1	2	370	2	3	5	1 732	9	10	10
	PSY	531	<1	1	1	1 973	3	7	8	4 431	13	49	74
	SUR	1 461	<1	1	3	3 035	4	6	34	17 668	24	57	67

2015-16 (up to 31 December 2015) [Provisional figures]

Cluster	Specialty	Priority 1				Priority 2				Routine			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			25th	50th	90th		25th	50th	90th		25th	50th	90th
			percentile				percentile				percentile		
HKEC	ENT	866	<1	<1	<1	2 325	1	3	7	3 574	11	35	44
	MED	1 957	<1	1	2	2 852	3	5	7	4 903	13	22	52
	GYN	551	<1	<1	1	589	2	3	7	3 237	17	33	88
	OPH	4 059	<1	<1	1	1 505	4	6	8	5 211	12	21	36
	ORT	1 243	<1	1	1	1 428	4	6	7	5 102	24	59	98
	PAE	139	<1	1	2	692	4	5	7	194	10	12	19
	PSY	249	<1	1	1	658	2	3	5	1 808	5	9	29
	SUR	1 484	<1	1	2	3 256	5	7	8	6 000	18	37	60
HKWC	ENT	510	<1	<1	1	1 852	4	6	8	3 178	<1	14	87
	MED	1 441	<1	<1	1	1 372	2	4	7	6 845	11	36	78
	GYN	1 337	<1	<1	2	879	4	6	8	3 876	12	20	158
	OPH	2 720	<1	<1	1	875	4	4	7	3 335	16	19	32
	ORT	596	<1	<1	1	824	2	3	6	6 758	7	17	60
	PAE	405	<1	<1	2	644	2	4	7	951	9	10	11
	PSY	558	<1	<1	1	676	2	3	6	2 564	15	86	169
	SUR	1 803	<1	<1	2	2 132	3	5	8	7 606	9	20	110
KCC	ENT	1 126	<1	<1	1	1 030	2	4	6	9 289	22	24	31
	MED	1 115	<1	<1	1	1 474	4	5	7	7 060	27	50	102
	GYN	330	<1	<1	1	1 351	4	6	8	2 424	12	26	43
	OPH	5 955	<1	<1	1	3 525	1	4	8	9 601	56	62	69
	ORT	220	<1	1	1	841	<1	1	7	5 577	23	50	87
	PAE	558	<1	<1	1	393	5	6	8	896	7	16	24
	PSY	80	<1	<1	1	737	1	3	7	1 273	6	16	25
	SUR	1 506	<1	1	1	2 115	3	4	7	9 942	22	39	48
KEC	ENT	1 361	<1	<1	1	1 916	1	2	7	4 156	58	66	82
	MED	1 179	<1	1	1	3 768	4	6	7	9 965	14	65	100
	GYN	874	<1	1	1	705	4	6	7	4 749	15	55	112
	OPH	4 245	<1	<1	1	250	3	5	7	9 843	11	15	109
	ORT	2 847	<1	<1	1	2 529	5	7	7	7 873	20	100	135
	PAE	891	<1	<1	1	634	3	5	7	2 026	15	17	24
	PSY	346	<1	<1	1	1 480	2	4	7	3 745	10	53	99
	SUR	1 245	<1	1	1	4 829	6	7	7	13 637	14	21	88

Cluster	Specialty	Priority 1				Priority 2				Routine			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			25th	50th	90th		25th	50th	90th		25th	50th	90th
			percentile				percentile				percentile		
KWC	ENT	2 900	<1	<1	1	2 475	3	5	8	8 486	15	34	50
	MED	2 202	<1	<1	1	5 001	4	6	7	15 942	23	57	76
	GYN	804	<1	<1	1	1 931	4	6	7	8 763	11	25	62
	OPH	5 042	<1	<1	<1	4 356	2	2	3	5 735	4	42	52
	ORT	3 040	<1	<1	1	3 978	3	5	8	11 215	31	63	122
	PAE	2 086	<1	<1	1	791	4	6	8	3 083	9	12	18
	PSY	232	<1	<1	1	449	1	3	7	10 129	1	14	65
	SUR	2 699	<1	<1	2	7 754	4	6	8	20 681	15	28	80
NTEC	ENT	3 118	<1	<1	2	2 863	3	4	7	6 755	14	53	104
	MED	2 344	<1	<1	1	2 172	3	5	8	12 264	19	73	100
	GYN	1 699	<1	<1	2	666	3	6	8	6 105	21	48	100
	OPH	5 776	<1	<1	1	2 774	3	4	8	8 004	23	63	68
	ORT	4 405	<1	<1	1	1 872	3	5	8	10 747	23	111	156
	PAE	263	<1	<1	2	327	3	4	6	2 943	3	11	43
	PSY	1 021	<1	1	2	1 950	3	4	8	4 446	16	52	120
	SUR	1 505	<1	<1	2	2 419	3	5	8	15 903	17	44	79
NTWC	ENT	2 154	<1	<1	1	948	3	4	7	6 803	13	48	68
	MED	929	<1	1	2	2 294	5	6	8	4 525	17	53	78
	GYN	834	<1	1	2	104	3	4	8	4 434	19	39	129
	OPH	7 333	<1	<1	1	2 162	2	3	8	5 957	23	59	68
	ORT	1 397	<1	1	2	1 075	3	4	7	8 018	27	84	87
	PAE	46	<1	1	2	380	3	5	6	1 363	11	12	14
	PSY	358	<1	1	1	1 441	3	6	7	3 220	9	49	98
	SUR	1 123	<1	1	4	2 519	4	6	15	12 965	25	60	74

Notes:
1. Sub-specialty statistics for Geriatrics are grouped under Medicine specialty.
2. HA uses 90th percentile to denote the longest waiting time for SOP service.

The triage system is not applicable to obstetric service at SOP clinics. The table below sets out the number of obstetric new cases and their respective lower quartile (25th percentile), median (50th percentile), and longest (90th percentile) waiting time in each hospital cluster of HA for 2013-14, 2014-15 and 2015-16 (up to 31 December 2015).

Cluster	2013-14				2014-15				2015-16 (Up to 31 December 2015) [Provisional figures]			
	Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
		25th	50th	90th		25th	50th	90th		25th	50th	90th
		percentile				percentile				percentile		
HKEC	3 541	<1	1	3	3 628	<1	1	3	2 721	1	1	3
HKWC	4 162	1	2	4	4 427	1	3	4	3 512	1	3	5
KCC	6 742	3	8	19	6 827	5	10	20	5 634	8	15	22
KEC	2 874	<1	1	3	3 199	<1	1	3	2 721	<1	1	4
KWC	16 240	3	6	12	14 726	3	6	13	10 137	3	5	10
NTEC	12 404	4	6	22	12 401	3	5	18	10 132	4	5	18
NTWC	3 280	<1	1	1	3 116	1	1	3	2 175	1	2	5

Notes:
HA uses 90th percentile to denote the longest waiting time for SOP service.

Abbreviations

Specialty:
ENT – Ear, Nose & Throat
MED – Medicine
GYN – Gynaecology
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology
PAE – Paediatrics
PSY – Psychiatry
SUR – Surgery

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No.4831)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention : Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

For the estimates in the past 3 years and 2016-17, are there provisions for the training of all ranks of doctors, nurses, allied health staff and health care assistants? If yes, what is the total time involved in each training programme? What are the resources and manpower involved?

Asked by: Dr Hon KWOK Ka-Ki (Member Question No.425)

Reply:

In the past years, the Hospital Authority (HA) has implemented various measures to enhance training for doctors, nurses, allied health staff and supporting staff. Major measures include enhancing simulation training to build up the competencies of healthcare professionals, sponsoring healthcare professionals for overseas training, expanding student intakes for Registered Nurse and Enrolled Nurse training and providing corporate training programmes for supporting staff. HA will continue to implement these measures to retain staff in medical, nursing, allied health and supporting grades and enhance quality of services.

The table below sets out the number of recorded training days of doctors, nurses, allied health staff and supporting staff in HA in 2013-14, 2014-15 and 2015-16 (as at 31 December 2015). Since the target group and design of each training programme are different, for example, some training programmes are full time diploma courses while others are short lecture sessions and on-the-job training, and as some training programmes are conducted during off duty hours, breakdown of the total time involved in each training programme is not available.

	Recorded Training Days		
Staff Group	**2013-14**	**2014-15**	**2015-16 (as at 31 December 2015)**
Doctors	34 424	41 935	29 576
Nurses	137 869	149 637	93 957
Allied Health staff	38 862	40 048	28 968
Supporting staff	33 249	46 082	32 500
Total	**244 404**	**277 702**	**185 001**

Note:

(1) The recorded training days are generated from HA's eLearning Centre and Human Resources Payroll System databases.

(2) Training days for on-the-job trainings are not included.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4832)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding cancer drugs, will the Government advise on the following:

a. What was the number of patients receiving various types of cancer treatment from the Hospital Authority (HA) over the past 3 years? How many of them received drug subsidies and what was the subsidy amount? How many of them were required to purchase drugs at their own expenses? What were the maximum and average amounts of expenses borne by the patients for each type of self-financed drugs? Please provide a breakdown by cancer type and drug.

b. Please set out in the table below the details of the subsidies for cancer drugs from the HA and the Samaritan Fund over the past 3 years:

Cancer type	No. of patients	Purchase of drugs with subsidies from the Samaritan Fund				Purchase of drugs with subsidies from other funds (please specify the name of the fund)			
		No. of applicants	No. of applicants granted subsidies	Amount of subsidy	Name of drugs	No. of applicants	No. of applicants granted subsidies	Amount of subsidy	Name of drugs

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 426)

Reply:

(a) The Hospital Authority (HA) does not have readily available information on the breakdowns of patient number, drug expenditure for treatments provided at standard fees and charges and amount of patients' expenditure for purchase of self-financed drugs by cancer types in HA.

The total number of cancer patients receiving treatment at standard fees and charges in HA and the total drug consumption expenditure involved for all types of cancers in 2013-14, 2014-15 and 2015-16 (up to 31 December 2015) are set out in the table below.

Year	Number of Cancer Patients Receiving Treatment in HA @	Drug Expenditure Involved
2013-14	118 800	$532.7 Million
2014-15	122 000	$564.0 Million
2015-16	125 200 ^	$440.2 Million *

@ Figures rounded to the nearest hundred
^ Provisional figure (January – December 2015)
* April – December 2015

(b) At present, the Samaritan Fund is the only Government fund administered by HA that provides financial assistance to eligible patients in meeting the expenses on self-financed drugs and privately purchased medical items.

The tables below set out the names of cancer drugs covered by the Samaritan Fund, the number of applications received and approved, and the amount of subsidies granted in 2013-14, 2014-15 and 2015-16 (up to 31 December 2015).

2013-14				
Types of cancers	**Drugs**	**No. of applications received**	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Acute Lymphoblastic leukaemia (ALL)	Imatinib	15	15	4.07
	Dasatinib	7	7	1.25
Brain cancer	Temozolomide	49	49	3.65
Breast cancer	Trastuzumab	416	416	64.88
Chronic Lymphocytic Leukaemia	Rituximab	24	24	1.67
Chronic Myeloid Leukaemia (CML)	Dasatinib	71	71	14.32
	Imatinib	198	198	41.64
	Nilotinib	69	69	16.56
Gastrointestinal Stromal tumour (GIST)	Imatinib	136	136	24.41
Lung cancer	Erlotinib	21	21	3.38
	Gefitinib	31	31	4.13
Lymphoma	Rituximab	202	202	17.02
Myeloma	Bortezomib	96	96	20.72
	Lenalidomide	62	62	9.63
Total		**1 397**	**1 397**	**227.33**

2014-15				
Types of cancers	**Drugs**	**No. of applications received**	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Acute Lymphoblastic leukaemia (ALL)	Imatinib	13	13	3.50
	Dasatinib	6	6	1.01
Brain cancer	Temozolomide	44	44	3.01
Breast cancer	Trastuzumab	508	508	82.01
Chronic Lymphocytic Leukaemia	Rituximab	19	19	1.64
Chronic Myeloid Leukaemia (CML)	Dasatinib	96	96	16.97
	Imatinib	194	194	42.26
	Nilotinib	89	89	21.29
Gastrointestinal Stromal tumour (GIST)	Imatinib	150	150	27.35
Lung cancer	Erlotinib	21	21	2.36
	Gefitinib	19	19	2.67
Lymphoma	Rituximab	243	243	20.62
Myeloma	Bortezomib	94	94	17.54
	Lenalidomide	28	28	3.23
	Total	**1 524**	**1 524**	**245.46**

2015-16 (up to 31 December 2015)				
Types of cancers	**Drugs**	**No. of applications received**	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Acute Lymphoblastic leukaemia (ALL)	Imatinib	7	7	1.51
	Dasatinib	6	6	1.02
Brain cancer	Temozolomide	32	32	1.94
Breast cancer	Trastuzumab	398	398	65.26
Chronic Lymphocytic Leukaemia	Rituximab	10	10	0.85
Chronic Myeloid Leukaemia (CML)	Dasatinib	82	82	15.67
	Imatinib	134	134	29.62
	Nilotinib	84	84	19.23
Gastrointestinal Stromal tumour (GIST)	Imatinib	133	133	24.96
Lung cancer	Erlotinib	11	11	1.07
	Gefitinib	6	6	0.97
Lymphoma	Rituximab	166	166	14.10

2015-16 (up to 31 December 2015)				
Types of cancers	**Drugs**	**No. of applications received**	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Myeloma	Bortezomib	80	80	15.93
	Lenalidomide	17	17	2.59
	Total	**1 166**	**1 166**	**194.72**

Note :

Drugs supported by Community Care Fund Medical Assistance Programme are not included as the Programme is implemented by the Community Care Fund Task Force, set up under the Commission on Poverty.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4833)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
Is there any provision for the Hospital Authority to improve the working hours of doctors in the 2016-17 estimates? If yes, what are the resources and manpower (with ranks) earmarked for the improvement of working hours? What are the additional resources and manpower involved? Please provide an itemised breakdown. If no, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 427)

Reply:
Since 2009, the Hospital Authority (HA) has piloted various programmes to improve doctors' working hours. These include allocating funding to set up Emergency Medicine Wards, enhancing operating theatre (OT) services in order to decrease the proportion of emergency OT services at night time, employing non-medical staff to provide care-related supporting services, employing additional doctors to relieve workload in some specialties, employing additional nurses and allied health (AH) professionals with extended roles to improve patient care, and enhancing the communication of the clinical teams. The programmes have been rolled out by phases across all HA hospitals. The proportion of doctors working for more than 65 hours per week on average has dropped from around 18% in 2006 to around 4.6% in 2013-14.

HA is committed to improving doctors' working hours and working condition without compromising the quality of care and patient safety. Despite manpower shortage of doctors, the number of doctors has gradually increased over the years and is estimated to further increase in 2015-16 and 2016-17, as shown in the table below.

	2012-13 (as at 31 Mar 2013)	**2013-14** (as at 31 Mar 2014)	**2014-15** (as at 31 Mar 2015)	**2015-16** (revised estimate)	**2016-17** (estimate)
Number of doctors	5 260	5 376	5 475	5 694	5 822

HA will continue to monitor the condition and identify ways to manage workload, at the same time ensuring the delivery of quality services to the public. Meanwhile, HA is facing pressure from increasing healthcare service demands against manpower shortage. The condition is expected to improve with the increased supply of local medical graduates from 250 to 320 in 2015 and 420 in 2018. HA will continue to monitor the manpower situation of doctors, particularly in the pressurised specialties due to manpower shortage, and will make appropriate arrangements in manpower planning and deployment to meet the service needs and improve staff working conditions, including the doctors' working hours.

From 2013-14 onwards, HA has earmarked around $321 million a year to attract and retain healthcare professionals. Apart from the $321 million, there is an additional 3-year time-limited funding of $100 million per annum (from 2015-16 to 2017-18) designated for enhancing staff training and development.

In view of the manpower shortage, HA plans to recruit about 420 doctors in 2016-17 to further increase its manpower strength. HA will continue to implement existing measures to retain doctors, including the creation of additional Associate Consultant posts for promotion of doctors with 5 years' post-fellowship experience by merits and the enhancement of training opportunities for doctors. A Special Retired and Rehire Scheme to re-employ suitable serving clinical doctors upon their retirement or completion of contract at normal retirement age has also been implemented in 2015/16 to retain suitable expertise for training and knowledge transfer, and to help alleviate manpower issues.

Note

1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

2. The average weekly working hours of doctors are quoted according to the surveys conducted in 2006 and 2014-15. From 2010-11 onwards, only specialties with doctors reported to have worked more than 65 hours per week in 2009-10 are required to report the doctor working hour data on a yearly basis from July to December. On the other hand, full-scale monitoring for all specialties has been conducted from July to December every alternate year starting from 2011. Thus, the average weekly working hours of doctors in 2014-15 are not available for all specialties. The average weekly working hours of doctors for the year 2015-16 are being collected and are not available at present.

3. According to HA's prevailing human resource policy, conditioned hours of HA employees are expressed in terms of weekly basis. The average weekly working hours are calculated on actual calendar day on weekly basis based on rostered hours and self-reported hours of duties when the doctors are on off-site calls. Figures on average monthly working hours of doctors are not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4834)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please give a breakdown of the actual expenditure on salaries, bonuses, gratuities, regularly-paid allowances, job-related allowances and non-accountable entertainment allowance payable to the Chief Executive in past three years, as well as the estimate for salaries, bonuses, gratuities, regularly-paid allowances, job-related allowances and non-accountable entertainment allowance payable to the Chief Executive in 2015-16.

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 428)

Reply:

The remuneration of the Chief Executive of the Hospital Authority, which comprises salaries, allowances, contributions for retirement schemes and other benefits, was $5.1 million in 2013-14 and $5.3 million in 2014-15. The actual expenditure for 2015-16 will only be available after the close of the financial year.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)324

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4835)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the numbers of doctors by department in each of the hospitals in the Hospital Authority clusters in the past 3 years; their numbers by rank (*including Consultant, Associate Consultant/Senior Medical Officer, Specialist and Specialist Trainee*); the ratio between doctors and patients; and the doctors' median length of service.

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 429)

Reply:

The services of the Hospital Authority (HA) are organised and provided on a cluster basis. The manpower of HA is deployed and rotated flexibly amongst various hospitals within a hospital cluster.

Table 1 below sets out the number of all ranks of doctors by major specialty in each hospital cluster of HA in 2013-14, 2014-15 and 2015-16 (as at 31 December 2015).

Table 1: The number of all ranks of doctors by major specialty in each hospital cluster in 2013-14, 2014-15 and 2015-16 (as at 31 December 2015)

Cluster	Specialty	2013-14 (as at 31 March 2014)				2014-15 (as at 31 March 2015)				2015-16 (as at 31 December 2015)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
HKEC	Accident & Emergency	5	25	25	54	5	25	24	54	5	25	26	55
	Anaesthesia	4	14	13	31	4	16	11	31	4	15	14	34
	Family Medicine	2	10	44	55	1	8	46	56	1	8	48	57
	Intensive Care Unit	1	5	9	15	1	7	5	13	1	7	6	14
	Medicine	18	59	71	148	18	61	73	152	18	61	81	160
	Neurosurgery	2	3	6	11	2	2	7	11	2	2	5	9

Cluster	Specialty	2013-14 (as at 31 March 2014)				2014-15 (as at 31 March 2015)				2015-16 (as at 31 December 2015)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Obstetrics & Gynaecology	3	5	13	21	3	6	10	19	4	7	6	17
	Ophthalmology	4	7	11	21	3	7	11	20	4	6	11	20
	Orthopaedics & Traumatology	5	11	17	33	5	12	16	33	4	12	13	29
	Paediatrics	6	6	11	23	6	7	12	25	6	7	17	30
	Pathology	6	8	5	19	6	9	3	18	6	8	6	20
	Psychiatry	4	12	19	35	5	13	18	36	5	12	20	37
	Radiology	9	11	16	36	9	12	19	40	10	9	19	38
	Surgery	8	13	24	45	8	13	28	49	8	13	30	51
	Others	4	9	14	27	4	9	14	27	4	8	16	28
	Total	**81**	**197**	**297**	**575**	**80**	**207**	**296**	**584**	**82**	**200**	**317**	**599**
HKWC	**Accident & Emergency**	3	11	15	29	3	11	12	26	3	11	12	26
	Anaesthesia	15	22	23	60	15	23	27	65	15	24	30	69
	Cardio-thoracic Surgery	3	5	3	11	5	3	3	11	5	2	3	10
	Family Medicine	2	6	32	40	2	6	35	43	2	7	35	44
	Intensive Care Unit	2	5	7	14	2	6	6	14	2	6	6	14
	Medicine	21	36	78	134	23	36	75	134	24	35	78	137
	Neurosurgery	2	4	6	12	2	4	7	13	1	4	7	12
	Obstetrics & Gynaecology	7	5	15	27	6	5	15	27	5	5	15	26
	Ophthalmology	2	4	5	11	2	4	6	12	2	3	9	14
	Orthopaedics & Traumatology	5	8	18	31	5	8	14	27	5	8	19	32
	Paediatrics	11	14	21	46	11	13	22	46	11	14	23	48
	Pathology	7	8	7	22	8	7	9	24	8	8	10	26
	Psychiatry	3	9	12	24	3	8	13	24	3	9	13	25
	Radiology	9	11	19	39	9	11	17	37	9	10	19	38
	Surgery	11	20	43	74	13	19	44	76	13	19	47	79
	Others	6	5	16	27	6	5	17	29	6	6	16	29
	Total	**109**	**172**	**321**	**602**	**116**	**171**	**321**	**608**	**115**	**172**	**341**	**629**
KCC	**Accident & Emergency**	3	16	21	40	3	18	20	41	3	18	27	48
	Anaesthesia	10	21	23	54	10	23	24	57	10	22	26	58
	Cardio-thoracic Surgery	3	7	6	16	3	7	6	16	3	6	6	15
	Family Medicine	1	7	46	54	1	8	48	57	1	8	49	58
	Intensive Care Unit	2	5	3	10	2	6	2	10	2	6	3	11
	Medicine	16	46	77	139	20	48	79	147	21	50	82	153
	Neurosurgery	4	5	10	19	4	6	10	20	4	6	11	21
	Obstetrics & Gynaecology	7	10	15	31	7	9	12	28	7	9	10	26
	Ophthalmology	6	13	15	34	6	15	15	36	6	15	17	38

Cluster	Specialty	2013-14 (as at 31 March 2014)				2014-15 (as at 31 March 2015)				2015-16 (as at 31 December 2015)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Orthopaedics & Traumatology	8	15	10	33	9	14	15	38	9	15	15	39
	Paediatrics	8	18	16	43	10	16	19	45	10	15	21	46
	Pathology	7	14	9	30	8	13	9	30	7	14	8	29
	Psychiatry	4	10	21	34	4	9	23	36	5	10	21	36
	Radiology	11	15	18	44	12	15	18	45	12	12	21	45
	Surgery	9	18	28	55	10	16	28	54	10	16	35	61
	Others	10	15	19	43	10	15	21	45	11	14	23	47
	Total	**108**	**234**	**337**	**679**	**119**	**238**	**347**	**703**	**120**	**236**	**374**	**730**
KEC	**Accident & Emergency**	4	24	31	59	4	26	28	58	4	26	33	63
	Anaesthesia	5	17	20	42	6	16	17	38	6	18	19	42
	Family Medicine	2	12	70	84	2	13	72	87	2	16	72	90
	Intensive Care Unit	1	5	4	10	1	5	5	11	1	6	6	13
	Medicine	15	57	71	143	19	53	80	153	21	53	76	151
	Obstetrics & Gynaecology	6	6	16	28	6	7	13	26	5	7	14	26
	Ophthalmology	2	6	10	18	2	5	11	18	2	8	11	21
	Orthopaedics & Traumatology	6	10	24	40	6	12	24	42	6	14	24	44
	Paediatrics	6	12	21	39	5	12	24	41	5	12	24	41
	Pathology	6	10	4	20	6	11	4	21	6	8	6	20
	Psychiatry	3	16	16	35	3	17	15	35	2	17	16	35
	Radiology	9	8	9	26	10	7	11	28	10	9	12	31
	Surgery	9	18	29	56	10	19	29	58	11	23	28	63
	Others	5	10	14	29	5	10	14	29	5	10	14	29
	Total	**78**	**211**	**338**	**627**	**84**	**213**	**347**	**644**	**85**	**228**	**355**	**668**
KWC	**Accident & Emergency**	10	40	75	126	11	49	73	134	11	51	68	131
	Anaesthesia	10	39	37	86	10	41	35	86	10	43	35	88
	Family Medicine	3	24	130	157	3	29	128	160	3	30	137	170
	Intensive Care Unit	4	15	15	34	4	14	17	35	5	13	21	39
	Medicine	36	113	145	293	38	113	144	295	41	113	155	308
	Neurosurgery	3	8	15	26	3	7	13	23	3	7	14	24
	Obstetrics & Gynaecology	9	15	27	51	8	17	23	48	8	16	25	49
	Ophthalmology	3	10	11	24	3	10	12	25	3	10	11	24
	Orthopaedics & Traumatology	12	23	39	75	12	24	41	78	14	26	35	76
	Paediatrics	12	31	42	84	13	30	44	86	14	29	46	89
	Pathology	14	17	18	49	14	18	20	52	15	18	19	51
	Psychiatry	8	28	33	69	9	29	33	71	9	29	38	76
	Radiology	16	25	20	61	16	28	19	63	15	26	22	63

Cluster	Specialty	2013-14 (as at 31 March 2014)				2014-15 (as at 31 March 2015)				2015-16 (as at 31 December 2015)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Surgery	17	42	61	120	17	44	58	119	20	41	64	125
	Others	7	13	25	45	7	14	24	45	6	14	22	42
	Total	**165**	**442**	**693**	**1 300**	**168**	**468**	**683**	**1 318**	**177**	**466**	**711**	**1 354**
NTEC	**Accident & Emergency**	8	28	31	67	8	30	28	66	8	31	29	68
	Anaesthesia	7	26	27	60	8	27	28	63	8	30	31	69
	Cardio-thoracic Surgery	1	2	2	5	1	1	3	5	2	0	4	6
	Family Medicine	3	13	73	89	3	12	72	86	3	13	74	90
	Intensive Care Unit	2	12	12	26	2	11	15	28	3	10	14	27
	Medicine	22	53	108	183	25	52	109	187	27	55	111	194
	Neurosurgery	4	1	3	8	3	1	4	8	3	1	5	9
	Obstetrics & Gynaecology	4	7	16	27	6	7	14	28	6	8	13	28
	Ophthalmology	2	6	20	27	2	6	19	27	3	5	19	27
	Orthopaedics & Traumatology	10	22	27	59	11	21	21	53	11	20	29	60
	Paediatrics	9	21	28	58	9	20	33	62	9	20	34	63
	Pathology	7	16	10	33	7	14	10	31	9	13	11	33
	Psychiatry	5	19	37	61	5	20	33	58	5	19	41	65
	Radiology	11	11	19	41	11	16	17	44	10	16	15	41
	Surgery	15	20	50	85	15	23	49	87	18	19	55	92
	Others	10	17	25	52	9	17	25	51	10	18	24	52
	Total	**120**	**274**	**486**	**879**	**124**	**277**	**480**	**881**	**134**	**279**	**509**	**921**
NTWC	**Accident & Emergency**	5	22	36	63	6	23	37	66	6	24	38	67
	Anaesthesia	7	15	22	43	8	14	22	43	8	17	28	52
	Cardio-thoracic Surgery	1	1	0	2	1	1	0	2	1	1	0	2
	Family Medicine	1	12	61	73	2	13	60	76	2	13	62	78
	Intensive Care Unit	0	8	9	17	2	6	9	17	2	5	11	18
	Medicine	18	40	72	130	18	40	78	136	18	44	87	149
	Neurosurgery	3	2	8	13	3	2	9	14	3	2	10	15
	Obstetrics & Gynaecology	6	8	16	30	6	9	13	27	8	7	10	25
	Ophthalmology	4	7	11	22	4	8	10	22	4	8	12	24
	Orthopaedics & Traumatology	7	13	26	46	7	14	25	46	7	15	28	50
	Paediatrics	5	12	22	38	5	12	21	38	5	13	20	38
	Pathology	5	10	7	22	5	11	7	23	5	9	9	23
	Psychiatry	10	24	46	80	10	26	43	79	10	25	43	78
	Radiology	11	6	18	34	11	8	17	35	11	8	19	37
	Surgery	12	14	31	57	12	16	38	66	15	17	38	70
	Others	5	9	17	31	7	8	18	33	7	9	18	34

Cluster	Specialty	2013-14 (as at 31 March 2014)				2014-15 (as at 31 March 2015)				2015-16 (as at 31 December 2015)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Total	99	202	402	702	105	210	408	723	111	217	433	760

Tables 2 and 3 below set out the doctor-to-patient ratio by cluster and major specialty respectively for inpatient and day inpatient in 2013-14, 2014-15 and 2015-16 (as at 31 December 2015).

Table 2: Doctor-to-patient ratio by cluster in 2013-14, 2014-15 and 2015-16 (as at 31 December 2015)

Cluster	Number of Doctors	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2013-14			
HKEC	575	5.1	3.2
HKWC	602	5.5	3.2
KCC	679	5.5	3.3
KEC	627	5.2	3.7
KWC	1 300	4.9	3.5
NTEC	879	5.3	3.4
NTWC	702	5.3	3.5
2014-15			
HKEC	584	5.1	3.2
HKWC	608	5.4	3.1
KCC	703	5.5	3.4
KEC	644	5.1	3.6
KWC	1 318	4.9	3.5
NTEC	881	5.2	3.3
NTWC	723	5.3	3.4
2015-16 (as at 31 December 2015)			
HKEC	599	5.3	3.2
HKWC	629	5.6	3.1
KCC	730	5.6	3.4
KEC	668	5.3	3.7
KWC	1 354	4.9	3.5
NTEC	921	5.4	3.3
NTWC	760	5.5	3.5

Table 3: Doctor-to-patient ratio by major specialty for inpatient and day inpatient in 2013-14, 2014-15 and 2015-16 (as at 31 December 2015)

Specialty	Number of Doctors	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2013-14			
Medicine	1 171	2.6	1.8
Surgery (including Neurosurgery and Cardiothoracic Surgery)	616	3.6	2.2
Obstetrics & Gynaecology	215	2.4	1.5
Paediatrics	331	3.7	2.8
Orthopaedics & Traumatology	317	3.6	2.9
Psychiatry	338	18.6	18.4
2014-15			
Medicine	1 202	2.6	1.8
Surgery (including Neurosurgery and Cardiothoracic Surgery)	632	3.6	2.1
Obstetrics & Gynaecology	203	2.1	1.3
Paediatrics	342	3.8	2.8
Orthopaedics & Traumatology	317	3.5	2.8
Psychiatry	338	19.1	19.0
2015-16 (as at 31 December 2015)			
Medicine	1251	2.7	1.8
Surgery (including Neurosurgery and Cardiothoracic Surgery)	664	3.7	2.2
Obstetrics & Gynaecology	196	2.1	1.3
Paediatrics	354	4.0	2.9
Orthopaedics & Traumatology	331	3.6	2.9
Psychiatry	351	19.8	19.6

Table 4 below sets out the median length of service of all ranks of doctors by major specialty in HA in 2013-14, 2014-15 and 2015-16 (as at 31 December 2015).

Table 4: Median length of service of all ranks of doctors by major specialty in HA in 2013-14, 2014-15 and 2015-16 (as at 31 December 2015)

	2013-14 (as at 31 March 2014)				2014-15 (as at 31 March 2015)				2015-16 (as at 31 December 2015)			
Specialty	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**
Accident & Emergency	21.9	17.7	6.7	12.7	22.8	18.2	6.7	12.7	23.5	18.7	6.5	12.5
Anaesthesia	20.0	11.7	4.7	8.7	20.7	11.7	5.3	9.3	21.4	12.5	4.5	9.5
Cardio-thoracic Surgery	19.3	14.7	3.7	13.2	20.2	15.2	5.2	13.7	20.9	14.5	5.5	14.5
Family Medicine	16.1	12.3	9.7	10.7	17.1	13.0	9.2	10.7	17.8	14.3	8.5	11.5
Intensive Care Unit	20.8	15.7	5.2	10.7	21.7	15.7	3.7	9.7	22.3	14.5	3.5	9.5
Medicine	21.2	18.2	6.2	10.7	21.7	17.9	5.7	10.7	22.5	18.5	5.5	10.5
Neurosurgery	20.7	15.6	3.7	8.7	21.7	13.7	3.7	9.2	22.0	14.5	4.0	8.5
Obstetrics & Gynaecology	19.5	10.7	5.7	7.7	20.2	10.7	5.7	8.2	20.9	10.0	5.5	8.5
Ophthalmology	18.7	11.7	4.7	7.7	19.2	11.7	4.7	7.7	20.0	11.5	4.5	7.5
Orthopaedics & Traumatology	20.7	18.2	5.7	10.7	21.2	18.7	5.7	10.7	21.4	18.5	5.5	9.5

Paediatrics	20.3	18.7	5.7	8.7	20.7	19.7	5.7	8.7	21.2	19.9	5.5	8.5
Pathology	19.7	14.7	5.7	13.7	20.5	14.7	5.7	13.7	21.0	14.7	4.5	11.5
Psychiatry	20.2	13.7	5.7	9.7	20.7	13.7	6.7	9.7	21.5	14.5	6.5	9.5
Radiology	19.6	9.7	5.7	7.9	20.5	9.7	4.7	8.7	21.2	10.5	5.5	8.5
Surgery	19.4	13.7	5.7	7.7	20.6	12.7	5.7	8.7	21.0	12.5	5.5	8.5
Others	20.7	16.5	6.7	9.7	21.7	16.7	7.5	9.7	22.2	16.0	7.5	10.5
Total	**20.3**	**15.7**	**5.7**	**9.7**	**20.9**	**14.7**	**5.7**	**9.7**	**21.5**	**15.5**	**5.5**	**9.5**

Notes:

1. The manpower figures are calculated on full-time equivalent including permanent, contract and temporary staff, but excluding Interns and Dental Officers. Individual figures may not add up to the total due to rounding.

2. The specialty of medicine department includes hospice, rehabilitation and infirmary. Paediatrics specialty includes adolescent medicine and neonatology. Psychiatry specialty includes services for the mentally handicapped.

3. For the ratios of manpower per 1 000 inpatient and day inpatient discharges and deaths, the manpower position refers to that as at 31 March of the respective years (except for 2015-16, the manpower status as at 31 December 2015 was drawn); whereas the numbers of inpatient and day inpatient discharges and deaths refer to the throughput for the whole financial year (except for 2015-16, the throughput from 1 January 2015 to 31 December 2015 was taken). The numbers of inpatient and day inpatient discharges and deaths for 2015-16 are provisional figures.

4. In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than 1 day. The calculation of the number of discharges and deaths includes that of both inpatients and day inpatients.

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

6. It is important to note that doctors are responsible for rendering services for the whole continuum of services spanning from inpatient, outpatient, ambulatory and outreach services. Therefore, the manpower ratios for inpatient services may not give meaningful year on year comparison. Variations are also noted among specialties and clusters as the throughputs are related to the mode of care delivery, the condition of individual patients and the complexity of individual cases.

7. It should be noted that the ratio of doctors per 1 000 population vary among clusters and the variances cannot be used to compare the level of service provision directly among the clusters because:

(a) in planning for its services, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors under consideration;

(b) patients may receive treatment in hospitals other than those in their own residential districts; and

(c) some specialised services are available only in certain hospitals, and hence certain clusters and the beds in these clusters are providing services for patients throughout the territory.

Abbreviations

SMO/AC – Senior Medical Officer/Associate Consultant
MO/R – Medical Officer/Resident
HKEC – Hong Kong East Cluster
HKWC – Hong Kong West Cluster
KCC – Kowloon Central Cluster
KEC – Kowloon East Cluster
KWC – Kowloon West Cluster
NTEC – New Territories East Cluster
NTWC – New Territories West Cluster

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)325

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4836)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the specialist outpatient services, the median waiting time for first appointment at specialist clinics for first priority and secondary priority patients was less than 1 week and 5 weeks respectively as at 31 March 2015. However, the median waiting time increased to 2 weeks and 8 weeks respectively in the revised estimate as at 31 March 2016. In the target and plan in 2016, the median waiting time is 2 weeks and 8 weeks respectively.

What are the reasons for the increase in the median waiting time for first appointment at specialist clinics? Is there any improvement plan? If yes, what are the manpower and resources involved? If not, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 430)

Reply:

It has been the target of Hospital Authority (HA) to keep the median waiting time for first appointment at specialist outpatient clinics (SOPCs) for Priority 1 cases (i.e. urgent cases) and Priority 2 cases (i.e. semi-urgent cases) to within 2 weeks and 8 weeks respectively. The corresponding figures indicated in the Estimates for 2015-16 and 2016-17 reflect this target. The corresponding figures for 2014-15, on the other hand, reflect HA's actual performance (with median waiting time less than one week for Priority 1 patients and five weeks for Priority 2 patients), indicating that HA's actual performance was better than the target.

We understand the public's concern on waiting time for SOPC consultation. HA has implemented a series of measures as set out below to tackle the problem.

(i) Triage and prioritisation

HA has implemented the triage system for new SOPC referrals to ensure patients with urgent conditions requiring early intervention are treated with priority. Under the current triage system, referrals of new patients are usually first screened by a nurse and then by a specialist doctor of the relevant specialty for classification into Priority 1 (urgent), Priority 2 (semi-urgent) and routine categories. HA's targets are to maintain the median waiting time for cases in Priority 1 and 2 categories within 2 weeks and 8 weeks respectively. HA has all along been able to keep the median waiting time of Priority 1 and Priority 2 cases within this pledge. HA will continue to implement the triage system which is effective in ensuring that the cases most in need will be treated timely.

(ii) Enhancing public primary care service

HA is committed to enhancing public primary care services. Patients with stable and less complex conditions can be managed at the Family Medicine and general outpatient clinics (GOPCs), thereby reducing the service demand at SOPC level. HA will continue to promote primary care so that Family Medicine Specialist Clinics (FMSCs) and GOPCs will play a gatekeeping role and help alleviate pressure on SOPC waiting time.

(iii) Public-Private Partnership (PPP)

With the proposed HA PPP Fund ($10 billion endowment fund), HA plans to extend the GOPC PPP Programme to the remaining 15 districts in 3 years starting from 2016-17. Through the PPP Programme, capacities so vacated could be utilised by other patients in need. This would help HA cope with the demand for relevant clinical services.

(iv) Enhancing manpower

HA has engaged in the past some 350 part-time doctors as well as non-local doctors under "limited registration" to improve the manpower strength. HA will continue to provide the Special Honorarium Scheme (SHS) to existing workforce, engage part-time doctors and also rehire retiring doctors in 2015-16 and 2016-17 to strengthen its medical manpower in SOPC service.

(v) Annual plan programmes implemented to manage SOPC waiting time

In 2016-17, HA will address the issue of SOPC waiting time through service development programmes that have incorporated SOPC elements. For instance, both Kowloon East Cluster and Kowloon West Cluster (KWC) will enhance its FMSC services to help alleviate pressure on SOPC waiting time. In addition, KWC will expand SOPC capacity for its Medicine, Surgery and Orthopaedics & Traumatology (O&T) services. It is expected that the total number of attendances at SOPC in 2016-17 for HA will increase by around 30 000 when compared to that in the previous year.

(vi) Reducing the disparity in waiting time at SOPCs in different clusters

HA is aware of the disparity in waiting time at SOPCs in different clusters and has implemented measures to improve the situation.

Firstly, in order to enhance transparency, HA has, since April 2013, uploaded the SOPC waiting time on HA's website by phases. Effective from 30 January 2015, the SOPC waiting time information for all 8 major specialties (namely Ear, Nose and Throat (ENT), Gynaecology, Medicine, Ophthalmology, O&T, Paediatrics, Psychiatry and Surgery) is available on HA's website. This information facilitates patients' understanding of the waiting time situation in HA and assists them to make informed decisions when considering whether they should pursue cross-cluster treatment.

To let more patients benefit from cross-cluster referral arrangement according to patients' preferences, HA has reminded frontline staff to accept new case bookings from patients residing in other clusters. In February 2015, HA has produced a poster on the procedures and practice on the booking of first appointment at SOPC for the information of both the public and staff.

While patients may book medical appointments at SOPCs of their choices, HA will take due account of individual patients' clinical condition and nature of service required in arranging cross-cluster appointment for SOPC services. For example, for patients who require community support and frequent follow-up treatments, HA staff may recommend and arrange the patients to seek medical care at SOPCs close to their residence to provide greater convenience to the patients as well as to encourage compliance with treatment plan.

On 8 March 2016, HA launched a "Mobile App" to facilitate patients' choice on cross-cluster new case booking in the specialty of Gynaecology. Upon review, HA will further roll out this App to other appropriate specialties in 2016-17.

(vii) Optimising appointment scheduling practices of SOPCs

HA completed the comprehensive review of the appointment scheduling practices of SOPCs and has identified good practices on scheduling appointments for patients in order to optimise the use of the earliest available slots. Such good practices have been incorporated into the SOPC Operation Manual which was issued to all SOPCs on 1 January 2016.

The SOPC Phone Enquiry System, first piloted in the Queen Elizabeth Hospital in KCC, aims to facilitate patients to give advance notice to SOPCs of their intention to cancel or reschedule their appointments. HA has extended the system to the other six clusters in 2015-16. With the full implementation of the system in all clusters, cancelled appointments can be put to effective use and the released quotas can be fully utilized.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4837)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the numbers of nurses of all ranks in various departments of hospitals in each cluster of the Hospital Authority in the past 3 years. What were the respective nurse-to-patient ratios?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 431)

Reply:

Tables 1 and 2 below set out the number of nurses and nurse-to-patient ratios in 2013-14, 2014-15 and 2015-16 (as at 31 December 2015) by cluster and by major specialty for inpatients and day inpatients in the Hospital Authority (HA).

Table 1: By cluster in 2013-14, 2014-15 and 2015-16 (as at 31 December 2015)

Cluster	**Number of Nurses**	**Ratio per 1 000 inpatient discharges and deaths**	**Ratio per 1 000 inpatient and day inpatient discharges and deaths**
2013-14 (as at 31 March 2014)			
Hong Kong East	2 443	21.6	13.8
Hong Kong West	2 553	23.2	13.7
Kowloon Central	3 175	25.8	15.7
Kowloon East	2 474	20.6	14.7
Kowloon West	5 337	20.3	14.4
New Territories East	3 707	22.3	14.1
New Territories West	3 027	23.0	15.0
2014-15 (as at 31 March 2015)			
Hong Kong East	2 517	22.1	13.7

Cluster	Number of Nurses	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
Hong Kong West	2 679	23.6	13.5
Kowloon Central	3 275	25.4	15.6
Kowloon East	2 613	20.8	14.8
Kowloon West	5 608	20.7	14.7
New Territories East	3 897	23.1	14.5
New Territories West	3 163	23.3	15.1
2015-16 (as at 31 December 2015)			
Hong Kong East	2 607	22.9	14.1
Hong Kong West	2 799	24.8	13.9
Kowloon Central	3 323	25.4	15.6
Kowloon East	2 667	21.0	14.8
Kowloon West	5 689	20.7	14.7
New Territories East	3 969	23.0	14.3
New Territories West	3 326	23.9	15.5

Table 2: By major specialty5 in 2013-14, 2014-15 and 2015-16 (as at 31 December 2015)

Specialty	Number of Nurses	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2013-14 (as at 31 March 2014)			
Medicine	6 140	13.9	9.4
Obstetrics & Gynaecology	1 120	12.7	7.9
Orthopaedics & Traumatology	1 011	11.5	9.4
Paediatrics	1 340	15.0	11.2
Psychiatry	2 316	127.1	126.1
Surgery	1 974	11.6	6.9
2014-15 (as at 31 March 2015)			
Medicine	6 480	14.3	9.6
Obstetrics & Gynaecology	1 161	12.3	7.7
Orthopaedics & Traumatology	1 061	11.8	9.5
Paediatrics	1 392	15.4	11.3
Psychiatry	2 362	133.7	132.7
Surgery	2 061	11.7	6.9
2015-16 (as at 31 December 2015)			
Medicine	6 705	14.4	9.6
Obstetrics & Gynaecology	1 184	12.7	8.0
Orthopaedics & Traumatology	1 083	11.8	9.6
Paediatrics	1 439	16.1	11.7
Psychiatry	2 381	134.2	133.3
Surgery	2 132	12.0	7.0

Note :

(1) The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

(2) The specialty of medicine includes hospice, rehabilitation and infirmary. Surgery specialty includes neurosurgery and cardiothoracic surgery. Paediatrics specialty includes adolescent medicine and neonatology. Psychiatry specialty includes services for the mentally handicapped.

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

(4) As the condition of each patient and the complexity of each case vary among different specialties, the workload of relevant healthcare staff cannot be assessed and compared simply on the ratio of the number of healthcare staff to the number of patient discharges and deaths.

(5) It should be noted that the number of nurses and the nurse-to-patient ratios vary among different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to population profile and other factors, including specialisation of the specialties in the cluster. They also vary due to the varying complexity of conditions of patients and the different diagnostic services, treatments and prescriptions required. Therefore the number of nurses and the nurse-to-patient ratios cannot be directly compared among clusters.

(6) For the manpower per 1 000 inpatient and day inpatient discharges and deaths ratios, manpower status is drawn as at 31 March of respective years (except for 2015-16 the manpower status is drawn as at 31 December 2015), whereas number of inpatient and day inpatient discharges and deaths refers to the throughput for the whole financial year (except for 2015-16 the number refers to the actual number from 1 January 2015 to 31 December 2015). The numbers of inpatient and day inpatient discharges and deaths for the 2015-16 are provisional figures.

(7) In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who have admitted into hospitals via Accident & Emergency department or stayed for more than 1 day. The calculation of the number of discharges and deaths includes both inpatients and day inpatients.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4838)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the numbers of allied health professionals (including physiotherapists and occupational therapists) of all ranks in various departments of hospitals in each cluster of the Hospital Authority in the past 3 years, and their respective staff-to-patient ratios?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 432)

Reply:

The table below sets out the number of allied health professionals and their ratios to patients in 2013-14, 2014-15 and 2015-16 by cluster and by major allied health grades in the Hospital Authority (HA).

Cluster	Grade	2013-14 (as at 31 March 2014)			2014-15 (as at 31 March 2015)			2015-16 (as at 31 December 2015)		
		Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
Hong Kong East	Dispenser	136	1.2	0.8	139	1.2	0.8	149	1.3	0.8
	Medical Laboratory Technologist	110	1.0	0.6	113	1.0	0.6	115	1.0	0.6
	Occupational Therapist	79	0.7	0.4	76	0.7	0.4	82	0.7	0.4
	Pharmacist	65	0.6	0.4	69	0.6	0.4	72	0.6	0.4
	Physiotherapist	110	1.0	0.6	110	1.0	0.6	115	1.0	0.6
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	118	1.0	0.7	122	1.1	0.7	127	1.1	0.7

Cluster	Grade	2013-14 (as at 31 March 2014)			2014-15 (as at 31 March 2015)			2015-16 (as at 31 December 2015)		
		Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
	Social Worker	47	0.4	0.3	50	0.4	0.3	50	0.4	0.3
	Others	82	0.7	0.5	83	0.7	0.5	88	0.8	0.5
Hong Kong West	Dispenser	117	1.1	0.6	124	1.1	0.6	127	1.1	0.6
	Medical Laboratory Technologist	226	2.1	1.2	233	2.1	1.2	243	2.2	1.2
	Occupational Therapist	68	0.6	0.4	76	0.7	0.4	79	0.7	0.4
	Pharmacist	58	0.5	0.3	64	0.6	0.3	66	0.6	0.3
	Physiotherapist	93	0.8	0.5	101	0.9	0.5	106	0.9	0.5
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	123	1.1	0.7	128	1.1	0.6	130	1.1	0.6
	Social Worker	43	0.4	0.2	46	0.4	0.2	48	0.4	0.2
	Others	111	1.0	0.6	112	1.0	0.6	120	1.1	0.6
Kowloon Central	Dispenser	139	1.1	0.7	144	1.1	0.7	150	1.1	0.7
	Medical Laboratory Technologist	225	1.8	1.1	228	1.8	1.1	231	1.8	1.1
	Occupational Therapist	105	0.9	0.5	107	0.8	0.5	111	0.8	0.5
	Pharmacist	57	0.5	0.3	63	0.5	0.3	66	0.5	0.3
	Physiotherapist	153	1.2	0.8	149	1.2	0.7	159	1.2	0.7
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	154	1.3	0.8	147	1.1	0.7	151	1.2	0.7
	Social Worker	20	0.2	0.1	23	0.2	0.1	24	0.2	0.1
	Others	125	1.0	0.6	128	1.0	0.6	131	1.0	0.6
Kowloon East	Dispenser	125	1.0	0.7	128	1.0	0.7	133	1.0	0.7
	Medical Laboratory Technologist	124	1.0	0.7	125	1.0	0.7	136	1.1	0.8
	Occupational Therapist	69	0.6	0.4	71	0.6	0.4	77	0.6	0.4
	Pharmacist	52	0.4	0.3	57	0.5	0.3	62	0.5	0.3
	Physiotherapist	108	0.9	0.6	109	0.9	0.6	120	0.9	0.7
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	91	0.8	0.5	92	0.7	0.5	95	0.7	0.5
	Social Worker	41	0.3	0.2	40	0.3	0.2	44	0.3	0.2
	Others	76	0.6	0.5	84	0.7	0.5	87	0.7	0.5
Kowloon West	Dispenser	279	1.1	0.8	306	1.1	0.8	318	1.2	0.8
	Medical Laboratory Technologist	277	1.1	0.7	288	1.1	0.8	300	1.1	0.8
	Occupational Therapist	157	0.6	0.4	163	0.6	0.4	179	0.7	0.5
	Pharmacist	130	0.5	0.4	148	0.5	0.4	156	0.6	0.4
	Physiotherapist	168	0.6	0.5	179	0.7	0.5	195	0.7	0.5
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	231	0.9	0.6	229	0.8	0.6	237	0.9	0.6
	Social Worker	92	0.4	0.2	95	0.4	0.2	96	0.4	0.2
	Others	144	0.5	0.4	158	0.6	0.4	163	0.6	0.4

Cluster	Grade	2013-14 (as at 31 March 2014)			2014-15 (as at 31 March 2015)			2015-16 (as at 31 December 2015)		
		Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
New Territories East	Dispenser	179	1.1	0.7	189	1.1	0.7	207	1.2	0.7
	Medical Laboratory Technologist	209	1.3	0.8	215	1.3	0.8	236	1.4	0.9
	Occupational Therapist	110	0.7	0.4	124	0.7	0.5	131	0.8	0.5
	Pharmacist	65	0.4	0.2	77	0.5	0.3	82	0.5	0.3
	Physiotherapist	145	0.9	0.6	146	0.9	0.5	160	0.9	0.6
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	162	1.0	0.6	171	1.0	0.6	189	1.1	0.7
	Social Worker	27	0.2	0.1	29	0.2	0.1	32	0.2	0.1
	Others	121	0.7	0.5	130	0.8	0.5	135	0.8	0.5
New Territories West	Dispenser	142	1.1	0.7	146	1.1	0.7	153	1.1	0.7
	Medical Laboratory Technologist	136	1.0	0.7	139	1.0	0.7	146	1.0	0.7
	Occupational Therapist	109	0.8	0.5	114	0.8	0.5	119	0.9	0.6
	Pharmacist	57	0.4	0.3	60	0.4	0.3	65	0.5	0.3
	Physiotherapist	92	0.7	0.5	91	0.7	0.4	110	0.8	0.5
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	121	0.9	0.6	127	0.9	0.6	130	0.9	0.6
	Social Worker	30	0.2	0.1	30	0.2	0.1	31	0.2	0.1
	Others	110	0.8	0.5	124	0.9	0.6	127	0.9	0.6

Notes:

1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
2. The group of "Others" includes Audiology Technician, Clinical Psychologist, Dental Technician, Dietitian, Mould Laboratory Technician, Optometrist, Orthoptist, Physicist, Podiatrist, Prosthetist & Orthotist, Scientific Officer (Medical)-Pathology, Scientific Officer (Medical)-Audiology, Scientific Officer (Medical)-Radiology, Scientific Officer (Medical)-Radiotherapy and Speech Therapist.
3. For Social Worker, only Social Workers employed by HA are included.
4. For the ratios of manpower per 1 000 inpatient and day inpatient discharges and deaths, the manpower position refers to that as at 31 March of the respective years (except for 2015-16, the manpower status as at 31 December 2015 was drawn); whereas the number of inpatient discharges and deaths refers to the throughput for the whole financial year (except for 2015-16, the throughput from 1 January 2015 to 31 December 2015 was taken). The numbers of inpatient and day inpatient discharges and deaths for 2015-16 are provisional figures.
5. As the condition of each patient and the complexity of each case vary among different allied health grades, the workload of relevant allied health staff cannot be assessed and compared simply on the ratio of the number of allied health staff to the number of discharges and deaths.
6. In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than 1 day.
7. HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, but not patient headcount as the latter is unable to reflect in full the services (e.g. admission/attendances, discharges, transfers, etc. involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. Therefore, the requested ratio to patients is calculated based on discharges and deaths instead of headcount.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4839)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise whether the Hospital Authority has earmarked any resources in the 2016-17 Estimates for improving its psychiatric services? If so, what are the details about improving the waiting time and consultation time for psychiatric outpatient services? What are the targets of the improvement measures? What are the additional resources and manpower involved? Please provide a breakdown of the details.

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 444)

Reply:

In 2016-17, the Hospital Authority (HA) has earmarked a total of around $60 million to further enhance its psychiatric services with details as below:

i. Expanding child and adolescent psychiatric services in the Hong Kong West Cluster (HKWC) and New Territories West Cluster. It is estimated that two additional doctors, four nurses, two occupational therapists and two clinical psychologists will be required to enhance the services. The additional recurrent expenditure is estimated at around $13.3 million;

ii. Strengthening the psychiatric specialist outpatient services in the Kowloon East Cluster (KEC). It is estimated that an additional two doctors, three nurses, two occupational therapists and one clinical psychologist will be required to provide support for patients with common mental disorders. The additional recurrent expenditure is estimated at around $11.8 million;

iii. Enhancing the peer support element in the Case Management Programme for patients with severe mental illness. It is estimated that five peer support workers (one in the Hong Kong East Cluster, HKWC and KEC respectively and two in the New

Territories East Cluster (NTEC)) will be recruited, involving an additional recurrent expenditure of around $1.5 million;

iv. Establishing a centralised psychiatric gender identity disorder service in NTEC. It is estimated that one doctor, two nurses, one occupational therapist and one clinical psychologist will be required. The additional recurrent expenditure is estimated at around $12.2 million;

v. Enhancing the service for patients with learning disabilities in Kwai Chung Hospital. It is estimated four nurses and one occupational therapist will be recruited. The additional recurrent expenditure is estimated at around $4.4 million; and

vi. Enhancing the infirmary and rehabilitation services in Siu Lam Hospital. It is estimated 12 professional staff including nurses and allied health professionals will be recruited. The additional recurrent expenditure is estimated at around $16.8 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4840)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
What were the average drug-purchasing cost and the average expenditure on prescribed drugs per patient-day for psychiatric inpatients and outpatients in each of the past 3 years? How many psychiatric patients were prescribed with new psychiatric drugs each year? What were their numbers as a percentage of the total numbers of psychiatric patients each year? How were their readmission rates and intervals between follow-up consultations different from those for other psychiatric patients not prescribed with new drugs? What was the average expenditure on purchasing and prescribing new anti-psychotic drugs per patient?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 445)

Reply:
Relevant information on the utilisation of psychiatric drugs in the Hospital Authority (HA) in the past three years is set out in the table below. HA does not maintain statistics on readmission rates and interval between follow-up consultations for patients prescribed with conventional anti-psychotic drugs versus those with new anti-psychotic drugs.

	2013-14	**2014-15**	**2015-16 (January - December) [Provisional figures]**
Average expenditure on drugs for psychiatric inpatients	$75 per patient day	$84 per patient day	$96 per patient day
Average expenditure on drugs for psychiatric out-patients	$437 per attendance	$415 per attendance	$447 per attendance
Number of patients prescribed with new anti-psychotic drugs	59 242	66 971	72 769

	2013-14	2014-15	2015-16 (January - December) [Provisional figures]
Estimated percentage of new cases of psychotic patients prescribed with new anti-psychotic drugs#	85%	87%	89%
Estimated average expenditure on new anti-psychotic drugs per patient per year	$3,189	$2,318^	$2,345^

Decision on the type of anti-psychotics drugs to be prescribed is mainly a clinical judgment based on the conditions of individual patients. As different anti-psychotic drugs have different potency and side effect profile, the attending doctor will discuss with the patient concerned for the most appropriate treatment.

^ The estimated average expenditure on new anti-psychotic drugs per patient per year is substantially reduced due to the expiry of patent of some of the preparations.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4841)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide details on the manpower for child psychiatry services (including psychiatrists, nurses, community nurses) of hospitals in each cluster of the Hospital Authority in the past 3 years, their respective staff-to-patient ratios, the number of child psychiatric patients, and the number of child psychiatric patients with various learning disabilities.

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 447)

Reply:

The Hospital Authority (HA) delivers mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers, and occupational therapists. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As healthcare professionals providing child and adolescent psychiatric services in HA also support other psychiatric services, HA does not have the breakdown on the manpower for supporting child and adolescent psychiatric services only. The total number of psychiatric doctors, psychiatric nurses and community psychiatric nurses (CPNs) by cluster in the past three years are set out in the table below:

	Psychiatric doctors[1 & 2]	Psychiatric Nurses[1 & 3] (including Community Psychiatric Nurses)	Community Psychiatric Nurses[1 & 4] (CPNs)
2013-14 (as at 31 March 2014)			
HKEC	35	230	9
HKWC	24	113	7
KCC	34	238	12
KEC	35	133	14
KWC	69	608	23
NTEC	61	349	23
NTWC	77	703	42
Overall	**335**	**2375**	**130**
2014-15 (as at 31 March 2015)			
HKEC	36	231	9
HKWC	24	112	8
KCC	36	245	12
KEC	35	135	16
KWC	71	651	21
NTEC	58	367	21
NTWC	74	700	43
Overall	**333**	**2 442**	**129**
2015-16 (as at 31 December 2015)			
HKEC	37	241	9
HKWC	25	110	7
KCC	36	244	12
KEC	35	141	16
KWC	76	652	21
NTEC	65	372	16
NTWC	73	699	46
Overall	**346**	**2 459**	**127**

Notes:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but exclude those in HA Head Office. Individual figures may not add up to the total due to rounding.
2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except interns.
3. Psychiatric nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatric departments of other non-psychiatric hospitals, as well as all other nurses in psychiatric stream.
4. The job duty of CPN is mainly to provide short-term community support for discharged psychiatric patients to facilitate their community re-integration.

The table below sets out the number of child and adolescent psychiatric patients treated in the past three years by cluster. HA does not have a ready breakdown on the number of patients with various learning disabilities.

Cluster	No. of child and adolescent psychiatric patients[3,4]		
	2013-14	2014-15	2015 (January - December) [Provisional figures]
HKEC[1]	4 250	4 450	4 610
HKWC			
KCC[2]	6 990	8 180	8 620
KWC			
KEC	3 540	3 920	4 190
NTEC	5 340	5 840	6 210
NTWC	4 170	4 210	4 230
Overall[5,6]	**24 150**	**26 470**	**27 740**

Notes:

1. The majority of the child and adolescent psychiatric services in HKEC is supported by the child and adolescent psychiatric specialist team of HKWC.
2. The majority of the child and adolescent psychiatric services in KCC is supported by the child and adolescent psychiatric specialist team of KWC.
3. Referred to those patients with age <18 as at 30 June of the reporting year.
4. Figures are rounded to the nearest ten.
5. Individual figures may not add up to total due to rounding.
6. Sums of clusters may not add up to total as a patient may be treated in more than one cluster.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4842)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government advise on the Hospital Authority's annual total expenditure on psychiatric services, the comparison of such expenditure with that of the private sector, the year-on-year and cumulative rates of change in such expenditure, as well as the percentage such expenditure accounts for in the Gross Domestic Product in the past 3 years and in the 2016-17 Estimates of Expenditure?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 448)

Reply:

The Hospital Authority (HA) provides a spectrum of mental health services, including inpatient, outpatient, ambulatory and community outreach services. The table below sets out the costs for providing mental health services from 2013-14 to 2016-17 and the respective percentages of increase.

	2013-14	**2014-15**	**2015-16 (Revised Estimate)**	**2016-17 (Estimate)**
HA's costs of mental health services ($ million)	3,858	4,079	4,372	4,542
Year-on-year % growth of HA's service costs	N/A	5.7%	7.2%	3.9%
Cumulative % growth of HA's service costs since 2013-14	N/A	5.7%	13.3%	17.7%

The mental health service costs include the direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as pharmacy); and other operating costs (such as meals for

patients, utility expenses and repair and maintenance of medical equipment).

HA's mental health service costs account for only part of the public expenditure on mental health. As such, HA's expenditure on mental health service costs as a ratio to the Gross Domestic Product of Hong Kong does not reflect the actual level of spending by the Government on mental health.

Expenditure on mental health services of the private sector is not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4843)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under Matters Requiring Special Attention that the Hospital Authority (HA) will augment mental health services by further strengthening service provision in hospital, ambulatory and community settings and enhancing the quality of drugs provided to patients with psychosis and dementia. In this connection, will the Government advise:

a. the details of such services, including the manpower and expenditure involved in each service and the intended effectiveness;
b. the number of dementia patients treated by the HA, the number of new cases, the number of patients on the waiting list and the average waiting time in the past 3 years;
c. the numbers of patients receiving treatment in ambulatory and community settings in the past 3 years; and
d. whether the Government has assessed the current number of dementia patients in Hong Kong?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 450)

Reply:

(a)

In 2016-17, the Hospital Authority (HA) has earmarked a total of around $60 million to further enhance its psychiatric services with details as below:

i. Expanding child and adolescent psychiatric services in the Hong Kong West Cluster (HKWC) and New Territories West Cluster. It is estimated that two additional doctors, four nurses, two occupational therapists and two clinical psychologists will be required to enhance the services. The additional recurrent expenditure is

estimated at around $13.3 million;

ii. Strengthening the psychiatric specialist outpatient services in the Kowloon East Cluster (KEC). It is estimated that an additional two doctors, three nurses, two occupational therapists and one clinical psychologist will be required to provide support for patients with common mental disorders. The additional recurrent expenditure is estimated at around $11.8 million;

iii. Enhancing the peer support element in the Case Management Programme for patients with severe mental illness. It is estimated that five peer support workers (one in the Hong Kong East Cluster, HKWC and KEC respectively and two in the New Territories East Cluster (NTEC)) will be recruited, involving an additional recurrent expenditure of around $1.5 million;

iv. Establishing a centralised psychiatric gender identity disorder service in NTEC. It is estimated that one doctor, two nurses, one occupational therapist and one clinical psychologist will be required. The additional recurrent expenditure is estimated at around $12.2 million;

v. Enhancing the service for patients with learning disabilities in Kwai Chung Hospital. It is estimated four nurses and one occupational therapist will be recruited. The additional recurrent expenditure is estimated at around $4.4 million; and

vi. Enhancing the infirmary and rehabilitation services in Siu Lam Hospital. It is estimated 12 professional staff including nurses and allied health professionals will be recruited. The additional recurrent expenditure is estimated at around $16.8 million.

Over the years, HA has also taken measures to increase the use of new psychiatric drugs with less disabling side effects. In 2014-15, HA has further expanded the provision of new psychiatric drugs including new anti-psychotics and anti-dementia drugs to benefit around 10 700 patients under suitable clinical conditions, involving an additional recurrent expenditure of about $32 million.

HA will continue to review and monitor its services to ensure that they are in keeping with the needs of the patients.

(b)

The table below sets out the number of dementia patients who have received psychiatric specialist services, the number of first attendances in psychiatric specialist out-patient (SOP) clinics for psychogeriatric patients and the median waiting time of psychiatric SOP clinics for psychogeriatric services in HA in the past three years. The number of new cases of dementia and the number of patients on the waiting list are not available.

	2013-14	2014-15	2015-16 (up to 31 December 2015) [Provisional figures]
Number of dementia patients[1, 2]	11 900	11 860	12 000 (January – December 2015) [Provisional figures]
Number of first attendances in psychiatric SOP clinics for psychogeriatric patients[2]	5 090	4 670	3 800[3]
Median waiting time of psychiatric SOP clinics for psychogeriatric services (weeks)	8	14	11

Notes:

1. Referred to patients who have ever been diagnosed with dementia under the psychiatric specialty in HA.
2. Figures are rounded to the nearest ten.
3. Starting from 2015-16, SOP (clinical) attendances also include attendances from nurse clinics in SOP setting for the psychiatry specialty.

(c)

The table below sets out the total number of psychiatric patients who have received psychiatric day hospital services and adult community psychiatric services in the past three years.

	2013-14	2014-15	2015 (January – December) [Provisional figures]
No. of psychiatric patients received psychiatric day hospital services	7 370	7 930	8 210
No. of psychiatric patients received adult community psychiatric services	30 060	31 990	32 880

Note: Figures are rounded to the nearest ten.

(d)

HA does not have statistics on the total number of people with dementia in Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4844)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the 10 most common surgeries undertaken in all specilaities of hopsitals in each cluster of the Hospital Authority in the past 3 years, and the number of such surgeries, the number of patients on the waiting list, the waiting time and the average cost of each surgery?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 451)

Reply:

The Hospital Authority (HA) has not surveyed the waiting list and waiting time for common elective surgeries performed in different specialties at various hospitals due to the wide range of procedures performed. The table below sets out the estimated waiting time and number of some common elective surgeries performed in public hospitals in the past 3 years.

Procedure	**Range of Estimated Waiting Time (Months)**	**No. of Cases Performed in 2013-14**	**No. of Cases Performed in 2014-15**	**No. of Cases Performed in 2015-16 (up to 31 December 2015)**	**Surgical Operation Category**
Herniorrhaphy	6 to 25	4 187	4 233	3 160	Intermediate I to Major II
Cholecystectomy	4 to 26	3 227	3 380	2 521	Major: I & II
Total Joint Replacement	13 to 70	2 951	3 192	2 611	Ultra-major: I & II
Transurethral	3 to 17	2 424	2 466	1 870	Major I

Procedure	Range of Estimated Waiting Time (Months)	No. of Cases Performed in 2013-14	No. of Cases Performed in 2014-15	No. of Cases Performed in 2015-16 (up to 31 December 2015)	Surgical Operation Category
Resection of Prostate					
Myomectomy	6 to 24	1 765	1 998	1 568	Minor II to Major I
Total Abdominal Hysterectomy +/- Bilateral Salpingectomy	6 to 24	1 653	1 578	1 186	Major II
Thyroidectomy	2 to 33	947	904	706	Major: I, II & III
Haemorrhoidectomy	2 to 36	779	896	732	Intermediate I
Cruciate Ligament Reconstruction	3 to 10	742	780	593	Major II
Tonsillectomy	7 to 34	677	736	582	Intermediate: I & II

The costs of operating procedures (including surgeons, anaesthetics and operating theatre expenditures) are computed with reference to factors such as relative complexity of surgical procedures and operating time. The current HA fees and charges for private services (which are set on the higher of cost or market price) are set out below as a reference for the corresponding cost. Charges for operating procedures are categorised into 10 groups ranging from Minor I to Ultra-major III:

- Minor I $5,530 - $11,600
- Minor II $11,600 - $17,650
- Intermediate I $17,650 - $27,750
- Intermediate II $27,750 - $34,450
- Major I $34,450 - $44,550
- Major II $44,550 - $54,650
- Major III $54,650 - $65,700
- Ultra-major I $65,700 - $80,500
- Ultra-major II $80,500 - $100,800
- Ultra-major III $100,800 - $430,000

It should be noted that variations within the respective range of charges would be subject to complexity of the disease treated and the exact nature and scope of treatment to be offered.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4845)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Has the Government regularly reviewed the medical needs of residents in Tsuen Wan and implemented any improvement measures, including increasing the provision of primary care services (such as quotas for public outpatient services) and hospital services (such as number of hospital beds and quotas for specialist outpatient services) of the relevant cluster? If yes, what are the details? If no, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 563)

Reply:

In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in Tsuen Wan is incorporated in the service plan of the Kowloon West Cluster (KWC). Over the years, KWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 151 000, specialist outpatient attendances by 102 000 and the number of beds by 70 from 2011-12 to 2015-16 in order to meet service demand in the cluster. HA will regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6696)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Drug Formulary, will the Government provide the following information:

a. the current numbers of drugs registered in Hong Kong and drugs listed in the Drug Formulary, and among these, the respective numbers of subsidised and self-financed drugs;

b. the numbers of drugs newly incorporated into or removed from the Drug Formulary and the expenditure involved in the past 3 years;

c. the expenditure involved in the Hospital Authority's provision of general drugs and standard drugs to patients in accordance with the Drug Formulary in the past 3 years;

d. the average, shortest and longest time taken for a drug to be registered and listed in the Drug Formulary since the implementation of the Drug Formulary in 2005; and

e. whether any provision has been earmarked in the 2016-17 Estimates for improving the Drug Formulary system, such as expanding the Drug Formulary and enhancing the transparency in approving drugs for inclusion? If yes, what are the details? If not, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 415)

Reply:

(a)

As at end of February 2016, there were 19 435 pharmaceutical products registered in Hong Kong.

The table below sets out the number of subsidised and self-financed drugs in the Hospital Authority Drug Formulary (HADF) as at January 2016:

Drug Category	**Number of Drugs**
a) Subsidised drugs provided at standard fees and charges in public hospitals and clinics	
i) General drugs	891
ii) Special drugs [(1)]	343
b) Self-financed drugs	
i) Self-financed items	74
ii) Drugs covered by the safety net	22
iii) Drugs supported by the Community Care Fund	10
Total number of drugs in the Formulary	Around 1 300[(2)]

Note [(1)] : Special drugs are used under specific clinical conditions with specific specialist authorisation. Patients who do not meet specified clinical conditions but choose to use Special drugs have to pay for the drugs.

Note [(2)] : A drug may fall in more than one category due to different therapeutic indications or dose presentations.

(b) and (c)

The table below sets out the number of drugs newly incorporated into and removed from the HADF in 2013-14, 2014-15 and 2015-16.

	2013-14	**2014-15**	**2015-16**
Number of new drugs incorporated into the HADF	25	52	21
Number of drugs removed from the HADF	47	28	26

The amount of drug consumption expenditure on General and Special Drugs in the HADF (i.e. the expenditure on General Drugs and Special Drugs prescribed to patients at standard fees and charges) in 2013-14, 2014-15 and 2015-16 (projection based on the expenditure figure as at 31 December 2015) were $4,078 million, $4,333 million and $4,501 million respectively.

(d)

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

Under the existing mechanism, clinicians would submit new drug applications, based on service needs, to HA's Drug Advisory Committee (DAC) for consideration of listing on the HADF. The DAC would review all new drug applications every three months. Appraisal

of new drugs is an on-going process driven by evolving medical evidence, latest clinical development and market dynamics. HA does not capture data on the average, shortest and longest time taken for listing a new drug on the HADF.

(e)
In 2016-17, HA will incorporate 2 new drug classes into the HADF as Special drugs and extend the therapeutic applications of three Special drug classes in the HADF. The initiative will be implemented starting from the second quarter of 2016.

The table below sets out the drug name / class, therapeutic use, additional financial requirement and estimated number of patients who will be benefited from each drug / drug class each year.

Drug Name / Class and Therapeutic Use	**Estimated Expenditure Involved ($ Million)**	**Estimated Number of Patients to be Benefited**
Incorporation of New Drugs into the HADF		
i) Dabigatran, Rivaroxaban, Apixaban for secondary stroke management	5.50	770
ii) Teriparatide for severe established osteoporosis treatment	6.68	150
Expansion of Clinical Application of Existing Drugs in the HADF		
i) Insulin Detemir / Glargine for diabetes mellitus management	10.22	4 000
ii) Denosumab for secondary prevention of osteoporotic fracture	6.54	1 500
iii) Docetaxel for adjuvant therapy for breast cancer treatment	8.60	379

HA has all long been maintaining close communication with both internal and external stakeholders on formulary management and employing different means to channel relevant information to targeted parties. Since 2011, HA has been taking the following measures to enhance the operational transparency, improve the accessibility of information and strengthen the confidence of stakeholders and the public in HA's formulary management :

(i) The composition of HA's DAC has been uploaded to HA's internet website;
(ii) The list of new drugs to be reviewed at each DAC meeting is uploaded to both HA's internet and intranet website;
(iii) The agenda of DAC meetings is sent to the Alliance for Patients' Mutual Help Organisation for further dissemination to its members; and
(iv) The outcome of each individual drug applications for inclusion in the HADF, together with a list of references that have been taken into account in the process of considering each drug application, are uploaded to both HA's internet and intranet websites after each DAC meeting.

Since 2014-15, stakeholder engagement and communication channels have been formalised to ensure proper consultations and appropriate participation of stakeholders and service partners. To enhance accountability and partnership with the community, HA convenes 2 consultation meetings with the patient groups every year to keep them abreast of the latest developments of the HADF, gather their views on the introduction of new drugs and review the existing drug list in the HADF. Patient groups are invited to attend meetings and submit their views or proposals to HA for reference and consideration by the relevant drug committees. Since early 2011, HA Chief Executive has been regularly meeting with patient representatives through the Patient Advisory Committee to collect their views on various areas of patient services, including matters related to the HADF. Ad hoc meetings would also be convened with individual patient groups to discuss specific issues of concerns where necessary.

To further improve the transparency of managing the HADF and enable its service partners to understand their functions on different platforms of collaboration, HA published the HADF Management Manual in July 2015. The Manual outlines the enhanced governance structure in managing the HADF, the drug review process and considerations, the delineated roles and responsibilities of service partners, operational guidelines as well as procedures for drug applications. HA has promulgated the manual to all internal and external stakeholders through different communication channels and established liaison mechanisms. Furthermore, HA launched the revamped internet website of the HADF in August 2015 to enhance easy access to information and facilitate effective conveyance of information to targeted stakeholders and service partners.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6697)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

The revised estimate for 2015-16 is 3.3% higher than the original estimate. Will the Government advise on the reasons for that? What are the items that have led to the increase in the estimate? How much of the increase is related to pay adjustment for doctors? How much is used for improving the working hours of doctors, reducing the waiting time for outpatient services and strengthening manpower?

Asked by: Dr Hon KWOK Ka-Ki (Member Question No. 417)

Reply:

The increase of $1.65 billion in the 2015-16 revised estimate over the original estimate is mainly due to an increase of $1.70 billion in the recurrent subvention for the Hospital Authority (HA) resulted from 2015 pay adjustment, offset by the return of $0.04 billion for the Government's 50% share of the additional income arising from the non-obstetric services for non-eligible persons and private services at HA's hospitals for 2014-15 plus other minor adjustments of $0.01 billion.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6698)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

The estimate for 2016-17 increases by 0.1% as compared with the total revised estimate for 2015-16. Will the Government advise on the following:

a. What are the reasons for this? What are the items that cause the increase in the estimate?
b. How much of this will be used for improving the working hours of doctors, shortening the waiting time for outpatient services and increasing manpower?
c. How much of the increased resources will be allocated to each hospital cluster? In allocating the resources, has consideration been given to redress the imbalance of resources among hospital clusters? If yes, what is the basis for the allocation? If no, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 418)

Reply:

To meet the growing demand from population growth and ageing, the Hospital Authority (HA) will continue to strengthen its healthcare services to the public. The overall operating expenditure of HA for 2016-17 is projected to reach around $58 billion, representing an increase of around 4% as compared to 2015-16. Government subvention continues to be the major funding source for HA. With the financial provision of $51.6 billion for 2016-17 from the Government to HA, coupled with HA's own income and redeployment of its internal resources, HA will implement various measures to meet the rising demand for hospital services and to improve the quality of patient care in the coming year. Examples of such measures are:

(i) increasing a total of 231 beds in Pamela Youde Nethersole Hospital, Queen Elizabeth Hospital, Tseung Kwan O Hospital, United Christian Hospital, Prince of Wales Hospital, Alice Ho Miu Ling Nethersole Hospital, Shatin Hospital, Pok Oi Hospital, Tuen Mun Hospital and Siu Lam Hospital to enhance the capacity of inpatient services;

(ii) providing additional operating theatre sessions to allay the waiting list of surgeries;

(iii) strengthening the services for critical illness and chronic diseases through, for example, increasing the service capacity of echocardiogram for cardiac service, enhancing the service quota of haemodialysis for renal service, and extending the service hours of radiotherapy for cancer service;

(iv) widening the indications of special drugs and re-positioning of self-financed drugs as special drugs in the HA Drug Formulary for diabetes mellitus, stroke management as well as osteoporosis and breast cancer treatment to benefit around 6 700 patients per annum;

(v) increasing the quota for general outpatient clinics in 5 clusters (namely Hong Kong West Cluster, Kowloon East Cluster, Kowloon West Cluster, New Territories East Cluster and New Territories West Cluster) by 27 000 attendances for 2016-17 and 49 000 additional attendances per year thereafter;

(vi) setting up Hong Kong's 5th Joint Replacement Centre in the Hong Kong West Cluster for performing 260 additional operations for 2016-17 and 350 additional operations per year thereafter;

(vii) strengthening the Community Geriatric Assessment Team (CGAT) service to cover more residential care homes for the elderly (RCHE) and enhancing CGAT support to improve the quality of care for terminally ill patients living in RCHEs; and

(viii) enhancing endoscopy service by performing additional endoscopic procedures.

Budget allocation among clusters is driven by the planning of patient services guided by the overall direction at the corporate level. When HA plans its services and budget in its annual planning exercise, due consideration is given to a basket of relevant factors. Residential location and daytime distribution of population are both important factors affecting where people may seek healthcare services. In particular, the latter will affect service demand of Accident & Emergency attendance and consequential admission into the hospital. In addition, cross-cluster service utilisation may arise from referral to designated centres for special services, or by patients' own preference, etc. Apart from the above, there are other factors affecting the resource needs of individual clusters, for example, differences in demographic and economic status of the population, and varying complexity of patient conditions being treated by individual clusters.

The budget allocation to individual clusters including the additional financial provision for 2016 -17 is being worked out by HA and hence not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6699)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the provision allocated to the Hospital Authority (HA), will the Government inform this Committee of:

(a) the resources allocated to various clusters of the HA over the past 3 years;

(b) the population served by various clusters of the HA over the past 3 years?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 419)

Reply:

(a)

The table below sets out the recurrent budget allocation for each cluster of the Hospital Authority (HA) in the past three years from 2013-14 to 2015-16:

Year	**HKEC**	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**
	($ billion)						
2013-14	4.63	4.80	5.84	4.49	9.72	6.91	5.56
2014-15	5.01	5.17	6.25	4.94	10.65	7.44	6.08
2015-16 (projection as of 31 December 2015)	5.38	5.56	6.66	5.32	11.47	8.13	6.72

The recurrent budget allocation as shown in the table above represents the funding allocated to clusters for supporting the daily operational needs, such as staff costs, drug expenditure,

medical supplies and utility charges, etc. On top of the recurrent budget allocation, each cluster has other incomes, for example, fees and charges collected from patients for healthcare services rendered, which will also contribute to support the cluster's day-to-day operation.

(b)

The tables below set out the total population in respect of each cluster of HA in 2013, 2014 and 2015.

Population Estimates in 2013 (as at mid-2013)

Districts	Corresponding Hospital Cluster	Population
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	777 600
Central & Western, Southern	HKWC	534 100
Kowloon City, Yau Tsim	KCC	508 800
Kwun Tong, Sai Kung	KEC	1 088 100
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 931 800
Sha Tin, Tai Po, North	NTEC	1 258 200
Tuen Mun, Yuen Long	NTWC	1 088 300
Overall Hong Kong		**7 187 500**

Population Estimates in 2014 (as at mid-2014)

Districts	Corresponding Hospital Cluster	Population
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	772 500
Central & Western, Southern	HKWC	529 400
Kowloon City, Yau Tsim	KCC	534 900
Kwun Tong, Sai Kung	KEC	1 097 000
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 941 700
Sha Tin, Tai Po, North	NTEC	1 266 700
Tuen Mun, Yuen Long	NTWC	1 098 700
Overall Hong Kong		**7 241 700**

Projected Population in 2015 (as at mid-2015)

Districts	Corresponding Hospital Cluster	Population
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	767 300
Central & Western, Southern	HKWC	525 400
Kowloon City, Yau Tsim	KCC	540 300
Kwun Tong, Sai Kung	KEC	1 105 100
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 952 800
Sha Tin, Tai Po, North	NTEC	1 290 300
Tuen Mun, Yuen Long	NTWC	1 116 700
Overall Hong Kong		**7 298 600**

Notes:
The above population figures are based on the mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department. Individual figures may not add up to the total due to rounding and inclusion of marine population.

It should be noted that geographical population is only one of the many factors involved in determining budget allocation to individual clusters. Budget allocation among clusters is driven by the planning of patient services guided by the overall direction at the corporate level. When HA plans its services and budget in its annual planning exercise, due consideration is given to a basket of relevant factors. Residential location and daytime distribution of population are both important factors affecting where people may seek healthcare services. In particular, the latter will affect service demand of Accident & Emergency attendance and consequential admission into the hospital. In addition, cross-cluster service utilisation may arise from referral to designated centres for special services, or by patients' own preference, etc. Apart from the above, there are other factors affecting the resource needs of individual clusters, for example, differences in demographic and economic status of the population, and varying complexity of patient conditions being treated by individual clusters. As such, budget allocation to clusters should not be measured solely against the residential population in the corresponding catchment districts.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6700)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the provision for the Hospital Authority (HA), please set out the details of provision for HA in the past 5 financial years in the table below:

	Provision for the year	Increase of provision against the budget of the previous year (amount/ percentage)	Percentage in recurrent government expenditure	Expenses on staff increments (amount/ percentage in the additional provision)	Expenses on improving pay structure (amount/ percentage in the additional provision)	Resources for service improvement by hospital (item/ amount/ percentage in the additional provision)
2015-16						
2014-15						
2013-14						
2012-13						
2011-12						

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 420)

Reply:

The relevant information is set out in the table below:

	Provision for the financial year ($) million [N1]	**Increase of provision as compared with that in last financial year ($) million (amount/percentage)**	**Percentage in recurrent government expenditure (%)**	**Expenses on increment for staff (amount/(%) in the total provision for the financial year) ($) million [N3]**	**Expenses on improving salary structure (amount/(%) in the additional provision for the financial year) ($) million**
2015-16 (Revised Estimate)	51,525.0	1,721.4 (3.46%)	15.82%	675 (1.31%)	5.7 (0.33%)
2014-15 (Actual)	49,803.6	3,488.0 (7.53%)	16.32%	663 (1.33%)	30.6 (0.88%)
2013-14 (Actual)	46,315.6	3,428.7 (7.99%)	16.29%	672 (1.45%)	0.4 (0.01%)
2012-13 (Actual)	42,886.9 [N2]	4,257.7 (11.02%)	16.35%	588 (1.37%)	-
2011-12 (Actual)	38,629.4	4,264.5 (12.41%)	15.93%	571 (1.48%)	172 (4.03%)

N1: The financial provision shown in the Controlling Officer's Report includes recurrent subvention for operating expenditure and capital subvention for procurement of equipment items and computerisation projects.

N2: For meaningful comparison, the financial provision for 2012-13 set out above excludes the one-off injection of $10 billion from the Government into the Samaritan Fund.

N3: The expenses on increment for staff are included in the total provision for the financial year. For meaningful comparison, the expenses are compared against the total provision for the respective year instead of the additional provision as compared with that in the preceding financial year.

Information on the resources allocated for service improvements for each of the years from 2011-12 to 2015-16 is provided in the table below:

	Service Improvement Projects	**Clusters**	**Funds involved Amount / (%) in the additional provision for the financial year ($) Million**
2015-16			
(1)	open a total of 250 additional beds in high needs communities like KEC, NTEC and NTWC to meet the growing demand arising from population growth and ageing	HKEC, KEC, NTEC & NTWC	over 320 (over 18.5%)
(2)	enhance healthcare services to the elderly population by strengthening Community Geriatric Assessment Team service, expanding the capacity of geriatric rehabilitation services	HKEC, HKWC, KWC, NTEC & NTWC	16 (0.9%)
(3)	implement measures to improve patients' access to service including accident and emergency, general outpatient, surgical, endoscopic services and setting up the 4th joint replacement centre	All clusters	178 (10.3%)
(4)	augment mental health services by enhancing child and adolescent mental health services and services for patients with Common Mental Disorder	All clusters	15 (0.9%)
2014-15			
(1)	enhance service capacity to meet growing demand arising from population growth and ageing through a number of initiatives, including opening of additional beds, particularly in high needs communities like HKEC, NTEC and NTWC	HKEC, KCC, KEC, KWC, NTEC & NTWC	over 270 (over 7.7%)
(2)	enhance healthcare services to meet the medical needs of the local community on Lantau Island through the phased introduction of services in North Lantau Hospital (NLTH)	KWC	65 (1.9%)
(3)	commission the improved facilities provided under the redevelopment of Yan Chai Hospital	KWC	69 (2.0%)

	Service Improvement Projects	Clusters	Funds involved Amount / (%) in the additional provision for the financial year ($) Million
	and Caritas Medical Centre to enhance the standard of care		
(4)	implement measures to improve patients' access to service, including accident and emergency service, general and specialist outpatient (SOP) service, elective surgeries, radiological service as well as pharmacy service in SOP clinics	All clusters	287 (8.2%)
(5)	augment mental health services by further strengthening service provision in hospital, ambulatory and community settings and enhancing the quality of drugs provided to patients with psychosis and dementia	All clusters	95 (2.7%)
2013-14			
(1)	improve service to cope with the rising service demand due to population growth and demographic changes through a number of initiatives, including opening of additional beds, particularly in high needs communities like the NTWC and KEC	HKEC, KCC, KEC, KWC, NTEC and NTWC	over 300 (over 8.7%)
(2)	commence the service of NLTH by phases to meet the medical needs of the local community on Lantau Island	KWC	236 (6.9%)
(3)	enhance the treatment of critical illnesses through strengthening cardiac services, providing 24-hour thrombolytic service by phases to improve acute stroke management, and enhancing haemodialysis service for renal patients	All clusters	76 (2.2%)
(4)	widen the coverage of and expand the use of drugs in the Hospital Authority (HA) Drug Formulary	All clusters	44 (1.3%)
(5)	implement measures to improve patients' access to SOP service, including SOP dispensing service	All clusters	57 (1.7%)

	Service Improvement Projects	Clusters	Funds involved Amount / (%) in the additional provision for the financial year ($) Million
(6)	strengthen medical treatment for elderly patients, particularly the treatment of degenerative diseases, such as age-related macular degeneration, osteoporosis fracture and advanced Parkinson's disease	All clusters	46 (1.3%)
(7)	attract, motivate and retain healthcare staff through various measures including enhancement of their promotion opportunities and professional training, and recruitment of additional staff	All clusters	321 (9.4%)
2012-13			
(1)	improve service to cope with the rising service demand due to population growth and demographic changes through a number of initiatives, including opening of additional beds in the KEC and the NTWC	KEC and NTWC	75 (1.8%)
(2)	enhance neonatal intensive care services through opening of additional neonatal intensive care unit beds in 5 clusters	HKEC, KCC, KWC, NTEC and NTWC	53 (1.2%)
(3)	strengthen mental health services through extension of the case management programme for persons with severe mental illness and enhancement of therapeutic environment of psychiatric inpatient service	All clusters	54 (1.3%)
(4)	enhance chronic disease services through adopting a multidisciplinary approach in accordance with the primary care development strategy	All clusters	191 (4.5%)
(5)	improve service quality and safety including strengthening of support for clinical service delivery and enhanced response to contingencies	All clusters	370 (8.7%)
(6)	introduce additional drugs of proven cost effectiveness and efficacy as standard drugs	All clusters	230 (5.4%)

	Service Improvement Projects	Clusters	Funds involved Amount / (%) in the additional provision for the financial year ($) Million
	and expansion of use of drugs in the HA Drug Formulary		
(7)	implement measures to recruit and retain staff for the provision of quality patient care	All clusters	897 (21.1%)
2011-12			
(1)	improve service to cope with the rising service demand due to population growth and demographic changes through a number of initiatives, including opening of additional beds in the NTWC	NTWC	32 (0.8%)
(2)	enhance provision for haemodialysis service for patients with end-stage renal disease, cardiac service, clinical oncology service, palliative care for advanced cancer and end-stage patients, and expansion of the Cancer Case Manager Programme	All clusters	54 (1.3%)
(3)	strengthen mental health services through extension of the case management programme to persons with severe mental illness, extension of the Integrated Mental Health Programme in primary care setting for patients with common mental disorder to all clusters, expansion of the service targets of the Early Assessment and Detection of Young Persons with Psychosis Programme, extension of psychogeriatric outreach service, enhancement of the autistic service and setting up of crisis intervention teams to provide prompt support for high risk mental patients and to respond to crisis situations involving other mental patients in the community	All clusters	216 (5.1%)
(4)	enhance chronic disease management through multidisciplinary, case management and empowerment approach in accordance with the primary care development strategy	All clusters	365 (8.6%)

	Service Improvement Projects	Clusters	Funds involved Amount / (%) in the additional provision for the financial year ($) Million
(5)	introduce additional drugs of proven cost effectiveness and efficacy as standard drugs and expansion of use of drugs in the HA Drug Formulary	All clusters	237 (5.6%)
(6)	enhance community and ambulatory care to minimise hospital admissions and reduce avoidable hospitalisation	All clusters	172 (4.0%)

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6701)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

In 2016-17, the number of general beds will only increase by 461 from 2015-16, and no additional infirmary beds, beds for the mentally ill and beds for the mentally handicapped will be provided. In this connection, please advise on the following:

(a) the numbers of hospital beds and patients, and the bed-to-patient ratios in various departments of hospitals in each cluster of the Hospital Authority (HA) at present and in the past 3 years;

(b) the bed occupancy rates of general and specialty wards, and the average inpatient length of stay in hospitals of each HA cluster at present and in the past 3 years, with a breakdown by age group;

(c) Has the Government assessed whether there are sufficient hospital beds to meet the demand of a growing local population? Will the Government allocate additional resources to make up for any shortfall in hospital beds? What will be the manpower and expenditure involved?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 421)

Reply:

(a) The table below sets out (i) the number of inpatient and day inpatient discharges and deaths (IPDP D&D); (ii) number of hospital beds; and (iii) the ratio of IPDP D&D to hospital beds in the Hospital Authority (HA) and its clusters, by general (acute and convalescent) and mentally ill types of services in 2013-14, 2014-15 and 2015-16 (1 January to 31 December 2015).

2013-14

	Cluster							Overall
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA**
General (acute and convalescent)								
Number of IPDP D&D	173 516	185 094	199 168	167 219	365 816	258 026	198 815	1 547 654
Number of hospital beds*	2 004	2 860	3 005	2 291	5 221	3 477	2 274	21 132
Ratio of IPDP D&D to hospital beds	86.6	64.7	66.3	73.0	70.1	74.2	87.4	73.2
Mentally ill								
Number of IPDP D&D	1 911	825	3 196	619	4 217	4 159	2 878	17 805
Number of hospital beds*	400	82	425	80	920	524	1 176	3 607
Ratio of IPDP D&D to hospital beds	4.8	10.1	7.5	7.7	4.6	7.9	2.4	4.9

* Number of hospital beds as at 31 March 2014

2014-15

	Cluster							Overall
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA**
General (acute and convalescent)								
Number of IPDP D&D	179 747	196 964	206 131	175 862	377 123	265 066	206 478	1 607 371
Number of hospital beds#	2 044	2 860	3 029	2 295	5 244	3 539	2 326	21 337
Ratio of IPDP D&D to hospital beds	87.9	68.9	68.1	76.6	71.9	74.9	88.8	75.3
Mentally ill								
Number of IPDP D&D	1 801	764	3 146	512	4 215	4 023	2 801	17 262
Number of hospital beds#	400	82	425	80	920	524	1 176	3 607
Ratio of IPDP D&D to hospital beds	4.5	9.3	7.4	6.4	4.6	7.7	2.4	4.8

Number of hospital beds as at 31 March 2015

2015-16 (1 January to 31 December 2015) [Provisional figures]

	Cluster							Overall
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA**
General (acute and convalescent)								
Number of IPDP D&D	181 496	201 179	209 206	179 829	381 007	273 188	211 096	1 637 001
Number of hospital beds^	2 065	2 860	3 029	2 331	5 244	3 610	2 448	21 587
Ratio of IPDP D&D to hospital beds	87.9	70.3	69.1	77.1	72.7	75.7	86.2	75.8
Mentally ill								
Number of IPDP D&D	1 721	681	3 132	561	4 353	4 071	2 845	17 364
Number of hospital beds^	400	82	425	80	920	524	1 176	3 607
Ratio of IPDP D&D to hospital beds	4.3	8.3	7.4	7.0	4.7	7.8	2.4	4.8

^ Number of hospital beds as at 31 December 2015

For infirmary and mentally handicapped services, HA's overall IPDP D&Ds in the past 3 years are as follows:

	2013-14	2014-15	2015-16 (1 January to 31 December 2015) [Provisional figures]
Infirmary	3 309	3 515	3 535
Mentally Handicapped	563	538	498

As both infirmary and mentally handicapped services involve long-stay patients and small patient volume, their respective IPDP D&D is highly variable year by year and across clusters and is not a meaningful indicator to reflect the service utilisation across clusters. The number of patient days is instead a better indicator to reflect the utilisation of the services.

The table below sets out (i) the number of patient days; (ii) number of hospital beds; and (iii) inpatient bed occupancy rate in HA and its clusters, for infirmary and mentally handicapped inpatient services in 2013-14, 2014-15 and 2015-16 (1 January to 31 December 2015).

2013-14

	Cluster							Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA
Infirmary								
Number of patient days@	169 842	52 422	29 836	35 567	93 628	95 537	28 420	505 252
Number of hospital beds*	627	200	118	116	328	517	135	2 041
Inpatient bed occupancy rate (%)	90%	81%	76%	84%	98%	80%	97%	87%
Mentally handicapped**								
Number of patient days@	-	-	-	-	31 018	-	174 883	205 901
Number of hospital beds*	-	-	-	-	160	-	500	660
Inpatient bed occupancy rate (%)	-	-	-	-	57%	-	96%	87%

* Number of hospital beds as at 31 March 2014
** Mentally handicapped beds are provided in KWC and NTWC only.
@ Patient days include inpatient patient days and day inpatient discharges and deaths.

2014-15

	Cluster							Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA
Infirmary								
Number of patient days@	168 425	52 196	34 915	38 355	94 147	93 035	29 574	510 647
Number of hospital beds#	627	200	118	116	328	517	135	2 041
Inpatient bed occupancy rate (%)	89%	86%	89%	91%	98%	78%	95%	88%

	Cluster							Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA
Mentally handicapped**								
Number of patient days@	-	-	-	-	25 958	-	175 171	201 129
Number of hospital beds#	-	-	-	-	160	-	500	660
Inpatient bed occupancy rate (%)	-	-	-	-	47%	-	96%	85%

Number of hospital beds as at 31 March 2015
** Mentally handicapped beds are provided in KWC and NTWC only.
@ Patient days include inpatient patient days and day inpatient discharges and deaths.

2015-16 (1 January to 31 December 2015) [Provisional figures]

	Cluster							Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA
Infirmary								
Number of patient days@	163 068	50 547	34 672	36 888	92 136	97 840	30 931	506 082
Number of hospital beds^	627	200	118	116	328	517	135	2 041
Inpatient bed occupancy rate (%)	86%	83%	88%	87%	96%	82%	94%	87%
Mentally handicapped**								
Number of patient days@	-	-	-	-	24 419	-	174 492	198 911
Number of hospital beds^	-	-	-	-	160	-	500	660
Inpatient bed occupancy rate (%)	-	-	-	-	43%	-	96%	83%

^ Number of hospital beds as at 31 December 2015
** Mentally handicapped beds are provided in KWC and NTWC only.
@ Patient days include inpatient patient days and day inpatient discharges and deaths.

(b) The table below sets out the inpatient bed occupancy rate in HA and its clusters for all general specialties and major specialties in 2013-14, 2014-15 and 2015-16 (1 April to 31 December 2015).

2013-14

Inpatient bed occupancy rate	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescent) Specialties	87%	73%	89%	88%	86%	90%	98%	87%
Gynaecology	95%	53%	85%	53%	84%	70%	99%	72%
Medicine	91%	83%	105%	99%	99%	105%	106%	99%
Obstetrics	71%	59%	69%	58%	63%	57%	90%	65%
Orthopaedics & Traumatology	91%	69%	99%	93%	92%	93%	90%	90%
Paediatrics	88%	69%	67%	78%	63%	85%	91%	74%
Surgery	79%	73%	91%	81%	73%	94%	97%	82%

2014-15

Inpatient bed occupancy rate	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescent) Specialties	87%	75%	92%	88%	86%	89%	97%	88%
Gynaecology	91%	57%	96%	54%	92%	74%	110%	77%
Medicine	90%	87%	105%	96%	98%	101%	105%	98%
Obstetrics	84%	62%	75%	63%	69%	65%	94%	71%
Orthopaedics & Traumatology	94%	73%	106%	92%	90%	90%	88%	90%
Paediatrics	75%	68%	68%	71%	65%	80%	93%	72%
Surgery	86%	73%	96%	86%	71%	93%	87%	82%

2015-16 (1 April to 31 December 2015) [Provisional figures]

Inpatient bed occupancy rate	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescent) Specialties	86%	75%	89%	90%	87%	88%	100%	88%
Gynaecology	95%	59%	93%	57%	86%	75%	106%	77%
Medicine	90%	87%	103%	97%	96%	100%	107%	97%
Obstetrics	85%	62%	71%	63%	67%	63%	93%	70%
Orthopaedics & Traumatology	88%	72%	103%	99%	89%	85%	91%	89%
Paediatrics	81%	66%	69%	75%	69%	80%	95%	74%
Surgery	81%	71%	95%	88%	77%	96%	96%	84%

The table below sets out the inpatient average length of stay (IP ALOS) (days) in HA and its clusters for all general specialties and major specialties, as well as the respective IP ALOS by age group (0 – 64, 65 or above, Overall) in 2013-14, 2014-15 and 2015-16 (1 April to 31 December 2015).

2013-14

IP ALOS (days)	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute and convalescent) Specialties								
Aged 0 - 64	3.7	5.3	5.4	3.9	3.8	5.1	4.1	4.4
Aged 65 or above	6.4	6.4	9.4	6.7	7.1	7.7	7.5	7.3
Overall	5.1	5.8	7.4	5.3	5.3	6.3	5.4	5.8
Gynaecology								
Aged 0 - 64	2.1	2.3	2.2	2.3	1.9	2.0	1.8	2.0
Aged 65 or above	4.0	3.7	4.5	4.4	3.5	3.8	4.4	3.9
Overall	2.3	2.4	2.3	2.4	2.0	2.0	1.9	2.1
Medicine								
Aged 0 - 64	3.8	5.3	7.1	4.2	4.6	5.3	5.3	5.0
Aged 65 or above	5.6	5.6	9.1	6.1	6.8	7.8	7.6	6.9
Overall	5.0	5.5	8.5	5.5	6.1	7.0	6.7	6.3
Obstetrics								
Aged 0 - 64	3.6	3.0	3.4	2.9	2.8	2.9	2.9	3.0

IP ALOS (days)	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Orthopaedics & Traumatology								
Aged 0 - 64	3.8	6.2	7.8	4.8	4.1	6.6	5.8	5.4
Aged 65 or above	7.0	8.8	13.9	8.2	9.3	12.1	14.0	10.3
Overall	5.3	7.5	11.1	6.4	6.5	9.0	8.8	7.6
Paediatrics								
Aged 0 - 64	3.4	5.3	4.3	2.7	2.9	3.4	3.4	3.4
Surgery								
Aged 0 - 64	3.0	5.1	4.0	3.2	3.0	5.2	3.5	3.8
Aged 65 or above	4.3	6.0	5.7	4.8	4.8	5.8	5.4	5.2
Overall	3.7	5.5	4.9	4.0	3.9	5.5	4.3	4.5

2014-15

IP ALOS (days)	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute and convalescent) Specialties								
Aged 0 - 64	3.9	5.3	5.4	3.8	3.7	4.9	4.2	4.4
Aged 65 or above	6.6	6.4	9.4	6.7	7.0	7.6	7.5	7.3
Overall	5.3	5.8	7.3	5.2	5.2	6.1	5.5	5.7
Gynaecology								
Aged 0 - 64	2.1	2.4	2.2	2.2	1.8	2.1	1.8	2.0
Aged 65 or above	3.8	3.6	4.7	4.3	3.3	4.1	4.3	3.9
Overall	2.2	2.6	2.4	2.3	1.9	2.1	1.9	2.1
Medicine								
Aged 0 - 64	4.0	5.7	6.7	4.4	4.4	5.5	5.3	5.0
Aged 65 or above	5.8	5.7	8.8	6.1	6.8	7.7	7.6	6.9
Overall	5.2	5.7	8.2	5.6	6.0	7.0	6.7	6.3
Obstetrics								
Aged 0 - 64	3.8	2.9	3.3	2.9	2.9	2.9	2.8	3.0
Orthopaedics & Traumatology								
Aged 0 - 64	3.7	6.5	7.6	4.6	4.2	6.5	6.2	5.4
Aged 65 or above	7.1	8.9	15.3	8.2	9.1	11.6	14.6	10.3
Overall	5.3	7.7	11.7	6.2	6.5	8.7	9.3	7.7
Paediatrics								
Aged 0 - 64	3.3	5.2	4.7	2.3	2.8	3.7	3.6	3.4
Surgery								
Aged 0 - 64	3.1	4.8	4.3	3.2	3.1	5.3	3.4	3.8
Aged 65 or above	4.5	5.8	5.6	4.7	4.4	5.7	5.3	5.0
Overall	3.9	5.3	5.0	4.0	3.7	5.5	4.2	4.4

2015-16 (1 April to 31 December 2015) [Provisional figures]

IP ALOS (days)	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute and convalescent) Specialties								
Aged 0 - 64	3.8	5.2	5.4	3.9	3.7	5.0	4.2	4.4
Aged 65 or above	6.5	6.7	9.1	6.9	6.9	7.7	7.9	7.3
Overall	5.3	5.9	7.2	5.4	5.2	6.2	5.7	5.8
Gynaecology								
Aged 0 - 64	2.1	2.5	2.1	2.3	1.8	2.0	1.7	2.0
Aged 65 or above	3.8	4.1	4.5	5.6	3.5	3.7	4.1	4.1
Overall	2.2	2.6	2.2	2.5	1.9	2.1	1.8	2.1
Medicine								
Aged 0 - 64	4.1	5.3	6.9	4.4	4.6	5.3	5.5	5.0
Aged 65 or above	5.8	6.1	8.3	6.5	6.7	7.6	8.0	7.0
Overall	5.3	5.8	7.9	5.9	6.0	6.9	7.0	6.3
Obstetrics								
Aged 0 - 64	3.8	3.0	3.2	2.8	2.8	2.9	2.8	3.0
Orthopaedics & Traumatology								
Aged 0 - 64	3.5	5.7	8.2	4.5	4.0	6.3	5.9	5.3
Aged 65 or above	6.7	10.2	14.1	7.9	8.8	10.6	14.7	10.1
Overall	5.1	7.8	11.3	6.0	6.2	8.2	9.2	7.5
Paediatrics								
Aged 0 - 64	3.5	5.8	4.6	2.5	2.8	3.4	3.5	3.4
Surgery								
Aged 0 - 64	3.1	4.9	3.9	3.2	2.9	5.1	3.6	3.7
Aged 65 or above	4.3	5.6	5.4	4.7	4.4	6.0	5.7	5.0
Overall	3.7	5.2	4.7	4.0	3.6	5.5	4.5	4.4

HA organises clinical services on a cluster basis. The patient journey may involve different points of care within the same cluster. Hence information by cluster provides a better picture than that by hospital on service utilisation. Activity indicators such as inpatient bed occupancy rate and ALOS should be interpreted at cluster level.

The requested data on inpatient bed occupancy rate by age group are not available as the usage of beds is not categorised by age group.

It should be noted that inpatient ALOS varies among different cases within and between different specialties owing to the varying complexity of the conditions of patients who may require different diagnostic services and treatments. It also varies among different hospital clusters due to different case-mix, i.e. mix of patients of different conditions in the cluster, which may differ according to population profile and other factors including hospital bed complement and specialisation of the specialties in the cluster. Therefore, the figures cannot be directly compared among different clusters or specialties.

In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than 1 day. The calculation of the number of hospital beds, patient days, and discharges and deaths includes that of both inpatients and day inpatients. The calculation of inpatient average length of stay and bed occupancy rate, on the other hand, does not include that of day inpatients.

(c) In the planning of public hospital bed capacity, HA has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in different districts, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals etc.

The recently announced ten-year hospital development plan is formulated with an aim to enabling HA to expand and upgrade healthcare facilities in a more flexible and long-term manner in order to facilitate timely commencement, progression and completion of major hospital development projects for meeting future service needs arising from the rapidly ageing population.

HA will continue to regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

Note
Contrary to the description in the preamble of the question, in 2016-17, the number of additional general beds should be 211 and that of additional beds for the mentally handicapped should be 20 when compared to 2015-16.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4519)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

As regards the Easy-Access Transport Service (ETS), how many new rehabuses will be purchased and old rehabuses replaced in the 2016-17 financial year? What is the waiting time of the disabled and the elderly for the ETS respectively? How will the purchase of rehabuses improve the waiting time? Please also advise on the number of passengers and the utilisation rate of the ETS in the 2015-16 financial year.

Asked by: Hon LEUNG Kwok-hung (Member Question No. 234)

Reply:

The Easy-Access Transport Service (ETS) under the Hospital Authority (HA) is operated by the Hong Kong Society for Rehabilitation to provide transport service for the needy elderly patients. It provides transfer services between homes and public hospitals or clinics for patients aged 60 or above with minor mobility-disability. Eligible patients can make booking for using the service on a first-come-first-served basis.

The number of registered members, patient trips served and unsuccessful requests of ETS in 2015-16 are shown below. Information on the waiting time is not available.

Year	Number of registered members	Number of patient trips served	Number of unsuccessful requests
2015-16	185 798 (as at January 2016)	157 400 (projected as at January 2016)	6 880 (projected as at January 2016)

HA has worked to improve ETS by adding 3 ETS buses in 2015-16. Consequently the number of unsuccessful requests for ETS has dropped from 9 037 in 2014-15 to 6 880 in 2015-16. In 2016-17, HA plans to add 1 new vehicle and replace 2 ageing vehicles to further expand the fleet of ETS buses to meet service demand and reduce unsuccessful requests. HA will continue to monitor the provision of ETS and explore other improvement measures having regard to the service demand.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)342

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4520)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention : Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

How many new non-emergency ambulances will be purchased and old rehabuses of the Easy-Access Transport Service replaced in the 2016-17 financial year? What is the waiting time of the disabled and the elderly for non-emergency ambulance transfer service respectively? How will the purchase of non-emergency ambulances improve the waiting time? Please also advise on the number of passengers and the utilisation rate of non-emergency ambulance transfer service in the 2015-16 financial year.

Asked by: Hon LEUNG Kwok-hung (Member Question No. 235)

Reply:

The Non-emergency Ambulance Transfer Service (NEATS) of the Hospital Authority (HA) provides point-to-point transfer service primarily for mobility-handicapped patients who are unable to use public transport such as bus, taxi and Rehabus. Patients' eligibility is assessed by the clinical staff and eligible patients can make booking for NEATS on a first-come-first-served basis. HA will endeavour to schedule the vehicles to meet patients' need as far as possible. The number of patients served by NEATS in 2015-16 is projected to be about 545 000.

HA has a long-term plan to improve NEATS. In 2016-17, HA plans to add 14 new vehicles and to replace 9 ageing vehicles. Since 2012-13, HA has reduced the waiting time from the standard of 90 minutes or less to 60 minutes or less for 75% of the patients who are ready for discharge and have made bookings for NEATS. Since 2013-14, HA has also reduced the waiting time from the standard of 90 minutes or less to 60 minutes or less for 85% of patients who are ready for inter-hospital transfer and have made bookings for NEATS. HA will continue to monitor the provision of NEATS and explore other improvement measures having regard to service demand.

The Easy-Access Transport Service (ETS) under HA is operated by the Hong Kong Society for Rehabilitation. It provides transfer services between homes and public hospitals or clinics for patients aged 60 or above with minor mobility-disability. Eligible patients can make booking for the service on a first-come-first-served basis. HA has worked to improve ETS by adding 3 ETS buses in 2015-16. Consequently the number of unsuccessful requests for ETS has been decreasing. In 2016-17, HA plans to add 1 vehicle and replace 2 ageing vehicles to further expand the fleet of ETS buses to meet service demand and reduce unsuccessful requests. HA will continue to monitor the provision of ETS and explore other improvement measures having regard to the service demand.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)343

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4775)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Would the Food and Health Bureau/Hospital Authority inform this Committee of:

a. the average waiting time of pre-school children suspected of having special education needs (SEN) for assessment by general practitioners and psychiatric doctors in 2014 and 2015 (with a breakdown by cases of priority 1, priority 2 and routine);

b. the numbers of pre-school children waiting for assessment in 2013, 2014 and 2015.

Asked by: Hon MA Fung-kwok (Member Question No. 79)

Reply:

(a) & (b)

Pre-school children suspected of having special education needs requiring specialist medical support in the Hospital Authority (HA) will usually be referred to paediatrics or child and adolescent (C&A) psychiatric specialist outpatient clinics (SOPCs) for further assessment and treatment. A triage system is in place to ensure that patients with urgent conditions requiring early intervention are treated with priority.

The table below sets out the number of new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases at the paediatrics and C&A psychiatric SOPCs and their respective median waiting time in the past three years. The number of pre-school children waiting for assessment is not available.

	Year	Priority 1		Priority 2		Routine	
		Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)
Paediatrics SOPCs	**2013-14**	5 510	<1	4 890	5	13 560	14
	2014-15	6 090	<1	4 970	5	13 760	13
	2015-16 (up to 31 December 2015) [Provisional figures]	4 390	<1	3 860	5	11 460	13
C&A psychiatric SOPCs	**2013-14**	170	<1	650	3	10 320	42
	2014-15	200	1	760	4	10 950	56
	2015-16 (up to 31 December 2015) [Provisional figures]	150	1	700	4	9 010	66

Notes:

1.Figures are rounded to the nearest ten.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3434)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:
The Financial Secretary mentioned in the Budget Speech that "an acute general hospital will be built in the Kai Tak Development Area. The two-phased project will be commissioned in ten years…".
1. What is the earliest time the Government expects to apply for funding from the Legislative Council for the first phase of the project? What items are expected to be included in the first phase of the project? What services will be offered to patients?
2. When does the Government then expect to apply for funding for the second phase of the project? Will the Government review the project so as to shorten the time gap between the two phases or even combine the two phases into one and apply for funding in one go?

Asked by: Hon WU Chi-wai (Member Question No. 84)

Reply:

(1) & (2)

The construction of a new acute hospital at Kai Tak Development Area (KTDA) is one of the projects under the ten-year hospital development plan (HDP). With the flexibility allowed under the HDP, the Hospital Authority (HA) is reviewing the implementation programme of the project with a view to expediting the construction of the proposed new hospital. HA will concurrently plan and implement the construction of phases 1 and 2 of the new acute hospital at KTDA. HA will be able to work out the concrete implementation timetable upon completion of the review and planning works and will seek funding provision for the project in accordance with the established procedures. The new hospital will provide a total of 2 400 beds with inpatient and ambulatory services of major specialties. It will also house an Accident and Emergency department, an oncology centre and a neuroscience centre.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4650)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the "Outreach Dental Care Programme for the Elderly", the Government replied to a Member last year that a total of 261 Residential Care Homes (RCHEs) and Day Care Centres (DEs) had participated in the regular programme as at end-February 2015, representing 27% of all the 953 registered RCHEs and DEs. In this connection, please advise on the following:

1. What is the percentage of RCHEs and DEs currently participating in the programme by administrative district of the Social Welfare Department (SWD)?

2. Since the implementation of the programme, has the Government evaluated its effectiveness including the number of attendances receiving the service of outreach dental teams and the average service cost per person?

3. Does the Government have any plan to increase the percentage of RCHEs and DEs participating in the programme? If yes, what are the details?

Asked by: Hon WU Chi-wai (Member Question No. 21)

Reply:

1. The distribution of the participating RCHEs and DEs by administrative districts of the SWD under the "Outreach Dental Care Programme for the Elderly" (ODCP) as at end-January 2016 is as follows:

District*	No. of Participating RCHEs/ DEs (a)	Total No. of RCHEs and DEs (b)	Percentage (a)/(b)
Central, Western, Southern and Islands	80	110	73%
Eastern and Wan Chai	78	102	76%
Kwun Tong	52	66	79%
Wong Tai Sin and Sai Kung	56	69	81%
Kowloon City and Yau Tsim Mong	107	132	81%
Sham Shui Po	61	90	68%
Tsuen Wan and Kwai Tsing	90	110	82%
Tuen Mun	47	54	87%
Yuen Long	54	59	92%
Sha Tin	50	64	78%
Tai Po and North	75	93	81%
Total :	**750**	**949**	**79%**

* According to SWD's administrative districts

2. The ODCP was implemented in October 2014 to provide free outreach dental services for elders in residential care homes/day care centres and similar facilities. Between October 2014 and January 2016, about 50 800 elders (involving about 63 200 attendances) received annual oral check and dental treatments under the ODCP. We do not have information on the average service cost per elder served.

3. The participation of RCHEs and DEs in the ODCP is voluntary. We will continue our effort in promoting the ODCP in conjunction with the participating NGOs and SWD.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No.4651)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the work to "continue to oversee the progress of various capital works projects of the Hospital Authority" and various hospital construction/redevelopment/expansion plans, please advise on the following:

1. Has the Government drawn up a list of priorities and schedule for projects yet to seek funding approvals? If yes, what are the details? If no, which projects are expected to commence in the coming 3 years?
2. With regard to the redevelopment of Our Lady of Maryknoll Hospital, what is the progress so far? Will the services provided by the hospital be strengthened before the redevelopment, such as by providing preliminary examination or other accident and emergency services?
3. Concerning the above "hospital development plan for the coming decade", what are the ranks and establishment of the officers currently responsible for the plan and the expenses involved? Is there a mechanism for the Food and Health Bureau and the Hospital Authority to conduct regular reviews of the hospital development plan? If yes, what are the details?

Asked by: Hon WU Chi-wai (Member Question No.22)

Reply:

1. The list of hospital projects under the ten-year hospital development plan (HDP) of the Hospital Authority (HA) is set out below.

- Redevelopment of Grantham Hospital, Phase 1
- Redevelopment of Queen Mary Hospital (Phase 1) - main works
- Redevelopment of Our Lady of Maryknoll Hospital
- New Acute Hospital (NAH) at Kai Tak Development Area (Phase 1)
- NAH at Kai Tak Development Area (Phase 2)

- Redevelopment of Kwong Wah Hospital (KWH) - main works
- Expansion of Haven of Hope Hospital (HHH)
- Expansion of United Christian Hospital - main works (superstructure and remaining works)
- Redevelopment of Kwai Chung Hospital (KCH) (Phase 1)
- Redevelopment of KCH (Phases 2 & 3)
- Expansion of Lai King Building in Princess Margaret Hospital
- Redevelopment of Prince of Wales Hospital (Phase 2) (stage 1)
- Expansion of North District Hospital
- Extension of Operating Theatre Block for Tuen Mun Hospital (TMH)

Subject to funding approval by the Finance Committee, the main works for the redevelopment of KWH, the expansion of HHH, the redevelopment of KCH, and the extension of the Operating Theatre Block for TMH are planned to commence in 2016. HA and the Architectural Services Department (ArchSD) are conducting planning and preparatory works for other HDP projects, such as ground investigations, technical assessments and detailed design works. Upon completion of the concerned works, HA will be able to formulate a more concrete timetable and cost estimate for individual projects under the HDP.

2. The redevelopment of Our Lady of Maryknoll Hospital (OLMH) is currently at initial planning stage.

Over the past few years, HA has implemented the following measure to enhance the medical services of OLMH and Wong Tai Sin (WTS) district:

(i) Improve the day service capacity in OLMH to serve 200 additional day cases;
(ii) Better manage the waiting list of endoscopy services by providing 1 200 additional endoscopic procedures in OLMH and providing improved endoscopies facilities;
(iii) Enhance the accessibility of pharmacy services in OLMH by extending the weekday pharmacy service by two hours;
(iv) Enhance the community nursing service of OLMH by providing 6 700 additional home visits;
(v) Strengthen the rehabilitation facilities in Wong Tai Sin Hospital (WTSH), and enhance manpower support by providing additional 300 additional discharge episodes; and
(vi) Roll out pilot project in WTS district to rationalise the patient journey from acute to rehabilitation settings. Starting from August 2015, some patients living in WTS district would be discharged from Queen Elizabeth Hospital to WTSH for rehabilitation;

<u>General Out-patient Clinic (GOPC) service</u> :

(vii) Add approximately 50 000 general out-patient clinic (GOPC) quota to WTS GOPCs from 2011-12 till 2015-16;
(viii) Conduct renovation works for WTS GOPCs to enhance facilities and improve environment; and

(ix) Extend OLMH GOPC clinic sessions on Sunday / Public Holiday from a.m. only to both a.m. and p.m. since April 2015.

Others measures:

(x) Provide additional computed tomography (CT) scans, enhanced Orthopaedic & Traumatology service on specialist out-patient attendances and day procedures; and
(xi) Pilot the GOPC Public-Private Partnership Programme in WTS district.

3. The Food and Health Bureau will closely liaise with HA and ArchSD to oversee and monitor the implementation of the HDP projects including the individual project budget, scope and delivery programme. The works concerned are being carried out with the existing resources.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7235)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in Programme (1) that the Government will "develop the long-term regulatory framework for medical devices". In this regard, please advise on the following:

(1) How are the uses of medical devices being regulated and controlled currently in Hong Kong? What are the manpower and total expenditure involved?

(2) What is the role of the Food and Health Bureau in developing the long-term regulatory framework for medical devices?

(3) Regarding the development of the long-term regulatory framework for medical devices, what was the progress of work for the past year and what are the work plans for the next year?

Asked by: Hon Alice MAK Mei-kuen (Member Question No. 47)

Reply:

(1) The Administration has been taking steps to put in place statutory regulation of the safety, performance and quality of medical devices manufactured, sold and/or used in Hong Kong. To this end, a voluntary Medical Device Administrative Control System (MDACS) has been established by the Department of Health (DH) since 2004 to raise public awareness of the importance of medical device safety and pave the way for implementing long-term statutory control. In 2016-17, a provision of $18.8 million has been earmarked for the Medical Device Control Office (MDCO) of DH for the operation of the existing MDACS as well as the preparatory work for the long-term statutory control of medical devices. The establishment of the MDCO as at 1 March 2016 was 16.

(2) and (3)
As for the statutory control of medical devices, the Food and Health Bureau consulted the Legislative Council (LegCo) Panel on Health Services (HS Panel) in November 2010 on the

proposed regulatory framework for medical devices, which had taken into account the results of the regulatory impact assessment, views of stakeholders and the public collected during consultations, previous discussions with the LegCo, and experience gained from the operation of the MDACS. In response to the recommendation of the Business Facilitation Advisory Committee, the DH engaged in 2011 a consultant to conduct a Business Impact Assessment (BIA) on the regulatory proposal. The BIA was completed in 2013. The Administration reported to the LegCo HS Panel in June 2014 on the outcome of the BIA study together with the way forward of the legislative exercise for putting in place the statutory regulatory framework for medical devices.

The Working Group on Differentiation between Medical Procedures and Beauty Services (WG) under the Steering Committee on Review of Regulation of Private Healthcare Facilities had examined, among others, the safety and health risks of devices commonly used in beauty procedures e.g. high-power medical lasers, intense pulsed light equipment, radiofrequency devices, etc. Given the heterogeneity of the devices involved, the WG considered that the control of their use (particularly energy-emitting devices) should be deliberated under the regulatory framework for medical devices.

Taking into consideration the views and recommendations of the WG, the DH engaged an external consultant since September 2015 to conduct a detailed study to examine overseas experience and practices and the scope of control on the use of selected medical devices. Upon completion of the study, the Administration will report to the LegCo HS Panel on the outcome of the consultancy study and the details of the legislative proposal on the statutory regulatory regime for medical devices in 2016.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4300)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In the light of the recommendations of the Review Committee on Mental Health chaired by the Secretary for Food and Health, a three-year territory-wide public education and promotion campaign will be implemented to promote to the public the importance of mental health. In this regard,

1. what are the estimated funding and manpower for implementing the campaign?

2. What are the details of the campaign? How will the healthcare and social work sectors collaborate in its implementation?

3. What are the measures taken to promote social integration to eliminate discrimination against the mentally ill, so that the ex-mentally ill persons can integrate into the community?

Asked by: Hon CHEUNG Kwok-che (Member Question No. 55)

Reply:

(1)

The Campaign, known as "Joyful@HK", was officially launched in late January 2016. A provision of $10 million per annum for three years from 2015-16 to 2017-18 has been earmarked for this purpose. The Campaign has been launched through re-deployment of existing manpower.

(2)&(3)

The objectives of the Campaign are to increase public engagement in promoting mental well-being and enhance their knowledge and understanding about mental health. The

Department of Health (DH) has commenced a series of mass media and publicity activities targeting at different age groups, including adolescents, adults and the elderly. DH will continue to establish partnership and explore collaboration with relevant stakeholders, including relevant government departments, District Councils, mental health service providers, non-governmental organisations, etc. to organise community-based and setting-specific activities. The aforesaid activities will enhance public understanding about mental health and related illnesses and thus help promote destigmatisation as well as care for persons with, or previously with, mental health problems.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)349

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4377)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding Child Assessment Centres (CACs) of the Department of Health, please advise on:

(1) the number of new cases confirmed as autistic spectrum disorder in children aged two to six at the six CACs each year for the past two years;

(2) the number of children diagnosed with developmental disorders through Child Assessment Service each year for the past two years. Please provide a breakdown by type of developmental disorder.

Asked by: Hon CHEUNG Kwok-che (Member Question No. 311)

Reply:

(a) The numbers of children aged two to six who were newly diagnosed with Autistic Spectrum Disorder by the Child Assessment Service (CAS) of the Department of Health (DH) in 2014 and 2015 are 1 489 and 1 703 (provisional figure) respectively.

(b) The numbers of cases with developmental problems newly diagnosed by CAS in 2014 and 2015 are as follows:-

Newly diagnosed conditions	**Number of cases**	
	2014	**2015 (provisional figure)**
Attention Problems/Disorders	2 541	2 890
Autistic Spectrum Disorder	1 720	2 021
Borderline Developmental Delay	2 073	2 262

Developmental Motor Coordination Problems/Disorders	1 849	1 888
Dyslexia & Mathematics Learning Disorder	535	643
Hearing Loss (Moderate to profound grade)	109	76
Language Delay/Disorders and Speech Problems	3 308	3 487
Physical Impairment (i.e. Cerebral Palsy)	41	61
Significant Developmental Delay/Mental Retardation	1 252	1 443
Visual Impairment (Blind or Low Vision)	36	43

Note: A child might be diagnosed with more than one developmental disability/problem.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6121)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out by type of developmental disorder the number of children who attended the Child Assessment Service of the Department of Health and were diagnosed with developmental disorders each year for the past three years.

Type of developmental disorder	2011	2012	2013	2014	2015
Language Delay					
Developmental Delay					
Attention Deficit / Hyperactivity Disorder					
Psychological Problems / Emotional and Behavioural Problems / Disorders					
Developmental Coordination Disorder					
Delayed Motor Milestones / Delayed Motor Milestones (pre-school)					
Dyslexia and Mathematics Learning Disorder					
Mental Retardation					
Autism Spectrum Disorders					
Cerebral Palsy					
Hearing Impairment (moderate to severe)					
Visual Impairment (moderate to severe)					
Total					

Asked by: Hon CHEUNG Kwok-che (Member Question No. 900)

Reply:

The numbers of newly diagnosed cases of developmental conditions in the Child Assessment Service in the past five years are as follows:-

Number of newly diagnosed conditions	**Number of cases**				
	2011	**2012**	**2013**	**2014**	**2015 (Provisional figure)**
Attention Problems/Disorders	2 234	2 182	2 325	2 541	2 890
Autistic Spectrum Disorder	1 607	1 567	1 478	1 720	2 021
Borderline Developmental Delay	1 891	1 891	1 915	2 073	2 262
Developmental Motor Coordination Problems/Disorders	2 019	1 744	1 928	1 849	1 888
Dyslexia & Mathematics Learning Disorder	628	518	482	535	643
Hearing Loss (Moderate to profound grade)	97	97	88	109	76
Language Delay/Disorders and Speech Problems	2 647	2 764	3 098	3 308	3 487
Physical Impairment (i.e. Cerebral Palsy)	46	47	55	41	61
Significant Developmental Delay/Mental Retardation	1 175	1 036	1 213	1 252	1 443
Visual Impairment (Blind or Low Vision)	30	41	41	36	43

Note: A child might have been diagnosed with more than one developmental disability/problem.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6398)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in paragraph 157 of the Policy Address that "the Department of Health will set up an additional Child Assessment Centre". Please give an account of the particulars, related allocation of resources, expected staff establishment and expected effectiveness of this project.

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 119)

Reply:

Noting the continuous increase in the requirement for the service provided by the Child Assessment Service (CAS), the Department of Health (DH) will start preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing the service capacity to meet the rising number of referred cases. As an interim measure, the Government will allocate additional funding for 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities to help improve the waiting time problem. The proposal will involve creation of 16 civil service posts in the DH and two civil service posts in Social Welfare Department.

In addition, CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded higher priority in assessment with a view to enhancing service efficiency. Coupled with the establishment and full-functioning of the new CAC, it is expected that CAS will be able to complete assessments for at least 90% of the newly referred cases within six months. The financial provision for CAS in 2016-17 is $129.6 million.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)352

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6950)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. How many children were assessed as having developmental disorders by the Child Assessment Centres (CACs) for the past five financial years? Please provide a breakdown by their developmental problems.

2. What are the longest, average and shortest waiting times for assessment in the CACs for the past five financial years?

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 536)

Reply:

(1) The numbers of newly diagnosed cases of developmental conditions in the Child Assessment Service (CAS) in the past five years are as follows:-

Number of newly diagnosed conditions	**Number of cases**				
	2011	**2012**	**2013**	**2014**	**2015 (Provisional figure)**
Attention Problems/Disorders	2 234	2 182	2 325	2 541	2 890
Autistic Spectrum Disorder	1 607	1 567	1 478	1 720	2 021
Borderline Developmental Delay	1 891	1 891	1 915	2 073	2 262
Developmental Motor Coordination Problems/Disorders	2 019	1 744	1 928	1 849	1 888
Dyslexia & Mathematics Learning Disorder	628	518	482	535	643
Hearing Loss (Moderate to profound grade)	97	97	88	109	76
Language Delay/Disorders and Speech Problems	2 647	2 764	3 098	3 308	3 487

Physical Impairment (i.e. Cerebral Palsy)	46	47	55	41	61
Significant Developmental Delay/Mental Retardation	1 175	1 036	1 213	1 252	1 443
Visual Impairment (Blind or Low Vision)	30	41	41	36	43

Note: A child might have been diagnosed with more than one developmental disability/problem.

(2) In the past five years, nearly all new cases were seen within three weeks after registration. Due to continuous increase in the demand for services provided by the CAS, the rate for completion of assessment for new case within six months has dropped from 94% in 2011 to 71% in 2015. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment with a view to enhancing service efficiency. The actual waiting time depends on the complexity and conditions of individual cases. The Department of Health has not compiled statistics on the average, the longest or the shortest waiting time for assessment of new cases.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)353

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6952)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the waiting situation, including the waiting queue and waiting time (the shortest, longest and median) for new cases of each child assessment centre in the past five years.

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 540)

Reply:

In the past five years, nearly all new cases at the Child Assessment Service (CAS) were seen within three weeks after registration. Due to continuous increase in the demand for services provided by the CAS, the rate for completion of assessment for new case within 6 months has dropped from 94% in 2011 to 71% in 2015. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment with a view to enhancing service efficiency. The actual waiting time depends on the complexity and conditions of individual cases. The Department of Health has not compiled statistics on the average, the longest or the shortest waiting time for assessment of new cases.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7107)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the services provided by the Elderly Health Centres (EHCs), please set out in tabular form the following information for the past five years:

1. the cost per attendance for health assessment;
2. the cost per attendance for medical consultation;
3. the cost per attendance for health education activities organised by the EHCs and Visiting Health Teams;
4. the annual operating costs of each EHC;
5. the annual total membership quota, quota for new members, and number of members from other districts in each EHC;
6. the number and rate of member turnover (i.e. the number of members who did not renew their membership and the percentage of the total number of members such members accounted for) of each EHC, as well as the average waiting time for application for enrolment as an EHC member each year (please provide a breakdown by EHC);
7. the average waiting time for having a health check at an EHC.

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 668)

Reply:

1. and 2.

The cost per health assessment (including attendance for follow up of results) and the cost per attendance for medical consultation provided by the Elderly Health Centres (EHCs) are as follows:

Year	Health Assessment	Medical Consultation
2011-12	$1,090	$432

2012-13	$1,140	$455
2013-14	$1,190	$470
2014-15	$1,250	$495
2015-16	$1,310	$515

3. The cost per attendance at health education activities organised by the EHCs and the Visiting Health Teams (VHTs) are not available. The total expenditures of the 18 EHCs and the 18 VHTs are as follows:

Year	**Total expenditure of the 18 EHCs ($ million)**	**Total expenditure of the 18 VHTs # ($ million)**
2012-13	107.5	76.6
2013-14	121.7	74.9
2014-15	130.6	76.7
2015-16(Revised Estimate)	139.4	77.5
2016-17 (Estimate)	142.3	79.1

#The expenditure also includes Public Health & Administration Section of the Elderly Health Service (EHS).

4. The Department of Health does not have a breakdown of operating cost by EHC. The average operating expenditure of each EHC in the past five years are as follows:

Year	**Average operating expenditure of each EHC ($ million)**
2012-13	6.0
2013-14	6.8
2014-15	7.3
2015-16*	7.7
2016-17*	7.9

* Provisional figure

5. The total numbers of enrolments and the numbers of new members in the 18 EHCs are as follows:

EHC	**Total number of enrolments**					**Number of new members**				
	2011	**2012**	**2013**	**2014**	**2015***	**2011**	**2012**	**2013**	**2014**	**2015***
Sai Ying Pun	2 120	2 130	2 120	2 177	2 288	197	185	120	162	698
Shau Kei Wan	2 210	2 211	2 196	2 213	2 224	235	145	204	326	665
Wan Chai#	2 153	2 141	2 156	2 143	3 614	290	227	183	249	1 879
Aberdeen	2 128	2 126	2 124	2 164	2 182	238	228	163	183	467
Nam Shan	2 206	2 206	2 193	2 212	2 225	271	370	166	244	490
Lam Tin	2 214	2 230	2 218	2 220	2 220	353	244	268	410	560
Yau Ma Tei	2 124	2 121	2 079	2 162	2 216	346	334	104	128	488
San Po Kong	2 122	2 121	2 122	2 123	2 134	415	225	175	168	550
Kowloon City	2 211	2 210	2 193	2 211	2 211	433	198	98	104	554
Lek Yuen#	2 199	2 125	2 121	2 129	3 541	507	445	440	238	1 628
Shek Wu Hui	2 120	2 122	2 119	2 155	2 162	351	290	264	210	450

Tseung Kwan O	2 135	2 136	2 136	2 136	2 136	428	263	163	191	537
Tai Po	2 124	2 124	2 125	2 122	2 124	155	96	192	278	581
Tung Chung	2 259	2 245	2 224	2 226	2 330	454	432	407	244	461
Tsuen Wan	2 109	2 117	2 092	2 114	2 116	499	392	386	396	520
Tuen Mun Wu Hong	2 130	2 133	2 109	2 127	2 149	423	352	275	360	514
Kwai Shing	2 202	2 212	2 212	2 221	2 310	424	297	184	371	620
Yuen Long	2 219	2 217	2 198	2 215	2 219	350	344	332	275	420
Total	38 985	38 927	38 737	39 070	42 401	6 369	5 067	4 124	4 537	12 082

*Provisional figures

#A new clinical team commenced operation in Lek Yuen EHC since March 2015. The team was subsequently deployed to assist at Wan Chai EHC since August 2015.

The numbers of members from other districts in each EHC are as follows:

EHC	Number of members from other districts				
	2011	2012	2013	2014	2015*
Sai Ying Pun	561	601	568	621	471
Shau Kei Wan	62	44	71	72	43
Wan Chai	1 059	1 011	1 070	1 079	1 130
Aberdeen	46	46	40	48	47
Nam Shan	798	786	802	809	645
Lam Tin	61	103	129	180	137
Yau Ma Tei	791	789	790	858	623
San Po Kong	478	492	532	510	442
Kowloon City	957	962	875	935	670
Lek Yuen	63	51	46	49	62
Shek Wu Hui	116	84	106	92	91
Tseung Kwan O	305	269	266	257	172
Tai Po	357	350	308	319	200
Tung Chung	1 417	1 383	1 332	1 372	982
Tsuen Wan	739	735	729	761	551
Tuen Mun Wu Hong	76	69	82	48	42
Kwai Shing	557	536	550	532	411
Yuen Long	74	93	82	101	86

* Provisional figure as at September 2015

6. and 7.

The numbers of members enrolled in a year who did not renew their membership by two years and their percentage among the total number of enrollments in 18 EHCs are as follows:

EHC	EHC members who did not return by									
	2011		2012		2013		2014		2015*	
	No.	%	No.	%	No.	%	No.	%	No.	%
Sai Ying Pun	460	21%	494	23%	499	24%	443	21%	507	24%

Shau Kei Wan	546	29%	568	26%	533	24%	441	20%	536	24%
Wan Chai	427	20%	440	21%	372	17%	358	17%	386	18%
Aberdeen	547	24%	502	23%	420	20%	395	19%	428	20%
Nam Shan	501	23%	489	22%	467	21%	456	21%	454	21%
Lam Tin	588	27%	584	26%	577	26%	546	24%	526	24%
Yau Ma Tei	507	24%	474	22%	465	22%	427	20%	397	19%
San Po Kong	566	27%	535	25%	513	24%	495	23%	481	23%
Kowloon City	482	22%	493	22%	470	21%	464	21%	499	23%
Lek Yuen	641	30%	619	29%	679	31%	549	26%	656	31%
Shek Wu Hui	553	26%	533	25%	551	26%	508	24%	527	25%
Tseung Kwan O	457	21%	473	22%	478	22%	435	20%	481	23%
Tai Po	398	19%	347	16%	329	15%	348	16%	338	16%
Tung Chung	305	14%	360	16%	391	17%	420	19%	413	19%
Tsuen Wan	678	32%	668	31%	549	26%	534	25%	618	30%
Tuen Mun Wu Hong	564	26%	535	25%	492	23%	500	23%	555	26%
Kwai Shing	530	24%	497	23%	499	23%	434	20%	486	22%
Yuen Long	437	20%	371	17%	403	18%	440	20%	443	20%

* Provisional figure as at September 2015

As health assessment is conducted on the day of enrolment, the waiting time for enrolment as new member and the waiting time for first-time health assessment are the same. The median waiting times for enrolment as new member of EHCs are as follows:

EHC	**Median waiting time (months)**				
	2011	**2012**	**2013**	**2014**	**2015***
Sai Ying Pun	7.5	13.4	22.8	30.5	30.0
Shau Kei Wan	8.4	14.4	21.5	24.9	23.5
Wan Chai	25.4	25.8	27.8	34.4	34.3
Aberdeen	5.1	6.7	11.5	16.2	14.5
Nam Shan	13.8	16.2	17.3	18.2	15.8
Lam Tin	3.9	4.6	11.1	15.0	12.0
Yau Ma Tei	32.9	23.7	25.4	32.9	34.2
San Po Kong	11.4	10	15.9	24.0	18.6
Kowloon City	16.2	16.4	23.4	31.4	34.4
Lek Yuen	43.5	36.2	22.8	21.9	4.5
Shek Wu Hui	9.3	9.9	10.8	14.3	16.4
Tseung Kwan O	16.6	14.5	20.5	27.0	29.0
Tai Po	17.5	21.9	28.6	22.4	16.3
Tung Chung	6.5	9.5	10.4	12.9	15.0
Tsuen Wan	19.7	11.3	12.7	15.8	17.8
Tuen Mun Wu Hong	8.9	9.9	15	17.3	15.8
Kwai Shing	6.2	6.5	10.4	13.7	7.0
Yuen Long	5.9	7.5	8.7	10.7	13.4

*Provisional figures

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7108)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the "Outreach Dental Care Programme for the Elderly", will the Government please inform this Committee of :

(1) the number of attendances of the elderly receiving the services, with a breakdown by type of service (e.g. dental examination, scaling and polishing, pain relief and emergency dental treatment) since the launch of the Pilot Project on Outreach Primary Dental Care Services for the Elderly (the Pilot Project); and
(2) the annual expenditure incurred by the Pilot Project since its launch and the estimated expenditure for next year.

Asked by: Dr Hon Fernando CHEUNG Chiu-hung (Member Question No. 669)

Reply:

(1) Since the implementation of the "Outreach Dental Care Programme for the Elderly" (ODCP) in October 2014 up to end-January 2016, about 50 800 elders (involving about 63 200 attendances) received annual oral check and dental treatments under the ODCP. Dental treatments received include scaling and polishing, denture cleaning, fluoride / X-ray and other curative treatments (such as fillings, extractions, dentures, etc.).

(2) The financial provision for ODCP was $25.1 million in 2014-15 and $44.5 million in both 2015-16 and 2016-17.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)356

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4995)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention and (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

(a) How many school children had attended the Student Health Service each year for the past three school years? Please provide a breakdown by secondary and primary schools of the numbers and types of cases referred to the Special Assessment Centres and the Hospital Authority for follow-up. What is the unit cost for handling each case?

(b) How many schools and students had joined the Adolescent Health Programme each year for the past three school years?

Asked by: Hon IP Kin-yuen (Member Question No. 114)

Reply:

(a) The number of students attended the Student Health Service; referrals to Special Assessment Centres and referrals to Hospital Authority specialist clinics with breakdown by specialties in the past 3 years are at the Annex. The unit cost per attendance under Student Health Service is $555 for 2015-16.

(b) The number of schools and the number of students joining the Adolescent Health Programme are as follows :

	2012-13	**2013-14**	**2014-15**
No. of schools	320	330	320
No. of students	81 000	79 000	75 000

- End -

Annex

	2012-13			2013-14			2014-15		
	Primary School Students	**Secondary School Students**	**Total**	**Primary School Students**	**Secondary School Students**	**Total**	**Primary School Students**	**Secondary School Students**	**Total**
Number of Students attended Student Health Service	253 791	171 538	425 329	256 202	163 721	419 923	260 181	155 184	415 365
Number of referrals to Special Assessment Centres*	43 658	15 777	59 435	47 939	20 334	68 273	50 646	20 442	71 088
Number of Referrals to Hospital Authority specialist clinics by specialties*									
Ophthalmology	325	155	480	356	162	518	340	135	475
Ear, Nose, Throat	803	352	1 155	862	367	1 229	892	356	1 248
Paediatrics	2 748	2 122	4 870	2 689	2 075	4 764	2 870	2 190	5 060
Medicine	1	109	110	0	90	90	2	113	115
Surgery	1 651	661	2 312	1 715	643	2 358	1 563	656	2 219
Orthopaedics	495	531	1 026	465	485	950	536	513	1 049
Gynaecology	21	382	403	34	365	399	28	367	395
Psychiatry	244	109	353	293	157	450	347	114	461
Adolescent Medicine	9	8	17	13	6	19	4	11	15
Others	75	70	145	63	47	110	31	51	82
Total	6 372	4 499	10 871	6 490	4 397	10 887	6 613	4 506	11 119

Note : * A student might have more than one referral.

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)357

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4140)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the provision for 2016-17 is $14.7 million (12.8%) higher than the revised estimate for 2015-16 with an increase of 16 posts. What are the reasons and details? Will the additional resources be used for establishing new Child Assessment Centres? If so, what are the details? If not, why?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 80)

Reply:

Noting the continuous increase in the requirement for the service provided by the Child Assessment Service, the Department of Health (DH) will start preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing the service capacity to meet the rising number of referred cases. As an interim measure, the Government will allocate additional funding for 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities to help improve the waiting time problem.

The additional provision in 2016-17 under Programme (5) is for the establishment of a temporary CAC involving the creation of 16 civil service posts in the DH. The 16 civil service posts include one Senior Medical and Health Officer, two Medical and Health Officers, two Clinical Psychologists, one Physiotherapist I, one Occupational Therapist I, one Speech Therapist, one Nursing Officer, two Registered Nurses, one Assistant Clerical Officer, two Clerical Assistants and two Workman IIs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6591)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the prosecutions instituted against those violated the anti-smoking law, will the Government advise on the following:

a) How many local and non-local residents were prosecuted for smoking in no smoking area for the past three years respectively? Please provide a breakdown of the number of Mainland residents prosecuted.

b) How many non-local residents left Hong Kong without paying the penalties after being prosecuted for the past three years? What was the total amount of penalties involved? What measures does the Government have in place to deal with the situation in order to recover the penalties?

Asked by: Dr Hon Kenneth CHAN Ka-lok (Member Question No. 466)

Reply:

a) In 2013, 2014 and 2015, a total of 8 562, 8 027 and 7 856 fixed penalty notices (FPNs) and summonses were issued to smoking offenders respectively. A total of 8 043, 7 514 and 7 299 FPNs were issued to Hong Kong Identity Card holders in 2013, 2014 and 2015 respectively. The Tobacco Control Office (TCO) does not have information on whether the smoking offenders were residents of the Mainland.

b) As of 10 March 2016, there were a total of 130, 159 and 128 unsettled FPNs in 2013, 2014 and 2015 respectively. Among them, 72, 77 and 46 were issued to non-Hong Kong Identity Card holders and the amount of fixed penalty involved were $108,000, $115,500 and $69,000 in 2013, 2014 and 2015 respectively. TCO does not have information on whether the smoking offenders were non-local residents. Court warrants for non-payment have been issued for the recovery of unsettled payment of penalty.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)359

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4795)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Disease Prevention Programme of the Department of Health, would the Government please provide the breakdown on the 20.3% increase in the estimated financial provision for 2016-2017 over the 2015-2016 revised estimate?

Asked by: Hon Kenneth LEUNG (Member Question No. 4.12)

Reply:

Provision for 2016-17 is $648.6 million (20.3%) higher than the revised estimate for 2015-16. The increase in provision under Programme (2) is mainly for :

(a) rationalising the administrative support of the Elderly Health Care Voucher (EHV) Scheme with provision of $2.8 million. An additional allocation of about $460.0 million is related to the funding provision for the EHV Scheme;
(b) strengthening the work in combating public health threats from antimicrobial resistance of $16.1 million;
(c) launching and supporting the Colorectal Cancer Screening Pilot Programme with increased provision of $20.0 million; and
(d) coping with the increased demand from the expansion of Vaccination Subsidy Scheme with $23.7 million increase in provision.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6337)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding online food sale, has the Government earmarked resources for compiling statistics on hospitalisation cases related to illnesses of residents after consuming food purchased online? If so, what is the number of cases? If not, why?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 257)

Reply:

In accordance with the Prevention and Control of Disease Ordinance (Cap.599), food poisoning is a notifiable infectious disease. All registered medical practitioners are required to notify the Centre for Health Protection (CHP) all suspected or confirmed cases. In the past five years (2011-2015), the CHP has recorded nine cases of food poisoning related to online purchase of food and a total of 27 persons were affected. The figures are as follow:

Year	Number of food poisoning cases related to online purchase of food	Number of persons affected in food poisoning cases related to online purchase of food	Number of persons requiring hospital admission in food poisoning cases related to online purchase of food
2011	0	-	-
2012	0	-	-
2013	0	-	-
2014	0	-	-
2015	9	27	2
Total	9	27	2

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)361

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6708)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:
Regarding tobacco control work, will the Government please advise on the following for the past three years: what were the expenditures, staff establishment and number of front-line enforcement staff of the Tobacco Control Office; and what were the numbers of complaints received, proactive enforcement actions taken under the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, and prosecutions instituted?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 471)

Reply:
The expenditures / provisions and staffing situation of the Tobacco Control Office (TCO) in the past three years are at **Annexes 1 and 2** respectively.

TCO conducts inspections to venues concerned in response to smoking complaints. The numbers of complaints received, inspections conducted and fixed penalty notices (FPNs) / summonses issued by TCO for the period from 2013 to 2015 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows –

		2013	**2014**	**2015**
Complaints received		18 079	17 354	17 875
Inspections conducted		27 461	29 032	29 324
FPNs issued (for smoking offences)		8 330	7 834	7 693
Summonses issued	for smoking offences	232	193	163
	for other offences (such as wilful obstruction and failure to produce identity document)	99	92	80

- End -

Annex 1

Expenditures / Provisions of the Department of Health's Tobacco Control Office

	2013-14 ($ million)	2014-15 ($ million)	2015-16 Revised Estimate ($ million)
Enforcement			
Programme 1: Statutory Functions	**42.7**	**49.9**	**42.1**
Health Education and Smoking Cessation			
Programme 3: Health Promotion	**120.2**	**124.5**	**128.0**
(a) General health education and promotion of smoking cessation			
TCO	*48.2*	*45.1*	*47.4*
Subvention to Council on Smoking and Health (COSH)	*22.0*	*24.3*	*22.5*
Sub-total	*70.2*	*69.4*	*69.9*
(b) Provision for smoking cessation and related services by Non-Governmental Organisations			
Subvention to Tung Wah Group of Hospitals	*34.7*	*37.0*	*39.1*
Subvention to Pok Oi Hospital	*7.3*	*7.8*	*7.3*
Subvention to Po Leung Kuk	*2.2*	*2.0*	*2.2*
Subvention to Lok Sin Tong	*1.9*	*1.9*	*2.3*
Subvention to United Christian Nethersole Community Health Service	*2.6*	*2.6*	*2.6*
Subvention to Life Education Activity Programme	*1.3*	*2.3*	*2.3*
Subvention to The University of Hong Kong	-	*1.5*	*2.3*
Sub-total	*50.0*	*55.1*	*58.1*
Total	**162.9**	**174.4**	**170.1**

Annex 2

Staff Establishment of Tobacco Control Office of the Department of Health

Rank	2013-14	2014-15	2015-16
Head, TCO			
Principal Medical & Health Officer	1	1	1
Enforcement			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	2	2	1
Land Surveyor*	1	1	1
Police Officer	5	5	5
Overseer/ Senior Foreman/ Foreman*	89	89	89
Senior Executive Officer/ Executive Officer*	9	9	9
Sub-total	***107***	***107***	***106***
Health Education and Smoking Cessation			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	1	1	1
Scientific Officer (Medical)	1	1	2
Nursing Officer/ Registered Nurse	3	3	3
Hospital Administrator II	4	4	4
Sub-total	***10***	***10***	***11***
Administrative and General Support			
Senior Executive Officer/ Executive Officer	4	4	4
Clerical and support staff	17	17	17
Motor Driver	1	1	1
Sub-total	***22***	***22***	***22***
Total no. of staff:	**140**	**140**	**140**

** Staff carrying out frontline enforcement duties*

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)362

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6712)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The revised estimate for 2015-16 is 5% higher than the original estimate. What are the reasons for this? What items have caused the increase in the estimate? Are additional services or manpower involved? If so, what are the additional services and manpower?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 554)

Reply:

The revised estimate for 2015-16 is 5% higher than the original estimate. This is mainly due to the pay rise and inflationary adjustments. The revision has no impact on the services or manpower of the Department of Health.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6993)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The estimate for 2016-17 is 21.1% higher than the original estimate for 2015-16. What are the reasons for this? What items have caused the increase in the estimate? Are additional services or manpower involved? If so, what are the additional services and manpower?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 555)

Reply:

Provision for 2016-17 is 21.1% higher than the original estimate for 2015-16 with an addition of 45 posts. This is mainly due to (a) setting up a temporary testing centre for Chinese medicines, (b) setting up a new Office for Regulation of Private Healthcare Facilities, (c) funding the legal costs arising from committee-related appeals and court proceedings, (d) enhancing the arrangement of the Licensing Examination of the Medical Council of Hong Kong, and (e) conversion of five non-civil service contract positions to civil service posts for rationalising the professional support.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6994)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding Chinese medicine practitioners ("CMPs"), will the Government advise on the following: What is the current total number of CMPs in Hong Kong? What are the numbers of listed CMPs and registered CMPs? What is the CMP to population ratio? What were the numbers of training places for CMPs for the past three years and the respective numbers of enrolment applications, successful enrolments, graduates and registration cases in each year? What were the numbers of application for registration of CMPs trained in places other than Hong Kong, including those trained on the Mainland and from other channels, and successful registration for the past three years? Please set out the numbers by location of training. Does the Government have any five-year or ten-year plan on the number of CMPs? If so, what are the details? If not, why?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 559)

Reply:

As of February 2016, the numbers of registered Chinese medicine practitioners (CMPs) and listed CMPs were 7 123 and 2 660 respectively. The ratio of registered CMP to population as at end 2014 was 1:1 053.

At present, there are three local universities offering full-time Chinese medicine degree courses accredited by the Chinese Medicine Practitioners Board (PB) of the Chinese Medicine Council of Hong Kong (CMCHK), namely the Hong Kong Baptist University, the Chinese University of Hong Kong and the University of Hong Kong. There are around 80 undergraduates enrolled each year. Those who have successfully completed the above courses are eligible to sit for the Chinese Medicine Practitioners Licensing Examination (CMPLE) organised by the PB. Candidates who have passed the CMPLE are qualified to apply for registration as registered CMPs for practising Chinese medicine in Hong Kong.

The numbers of graduates from the three local universities who passed the CMPLE and got registered in 2013, 2014 and 2015 were 56, 62 and 61 respectively.

In addition, there are 30 universities in the Mainland offering full-time Chinese medicine degree courses recognised by the PB. Those who have successfully completed the above courses in the Mainland are also eligible to sit for the CMPLE. Candidates who have passed the CMPLE are qualified to apply for registration as registered CMPs for practising Chinese medicine in Hong Kong. In 2013, 2014 and 2015, the numbers of graduates from the Mainland who passed the CMPLE and got registered were 92, 83 and 87 respectively.

In response to the challenges of an ageing population and increasing demand for healthcare services with higher expectations, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong (the Review). The Review aims to make recommendations that would better enable our society to meet the projected demand for healthcare professionals, including CMPs, as well as to foster professional development. We expect that the Review will be completed in mid-2016. The Government will publish the report and take forward the recommendations as appropriate upon completion of the Review.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)365

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6996)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Centres (EHCs), will the Department please advise on the following for the past three years: What were the numbers of enrolment in each EHC? Please provide a breakdown by age group. What were the numbers of elders on the waiting list for health assessment and medical consultation? What were the median and longest waiting times?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 562)

Reply:

The numbers of enrolment in respect of the 18 Elderly Health Centres (EHCs) by age groups in the past three years are as follows:

EHC	2013					
	Age 65-69	**Age 70-74**	**Age 75-79**	**Age 80-84**	**Age 85 or over**	**Total**
Sai Ying Pun	182	422	680	524	312	2 120
Shau Kei Wan	175	356	677	673	315	2 196
Wan Chai	135	425	718	607	271	2 156
Aberdeen	260	380	686	539	259	2 124
Nam Shan	246	513	659	535	240	2 193
Lam Tin	286	425	611	619	277	2 218
Yau Ma Tei	100	391	613	605	370	2 079
San Po Kong	157	365	720	609	271	2 122
Kowloon City	135	419	826	577	236	2 193
Lek Yuen	249	440	620	551	261	2 121
Shek Wu Hui	258	417	561	558	325	2 119

Tseung Kwan O	220	486	707	491	232	2 136
Tai Po	155	446	719	525	280	2 125
Tung Chung	539	674	592	316	103	2 224
Tsuen Wan	307	410	580	574	221	2 092
Tuen Mun Wu Hong	357	452	607	476	217	2 109
Kwai Shing	331	478	684	530	189	2 212
Yuen Long	427	494	596	445	236	2 198
Total	4 519	7 993	11 856	9 754	4 615	38 737

EHC	**2014**					
	Age 65-69	**Age 70-74**	**Age 75-79**	**Age 80-84**	**Age 85 or over**	**Total**
Sai Ying Pun	165	433	679	593	307	2177
Shau Kei Wan	218	384	603	671	337	2213
Wan Chai	130	428	653	592	340	2143
Aberdeen	268	371	628	565	332	2164
Nam Shan	255	495	635	571	256	2212
Lam Tin	356	401	560	614	289	2220
Yau Ma Tei	94	357	633	677	401	2162
San Po Kong	141	333	650	679	320	2123
Kowloon City	120	343	740	713	295	2211
Lek Yuen	167	391	624	604	343	2129
Shek Wu Hui	253	439	521	595	347	2155
Tseung Kwan O	194	481	679	544	238	2136
Tai Po	210	362	667	564	319	2122
Tung Chung	433	682	630	364	117	2226
Tsuen Wan	330	409	545	568	262	2114
Tuen Mun Wu Hong	402	507	516	466	236	2127
Kwai Shing	383	472	591	560	215	2221
Yuen Long	422	489	586	476	242	2215
Total	4 541	7 777	11 140	10 416	5 196	39 070

EHC	**2015 (as at September)***					
	Age 65-69	**Age 70-74**	**Age 75-79**	**Age 80-84**	**Age 85 or over**	**Total**
Sai Ying Pun	291	353	420	406	224	1694
Shau Kei Wan	275	287	389	462	246	1659
Wan Chai#	477	446	561	436	287	2207
Aberdeen	294	273	387	453	231	1638
Nam Shan	285	368	407	421	231	1712
Lam Tin	325	318	359	402	257	1661
Yau Ma Tei	170	292	399	467	319	1647
San Po Kong	228	264	366	504	242	1604

Kowloon City	185	283	491	498	201	1658
Lek Yuen#	1057	571	568	512	328	3036
Shek Wu Hui	244	312	332	416	301	1605
Tseung Kwan O	247	366	431	374	185	1603
Tai Po	306	323	433	382	203	1647
Tung Chung	396	517	443	262	115	1733
Tsuen Wan	287	299	380	384	225	1575
Tuen Mun Wu Hong	377	363	347	304	199	1590
Kwai Shing	360	365	411	395	192	1723
Yuen Long	344	364	387	359	195	1649
Total	6 148	6 364	7 511	7 437	4 181	31 641

*Provisional figures

#A new clinical team commenced operation in Lek Yuen EHC since March 2015. The team was subsequently deployed to assist at Wan Chai EHC since August 2015.

Elders who are enrolled as new members will receive first-time health assessment on the day of enrollment. For the past three years, the numbers of elders on the waiting list for first-time health assessments, the median waiting times for first-time health assessments and the longest median waiting time for first-time health assessments among all EHCs are shown in the table below. Medical consultation service is available to all enrolled members at any time.

	2013	**2014**	**2015***
Number of elders on the waiting list for first-time health assessments (as at end of December each year)	15 141	17 174	12 439
Median waiting time for first-time health assessments (months)	16.6	20.1	16.3
Longest median waiting time for first-time health assessments among all EHCs (months)	28.6 (Tai Po EHC)	34.4 (Wan Chai EHC)	34.4 (Kowloon City EHC)

*Provisional figures

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)366

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6997)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Does the Government include the enhancement of the services of the Elderly Health Centres in the 2016-17 Budget? If so, what are the details and the expenditure involved? If not, why?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 565)

Reply:

The additional clinical team which was approved for creation in 2015-16 will commence operation in April 2016. The new team will be flexibly deployed to enhance the service capacity of the Elderly Health Centres (EHCs). The estimated expenditure for the EHCs in 2016-17 is $142.3 million.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)367

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6998)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding woman health service, will the Government advise on the following for the past three years: what was the number of enrolment in each Woman Health Centre and Maternal and Child Health Centre; what was the number of women on the waiting list for woman health service in each of these centres; and what were the respective median and longest waiting times?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 567)

Reply:

Women aged 64 or below can enroll for woman health service provided by Woman Health Centres (WHCs) or Maternal and Child Health Centres (MCHCs) operated by the Department of Health (DH). At present, there are three WHCs and ten MCHCs providing woman health service on full-time and sessional basis respectively. In 2013, 2014 and 2015, the numbers of enrolment for woman health service in individual centres are:

Centre	**No. of enrolment**		
	2013	**2014**	**2015**
Chai Wan WHC	4 905	4 749	4 204
Lam Tin WHC	5 656	5 176	5 056
Tuen Mun WHC	4 915	4 969	4 908
Ap Lei Chau MCHC	213	268	231
Fanling MCHC	677	520	488
Lek Yuen MCHC	1 279	912	640
Ma On Shan MCHC	441	382	352
Sai Ying Pun MCHC	43	22	36
South Kwai Chung MCHC	208	208	168

Tseung Kwan O Po Ning Road MCHC	281	261	214
Tsing Yi MCHC	166	131	141
Wang Tau Hom MCHC	177	179	130
West Kowloon MCHC	272	211	234
Total (nearest hundred)	**19 200**	**18 000**	**16 800**

Clients enrolling for woman health service will be given an appointment for consultation. The waiting time for the consultation varies among different centres and ranges from one week to ten weeks, with the median waiting time of two weeks.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)368

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7000)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Does the Government include the enhancement of services of Woman Health Centres and Maternal and Child Health Centres in the estimate for 2016-17? If so, what are the details and expenditures involved? If not, why?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 571)

Reply:

In 2016-17, a provision of $5.0 million will be allocated to the Family Health Service (FHS) of the Department of Health to further strengthen the work on promotion of breastfeeding. Besides, a provision of $1.5 million will be allocated to FHS in 2016-17 for implementing the Baby Friendly Initiative on a pilot basis in three Maternal and Child Health Centres.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7002)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding oral health services, will the Government introduce an "Elderly Dental Care Service" by making reference to the "School Dental Care Service" to provide the elderly with services including oral check-up, scaling and filling so as to protect their oral health? If so, what are the implementation details as well as the expenditure and manpower involved? If not, why?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 573)

Reply:

Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. To enhance the oral health of the public, the Oral Health Education Unit of the Department of Health (DH) has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminated oral health information through different channels. Apart from oral health promotion and prevention, the DH provides free emergency dental services to the public through the general public sessions at 11 government dental clinics. The Oral Maxillofacial Surgery and Dental Units (OMS&DUs) of the DH in seven public hospitals provide specialist dental treatment to the special needs groups. The provision of service in the OMS&DUs is by referral from other hospital units and registered dental or medical practitioners.

Under the Comprehensive Social Security Assistance Scheme (CSSA), recipients aged 60 or above, disabled or medically certified to be in ill health are eligible for a dental grant to cover the actual expenses or the ceiling amount of the dental treatment items (including dentures, crowns, bridges, scaling, fillings, root canal treatment and tooth extraction), whichever is the less.

Apart from promotion, education and publicity efforts; as well as provision of free emergency dentals services, the Government focuses on according resources to people with special needs, especially elderly with financial difficulties. In recent years, the Government has launched a series of initiatives to provide financial support for the elderly to receive dental care and oral hygiene services.

Under the Elderly Health Care Voucher Scheme (the Scheme) launched on a pilot basis in 2009, elders aged 70 or above can make use of the vouchers to access, among others, dental services in private dental clinics and dental clinics run by non-governmental organisations (NGOs). Given the increasing popularity of the Scheme, the Government has converted the Scheme into a recurrent support programme since January 2014 and further increased the annual voucher value from $1,000 to $2,000 in 2014.

In 2011, the Government launched a three-year pilot project to provide free outreach dental services for elders in residential care homes or day care centres through outreach dental teams set up by NGOs with government subsidies. The pilot project was converted into a regular programme namely, Outreach Dental Care Programme for the Elderly in October 2014 with the expanded scope of treatments to cover filings, extractions, dentures, etc. and the expanded pool of beneficiaries to cover elders in similar facilities.

The Community Care Fund (CCF) launched the Elderly Dental Assistance Programme (the Programme) in September 2012 to provide free dentures and related dental services for low income elders who are users of the home care service or home help service schemes subvented by the Social Welfare Department. To benefit more elders who has financial difficulties and do not receive CSSA, the CCF has expanded the Programme from September 2015 to cover elders who are Old Age Living Allowance (OALA) recipients by phase, starting with those aged 80 or above in the first phase involving some 130 000 elders. Given that the total number of OALA recipients exceeds 420 000, the CCF will consider expanding the target beneficiaries to other age groups progressively, having regard to the progress of implementation and overall manpower situation in the local dental profession.

We shall continue our efforts in promotion and education to improve oral health of the public.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7004)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the "pilot colorectal cancer screening programme", will the Government advise on the details of the programme as well as the provision, manpower and expenditure involved? Following the announcement of the initiation of the programme, what items of work have been implemented? What working groups have been set up and what is the progress of work? When is the screening expected to commence?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 578)

Reply:

Subsequent to the announcement in the 2014 Policy Address of the Colorectal Cancer Screening Pilot Programme (the Pilot Programme), the Department of Health (DH) has established a multi-disciplinary task force and four working groups to advise on planning, implementation, publicity and evaluation of the Pilot Programme, including determination of inclusion criteria for participation, method of screening, funding model, operational logistics and development of an information system.

The DH targets to launch the Pilot Programme in the second half of 2016 to provide subsidised screening service in phases in three years to eligible Hong Kong residents aged 61-70. Faecal immunochemical test (FIT) will be adopted as the primary screening tool to be prescribed by enrolled primary care doctors under the Pilot Programme. Participants with a positive FIT result will then be referred for colonoscopy to be provided by enrolled colonoscopy specialists through a public-private partnership model. The DH estimates some 300 000 attendances for FIT and 10 000 for colonoscopy examinations will be completed under the Pilot Programme.

Provision for the Pilot Programme in 2016-17 is $91.9 million. The time-limited civil service posts involved in the planning and implementation of the Pilot Programme are listed in the table below.

Rank	No.
Senior Medical and Health Officer	1
Medical and Health Officer	2
Nursing Officer	2
Registered Nurse	1
Treasury Accountant	1
Statistical Officer I	1
Senior Executive Officer	1
Executive Officer I	1
Executive Officer II	4
Total :	***14***

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)371

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7006)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Does the Government earmark resources for launching a breast cancer screening programme for women in the estimate for 2016-17? If so, what are the details of the programme as well as the manpower and expenditure involved? If not, why?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 582)

Reply:

The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) established under the Cancer Coordinating Committee chaired by the Secretary for Food and Health regularly reviews the local and international scientific evidence, with a view to providing recommendations on suitable measures for cancer prevention and screening for the local population.

Having studied the prevailing and increasing international evidence that questions overall benefits of population screening over harm, the CEWG considers there is insufficient evidence to recommend for or against population-based breast cancer screening for asymptomatic women at average risk in Hong Kong. In view of this, a study has been commissioned to develop a locally validated risk prediction tool to identify individuals who are more likely to benefit from screening.

Meanwhile, the Department of Health (DH) promotes healthy lifestyles as the primary cancer prevention strategy, such as avoidance of alcohol, having regular physical activity and healthy eating, as well as maintaining a healthy body weight and waistline. The DH also encourages breastfeeding and raises women's breast awareness to seek early attention should abnormal changes be noted. Currently, women with high risk of developing breast cancer may be arranged to receive mammography screening after medical assessment conducted by the Women Health Centres or Maternal and Child Health Centres of the DH

which provide Woman Health Service. If abnormalities are found, the patients concerned will be referred to specialists for follow-up.

Resources for carrying out the above activities are absorbed by the department's overall provision for disease prevention and thus cannot be separately identified.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)372

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7007)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Does the Government earmark any resources in the estimate for 2016-17 for launching a men's health programme that provides services such as physical examination, prostate examination, reproductive health check-up and counselling service? If so, what are the details of the programme as well as the manpower and expenditure involved? If not, why?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 584)

Reply:

The Department of Health (DH) operates a Men's Health Programme (the Programme) which provides through the Men's Health website, customer-centric information, useful links and advice in light of the request of the society to raise public awareness and increase understanding of men's health issues. Other modes of health communication include printed materials, media and web-based publicity and a telephone education hotline. Resources for the above activities are absorbed by the DH's overall provision for disease prevention. The Programme does not include health check and personalised counselling which are provided primarily in the private and non-governmental sectors at present.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7008)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:
Regarding antenatal and postnatal services, will the Government advise on the following: what are the minimum, average and maximum numbers of antenatal check-ups undergone by pregnant women; what are the minimum, average and maximum numbers of postnatal check-ups undergone by pregnant women; and what are the manpower and expenditure involved for each antenatal and postnatal check-up?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 588)

Reply:
Maternal and Child Health Centres (MCHCs) of the Department of Health, in collaboration with the obstetric department of hospitals under the Hospital Authority (HA) provide an antenatal shared-care programme to pregnant women. In 2015, there were 29 600 pregnant women registered in MCHCs and a total of 149 400 attendances for antenatal care in MCHCs. Antenatal check-up is provided in the first and subsequent antenatal attendances. Pregnant women with high risk factors or suspected to have antenatal problem will be referred to HA's obstetric department for follow up and management if necessary.

In 2015, there were 30 600 postnatal women registered in MCHCs and a total of 31 400 attendances for postnatal care in MCHCs. Postnatal check-up is provided in the first postnatal attendance. Revisit appointment for further assessment or referral will be arranged if necessary.

Maximum numbers of antenatal and postnatal check-up attended by pregnant women and postnatal women are not available.

MCHCs provide a variety of services to children and women. The manpower and expenditure for each antenatal and postnatal check-up cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7010)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding public dental services, will the Government advise on the following for the past three years: What were the utilisation rates, numbers of attendances, daily consultation capacities for each dentist, maximum daily service capacities as well as costs per case for dental services in respect of the public dental clinics under the Department of Health? What were the numbers, lengths of service, vacancy rates, wastage rates and average working hours per week of all ranks of healthcare staff (including dentists and dental surgery assistants) in the dental clinics?

Asked by: Hon KWOK Ka-ki (Member Question No. 591)

Reply:

Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. To enhance the oral health of the public, the Oral Health Education Unit of the Department of Health (DH) has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminated oral health information through different channels. Apart from oral health promotion and prevention, the DH provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. The DH also provides public dental services through its Oral Maxillofacial Surgery & Dental Units (OMS&DUs) in seven public hospitals, which provide specialist dental treatment to hospital patients and the special need groups on referral from other hospital units and registered dental or medical practitioners.

The expenditures on GP sessions and OMS&DUs are absorbed within the provisions for dental service under Programme (4) and are not separately identifiable. DH does not keep statistics on the cost per case for public dental services in various dental clinics.

In 2013, 2014 and 2015, the maximum number of discs allocated to and number of attendances at GP sessions for each dental clinic are as follows:

Dental clinic with GP sessions	**Service session**	**Maximum number of discs allocated per session[@]**	**No. of attendances**		
			2013	**2014**	**2015**
Lee Kee Government Dental Clinic (closed on 30.8.2013)	Monday (AM)	84	3 786		
	Thursday (AM)	42			
Kowloon City Dental Clinic (commenced GP sessions with effect from 2.9.2013)	Monday (AM)	84	1 503	5 126	5 177
	Thursday (AM)	42			
Kwun Tong Dental Clinic*	Wednesday (AM)	84	3 793	4 146	4 009
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	5 278	5 535	6 159
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 330	2 176	2 340
Mona Fong Dental Clinic	Thursday (PM)	42	1 937	1 816	1 937
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1 943	1 915	1 966
Tsuen Wan Dental Clinic[#]	Tuesday (AM)	84	8 006	7 812	7 642
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	1 915	2 088	2 065
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 913	3 776	3 876
	Friday (AM)	42			
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	131	118	98
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	251	192	198

* Kwun Tong Jockey Club Dental Clinic was renamed as Kwun Tong Dental Clinic with effect from January 2015.

[#] Tsuen Wan Dental Clinic (TWDC) is temporarily closed for renovation from 28 August 2015 onward. GP session has been relocated to Tsuen Wan Government

Offices Dental Clinic with effect from 1 September 2015. GP session will resume in TWDC after the completion of renovation.

@ The maximum numbers of discs allocated per session at individual dental clinics remain the same in 2013, 2014 and 2015.

The overall utilisation rates of GP sessions in 2013, 2014 and 2015 are as follows –

	2013	**2014**	**2015**
Overall utilisation rate of GP sessions	88.1%	86.0%	87.5%

The attendances of hospital patients and number of patients with special oral healthcare needs in OMS&DUs under the DH in 2012, 2013 and 2014 are as follows -

	2013 (Actual)	**2014** (Actual)	**2015** (Actual)
Hospital patients (attendances)	56 000	55 000	55 600
Special needs group (number of patients)	10 700	11 000	10 600

All consultation appointments in the OMS&DUs in the seven public hospitals are triaged according to the urgency and nature of dental conditions. The OMS&DUs would offer same day appointments for those cases warranting immediate attention, and appointments within two weeks for urgent cases. Consultations for in-patients referred by other medical specialties in the hospital are conducted within one working day. The utilisation rate, daily consultation capacity for each dentist and maximum daily service capacity are not available.

Regarding the number of clinical staff in the above dental clinics and OMS&DUs, there were a total of 82 Dental Officers (DOs) and 83 Dental Surgery Assistants (DSAs) as at December 2015. These staff are funded by both Programme 4 and Programme 7 which cannot be separately identified. The DH has endeavoured to deploy adequate staff to operate the dental surgeries in OMS&DUs and GP sessions in the 11 designated government dental clinics with a view to fully utilising the surgeries. The length of service of both DOs and DSAs working in DH ranging from over 30 years to less than one year and the wastage rate in 2015 was 2.9% and 1.2% respectively. Their conditioned hours of work are 44 hours gross per week.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)375

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7012)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Child Assessment Centres (CACs), will the Government please advise on the following:

(a) the respective numbers of children on the waiting list of the Government CACs, children who had received assessments and children assessed to have developmental disorders for the past three years, broken down by developmental problems of the children.

(b) What were the lower quartile, median, average and longest waiting times for new cases in the CACs for the past three years?

(c) What are the staff establishments of the CACs? What types of professional staff are involved? What types of healthcare staff are involved? Please provide a breakdown by post of the professional and healthcare staff.

(d) Will the Government advise whether follow-up services are provided accordingly by staff of the CACs to school children who have rehabilitation plans formulated after their developmental diagnosis? What is the manpower involved? What are the average and longest follow-up durations? Please provide a breakdown by developmental problems of the children.

(e) Will the Government advise on the numbers of parents and children who were provided with support by the CACs through interim counselling, talks and support groups for the past three years? What were the percentages of the total numbers of help-seeking parents and children such parents and children accounted for?

(f) Will the Government provide a breakdown of the numbers of children assessed to be in need of referral to appropriate pre-school and school placements for training, remedial and special education for the past three years?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 595)

Reply:

(a) The numbers of newly referred cases received and the numbers of children assessed by the Child Assessment Service (CAS) in the past three years are as follows –

	2013	**2014**	**2015 (provisional figures)**
Number of new cases referred to the CAS	8 775	9 494	9 872
Number of children assessed by the CAS	14 672	14 909	15 958

The spectrum of conditions is very wide and the table below contains the major categories of developmental problems newly diagnosed in the past three years –

Newly diagnosed conditions	**Number of cases**		
	2013	**2014**	**2015 (provisional figures)**
Attention Problems/Disorders	2 325	2 541	2 890
Autistic Spectrum Disorder	1 478	1 720	2 021
Borderline Developmental Delay	1 915	2 073	2 262
Developmental Motor Coordination Problems/Disorders	1 928	1 849	1 888
Dyslexia & Mathematics Learning Disorder	482	535	643
Hearing Loss (Moderate to profound grade)	88	109	76
Language Delay/Disorders and Speech Problems	3 098	3 308	3 487
Physical Impairment (i.e. Cerebral Palsy)	55	41	61
Significant Developmental Delay/Mental Retardation	1 213	1 252	1 443
Visual Impairment (Blind or Low Vision)	41	36	43

Note: A child might be diagnosed with more than one developmental disability/problem.

(b) In the past three years, nearly all new cases were seen within three weeks after registration. Due to continuous increase in the demand for services provided by the CAS, the rate for completion of assessment for new case within six months has dropped from 89% in 2013 to 71% in 2015. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment with a view to enhancing service efficiency. The actual waiting time depends on the complexity and conditions of individual cases. The statistics on the lower quartile, median, average or longest waiting time for assessment of new cases are not available.

(c) The approved establishment of the CAS as at 31 March 2016 is as follows –

Grades	Number of posts
Medical Support	
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	20
Nursing Support	
Senior Nursing Officer / Nursing Officer / Registered Nurse	27
Professional Support	
Scientific Officer (Medical) (Audiology Stream) / (Public Health Stream)	5
Senior Clinical Psychologist / Clinical Psychologist	21
Occupational Therapist I	7
Physiotherapist I	5
Optometrist	2
Speech Therapist	12
Technical Support	
Electrical Technician	2
Administrative and General Support	
Executive Officer I	1
Hospital Administrator II	1
Clerical Officer / Assistant Clerical Officer	11
Clerical Assistant	17
Office Assistant	2
Personal Secretary I	1
Workman II	10
Total:	**145**

(d) The CAS provides comprehensive assessments, diagnosis, formulates rehabilitation plan, provides interim child and family support, public health education activities, as well as review evaluation to children under 12 years of age who are suspected to have developmental problems. After assessment, follow-up plans will be formulated according to the individual needs of children. Children will be referred to other appropriate service providers identified for training and education support. While children await rehabilitation services, the CAS will provide interim support to parents, such as seminars, workshops and practical training etc., so as to enhance the parents' understanding of their children.

The multi-disciplinary group of healthcare and professional staff in the CAS comprises paediatricians, nurses, audiologists, clinical psychologists, occupational therapists, optometrists, physiotherapists, speech therapists and medical social workers. A team approach is adopted and hence a breakdown of manpower involved in the provision of follow-up service is not available.

Duration for follow-up action on children depends on individual needs. Statistics on the average and the longest follow-up period by developmental disorders/problems are not available.

(e) The numbers of cases who participated in interim support activities such as counselling, talks and workshops and the numbers of new cases referred to CAS in the past three years are as follows. The children and their families may join these interim support activities before or after the assessment.

	2013	**2014**	**2015 (provisional figures)**
Number of cases participated in interim support	7 320	7 401	8 187
Number of new cases referred to the CAS	8 775	9 494	9 872

(f) The numbers of cases referred to pre-school and school placement for training, remedial and special education are 10 449 in 2013, 11 834 in 2014 and 13 197 (provisional) in 2015. Case statistics by support service are not available.

- End -

Examination of Estimates of Expenditure 2016-17 Reply Serial No.

FHB(H)376

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7024)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding cervical screening service, will the Government please advise on: the number of women on the waiting list for the service for the past three years; the median and longest waiting times; the number of attendances for the service by age group for the past three years; and the number of recipients of the screening service found to be in need of referral for treatment by age group for the past three years.

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 618)

Reply:

There are 31 Maternal and Child Health Centres (MCHCs) under the Family Health Service (FHS) of the Department of Health which provide cervical screening service. Clients are given an appointment for cervical screening service within four weeks of telephone booking. In the past three years, the actual appointment varied from two days to four weeks within each year.

In 2013, 2014 and 2015, the numbers of attendance for cervical screening service provided at MCHCs were 99 000, 99 000 and 97 000 respectively. Based on information kept by the Cervical Screening Information System, the age distribution of women receiving cervical screening tests at MCHCs in these three years was fairly constant. The proportions of screened women belonging to age groups 25-34, 35-44, 45-54 and 55-64 were 23.4%, 32.2%, 27.7% and 15.5% respectively. There were 4 878, 5 228 and 4 911 referrals made to specialists for further management in the corresponding years. The FHS does not keep a database of age breakdown of clients who have been referred to specialists.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4751)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

A sum of $5.0 million was earmarked in 2015-16 for the implementation of a work plan for promoting breastfeeding in collaboration with relevant parties and sectors in the community. Please provide the manpower distribution, expenditure and public participation of various programmes under the work plan with a breakdown by programme.

Asked by: Hon MA Fung-kwok (Member Question No. 54)

Reply:

The provision of $5.0 million for 2015-16 is allocated to the Family Health Service (FHS) of the Department of Health for implementing the three-year work plan of the Committee on Promotion of Breastfeeding to strengthen publicity and education on breastfeeding; encourage adoption of breastfeeding friendly workplaces policy; promote breastfeeding friendly premises and; strengthen the surveillance on local breastfeeding situation.

Breakdown of the expenditure is as follows –

Items	Actual Expenditure ($ million)
Publicity campaign (e.g. video broadcasting in public transport facilities, health talks and briefings for companies and organisations)	2.12
Production of a series of Announcement in the Public Interest to enhance public awareness and acceptance of breastfeeding; and promote breastfeeding-friendly workplaces and public places	1.17
Production and dissemination of health education resources and guidelines for establishing breastfeeding-friendly workplaces and public places	0.96
Studies on local breastfeeding situation	0.47

Implementation of a pilot programme on peer support for lactating mothers	0.32

The workload for implementing the initiative is absorbed by the existing manpower resources of FHS and breakdown by programme is not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4613)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As regards the 11 dental clinics of the Department of Health with general public sessions, please advise this Committee on:

a) the number of operating hours per week for each clinic;

b) the number of discs allocated per service day by each clinic, given that each clinic provides services on different days of the week and at different hours of the day;

c) the number of attending dentists during the service hours for each clinic;

d) the number of persons served, broken down by age group, per year by each clinic; and

e) the number of cases of pain relief and tooth extraction can be handled per year by each clinic.

Asked by: Hon Michael TIEN Puk-sun (Member Question No. 58)

Reply:

a) - c)
Under Programme (4), the Department of Health (DH) provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics.

The service sessions, the maximum number of disc allocated per session and the number of dentists in the government dental clinics with GP sessions are as follows:

Dental clinics with GP sessions	Service session	Max. no. of discs allocated per session	Number of Dentists
Kowloon City Dental Clinic	Monday (AM)	84	13
	Thursday (AM)	42	
Kwun Tong Dental Clinic*	Wednesday (AM)	84	6
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	8
	Friday (AM)	84	
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	8
Mona Fong Dental Clinic	Thursday (PM)	42	2
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	4
Tsuen Wan Dental Clinic#	Tuesday (AM)	84	4
	Friday (AM)	84	
Yan Oi Dental Clinic	Wednesday (AM)	42	3
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3
	Friday (AM)	42	
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	1
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	

* Kwun Tong Jockey Club Dental Clinic was renamed as Kwun Tong Dental Clinic with effect from January 2015.

\# Tsuen Wan Dental Clinic (TWDC) is temporarily closed for renovation from 28 August 2015 onward. GP session has been relocated to Tsuen Wan Government Offices Dental Clinic with effect from 1 September 2015. GP session will resume in TWDC after the completion of renovation.

The "AM" service session of GP sessions refers to 9:00 am to 1:00 pm, and "PM" service session refers to 2:00 pm to 5:00 pm.

d) The breakdown by age group of the number of attendances in GP sessions for each dental clinic in the financial years 2014-15 and 2015-16 up to January are as follows:

Dental clinic with GP sessions	2014-15				2015-16 (up to January 2016)			
	Age group				Age group			
	0-18	19-42	43-60	61 or above	0-18	19-42	43-60	61 or above
Kowloon City Dental Clinic	140	694	1 325	2 930	121	604	1 182	2 550
Kwun Tong Dental Clinic*	58	441	1 064	2 561	64	333	797	2 218

Kennedy Town Community Complex Dental Clinic	130	1028	1 635	3 003	94	1 048	1 354	2 629
Fanling Health Centre Dental Clinic	42	276	668	1 287	30	246	602	1 061
Mona Fong Dental Clinic	47	267	512	970	47	202	506	896
Tai Po Wong Siu Ching Dental Clinic	45	196	585	1 063	28	218	506	930
Tsuen Wan Dental Clinic[#]	124	824	2 160	4 897	106	729	1 652	3 707
Yan Oi Dental Clinic	32	364	523	1 190	18	210	443	1 080
Yuen Long Jockey Club Dental Clinic	101	539	1 380	1 831	59	480	1 036	1 656
Tai O Dental Clinic	1	11	21	69	1	21	22	47
Cheung Chau Dental Clinic	6	30	54	98	8	27	36	100

* Kwun Tong Jockey Club Dental Clinic was renamed as Kwun Tong Dental Clinic with effect from January 2015.

[#] Tsuen Wan Dental Clinic (TWDC) is temporarily closed for renovation from 28 August 2015 onward. GP session has been relocated to Tsuen Wan Government Offices Dental Clinic with effect from 1 September 2015. GP session will resume in TWDC after the completion of renovation.

e) DH does not keep statistics on the number of cases of pain relief and tooth extraction. The maximum number of cases that could be handled in each dental clinic with GP sessions in the financial years 2014-15 and 2015-16 up to January are as follows:

Dental clinic with GP sessions	**Maximum number of cases that could be handled in GP sessions**	
	2014-15	**2015-16 (up to January 2016)**
Kowloon City Dental Clinic	6 174	5 124
Kwun Tong Dental Clinic*	4 284	3 528
Kennedy Town Community Complex Dental Clinic	8 316	6 720
Fanling Health Centre Dental Clinic	2 450	2 100
Mona Fong Dental Clinic	1 974	1 764
Tai Po Wong Siu Ching Dental Clinic	1 974	1 764
Tsuen Wan Dental Clinic[#]	8 232	6 888
Yan Oi Dental Clinic	2 142	1 764
Yuen Long Jockey Club Dental Clinic	4 116	3 444
Tai O Dental Clinic	384	320

Cheung Chau Dental Clinic	384	320

* Kwun Tong Jockey Club Dental Clinic was renamed as Kwun Tong Dental Clinic with effect from January 2015.

Tsuen Wan Dental Clinic (TWDC) is temporarily closed for renovation from 28 August 2015 onward. GP session has been relocated to Tsuen Wan Government Offices Dental Clinic with effect from 1 September 2015. GP session will resume in TWDC after the completion of renovation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4083)

Head: (37) Department of Health

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

Programme: (-) Not specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the engagement of outsourced workers, please provide the following information:

	2015-16 (the latest position)
Number of outsourced service contracts	( )
Total payments to outsourced service providers	( )
Duration of service of each outsourced service provider	( )
Number of outsourced workers engaged through outsourced service providers	( )
Details of the positions held by outsourced workers (e.g. customer service, property management, security, cleansing and information technology)	
Monthly salary range of outsourced workers • $30,001 or above • $16,001 to $30,000 • $8,001 to $16,000 • $6,501 to $8,000 • $6,240 to $6,500 • Under $6,240	 ( ) ( ) ( ) ( ) ( ) ( )
Length of service of outsourced workers • Over 15 years • 10 to 15 years • 5 to 10 years • 3 to 5 years • 1 to 3 years • Less than 1 year	 ( ) ( ) ( ) ( ) ( ) ( )
Percentage of outsourced workers against the total number of staff in the Department	( )

Percentage of payments to outsourced service providers against the total staff costs of the Department	( )
Number of workers who received severance payment/long service payment/contract gratuity	( )
Amount of severance payment/long service payment/contract gratuity paid	( )
Number of workers with severance payment/long service payment/contract gratuity offset by the accrued benefits attributable to employer's contributions to MPF	( )
Amount of severance payment/long service payment/contract gratuity offset by the accrued benefits attributable to employer's contributions to MPF	( )
Number of workers with paid meal break Number of workers without paid meal break	( ) ( )
Number of workers working 5 days per week Number of workers working 6 days per week	( ) ( )

( ) Changes in percentage as compared with the same period in 2014-15

Asked by: Hon WONG Kwok-hing (Member Question No. 61)

Reply:
Information regarding the engagement of outsourced workers by the Department of Health in 2015-16 is tabulated below-

	2015-16 (as at 31.12.2015)
Number of outsourced service contracts	337 (+29.6%)
Total payments to outsourced service providers	$141.8 million (+14.1%)
Duration of service of each outsourced service provider	24 months or less : 292 More than 24 months : 45
Number of outsourced workers engaged through outsourced service providers	815 (+25.4%)
Details of the positions held by outsourced workers (e.g. customer service, property management, security, cleaning and information technology)	• Security : 117 • Cleaning : 104 • Cleaning and General Support : 247 • Information Technology : 24 • Health Screening : 300 • Data Input and Filing : 20

	2015-16 (as at 31.12.2015)
	• Customer Service : 1 • Quality Assurance : 2
Monthly salary range of outsourced workers • $30,001 or above • $16,001 to $30,000 • $8,001 to $16,000 • $6,501 to $8,000 • $6,240 to $6,500 • Under $6,240 • Number of workers with unspecified salaries	 5 0 692 45 [Note 1] 0 53 [Note 1] 20
Length of service of outsourced workers • Over 15 years • 10 to 15 years • 5 to 10 years • 3 to 5 years • 1 to 3 years • Less than 1 year	We do not have information on years of service of outsourced workers. The outsourced service providers may arrange different employees or replacement workers to work for the Department during the contract period for different reasons.
Percentage of outsourced workers against the total number of staff in the Department	12.27% (+23.9%)
Percentage of payments to outsourced service providers against the total staff costs of the Department	5.72% (+6.5%)
Number of workers who received severance payment / long service payment / contract gratuity	We do not have information on severance payment / long service payment / contract gratuities of outsourced workers. The payment of severance payment / long service payment depends on the length of continuous contracts of the outsourced workers with the outsourced service providers, while the payment of contract gratuities is determined by the employment contract signed between outsourced workers and the outsourced service
Amount of severance payment / long service payment / contract gratuity paid	
Number of workers with severance payment/long service payment/contract gratuity offset by the accrued benefits attributable to employer's contributions to MPF	
Amount of severance payment/long service payment/contract gratuity offset by the accrued benefits attributable to employer's contributions to MPF	

	2015-16 (as at 31.12.2015)
	providers.
Number of workers with paid meal break Number of workers without paid meal break	Whether outsourced workers have paid meal breaks is determined by the employment contract signed between outsourced workers and outsourced service providers.
Number of workers working 5 days per week	182 (-2.2%)
Number of workers working 6 days per week	105 (-3.7%)
Number of workers on other work patterns[Note 2]	509 (+107.8%)
Number of workers whose work pattern is not specified in the contracts	19 (-82.7%)

( ) Changes in percentage as compared with the same period in 2014-15

Note 1: Staff were paid above the Statutory Minimum Wage level.
Note 2: Other work patterns include 5.5-day week, alternate Saturday off and other shift patterns.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4084)

Head: (37) Department of Health

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

Programme: (-) Not specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the engagement of agency workers, please provide the following information:

	2015-16 (the latest position)
Number of contracts with employment agencies	( )
Contract sum paid to each employment agency	( )
Duration of service of each employment agency	( )
Number of agency workers	( )
Details of the positions held by agency workers	
Monthly salary range of agency workers • $30,001 or above • $16,001 to $30,000 • $8,001 to $16,000 • $6,501 to $8,000 • $6,240 to $6,500 • Under $6,240	 ( ) ( ) ( ) ( ) ( ) ( )
Length of service of agency workers • Over 15 years • 10 to 15 years • 5 to 10 years • 3 to 5 years • 1 to 3 years • Less than 1 year	 ( ) ( ) ( ) ( ) ( ) ( )
Percentage of agency workers against the total number of staff in the Department	( )
Percentage of payments to employment agencies against total staff costs of the Department	( )
Number of workers who received severance payment / long service payment / contract gratuity	( )

Amount of severance payment / long service payment / contract gratuity paid	( )
Number of workers with severance payment / long service payment / contract gratuity offset by the accrued benefits attributable to employer's contributions to MPF	( )
Amount of severance payment / long service payment / contract gratuity offset by the accrued benefits attributable to employer's contributions to MPF	( )
Number of workers with paid meal break Number of workers without paid meal break	( ) ( )
Number of workers working 5 days per week Number of workers working 6 days per week	( ) ( )

( ) Changes in percentage as compared with the same period in 2014-15

Asked by: Hon WONG Kwok-hing (Member Question No. 62)

Reply:

Information regarding agency contracts under the Department of Health (DH) in 2015-16 is tabulated below –

	2015-16 (as at 31.12.2015)
Number of contracts with employment agencies	13 (+30%)
Contract sum paid to each employment agency	$57,000 - $1.3 million
Duration of service of each employment agency	6 – 24 months
Number of agency workers	70 (+29.6%)
Details of the positions held by agency workers	Agency workers are temporary manpower deployed to meet urgent and short-term service needs. No specific posts are assigned to them.
Monthly salary range of agency workers	
• $30,001 or above	2 (N/A)
• $16,001 to $30,000	4 (+100%)
• $8,001 to $16,000	64 (+23.1%)
• $6,501 to $8,000	0 (0%)
• $6,240 to $6,500	0 (0%)
• Under $6,240	0 (0%)

Length of service of agency workers • Over 15 years • 10 to 15 years • 5 to 10 years • 3 to 5 years • 1 to 3 years • Less than 1 year	We do not keep information on years of service of agency workers. The employment agency may arrange different employees or replacement workers to work for the Department during the contract period for different reasons.
Percentage of agency workers against the total number of staff in the Department	1.1% (+37.5%)
Percentage of payments to employment agencies against total staff costs of the Department	0.2% (+100%)
Number of workers who received severance payment / long service payment / contract gratuity	We do not keep information on severance payment / long service payment / contract gratuities received by or paid to agency workers. The payment of severance payment / long service payment depends on the length of continuous contracts of the agency workers with the employment agencies, while the payment of contract gratuities is determined by the employment contract between agency workers and their employment agencies.
Amount of severance payment / long service payment / contract gratuity paid	
Number of workers with severance payment / long service payment / contract gratuity offset by the accrued benefits attributable to employer's contributions to MPF	
Amount of severance payment / long service payment / contract gratuity offset by the accrued benefits attributable to employer's contributions to MPF	
Number of workers with paid meal break Number of workers without paid meal break	Whether agency workers have paid meal break is determined by the employment contract between agency workers and their employment agencies.
Number of workers working 5 days per week Number of workers with alternate Saturday off	66 (+34.7%) 4 (-20%)

( ) Changes in percentage as compared with the same period in 2014-15

DH also hires information technology support services through the bulk contracts under the Office of the Government Chief Information Officer. The number of agency workers under these contracts was 195 in 2015-16 (as at 31.12.2015).

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4085)

Head: (37) Department of Health

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

Programme: (-) Not specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the employment of Non-Civil Service Contract ("NCSC") staff, please provide the following information:

	2015-16 (the latest position)
Number of NCSC staff	( )
Details of the positions held by NCSC staff	
Payroll costs of NCSC staff	( )
Monthly salary range of NCSC staff	
· $30,001 or above	( )
· $16,001 to $30,000	( )
· $8,001 to $16,000	( )
· $6,501 to $8,000	( )
· $6,240 to $6,500	( )
· Under $6,240	( )
Length of service of NCSC staff	
· Over 15 years	( )
· 10 to 15 years	( )
· 5 to 10 years	( )
· 3 to 5 years	( )
· 1 to 3 years	( )
· Less than 1 year	( )
Number of NCSC staff successfully appointed as civil servants	( )
Percentage of NCSC staff against the total number of staff in the Department	( )
Percentage of staff costs for NCSC staff against the total staff costs of the Department	( )

	2015-16 (the latest position)
Number of NCSC staff who received severance payment / long service payment / contract gratuity	( )
Amount of severance payment / long service payment / contract gratuity paid	( )
Number of NCSC staff with severance payment / long service payment / contract gratuity offset by the accrued benefits attributable to employer's contributions to MPF	( )
Amount of severance payment / long service payment / contract gratuity offset by the accrued benefits attributable to employer's contributions to MPF	( )
Number of NCSC staff with paid meal break Number of NCSC staff without paid meal break	( ) ( )
Number of NCSC staff working 5 days per week Number of NCSC staff working 6 days per week	( ) ( )

( ) Changes in percentage as compared with the same period in 2014-15

Asked by: Hon WONG Kwok-hing (Member Question No. 63)

Reply:

Information regarding non-civil service contract ("NCSC") staff engaged by the Department of Health (DH) in 2015-16 is tabulated below –

	2015-16 (as at 31.12.2015)
Number of NCSC staff	528 (-1.9%)
Details of the positions held by NCSC staff	Please see Annex
Payroll costs of NCSC staff ($ million)	69.4 (-0.6%)
Monthly salary range of NCSC staff	
· $30,001 or above	74 (+37%)
· $16,001 to $30,000	73 (+58.7%)
· $8,001 to $16,000	381 (-13%)
· $6,501 to $8,000	0 (N/A)
· $6,240 to $6,500	0

	2015-16 (as at 31.12.2015)		
· Under $6,240	(N/A) 0 (N/A)		
Length of service of NCSC staff · Over 15 years · 10 to 15 years · 5 to less than 10 years · 3 to less than 5 years · 1 to less than 3 years · Less than 1 year	 2 (+100%) 106 (+307.7%) 246 (-29.1%) 73 (-24.7%) 28 (-6.7%) 73 (+97.3%)		
Number of civil servants appointed who were previously NCSC staff in the Department (The ex-NCSC staff was appointed as civil servant in DH through an open, fair and competitive process)	8 (+33.3%)		
Percentage of NCSC staff against the total number of staff in the Department	7.9 % (-3.7%)		
Percentage of staff costs for NCSC staff against the total staff costs of the Department	2.8% (-7.3%)		
Number of NCSC staff who received severance payment (SP) /long service payment (LSP) /contract gratuity (CG)	SP	LSP	CG
	0 (-100%)	6 (-72.7%)	82 (-35.9%)
Amount of SP / LSP / CG paid ($ million)	SP	LSP	CG
	0 Note 1 (-100%)	0.5 Note 1 (-70.6%)	3.5 (0%)

	2015-16 (as at 31.12.2015)		
Number of NCSC staff with SP / LSP / CG offset by the accrued benefits attributable to employer's contributions to MPF	SP	LSP	CG
	0 (-100%)	5 (-75%)	N/A [Note 2]
Amount of SP / LSP / CG offset by the accrued benefits attributable to employer's contributions to MPF ($ million)	SP	LSP	CG
	0 (-100%)	0.3 (-72.7%)	N/A [Note 2]
Number of NCSC staff with paid meal break	508 (-2.3%)		
Number of NCSC staff without paid meal break	20 (+11.1%)		
Number of NCSC staff working 5 days per week	151 (+14.4%)		
Number of NCSC staff working 6 days per week	351 (-10%)		
Number of NCSC staff with other work patterns [Note 3]	26 (+62.5%)		

( ) Changes in percentage as compared with the same period in 2014-15

Notes:

1. The amount of SP / LSP refers to the entitlement of the NCSC staff irrespective of any offsetting.

2. The amount of CG is not offset by the accrued benefits attributable to employer's contributions to MPF.

3. Other work patterns include 5.5 days per week, alternate Saturday off and other shift patterns.

- End -

Annex

NCSC Positions in the Department of Health as at 31.12.2015

Job Title	No.
Administrative Assistant	6
Assistant Chinese Medicine Officer	23
Assistant Manager	13
Assistant Tobacco Control Inspector	6
Chinese Medicine Assistant	21
Chinese Medicine Officer	4
Contract Accountant	1
Contract Accounting Manager	1
Contract Clinical Psychologist	3
Contract Doctor	4
Contract Doctor (Special Duties)	1
Contract Engineer (Biomedical)	2
Contract Nurse	27
Contract Nursing Officer	3
Contract Senior Information Technology Manager	2
Darkroom Assistant	4
Health Programme Assistant	2
Health Surveillance Assistant	341
Health Surveillance Supervisor	18
Manager	6
Media & Marketing Manager	1
Project Assistant	11
Project Officer (Chinese Medicines)	1
Registration Assistant	1
Registration Supervisor	4
Research Assistant	1
Research Officer	9
Senior Chinese Medicines Advisor	1
Service Administrator	1
Part-time Contract Doctor (Special Duties)	5
Part-time Contract Nursing Officer	1
Part-time Contract Senior Doctor	1
Part-time Senior Clinician (Orthodontics)	3
Total :	528