Index Page

Replies to initial written questions raised by Finance Committee Members in examining the Estimates of Expenditure 2018-19

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Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)001	1612	CHAN Chi-chuen	140	(2) Subvention : Hospital Authority
FHB(H)002	3203	CHAN Hak-kan	140	(2) Subvention : Hospital Authority
FHB(H)003	1457	CHAN Han-pan	140	(2) Subvention : Hospital Authority
FHB(H)004	1458	CHAN Han-pan	140	(1) Health
FHB(H)005	1629	CHAN Han-pan	140	(2) Subvention : Hospital Authority
FHB(H)006	1630	CHAN Han-pan	140	(2) Subvention : Hospital Authority
FHB(H)007	1631	CHAN Han-pan	140	(2) Subvention : Hospital Authority
FHB(H)008	1633	CHAN Han-pan	140	(2) Subvention : Hospital Authority
FHB(H)009	1634	CHAN Han-pan	140	(1) Health
FHB(H)010	1054	CHAN Kin-por	140	(1) Health
FHB(H)011	1068	CHAN Kin-por	140	(1) Health
FHB(H)012	1069	CHAN Kin-por	140	(1) Health
FHB(H)013	2113	CHAN Pierre	140	(1) Health
FHB(H)014	2117	CHAN Pierre	140	-
FHB(H)015	2118	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)016	2119	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)017	2124	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)018	2126	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)019	2127	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)020	2128	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)021	2130	CHAN Pierre	140	(1) Health
FHB(H)022	2131	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)023	2133	CHAN Pierre	140	(1) Health

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)024	2134	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)025	2135	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)026	2137	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)027	2138	CHAN Pierre	140	(1) Health
FHB(H)028	2139	CHAN Pierre	140	(1) Health
FHB(H)029	2140	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)030	2141	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)031	2142	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)032	2143	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)033	2144	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)034	2145	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)035	2146	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)036	2147	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)037	2149	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)038	2150	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)039	2151	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)040	2152	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)041	2153	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)042	2155	CHAN Pierre	140	(1) Health
FHB(H)043	2156	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)044	2157	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)045	2158	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)046	2159	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)047	2160	CHAN Pierre	140	(1) Health
FHB(H)048	2161	CHAN Pierre	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)049	1857	CHEUNG Chiu-hung, Fernando	140	-
FHB(H)050	2915	CHEUNG Chiu-hung, Fernando	140	-
FHB(H)051	2523	CHEUNG Kwok-kwan	140	(1) Health
FHB(H)052	1673	CHEUNG Wah-fung, Christopher	140	(2) Subvention : Hospital Authority
FHB(H)053	0050	CHEUNG Yu-yan, Tommy	140	(2) Subvention : Hospital Authority
FHB(H)054	0051	CHEUNG Yu-yan, Tommy	140	(1) Health
FHB(H)055	0052	CHEUNG Yu-yan, Tommy	140	(2) Subvention : Hospital Authority
FHB(H)056	0055	CHEUNG Yu-yan, Tommy	140	(2) Subvention : Hospital Authority
FHB(H)057	1669	CHIANG Lai-wan	140	(2) Subvention : Hospital Authority
FHB(H)058	2991	CHU Hoi-dick	140	(2) Subvention : Hospital Authority
FHB(H)059	2992	CHU Hoi-dick	140	(1) Health
FHB(H)060	3008	CHU Hoi-dick	140	(2) Subvention : Hospital Authority
FHB(H)061	3190	CHU Hoi-dick	140	(2) Subvention : Hospital Authority
FHB(H)062	2804	HO Kwan-yiu, Junius	140	(2) Subvention : Hospital Authority
FHB(H)063	0332	IP LAU Suk-yee, Regina	140	(2) Subvention : Hospital Authority
FHB(H)064	0333	IP LAU Suk-yee, Regina	140	(2) Subvention : Hospital Authority
FHB(H)065	0334	IP LAU Suk-yee, Regina	140	(2) Subvention : Hospital Authority
FHB(H)066	0351	IP LAU Suk-yee, Regina	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)067	0360	IP LAU Suk-yee, Regina	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)068	2178	KWOK Ka-ki	140	(1) Health
FHB(H)069	3021	KWOK Ka-ki	140	(1) Health
FHB(H)070	3027	KWOK Ka-ki	140	(1) Health
FHB(H)071	3031	KWOK Ka-ki	140	(1) Health

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)072	3032	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)073	3033	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)074	3034	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)075	3035	KWOK Ka-ki	140	(1) Health
FHB(H)076	3037	KWOK Ka-ki	140	(1) Health
FHB(H)077	3039	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)078	3040	KWOK Ka-ki	140	(1) Health
FHB(H)079	3042	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)080	3050	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)081	3051	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)082	3052	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)083	0901	LAM Kin-fung, Jeffrey	140	(1) Health
FHB(H)084	0906	LAM Kin-fung, Jeffrey	140	(2) Subvention : Hospital Authority
FHB(H)085	0914	LAM Kin-fung, Jeffrey	140	-
FHB(H)086	0915	LAM Kin-fung, Jeffrey	140	(1) Health
FHB(H)087	0190	LEE Kok-long, Joseph	140	(1) Health
FHB(H)088	0191	LEE Kok-long, Joseph	140	(1) Health
FHB(H)089	0192	LEE Kok-long, Joseph	140	(1) Health
FHB(H)090	0193	LEE Kok-long, Joseph	140	(1) Health
FHB(H)091	0194	LEE Kok-long, Joseph	140	(1) Health
FHB(H)092	0195	LEE Kok-long, Joseph	140	(1) Health
FHB(H)093	0196	LEE Kok-long, Joseph	140	(1) Health
FHB(H)094	0197	LEE Kok-long, Joseph	140	(1) Health
FHB(H)095	0198	LEE Kok-long, Joseph	140	(1) Health

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)096	0199	LEE Kok-long, Joseph	140	(1) Health
FHB(H)097	0200	LEE Kok-long, Joseph	140	(1) Health
FHB(H)098	0201	LEE Kok-long, Joseph	140	(1) Health
FHB(H)099	0202	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)100	0203	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)101	0204	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)102	0205	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)103	0206	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)104	0207	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)105	0208	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)106	0209	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)107	0210	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)108	0211	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)109	0212	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)110	0213	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)111	0214	LEE Kok-long, Joseph	140	(3) Subvention : Prince Philip Dental Hospital
FHB(H)112	3493	LEE Kok-long, Joseph	140	(1) Health
FHB(H)113	3494	LEE Kok-long, Joseph	140	(1) Health
FHB(H)114	3496	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)115	3497	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)116	3498	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)117	3499	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)118	3500	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)119	3501	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)120	3502	LEE Kok-long, Joseph	140	(3) Subvention : Prince Philip Dental Hospital
FHB(H)121	1883	LEE Wai-king, Starry	140	(2) Subvention : Hospital Authority
FHB(H)122	1897	LEE Wai-king, Starry	140	(2) Subvention : Hospital Authority
FHB(H)123	1899	LEE Wai-king, Starry	140	(1) Health
FHB(H)124	1900	LEE Wai-king, Starry	140	(1) Health
FHB(H)125	1135	LEUNG Che-cheung	140	-
FHB(H)126	1252	LEUNG Che-cheung	140	(2) Subvention : Hospital Authority
FHB(H)127	1253	LEUNG Che-cheung	140	(2) Subvention : Hospital Authority
FHB(H)128	1483	LEUNG Che-cheung	140	(2) Subvention : Hospital Authority
FHB(H)129	1556	LEUNG Mei-fun, Priscilla	140	(2) Subvention : Hospital Authority
FHB(H)130	1561	LEUNG Mei-fun, Priscilla	140	(2) Subvention : Hospital Authority
FHB(H)131	1563	LEUNG Mei-fun, Priscilla	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)132	2531	LEUNG Mei-fun, Priscilla	140	(1) Health
FHB(H)133	2552	LIAO Cheung-kong, Martin	140	(2) Subvention : Hospital Authority
FHB(H)134	3279	LIAO Cheung-kong, Martin	140	(1) Health
FHB(H)135	3281	LIAO Cheung-kong, Martin	140	(1) Health
FHB(H)136	0850	LO Wai-kwok	140	(2) Subvention : Hospital Authority
FHB(H)137	0400	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)138	0401	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)139	0402	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)140	2424	MAK Mei-kuen, Alice	140	(1) Health
FHB(H)141	2425	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)142	2426	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)143	2428	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)144	2429	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)145	2712	MO Claudia	140	(2) Subvention : Hospital Authority
FHB(H)146	1524	OR Chong-shing, Wilson	140	-
FHB(H)147	1529	OR Chong-shing, Wilson	140	-
FHB(H)148	0481	POON Siu-ping	140	(2) Subvention : Hospital Authority
FHB(H)149	0482	POON Siu-ping	140	(2) Subvention : Hospital Authority
FHB(H)150	3170	QUAT Elizabeth	140	(1) Health
FHB(H)151	0098	SHEK Lai-him, Abraham	140	(1) Health
FHB(H)152	3116	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)153	2031	SHIU Ka-fai	140	(1) Health
FHB(H)154	2032	SHIU Ka-fai	140	(1) Health
FHB(H)155	1117	TIEN Puk-sun, Michael	140	-
FHB(H)156	1118	TIEN Puk-sun, Michael	140	-
FHB(H)157	3512	TIEN Puk-sun, Michael	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)158	2056	TSE Wai-chun, Paul	140	(1) Health
FHB(H)159	2327	WONG Kwok-kin	140	(2) Subvention : Hospital Authority
FHB(H)160	2334	WONG Kwok-kin	140	(2) Subvention : Hospital Authority
FHB(H)161	2443	WONG Kwok-kin	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)162	1388	WONG Pik-wan, Helena	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)163	1389	WONG Pik-wan, Helena	140	(1) Health
FHB(H)164	1390	WONG Pik-wan, Helena	140	-
FHB(H)165	1407	WONG Pik-wan, Helena	140	(2) Subvention : Hospital Authority
FHB(H)166	1408	WONG Pik-wan, Helena	140	(2) Subvention : Hospital Authority
FHB(H)167	1419	WONG Pik-wan, Helena	140	(2) Subvention : Hospital Authority
FHB(H)168	1420	WONG Pik-wan, Helena	140	(2) Subvention : Hospital Authority
FHB(H)169	1432	WONG Pik-wan, Helena	140	(2) Subvention : Hospital Authority
FHB(H)170	1433	WONG Pik-wan, Helena	140	(1) Health
FHB(H)171	1139	WONG Ting-kwong	140	(2) Subvention : Hospital Authority
FHB(H)172	0117	WU Chi-wai	140	(1) Health
FHB(H)173	0118	WU Chi-wai	140	(1) Health
FHB(H)174	0119	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)175	0120	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)176	0381	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)177	0382	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)178	0754	WU Chi-wai	140	(1) Health
FHB(H)179	3216	WU Chi-wai	140	(1) Health
FHB(H)180	3545	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)181	3546	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)182	3556	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)183	3557	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)184	3558	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)185	1382	YIU Si-wing	140	(2) Subvention : Hospital Authority
FHB(H)186	2764	YUNG Hoi-yan	140	(2) Subvention : Hospital Authority
FHB(H)187	2765	YUNG Hoi-yan	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)188	1628	CHAN Han-pan	37	(1) Statutory Functions
FHB(H)189	1632	CHAN Han-pan	37	(1) Statutory Functions
FHB(H)190	1635	CHAN Han-pan	37	(2) Disease Prevention
FHB(H)191	1636	CHAN Han-pan	37	(2) Disease Prevention
FHB(H)192	1847	CHAN Han-pan	37	(2) Disease Prevention
FHB(H)193	2154	CHAN Pierre	37	(2) Disease Prevention
FHB(H)194	2114	CHAN Pierre	37	(2) Disease Prevention
FHB(H)195	2115	CHAN Pierre	37	(2) Disease Prevention
FHB(H)196	2116	CHAN Pierre	37	(2) Disease Prevention
FHB(H)197	2121	CHAN Pierre	37	(2) Disease Prevention
FHB(H)198	2122	CHAN Pierre	37	(2) Disease Prevention
FHB(H)199	2123	CHAN Pierre	37	(4) Curative Care
FHB(H)200	2125	CHAN Pierre	37	(1) Statutory Functions
FHB(H)201	2132	CHAN Pierre	37	(2) Disease Prevention
FHB(H)202	2136	CHAN Pierre	37	(2) Disease Prevention
FHB(H)203	2148	CHAN Pierre	37	(2) Disease Prevention
FHB(H)204	2657	CHAN Pierre	37	(2) Disease Prevention
FHB(H)205	0053	CHEUNG Yu-yan, Tommy	37	(1) Statutory Functions
FHB(H)206	0054	CHEUNG Yu-yan, Tommy	37	(2) Disease Prevention
FHB(H)207	2585	CHOW Ho-ding, Holden	37	(1) Statutory Functions
FHB(H)208	2805	HO Kwan-yiu, Junius	37	(2) Disease Prevention
FHB(H)209	0361	IP LAU Suk-yee, Regina	37	(4) Curative Care
FHB(H)210	3026	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)211	3029	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)212	3030	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)213	3036	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)214	3038	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)215	3041	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)216	3137	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)217	3210	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)218	0877	LAM Kin-fung, Jeffrey	37	(2) Disease Prevention
FHB(H)219	0268	LAU Ip-keung, Kenneth	37	(2) Disease Prevention
FHB(H)220	0295	LAU Ip-keung, Kenneth	37	(2) Disease Prevention
FHB(H)221	0299	LAU Ip-keung, Kenneth	37	(4) Curative Care
FHB(H)222	0230	LEE Kok-long, Joseph	37	(1) Statutory Functions

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)223	0231	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)224	0232	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)225	0233	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)226	0234	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)227	0235	LEE Kok-long, Joseph	37	(3) Health Promotion
FHB(H)228	0236	LEE Kok-long, Joseph	37	(4) Curative Care
FHB(H)229	0237	LEE Kok-long, Joseph	37	(5) Rehabilitation
FHB(H)230	3143	LEE Kok-long, Joseph	37	(1) Statutory Functions
FHB(H)231	3189	LEE Kok-long, Joseph	37	(1) Statutory Functions
FHB(H)232	3236	LEE Kok-long, Joseph	37	(1) Statutory Functions
FHB(H)233	3237	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)234	3238	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)235	3239	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)236	3240	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)237	3429	LEE Kok-long, Joseph	37	(3) Health Promotion
FHB(H)238	3430	LEE Kok-long, Joseph	37	(4) Curative Care
FHB(H)239	3431	LEE Kok-long, Joseph	37	(4) Curative Care
FHB(H)240	3492	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)241	3495	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)242	1866	LEE Wai-king, Starry	37	(2) Disease Prevention
FHB(H)243	1878	LEE Wai-king, Starry	37	(2) Disease Prevention
FHB(H)244	1898	LEE Wai-king, Starry	37	(4) Curative Care
FHB(H)245	1478	LEUNG Che-cheung	37	(2) Disease Prevention

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)246	1485	LEUNG Che-cheung	37	(2) Disease Prevention
FHB(H)247	1558	LEUNG Mei-fun, Priscilla	37	(2) Disease Prevention
FHB(H)248	2232	MA Fung-kwok	37	(1) Statutory Functions
FHB(H)249	0399	MAK Mei-kuen, Alice	37	(1) Statutory Functions
FHB(H)250	2427	MAK Mei-kuen, Alice	37	(5) Rehabilitation
FHB(H)251	2631	MAK Mei-kuen, Alice	37	(4) Curative Care
FHB(H)252	2632	MAK Mei-kuen, Alice	37	(2) Disease Prevention
FHB(H)253	2661	OR Chong-shing, Wilson	37	(2) Disease Prevention
FHB(H)254	1525	OR Chong-shing, Wilson	37	(2) Disease Prevention
FHB(H)255	3085	SHIU Ka-chun	37	(4) Curative Care
FHB(H)256	3111	SHIU Ka-chun	37	(2) Disease Prevention
FHB(H)257	3112	SHIU Ka-chun	37	(2) Disease Prevention
FHB(H)258	3113	SHIU Ka-chun	37	(2) Disease Prevention (3) Health Promotion
FHB(H)259	0733	SHIU Ka-fai	37	(1) Statutory Functions
FHB(H)260	0734	SHIU Ka-fai	37	(1) Statutory Functions
FHB(H)261	0735	SHIU Ka-fai	37	(1) Statutory Functions
FHB(H)262	0736	SHIU Ka-fai	37	(2) Disease Prevention
FHB(H)263	3123	SHIU Ka-fai	37	(1) Statutory Functions
FHB(H)264	3124	SHIU Ka-fai	37	(1) Statutory Functions
FHB(H)265	1119	TIEN Puk-sun, Michael	37	(2) Disease Prevention
FHB(H)266	3269	TIEN Puk-sun, Michael	37	(2) Disease Prevention
FHB(H)267	3510	TIEN Puk-sun, Michael	37	(3) Health Promotion
FHB(H)268	2058	TSE Wai-chun, Paul	37	(2) Disease Prevention
FHB(H)269	2234	TSE Wai-chun, Paul	37	(2) Disease Prevention
FHB(H)270	2326	WONG Kwok-kin	37	(2) Disease Prevention
FHB(H)271	2331	WONG Kwok-kin	37	(2) Disease Prevention
FHB(H)272	2332	WONG Kwok-kin	37	(2) Disease Prevention
FHB(H)273	2333	WONG Kwok-kin	37	(2) Disease Prevention (3) Health Promotion
FHB(H)274	2444	WONG Kwok-kin	37	(4) Curative Care
FHB(H)275	1395	WONG Pik-wan, Helena	37	(1) Statutory Functions

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)276	1396	WONG Pik-wan, Helena	37	(2) Disease Prevention
FHB(H)277	1397	WONG Pik-wan, Helena	37	(4) Curative Care
FHB(H)278	1434	WONG Pik-wan, Helena	37	(2) Disease Prevention
FHB(H)279	1195	WONG Ting-kwong	37	(1) Statutory Functions
FHB(H)280	0500	WU Chi-wai	37	(2) Disease Prevention
FHB(H)281	0753	WU Chi-wai	37	(4) Curative Care
FHB(H)282	3550	WU Chi-wai	37	(2) Disease Prevention
FHB(H)283	3551	WU Chi-wai	37	(4) Curative Care
FHB(H)284	3552	WU Chi-wai	37	-
FHB(H)285	3553	WU Chi-wai	37	(5) Rehabilitation
FHB(H)286	3554	WU Chi-wai	37	(2) Disease Prevention
FHB(H)287	3555	WU Chi-wai	37	(2) Disease Prevention
FHB(H)288	1358	YIU Si-wing	37	(3) Health Promotion
FHB(H)289	1359	YIU Si-wing	37	(2) Disease Prevention
FHB(H)290	1361	YIU Si-wing	37	(2) Disease Prevention
FHB(H)291	1362	YIU Si-wing	37	(2) Disease Prevention
FHB(H)292	1739	TAM Man-ho, Jeremy	48	(1) Statutory Testing
FHB(H)293	3623	CHAN Chi-chuen	140	(1) Health
FHB(H)294	3628	CHAN Chi-chuen	140	(2) Subvention : Hospital Authority
FHB(H)295	3660	CHAN Chi-chuen	140	(2) Subvention : Hospital Authority
FHB(H)296	3676	CHAN Chi-chuen	140	(2) Subvention : Hospital Authority
FHB(H)297	3687	CHAN Chi-chuen	140	(2) Subvention : Hospital Authority
FHB(H)298	3696	CHAN Chi-chuen	140	(2) Subvention : Hospital Authority
FHB(H)299	5313	CHAN Hak-kan	140	(2) Subvention : Hospital Authority
FHB(H)300	5613	CHAN Tanya	140	(1) Health
FHB(H)301	3956	CHEUNG Chiu-hung, Fernando	140	(1) Health
FHB(H)302	3957	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)303	4409	CHEUNG Chiu-hung, Fernando	140	(1) Health

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)304	4595	CHEUNG Chiu-hung, Fernando	140	-
FHB(H)305	4596	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)306	4597	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)307	4833	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)308	4834	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)309	4835	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)310	4836	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)311	4837	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)312	4838	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)313	4839	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)314	4840	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)315	4841	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)316	4842	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)317	4843	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)318	4844	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)319	4845	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)320	4846	CHEUNG Chiu-hung, Fernando	140	(1) Health
FHB(H)321	4847	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)322	4848	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)323	4849	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)324	4850	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)325	4851	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)326	4852	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)327	4890	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)328	4899	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)329	5053	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)330	5054	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)331	5066	CHU Hoi-dick	140	(2) Subvention : Hospital Authority
FHB(H)332	5067	CHU Hoi-dick	140	(2) Subvention : Hospital Authority
FHB(H)333	5068	CHU Hoi-dick	140	(2) Subvention : Hospital Authority
FHB(H)334	3767	KWOK Ka-ki	140	(1) Health
FHB(H)335	3768	KWOK Ka-ki	140	(1) Health
FHB(H)336	3769	KWOK Ka-ki	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)337	3770	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)338	3771	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)339	3772	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)340	3773	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)341	3774	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)342	3775	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)343	3776	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)344	3777	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)345	3778	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)346	3779	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)347	3786	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)348	3788	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)349	3803	KWOK Ka-ki	140	(1) Health
FHB(H)350	4190	KWOK Ka-ki	140	(1) Health
FHB(H)351	4191	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)352	4192	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)353	4230	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)354	4231	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)355	4232	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)356	4233	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)357	4235	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)358	4236	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)359	4237	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)360	4238	KWOK Ka-ki	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)361	4239	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)362	4240	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)363	4241	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)364	4242	KWOK Ka-ki	140	(1) Health
FHB(H)365	4243	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)366	4244	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)367	4245	KWOK Ka-ki	140	(3) Subvention : Prince Philip Dental Hospital
FHB(H)368	4246	KWOK Ka-ki	140	(3) Subvention : Prince Philip Dental Hospital
FHB(H)369	4276	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)370	4277	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)371	4278	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)372	4291	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)373	4145	LEUNG Yiu-chung	140	-
FHB(H)374	4176	LEUNG Yiu-chung	140	(2) Subvention : Hospital Authority
FHB(H)375	4183	LEUNG Yiu-chung	140	(2) Subvention : Hospital Authority
FHB(H)376	6340	LUK Chung-hung	140	(2) Subvention : Hospital Authority
FHB(H)377	5434	MA Fung-kwok	140	(2) Subvention : Hospital Authority
FHB(H)378	5436	MA Fung-kwok	140	(1) Health
FHB(H)379	6123	MO Claudia	140	(2) Subvention : Hospital Authority
FHB(H)380	5732	MOK Charles Peter	140	-
FHB(H)381	5759	MOK Charles Peter	140	(1) Health
FHB(H)382	5890	OR Chong-shing, Wilson	140	(1) Health
FHB(H)383	5516	QUAT Elizabeth	140	(1) Health
FHB(H)384	4476	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)385	4925	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)386	4926	SHIU Ka-chun	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)387	4927	SHIU Ka-chun	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)388	4961	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)389	5023	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)390	5025	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)391	5442	SHIU Ka-fai	140	(1) Health
FHB(H)392	6035	SHIU Ka-fai	140	(1) Health
FHB(H)393	5247	TAM Man-ho, Jeremy	140	(1) Health
FHB(H)394	5248	TAM Man-ho, Jeremy	140	(1) Health
FHB(H)395	5249	TAM Man-ho, Jeremy	140	(1) Health
FHB(H)396	5960	TAM Man-ho, Jeremy	140	(2) Subvention : Hospital Authority
FHB(H)397	5839	TSE Wai-chun, Paul	140	(1) Health
FHB(H)398	5840	TSE Wai-chun, Paul	140	(1) Health
FHB(H)399	5459	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)400	5460	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)401	5461	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)402	5463	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)403	5464	WU Chi-wai	140	(1) Health
FHB(H)404	5465	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)405	5467	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)406	3685	CHAN Chi-chuen	37	(1) Statutory Functions
FHB(H)407	3759	CHAN Chi-chuen	37	(1) Statutory Functions
FHB(H)408	3884	CHEUNG Chiu-hung, Fernando	37	-
FHB(H)409	3887	CHEUNG Chiu-hung, Fernando	37	(5) Rehabilitation

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)410	3894	CHEUNG Chiu-hung, Fernando	37	(1) Statutory Functions
FHB(H)411	3947	CHEUNG Chiu-hung, Fernando	37	(5) Rehabilitation
FHB(H)412	3951	CHEUNG Chiu-hung, Fernando	37	(2) Disease Prevention
FHB(H)413	3952	CHEUNG Chiu-hung, Fernando	37	(2) Disease Prevention
FHB(H)414	3960	CHEUNG Chiu-hung, Fernando	37	(5) Rehabilitation
FHB(H)415	3961	CHEUNG Chiu-hung, Fernando	37	(5) Rehabilitation
FHB(H)416	3962	CHEUNG Chiu-hung, Fernando	37	(5) Rehabilitation
FHB(H)417	4578	CHEUNG Chiu-hung, Fernando	37	(5) Rehabilitation
FHB(H)418	5342	IP Kin-yuen	37	(2) Disease Prevention
FHB(H)419	5345	IP Kin-yuen	37	(2) Disease Prevention
FHB(H)420	3766	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)421	3802	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)422	4189	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)423	4193	KWOK Ka-ki	37	(5) Rehabilitation
FHB(H)424	4194	KWOK Ka-ki	37	(5) Rehabilitation
FHB(H)425	4196	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)426	4203	KWOK Ka-ki	37	(4) Curative Care
FHB(H)427	4204	KWOK Ka-ki	37	(4) Curative Care
FHB(H)428	4205	KWOK Ka-ki	37	(4) Curative Care
FHB(H)429	4206	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)430	4229	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)431	4247	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)432	4248	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)433	4249	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)434	4250	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)435	4251	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)436	4252	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)437	4253	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)438	4254	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)439	4255	KWOK Ka-ki	37	(2) Disease Prevention

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)440	4256	KWOK Ka-ki	37	(3) Health Promotion
FHB(H)441	4258	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)442	4259	KWOK Ka-ki	37	(5) Rehabilitation
FHB(H)443	4261	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)444	4280	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)445	4300	KWOK Ka-ki	37	(3) Health Promotion
FHB(H)446	6351	KWOK Ka-ki	37	(4) Curative Care
FHB(H)447	5955	KWOK Wing-hang, Dennis	37	(5) Rehabilitation
FHB(H)448	5349	LAU Ip-keung, Kenneth	37	(1) Statutory Functions
FHB(H)449	5372	MA Fung-kwok	37	(2) Disease Prevention
FHB(H)450	5437	MA Fung-kwok	37	(2) Disease Prevention
FHB(H)451	6352	POON Siu-ping	37	(8) Personnel Management of Civil Servants Working in Hospital Authority
FHB(H)452	5474	QUAT Elizabeth	37	(2) Disease Prevention
FHB(H)453	4924	SHIU Ka-chun	37	(2) Disease Prevention
FHB(H)454	4954	SHIU Ka-chun	37	(2) Disease Prevention
FHB(H)455	4965	SHIU Ka-chun	37	(3) Health Promotion
FHB(H)456	5029	SHIU Ka-chun	37	(2) Disease Prevention
FHB(H)457	5030	SHIU Ka-chun	37	(2) Disease Prevention
FHB(H)458	5031	SHIU Ka-chun	37	(3) Health Promotion
FHB(H)459	5033	SHIU Ka-chun	37	(2) Disease Prevention
FHB(H)460	5034	SHIU Ka-chun	37	(2) Disease Prevention
FHB(H)461	5221	TAM Man-ho, Jeremy	37	(2) Disease Prevention
FHB(H)462	5233	TAM Man-ho, Jeremy	37	-

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)001

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1612)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority (HA) has earlier allocated resources for the establishment of Gender Identity Disorder (GID) Clinic at the Prince of Wales Hospital which provides, on a progressive basis, territory-wide gender assessment, sex reassignment surgery and other supporting services. In this connection, please advise on the following:

(1) What are the current mechanism and workflow for handling GID cases in HA?

(2) What were the numbers of attendances for GID diagnosis of transgender people for the past 5 years? What is the average waiting time of new cases at present? How many of these cases were handled by the newly established GID Clinic at the Prince of Wales Hospital?

(3) What is the existing number of healthcare personnel (including plastic surgeons, psychiatrists and clinical psychologists) who possess relevant experience or qualifications to provide transgender diagnosis to patients? What is the number of healthcare personnel involved and in which hospitals are they working?

(4) How much resources and manpower will be allocated to GID diagnosis services in future? How will HA enhance such services?

(5) For patients who do not fall within the New Territories East Hospital Cluster, will there be any discretion to handle their cases on a cross-district basis?

Asked by: Hon CHAN Chi-chuen (Member Question No. (LegCo use): 37)

Reply:

(1) Starting from October 2016, the Hospital Authority (HA) has centralised its services for Gender Identity Disorder (GID) patients at the GID clinic in Prince of Wales Hospital (PWH) in the New Territories East Cluster for serving the whole territory.

HA adopts a multi-disciplinary approach in providing services to GID patients, involving psychiatrists, clinical psychologists, surgeons, gynaecologists, physicians, endocrinologists, occupational therapists, nurses and medical social workers. The psychiatrists and clinical psychologists establish the diagnosis of GID, assess and treat the gender dysphoria according to the patients' needs, which may include referral to endocrinologists for prescribing sex hormones; occupational therapists for practical advice to adjust to real life experience in the patients' desired gender and medical social workers for providing social support.

Patients who have undergone at least 12 continuous months of hormonal treatment and lived in their acquired gender persistently for at least 12 months with satisfactory psychological and social adjustment as assessed by psychiatrists and clinical psychologists can be referred to surgeons for sex reassignment surgery upon their requests.

(2) The table below sets out the number of psychiatric Specialist Out-patient (SOP) attendances for patients diagnosed with GID from 2013-14 to 2017-18 (up to 31 December 2017).

Year	**Number of psychiatric SOP attendances for patients diagnosed with GID**
2013-14	550
2014-15	570
2015-16	630
2016-17	580
2017-18 (up to 31 December 2017) [provisional figures]	550

Note: Figures are rounded to the nearest ten.

Psychiatric SOP clinics arrange medical appointments for new patients based on the urgency of their clinical conditions, which is determined with regard to the patients' clinical history and presenting symptoms. The dates of medical appointment for new patients therefore vary. In 2017-18 (up to 31 December 2017), the provisional figure for the median waiting time for new cases under routine category at psychiatric SOP clinics is 28 weeks.

(3) Professionals in the GID clinic as mentioned above also provide medical services to patients suffering from other diseases. Separate statistics on the number of professionals who provide medical services specifically for GID patients are not readily available.

(4) HA will continue to review its service provision, taking into consideration the experience gained from the new GID clinic and views from patients and the community, to ensure that its services can meet patients' needs.

(5) Starting from October 2016, all new GID cases are handled by the GID clinic. As for ongoing cases followed up at other clusters, transfer to the GID clinic would be made gradually after discussion between doctors and patients at the latter's follow up appointments at the respective clusters.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3203)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the services of Prince of Wales Hospital, North District Hospital and Alice Ho Miu Ling Nethersole Hospital in Tai Po, will the Government inform this Committee of:

1. the average daily attendances and highest attendances of the Accident and Emergency (A&E) departments;
2. the numbers of beds and average bed occupancy rates;
3. the estimated additional numbers of beds in the coming 5 years;
4. the amounts of recurrent provision;
5. the manpower of doctors and nurses and their turnover rates; and
6. the average waiting times of patients of the 5 triage categories in the A&E departments.

Asked by: Hon CHAN Hak-kan (Member Question No. (LegCo use): 54)

Reply:

(1)
The table below sets out the daily average and highest number of attendances in the Accident and Emergency (A&E) Departments of AHNH, NDH and PWH respectively in 2017-18 (up to 31 December 2017).

2017-18 (up to 31 December 2017) [Provisional figures]

Hospital	Daily number of A&E attendances	
	Average	Highest
AHNH	344	446
NDH	288	360
PWH	396	516

(2)

The table below sets out the number of hospital beds for AHNH, NDH and PWH in 2017-18 (up to 31 December 2017).

2017-18 (up to 31 December 2017) [Provisional figures]

Hospital	**Number of hospital beds#**
AHNH	545
NDH	623
PWH	1 708

Number of hospital beds as at 31 December 2017

Hospital Authority (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. In 2017-18 (up to 31 December 2017), the inpatient bed occupancy rate in New Territories East Cluster (NTEC) was 90%.

In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via A&E Department or those who have stayed for more than one day. The calculation of the number of hospital beds includes that of both inpatients and day inpatients. The calculation of inpatient bed occupancy rate, on the other hand, does not include that of day inpatients.

(3)

HA takes into account various factors when planning and developing the public healthcare services and facilities. Such factors include the healthcare services estimates based on population growth and demographic change, distribution of service target groups, mode of healthcare services delivery, growth of services of individual specialties, and supply of healthcare services in the district concerned. HA will continue to regularly monitor the utilisation rate and trend of demand for various healthcare services. In 2018-19, AHNH, NDH and PWH plan to open 40, 23 and 62 new beds respectively.

(4)

HA arranges its services on a cluster basis and hence the recurrent budget allocation for the cluster is provided. The recurrent budget allocation to NTEC in 2017-18 (projection as of 31 December 2017) is $9.14 billion.

The budget represents the funding allocated to the cluster for supporting its daily operational needs, such as staff costs, drug expenditure, medical supplies and utilities 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 supporting the cluster's day-to-day operation. The above does not include capital budget allocation such as those for capital works projects, major equipment acquisition, and corporate-wide information technology development projects, etc.

(5)

The table below provides the number of doctors and nurses in AHNH, NDH & PWH in 2017-18.

Hospital	**2017-18 (as at 31 December 2017)**	
	Doctors	**Nurses**
AHNH	165	672
NDH	169	726
PWH	542	1 993

The table below provides the attrition (wastage) rate of doctors and nurses in AHNH, NDH & PWH in 2017-18.

Hospital	**2017-18 (Rolling 12 months from 1 January 2017 to 31 December 2017)**			
	Doctors		**Nurses**	
	Full-time	**Part-time**	**Full-time**	**Part-time**
AHNH	5.0%	52.2%	4.2%	0.0%
NDH	6.7%	29.8%	5.1%	0.0%
PWH	4.5%	19.5%	5.9%	0.0%

Note:

1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff but excluding Interns and Dental Officers.
2. Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on Headcount basis.
3. Since April 2013, attrition 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.
4. Rolling Attrition (Wastage) Rate = Total no. of staff left HA in the past 12 months /Average strength in the past 12 months x 100%.

(6)

The table below sets out the average waiting time for A&E services in various triage categories in the A&E Departments of AHNH, NDH and PWH in 2017-18 (up to 31 December 2017).

2017-18 (up to 31 December 2017) [Provisional figures]

Hospital	**Average waiting time (minutes) for A&E services**				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
AHNH	0	6	16	52	56
NDH	0	7	24	106	149
PWH	0	11	40	209	193

Abbreviations

AHNH – Alice Ho Miu Ling Nethersole Hospital
NDH – North District Hospital
PWH – Prince of Wales Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1457)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the current preparation for the commencement of services of the Hong Kong Children's Hospital in 2018, please list by specialty the estimated number of healthcare professionals to be recruited and the number of healthcare professionals already employed (including doctors, nurses and other staff), having regard to the operational needs of the Hospital, and the expenditure involved.

Asked by: Hon CHAN Han-pan (Member Question No. 23)

Reply:

The Hong Kong Children's Hospital (HKCH) will commence service by phases, with the first phase from the fourth quarter of 2018 to the second quarter of 2019 beginning with specialist outpatient service, followed by the gradual opening of inpatient service. The phased approach is to ensure patient safety, service quality and smoothness in operation.

Manpower requirement for the first phase of service commencement is as follows:

Staff group	Projected manpower need
Medical	108
Nursing	395
Allied health	89
Management, administration and supporting	474
Total	**1 066**

For the 108 medical staff mentioned above, the breakdown by specialty is as follows:

Specialty	Projected manpower need
Paediatrics	65
Anaesthesiology	15
Radiology	9
Pathology	6
Surgery	13
Total	**108**

Under the agreed hub-and-spoke model, HKCH and the regional hospitals will form a coordinated and coherent paediatric service network in the Hospital Authority (HA), whereby some tertiary services (i.e. oncology, nephrology, cardiology and paediatric surgery) will be translocated from regional hospitals to HKCH. The healthcare teams to be translocated to HKCH are working in their original units pending transfer alongside with the respective services. Separately, HKCH has started the advance recruitment of healthcare staff since 2015. They are now attached to various public hospitals for training to equip with the necessary skills and clinical experience to prepare for service commissioning.

The staff recruitment progress as of 31 December 2017 is as follows:

	To be translocated from other hospitals	Through internal transfer or open recruitment exercises	Total
Medical	32	23	**55**
Nursing	108	110	**218**
Allied health	1	55	**56**
Management, administration and supporting	32	42	**74**
Total	**173**	**230**	**403**

The budget allocation including the additional financial provision for 2018-19 is being worked out by HA and hence breakdown is not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1458)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the development of Chinese medicine sector,

(a) please tabulate by month the number of attendances and the types of consultation sought at all public Chinese medicine clinics operating on a tripartite collaboration model in 2017;

(b) please tabulate by month the number of patients, integrated treatments undertaken, their results and expenditure involved in 2017 upon the introduction of integrated Chinese and Western medicine treatment;

(c) please tabulate by month the actual number of healthcare staff employed, the number of staff reduced through attrition and the number of retirees at all public Chinese medicine clinics operating on a tripartite collaboration model in 2017.

Asked by: Hon CHAN Han-pan (Member Question No. (LegCo use): 24)

Reply:

(a) 18 Chinese Medicine Centres for Training and Research (CMCTRs) (one in each district) have been established to promote the development of "evidence-based" Chinese Medicine and provide training placements for graduates of local Chinese medicine degree programme. Each CMCTR operates on a tripartite collaboration model involving the Hospital Authority (HA), a non-governmental organisation (NGO) and a local university. The NGOs are responsible for the day-to-day clinic operation.

The monthly attendances of the 18 CMCTRs in 2017 are as follows:

Month (in 2017)	No. of Attendances for General Consultation	No. of Attendances for Other Chinese Medicine Services Note	Total
January	46 057	45 277	91 334
February	47 036	42 270	89 306
March	58 942	53 364	112 306
April	46 799	43 537	90 336
May	51 505	48 825	100 330
June	54 478	50 497	104 975
July	52 573	58 340	110 913
August	53 630	58 706	112 336
September	51 773	52 698	104 471
October	47 367	46 628	93 995
November	53 186	51 342	104 528
December	49 523	49 050	98 573
Total	**612 869**	**600 534**	**1 213 403**

Note: Other Chinese medicine services provided by NGOs operating the CMCTRs cover 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, HA has been tasked to carry out the ICWM pilot project (pilot project). The pilot project was launched in phases to provide ICWM treatment for HA in-patients of selective disease areas, namely stroke care, cancer palliative care and low back pain care.

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 afterwards. With improvement measures introduced, Phase II was launched immediately after Phase I in 7 public hospitals (including the 3 public 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).

As announced in the 2017 Policy Address, the Government has allocated resources for the HA to continue to implement and expand the pilot project to gather more experience in the operation of ICWM and Chinese medicine in-patient services. Phase III will be launched in April 2018, in which one more disease area on shoulder and neck pain care will be added and implemented at Pamela Youde Nethersole Eastern Hospital. The accumulated expenditure incurred by the pilot project up to 28 February 2018 was $38.4 million.

As at 28 February 2018, the numbers of patients enrolled in the pilot project and the numbers of in-patient bed-days incurred are as follows:

Disease	Number of patient enrollment	Number of in-patient bed-days
Stroke Care	363	8 509
Low Back Pain Care	542	1 178
Cancer Palliative Care	387	3 768
Total	1 292	13 455

(c) Staff of the CMCTRs are employed by the respective operating NGOs. Based on the information provided by the NGOs, a total of 401 Chinese medicine practitioners were employed at the 18 CMCTRs in 2017.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1629)

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) (Ms Elizabeth Tse)

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, operating theatre sessions and quotas for endoscopy examination in public hospitals of all clusters in 2017-18 in table form with a breakdown by hospital cluster, as well as the expenditures involved; and

(b) the additional quotas for general outpatient, specialist out-patient and Accident and Emergency (A&E) attendances and the average waiting times for general outpatient, specialist out-patient and A&E services in hospitals of all clusters in 2017-18 in table form with a breakdown by hospital cluster, as well as the expenditures involved.

Asked by: Hon CHAN Han-pan (Member Question No. (LegCo use): 26)

Reply:

Hospital beds

The Hospital Authority (HA) has earmarked $267 million for the opening of beds in 2017-18. The table below sets out the number of hospital beds opened in each hospital cluster in 2017-18.

Cluster	Number of hospital beds opened in 2017-18		
	Acute General	**Convalescent / Rehabilitation**	**Total**
HKEC	20	–	**20**
KCC	26	–	**26**
KEC	38	20	**58**
KWC	8	–	**8**
NTEC	38	20	**58**
NTWC	29	30	**59**
HA Overall	**159**	**70**	**229**

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

HA has earmarked a total of $156.4 million in 2017-18 to enhance the following services as set out in the table below:

	2017-18
Number of additional OT sessions per week	**(Target)** 11 (KWC, NTEC)
Number of additional endoscopic sessions per week	**(Target)** 10 (NTEC)
Number of additional general outpatient attendances	**(Target)** 27 500 (NTEC, NTWC)
Number of additional specialist outpatient attendances	**(Target)** 56 000 (HKEC, HKWC, KCC, KEC, KWC, NTEC & NTWC)
Total number of A&E support sessions (equivalent to number of 4-hour sessions) *(Note)*	**(up to 31 December 2017)** around 3 400 (HKEC, HKWC, KCC, KEC, KWC, NTEC & NTWC)

Note:

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

General outpatient waiting time

For GOPCs, consultation 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 general outpatient services.

Specialist outpatient waiting time

The table below sets out the number of specialist outpatient new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases; and their respective median (50^{th} percentile) waiting time in each hospital cluster of the HA for 2017-18 (up to 31 December 2017).

2017-18 (up to 31 December 2017) [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	528	<1	1 983	4	4 889	30
	MED	1 325	1	3 076	6	6 259	24
	GYN	543	<1	784	2	2 924	47
	OPH	4 447	<1	1 558	7	5 300	34
	ORT	1 083	1	1 413	5	5 521	63
	PAE	102	1	698	5	174	10
	PSY	295	1	634	3	1 706	23
	SUR	986	1	3 146	7	7 408	54
HKWC	ENT	435	<1	1 646	6	4 256	26
	MED	1 446	<1	1 277	4	7 309	34
	GYN	1 234	<1	675	5	3 835	41
	OPH	2 703	<1	1 367	5	3 039	45
	ORT	760	<1	1 193	4	5 652	21
	PAE	275	<1	507	3	1 068	11
	PSY	271	1	661	3	1 784	63
	SUR	1 726	<1	2 305	6	7 723	19
KCC	ENT	1 336	<1	1 465	5	10 597	34
	MED	1 289	1	2 406	5	14 806	80
	GYN	807	<1	2 742	5	5 770	28
	OPH	6 729	<1	4 448	2	9 358	92
	ORT	1 662	1	1 629	5	9 448	58
	PAE	767	<1	537	3	2 082	10
	PSY	96	1	706	5	1 183	25
	SUR	2 651	1	4 726	5	18 516	51

Cluster	Specialty	Priority 1		Priority 2		Routine	
		Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
KEC	ENT	1 373	<1	2 152	3	4 933	72
	MED	1 412	1	3 932	6	11 607	86
	GYN	1 126	1	653	5	4 996	57
	OPH	4 414	<1	221	6	9 020	13
	ORT	2 838	1	3 074	7	6 938	106
	PAE	965	<1	600	4	1 857	11
	PSY	214	<1	1 268	3	4 193	18
	SUR	1 697	1	5 383	7	13 234	23
KWC	ENT	2 466	<1	2 556	6	7 321	61
	MED	1 705	1	4 341	5	9 300	52
	GYN	217	<1	1 034	6	5 367	53
	OPH	4 778	<1	4 706	<1	6 962	56
	ORT	1 329	1	2 713	6	7 468	59
	PAE	1 864	<1	724	6	2 181	14
	PSY	209	<1	595	3	8 959	16
	SUR	1 899	1	4 597	6	13 578	27
NTEC	ENT	2 815	<1	3 557	3	8 069	59
	MED	2 281	<1	2 710	7	15 708	66
	GYN	1 881	<1	690	6	6 325	57
	OPH	5 696	<1	3 080	4	9 437	26
	ORT	4 072	<1	1 634	5	12 043	107
	PAE	178	1	438	4	2 806	12
	PSY	848	1	1 868	4	4 658	51
	SUR	1 470	<1	2 973	5	17 215	34
NTWC	ENT	2 538	<1	1 479	4	7 552	44
	MED	1 089	1	3 100	4	8 248	69
	GYN	797	1	75	3	4 701	30
	OPH	6 348	<1	2 127	4	7 861	50
	ORT	1 362	1	1 504	5	8 847	74
	PAE	74	1	533	7	1 495	28
	PSY	356	<1	1 159	4	3 527	34
	SUR	1 633	1	2 949	5	15 757	61

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 2017-18 (up to 31 December 2017).

2017-18 (up to 31 December 2017) [Provisional figures]

Cluster	Average waiting time (in minutes) for A&E services				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	0	6	16	94	134
HKWC	0	10	27	105	170
KCC	0	8	35	152	179
KEC	0	8	26	158	216
KWC	0	7	19	77	87
NTEC	0	10	29	121	96
NTWC	0	6	23	122	114
Overall HA	**0**	**8**	**26**	**114**	**127**

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on/after 1 April 2017 are therefore not directly comparable.

Abbreviations

Specialties:
ENT – Ear, Nose & Throat
MED – Medicine
GYN – Gynaecology
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology
PAE – Paediatrics
PSY – Psychiatry
SUR – Surgery

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No.1630)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the staff arrangement in each hospital cluster under the Hospital Authority (HA),

(a) please tabulate by cluster the required manpower of clerical and healthcare staff in 2017-18, and as at end of the year, the actual number employed, the number reduced through attrition and the number of retirees;

(b) please tabulate by cluster and by specialty the required manpower of specialists and healthcare staff (including nurses and physiotherapists) in 2017-18, and as at end of the year , the actual number employed, the number reduced through attrition and the number of retirees; and

(c) please advise on the measures adopted by the HA in 2017-18 to attract and retain staff, and the expenditure involved.

Asked by: Hon CHAN Han-pan (Member Question No. (LegCo use): 27)

Reply:

(a)

The tables below set out the intake number, attrition number and number of retirees of doctors, nurses and non-clinical staff in each cluster in 2017-18.

Cluster	Doctors			
	Intake No. (April-December 2017)	Attrition No. (January-December 2017)		No. of Retiree (January-December 2017)
		FT	PT	
HKEC	50	38	12	8
HKWC	56	50	9	7
KCC*	80	49	9	11
KEC	57	45	11	7
KWC*	67	42	13	4
NTEC	79	48	11	14
NTWC	70	42	20	6

Cluster	Nurses			
	Intake No. (April-December 2017)	Attrition No. (January-December 2017)		No. of Retiree (January-December 2017)
		FT	PT	
HKEC	213	141	5	22
HKWC	214	188	10	43
KCC*	364	202	2	56
KEC	195	127	3	19
KWC*	324	161	2	45
NTEC	321	215	0	37
NTWC	214	151	0	20

Cluster	Allied Health Professionals			
	Intake No. (April-December 2017)	Attrition No. (January-December 2017)		No. of Retiree (January-December 2017)
		FT	PT	
HKEC	51	21	0	4
HKWC	52	44	4	14
KCC*	101	54	1	11
KEC	48	35	5	7
KWC*	93	39	2	10
NTEC	77	39	0	14
NTWC	76	42	0	3

Cluster	Non-clinical staff [#]			
	Intake No. (April-December 2017)	Attrition No. (January-December 2017)		No. of Retiree (January-December 2017)
		FT	PT	
HKEC	458	613	0	141
HKWC	405	534	0	142
KCC*	908	817	2	173
KEC	394	460	1	119
KWC*	550	504	2	140
NTEC	731	855	1	195
NTWC	687	680	1	154

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

(b)

The tables below set out the intake number, attrition number and number of retirees of doctors and nurses by major specialty; and allied health professionals by major grade in each cluster in 2017-18.

Cluster	Major Specialty	Doctors			
		Intake No. (April-December 2017)	Attrition No. (January-December 2017)		No. of Retiree (January-December 2017)
			FT	PT	
HKEC	Accident & Emergency	4	4	0	1
	Anaesthesia	2	2	0	0
	Cardio-thoracic Surgery	0	0	0	0
	Family Medicine	7	3	2	0
	Intensive Care Unit	1	0	0	0
	Medicine	9	10	0	3
	Neurosurgery	3	1	0	0
	Obstetrics & Gynaecology	2	0	0	0
	Ophthalmology	1	1	3	0
	Orthopaedics & Traumatology	2	1	0	1
	Paediatrics	2	2	1	1
	Pathology	2	3	0	0
	Psychiatry	7	3	3	0
	Radiology	1	1	0	0
	Surgery	4	4	2	1
	Others	3	3	1	1
HKEC Total		**50**	**38**	**12**	**8**
HKWC	Accident & Emergency	6	1	1	0
	Anaesthesia	5	10	1	1
	Cardio-thoracic Surgery	0	0	0	0
	Family Medicine	4	2	1	0
	Intensive Care Unit	0	1	0	0
	Medicine	11	6	2	3
	Neurosurgery	2	0	0	0
	Obstetrics & Gynaecology	3	2	0	0
	Ophthalmology	0	1	0	0
	Orthopaedics & Traumatology	3	3	0	0
	Paediatrics	2	4	1	1
	Pathology	4	3	0	1
	Psychiatry	4	5	1	0
	Radiology	3	3	1	0
	Surgery	8	7	1	1
	Others	1	2	0	0
HKWC Total		**56**	**50**	**9**	**7**

Cluster	Major Specialty	Doctors			
		Intake No. (April-December 2017)	Attrition No. (January-December 2017)		No. of Retiree (January-December 2017)
			FT	PT	
KCC*	Accident & Emergency	6	0	2	0
	Anaesthesia	7	1	0	0
	Cardio-thoracic Surgery	0	0	0	0
	Family Medicine	11	7	4	1
	Intensive Care Unit	1	1	0	1
	Medicine	14	9	1	2
	Neurosurgery	2	0	0	0
	Obstetrics & Gynaecology	4	5	0	1
	Ophthalmology	3	2	0	0
	Orthopaedics & Traumatology	1	3	0	0
	Paediatrics	7	2	0	2
	Pathology	3	2	1	1
	Psychiatry	4	5	1	1
	Radiology	7	7	0	2
	Surgery	7	5	0	0
	Others	3	0	0	0
KCC Total		**80**	**49**	**9**	**11**
KEC	Accident & Emergency	10	9	1	2
	Anaesthesia	2	7	2	2
	Cardio-thoracic Surgery	0	0	0	0
	Family Medicine	12	3	1	0
	Intensive Care Unit	0	0	0	0
	Medicine	10	7	2	1
	Neurosurgery	0	0	0	0
	Obstetrics & Gynaecology	1	0	1	0
	Ophthalmology	2	3	0	0
	Orthopaedics & Traumatology	3	4	0	1
	Paediatrics	3	2	0	0
	Pathology	3	3	0	1
	Psychiatry	5	2	4	0
	Radiology	1	3	0	0
	Surgery	5	2	0	0
	Others	0	0	0	0
KEC Total		**57**	**45**	**11**	**7**

Cluster	Major Specialty	Doctors			
		Intake No. (April-December 2017)	Attrition No. (January-December 2017)		No. of Retiree (January-December 2017)
			FT	PT	
KWC*	Accident & Emergency	12	7	3	0
	Anaesthesia	3	4	0	1
	Cardio-thoracic Surgery	0	0	0	0
	Family Medicine	7	3	1	0
	Intensive Care Unit	1	1	0	0
	Medicine	12	5	3	0
	Neurosurgery	3	1	0	0
	Obstetrics & Gynaecology	1	3	0	0
	Ophthalmology	3	5	1	1
	Orthopaedics & Traumatology	5	0	0	0
	Paediatrics	2	1	3	1
	Pathology	2	2	1	0
	Psychiatry	5	2	0	1
	Radiology	1	3	0	0
	Surgery	6	3	1	0
	Others	4	2	0	0
KWC Total		**67**	**42**	**13**	**4**
NTEC	Accident & Emergency	5	3	1	3
	Anaesthesia	5	2	0	0
	Cardio-thoracic Surgery	1	0	0	0
	Family Medicine	11	7	1	3
	Intensive Care Unit	3	1	0	0
	Medicine	13	11	2	4
	Neurosurgery	1	0	0	0
	Obstetrics & Gynaecology	2	1	0	0
	Ophthalmology	4	3	0	0
	Orthopaedics & Traumatology	3	3	1	0
	Paediatrics	7	6	2	2
	Pathology	4	1	0	0
	Psychiatry	4	3	2	1
	Radiology	2	1	0	0
	Surgery	12	4	1	1
	Others	2	2	1	0
NTEC Total		**79**	**48**	**11**	**14**

Cluster	Major Specialty	Doctors			
		Intake No. (April-December 2017)	Attrition No. (January-December 2017)		No. of Retiree (January-December 2017)
			FT	PT	
NTWC	Accident & Emergency	11	3	5	0
	Anaesthesia	1	1	3	0
	Cardio-thoracic Surgery	0	0	0	0
	Family Medicine	7	7	1	2
	Intensive Care Unit	1	0	0	0
	Medicine	11	9	3	0
	Neurosurgery	2	0	1	0
	Obstetrics & Gynaecology	6	4	0	1
	Ophthalmology	2	1	2	0
	Orthopaedics & Traumatology	1	1	0	0
	Paediatrics	8	4	2	1
	Pathology	2	1	0	0
	Psychiatry	2	4	0	1
	Radiology	2	2	0	0
	Surgery	12	3	2	1
	Others	2	2	1	0
NTWC Total		**70**	**42**	**20**	**6**

Cluster	Major Specialty	Nurses			
		Intake No. (April-December 2017)	Attrition No. (January-December 2017)		No. of Retiree (January-December 2017)
			FT	PT	
HKEC	Accident & Emergency	11	4	0	1
	Intensive Care Unit	10	5	0	1
	Medicine	78	49	0	5
	Obstetrics & Gynaecology	0	4	0	0
	Orthopaedics & Traumatology	22	6	0	1
	Paediatrics	8	5	0	1
	Psychiatry	9	9	0	4
	Surgery	38	19	0	2
	Others	37	40	5	7
HKEC Total		**213**	**141**	**5**	**22**

Cluster	Major Specialty	Nurses			
		Intake No. (April-December 2017)	Attrition No. (January-December 2017)		No. of Retiree (January-December 2017)
			FT	PT	
HKWC	Accident & Emergency	2	8	0	2
	Intensive Care Unit	0	7	0	1
	Medicine	62	38	0	11
	Obstetrics & Gynaecology	5	11	2	3
	Orthopaedics & Traumatology	14	12	0	3
	Paediatrics	21	16	0	2
	Psychiatry	5	12	1	6
	Surgery	56	34	1	5
	Others	49	50	6	10
HKWC Total		**214**	**188**	**10**	**43**
KCC*	Accident & Emergency	3	9	0	1
	Intensive Care Unit	4	5	0	2
	Medicine	90	51	0	11
	Obstetrics & Gynaecology	6	16	0	3
	Orthopaedics & Traumatology	14	7	0	0
	Paediatrics	9	12	0	6
	Psychiatry	12	5	0	2
	Surgery	23	20	0	6
	Others	203	77	2	25
KCC Total		**364**	**202**	**2**	**56**
KEC	Accident & Emergency	9	9	0	0
	Intensive Care Unit	1	7	0	0
	Medicine	83	46	0	7
	Obstetrics & Gynaecology	6	8	0	1
	Orthopaedics & Traumatology	23	10	0	3
	Paediatrics	11	10	0	0
	Psychiatry	8	4	0	0
	Surgery	21	4	0	1
	Others	33	29	3	7
KEC Total		**195**	**127**	**3**	**19**

Cluster	Major Specialty	Nurses			
		Intake No. (April-December 2017)	Attrition No. (January-December 2017)		No. of Retiree (January-December 2017)
			FT	PT	
KWC*	Accident & Emergency	6	10	0	2
	Intensive Care Unit	0	6	0	0
	Medicine	60	48	0	8
	Obstetrics & Gynaecology	1	3	0	0
	Orthopaedics & Traumatology	10	7	0	2
	Paediatrics	5	6	0	3
	Psychiatry	26	19	0	11
	Surgery	9	11	0	4
	Others	207	51	2	15
KWC Total		**324**	**161**	**2**	**45**
NTEC	Accident & Emergency	17	12	0	0
	Intensive Care Unit	13	17	0	2
	Medicine	117	73	0	6
	Obstetrics & Gynaecology	6	19	0	5
	Orthopaedics & Traumatology	17	14	0	4
	Paediatrics	28	16	0	1
	Psychiatry	34	6	0	2
	Surgery	37	19	0	3
	Others	52	39	0	14
NTEC Total		**321**	**215**	**0**	**37**
NTWC	Accident & Emergency	15	13	0	1
	Intensive Care Unit	4	5	0	0
	Medicine	65	53	0	3
	Obstetrics & Gynaecology	8	5	0	1
	Orthopaedics & Traumatology	4	7	0	1
	Paediatrics	19	8	0	2
	Psychiatry	24	17	0	6
	Surgery	24	5	0	0
	Others	51	38	0	6
NTWC Total		**214**	**151**	**0**	**20**

Cluster	Major Specialty	Allied Health Professionals			
		Intake No. (April-December 2017)	Attrition No. (January-December 2017)		No. of Retiree (January-December 2017)
			FT	PT	
HKEC	Medical Laboratory Technologist	7	3	0	2
	Radiographer (Diagostic Radiographer & Radiation Therapist)	12	3	0	2
	Social Workers	2	2	0	0
	Occupational Therapist	6	5	0	0
	Physiotherapist	8	3	0	0
	Pharmacist	6	1	0	0
	Dispenser	6	2	0	0
	Others	4	2	0	0
HKEC Total		**51**	**21**	**0**	**4**
HKWC	Medical Laboratory Technologist	11	7	0	1
	Radiographer (Diagostic Radiographer & Radiation Therapist)	6	3	0	3
	Social Workers	1	2	1	1
	Occupational Therapist	8	6	0	0
	Physiotherapist	9	8	0	2
	Pharmacist	4	2	1	0
	Dispenser	6	5	0	3
	Others	7	11	2	4
HKWC Total		**52**	**44**	**4**	**14**
KCC*	Medical Laboratory Technologist	12	3	0	1
	Radiographer (Diagostic Radiographer & Radiation Therapist)	14	8	0	2
	Social Workers	3	1	0	0
	Occupational Therapist	9	3	0	0
	Physiotherapist	22	21	0	2
	Pharmacist	17	6	0	0
	Dispenser	14	4	0	4
	Others	10	8	1	2
KCC Total		**101**	**54**	**1**	**11**

Cluster	Grade	Allied Health Professionals			
		Intake No. (April-December 2017)	Attrition No. (January-December 2017)		No. of Retiree (January-December 2017)
			FT	PT	
KEC	Medical Laboratory Technologist	5	2	0	1
	Radiographer (Diagostic Radiographer & Radiation Therapist)	2	6	1	3
	Social Workers	4	3	0	0
	Occupational Therapist	7	4	1	1
	Physiotherapist	15	11	1	0
	Pharmacist	2	1	0	0
	Dispenser	7	3	0	1
	Others	6	5	2	1
KEC Total		**48**	**35**	**5**	**7**
KWC*	Medical Laboratory Technologist	17	8	0	5
	Radiographer (Diagostic Radiographer & Radiation Therapist)	12	3	0	0
	Social Workers	5	1	0	0
	Occupational Therapist	16	5	0	1
	Physiotherapist	16	6	1	1
	Pharmacist	8	4	0	1
	Dispenser	10	9	0	2
	Others	9	3	1	0
KWC Total		**93**	**39**	**2**	**10**
NTEC	Medical Laboratory Technologist	9	4	0	4
	Radiographer (Diagostic Radiographer & Radiation Therapist)	8	2	0	1
	Social Workers	7	1	0	0
	Occupational Therapist	11	5	0	0
	Physiotherapist	15	14	0	3
	Pharmacist	10	4	0	1
	Dispenser	6	3	0	1
	Others	11	6	0	4
NTEC Total		**77**	**39**	**0**	**14**

Cluster	Grade	Allied Health Professionals			
		Intake No. (April-December 2017)	Attrition No. (January-December 2017)		No. of Retiree (January-December 2017)
			FT	PT	
NTWC	Medical Laboratory Technologist	12	5	0	0
	Radiographer (Diagostic Radiographer & Radiation Therapist)	12	5	0	0
	Social Workers	1	0	0	0
	Occupational Therapist	11	7	0	0
	Physiotherapist	17	12	0	0
	Pharmacist	3	2	0	0
	Dispenser	13	5	0	1
	Others	7	6	0	2
NTWC Total		**76**	**42**	**0**	**3**

Note:

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

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

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

(4) Since April 2013, attrition 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.

(5) For allied health professionals, 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.

* Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. In the latter's regard, only nine-month data for KCC and KWC under the new clustering arrangement (i.e. 1 April 2017 to 31 December 2017) are available and therefore should not be used to compare with any past statistics which are based on 12-month rolling data.

(c)

As part of its overall budget, HA has put in place various measures to attract and retain healthcare professionals 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 will continue central recruitment of full-time and part-time clinical staff to further increase manpower strength and improve staff retention.

For the medical grade, HA has created additional Associate Consultant posts for promotion of doctors with five 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.

For 2015-16 to 2017-18, total funding of $570 million has also been designated and deployed for a special retired and rehire scheme to re-employ suitable serving healthcare staff upon their retirement to retain suitable expertise for training and knowledge transfer, and to help alleviate manpower issues. Besides, a three-year time-limited funding of $300 million (for 2015-16 to 2017-18) has been allocated to HA for enhancing staff training and development.

To further boost staff morale and retain staff, HA will restore the annual increment mechanism for all serving employees who have joined HA on or after 15 June 2002, and new recruits, with effect from 1 April 2018. Around 17 000 eligible staff will benefit from the restoration of the annual increment mechanism, and the total financial requirement in 2018-19 is $420.1 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. 1631)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

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

(a) the numbers of psychiatric healthcare personnel (doctors, nurses and other staff) required and the actual numbers of staff employed in hospitals of all clusters under the Hospital Authority in 2017-18 in table form with a breakdown by hospital cluster, as well as the expenditures involved;

(b) details of the work in supporting family members of patients suffering from mental illness and the number of supported families in all clusters under the Hospital Authority in 2017-18 in table form with a breakdown by hospital cluster, as well as the expenditures involved; and

(c) details of the work in promoting mental health in the community in 2017-18 with a breakdown by 18 administrative districts, as well as the manpower and expenditures involved.

Asked by: Hon CHAN Han-pan (Member Question No. (LegCo use): 28)

Reply:

(a)

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.

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 by cluster in 2017-18 (as at 31 December 2017).

Cluster[7]	Psychiatric doctors[1 & 2]	Psychiatric Nurses[1 & 3] (including CPNs)	CPNs[1 & 4]	Allied Health Professionals		
				Clinical Psychologists[1]	Medical Social Workers[5]	Occupational Therapists[1]
2017-18[6] (as at 31 December 2017)						
HKEC	35	247	11	9	N/A	19
HKWC	25	108	8	7	N/A	23
KCC	31	243	12	11	N/A	27
KEC	37	148	16	11	N/A	20
KWC	75	666	23	26	N/A	74
NTEC	65	395	19	15	N/A	43
NTWC	84	735	49	13	N/A	61
Overall	**351**	**2 541**	**137**	**92**	**243**	**267**

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but exclude those in HA Head Office. Individual figures may not add up to the total due to rounding.
2. 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 (SLH)), 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 breakdown by cluster is not readily available.
6. Starting from 2016-17, psychiatric doctors also include doctors working in SLH.
7. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information were continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement started from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 were therefore not directly comparable.

(b) & (c)

As healthcare professionals usually provide support for a variety of mental health services, the breakdown on the manpower and expenditure for the work on supporting to patients and their families or mental health promotion cannot be separately quantified. HA plans and implements mental health promotion programmes such as educational talks, production of pamphlets, etc. and will continue to support the Government's efforts on public education and promotion to enhance the 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. 1633)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

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

(a) the details of the medical equipment acquired or upgraded for public hospitals in each cluster under the Hospital Authority in 2017-18, the utilisation of such equipment, the numbers of persons served, and the expenditures involved; and

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

Asked by: Hon CHAN Han-pan (Member Question No. (LegCo use): 30)

Reply:

(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 $200,000 or less each (minor medical equipment items e.g. rehabilitation equipment and laboratory supporting items), and statistics on procurement of these minor equipment items are not readily available. Procurement of medical equipment items costing over $200,000 each (major medical equipment items) is co-ordinated by HA Head Office. In 2017-18, HA procured 612 major medical equipment items at a total cost of $610 million.

Among the 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 procured by HA in 2017-18, the clusters, hospitals and specialties involved, and the expenditure incurred.

Item	Cluster	Hospital	Specialty	Expenditure ($ million)
Analyzers, Laboratory, Clinical Chemistry, Automated, Continuous-flow	HKEC	PYN	PAT	13.4
Radiographic/Fluoroscopic Systems, Angiography/Interventional	HKEC	PYN	RAD	12.8
Radiotherapy Simulation Systems, Computed Tomography-based	HKEC	PYN	ONC	6.7
Scanning Systems, Magnetic Resonance Imaging, Full-body	HKWC	QMH	RAD	21.1
Scanning Systems, Magnetic Resonance Imaging, Full-body	HKWC	QMH	RAD	23.3
Monitoring Systems, Physiologic, Acute Care	KEC	UCH	PAE	9.7
Radiographic Systems, Digital, Mammographic	KCC	QEH	RAD	5.9
Radiotherapy Systems, Linear Accelerator	KCC	QEH	ONC	15.2
Information Systems, Data Management, Bedside	KCC	KWH	MED	6.5
Automation Systems, Operating Room, Endoscopic	KWC	PMH	OT	7.1
Radiographic/Fluoroscopic Systems, Angiography/Interventional	KWC	PMH	RAD	13.8
Radiotherapy Systems, Linear Accelerator	KWC	PMH	ONC	24.5
Radiographic/Fluoroscopic Systems, General-purpose	NTEC	PWH	CEU	6.0
Radiographic/Fluoroscopic Systems, General-purpose	NTEC	PWH	CEU	6.0
Telemanipulation Systems, Surgical, Minimally Invasive	NTEC	PWH	SUR	18.3

The table below sets out the patient attendances for magnetic resonance imaging (MRI) and computed tomography (CT) scanning service provided by HA in 2017-18 (up to 31 December 2017).

	Number of Patient Attendances
MRI	54 861
CT	354 702

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, providing necessary medical services to patients (e.g. cardiac catheterisation systems for heart diagnostic procedures) and monitoring patients' conditions (e.g. physiologic monitoring systems). 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 items are operated by doctors, nurses and allied health professionals as needed and their workload on the operation of medical equipment cannot be separately quantified. HA will continue to implement various measures in 2018-19 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

Hospitals
KWH – Kwong Wah Hospital
PMH – Princess Margaret Hospital
PWH– Prince of Wales Hospital
PYN – Pamela Youde Nethersole Eastern Hospital
QEH – Queen Elizabeth Hospital
QMH – Queen Mary Hospital
UCH – United Christian Hospital

Specialties
CEU – Combined Endoscopy Unit
MED – Medicine
ONC – Oncology
OT – Operating Theatre
PAE – Paediatrics
PAT – Pathology
RAD – Radiology
SUR – Surgery

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1634)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the work of promoting the healthy development of a twin-track system for public and private healthcare sectors in Hong Kong, please provide the following information:

(a) details of the work of the Government in facilitating the further development of private hospitals and private healthcare services in the community in 2017-18 and its effectiveness, as well as the manpower and expenditure involved; and

(b) details of the work of the Government in promoting private healthcare services in 2017-18 and its effectiveness, as well as the manpower and expenditure involved.

Asked by: Hon CHAN Han-pan (Member Question No. (LegCo use): 31)

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. Approval of the Finance Committee of the Legislative Council has 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) has been modified and approved at a nominal premium.

From time to time, the Government receives individual proposals to develop private hospitals in private sites. The Government renders necessary facilitation to encourage such developments.

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.

(b) The new regulatory regime for private healthcare facilities will be implemented by a new piece of legislation, namely the Private Healthcare Facilities Bill (the Bill), which will replace the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) and the Medical Clinics Ordinance (Cap. 343) currently in force. The Bill has been introduced into the Legislative Council in June 2017, and a Bills Committee has been formed to scrutinise the Bill. Related expenditure of FHB will be absorbed within the existing resources.

The Department of Health has set up the Office for Regulation of Private Healthcare Facilities for 3 years from 2016-17 to 2018-19, so as to enhance the capacity of the Department in handling the relevant legislative review. In 2018-19, the number of posts and financial provision earmarked for the regulation of private healthcare institutions and related matters including providing support to FHB in reviewing the regulatory regime are 59 and $55.8 million, respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1054)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under the Programme of the Food and Health Bureau (Health Branch) that the Branch will prepare for the launch of the Voluntary Health Insurance Scheme (VHIS). In this connection, will the Government inform this Committee of the following:

a) the estimated expenditure for tax deduction and promotion purposes;

b) whether a supervisory framework will be established to follow up on relevant matters, if yes, the expenditure and manpower involved; and

c) the anticipated timetable for implementation.

Asked by: Hon CHAN Kin-por (Member Question No. (LegCo use): 3)

Reply:

VHIS is a policy initiative launched by the Food and Health Bureau (FHB) to regulate individual indemnity hospital insurance products. The scheme is based on voluntary participation by insurance companies and consumers. Under the scheme, the participating insurance companies will offer hospital insurance plans that are certified by FHB (Certified Plans) for consumers to purchase on a voluntary basis.

Premiums paid by a person for himself/herself and his/her dependants will be allowed for tax deduction. The annual ceiling for tax deduction of premiums paid is $8,000 per insured person. There is no cap on the number of dependants eligible for tax deduction. It is expected that the uptake of Certified Plans will gradually increase. In the third year of VHIS implementation, about 1 million taxpayers and their dependants may enjoy the tax deduction. The concerned tax revenue forgone will be about $800 million.

A funding of $22 million will be allocated to FHB in 2018-19 ($12 million full-year provision from 2022-23) for setting up the VHIS Office and related expenses on publicity

and consultancy. The Office is responsible for the implementation and future development of the VHIS.

To provide for the tax deduction under VHIS, we plan to introduce an Amendment Bill to the Inland Revenue Ordinance into the Legislative Council in the second quarter of 2018. After the passage of the Amendment Bill, the VHIS Office will officially receive insurance companies' applications for certification of VHIS plans. Announcement will also be made on the date of scheme implementation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1068)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under the Programme of the Food and Health Bureau that the Government will develop parameters for the construction and operation of the first Chinese medicine hospital for Hong Kong. In this connection, will the Government inform this Committee of the following:

a) the framework for the construction of the Chinese medicine hospital;

b) the expected commencement date of the construction works; and

c) the estimated expenditure on manpower?

Asked by: Hon CHAN Kin-por (Member Question No. (LegCo use): 17)

Reply:

The Government is actively planning for the development of the first Chinese medicine hospital (CMH) at a site in Tseung Kwan O. We have commissioned consultants through the Hospital Authority to study the governance structure, business, operational, financial and contract management models of the CMH. We aim to announce the positioning and development framework of the CMH in the first half of 2018, and take forward the development of the CMH including construction works thereafter.

In 2018-19, Food and Health Bureau will set up Chinese Medicine Hospital Project Office to oversee the CMH project and take forward the planning, tendering and construction of the CMH. The estimated manpower expenditure for the first year would be about $17 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1069)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under the Programme of the Food and Health Bureau that the Government will prepare for the launch of the Voluntary Health Insurance Scheme (VHIS). In this connection, will the Government inform this Committee of the following:

a) the estimated expenditure on promotion and public education;

b) whether a working group will be formed to follow up and review the Scheme. If yes, please advise on the details and the staffing structure, if not, the reasons; and

c) apart from a ceiling of $8,000 for tax deduction, will the Government provide other incentives for young people to join the Scheme?

Asked by: Hon CHAN Kin-por (Member Question No. (LegCo use): 18)

Reply:

VHIS is a policy initiative launched by the Food and Health Bureau (FHB) to regulate individual indemnity hospital insurance products. The scheme is based on voluntary participation by insurance companies and consumers. Under the scheme, the participating insurance companies will offer hospital insurance plans that are certified by FHB (Certified Plans) for consumers to purchase on a voluntary basis.

Having regard to the voluntary nature of VHIS, our independent consultant estimates that about 1 million people will purchase Certified Plans under VHIS within the first two years of implementation. In the third year of implementation, it is estimated that about 1.5 million people will purchase Certified Plans.

Premiums paid by a person for himself/herself and his/her dependants will be allowed for tax deduction. The annual ceiling for tax deduction of premiums paid is $8,000 per insured person. There is no cap on the number of dependants eligible for tax deduction. It is expected that the uptake of Certified Plans will gradually increase. In the third year of

VHIS implementation, about 1 million taxpayers and their dependants may enjoy the tax deduction. The concerned tax revenue forgone will be about $800 million.

A funding of $22 million will be allocated to FHB in 2018-19 ($12 million full-year provision from 2022-23) for setting up the VHIS Office and related expenses on publicity and consultancy. The Office is responsible for the implementation and future development of the VHIS.

To provide for the tax deduction under VHIS, we plan to introduce an Amendment Bill to the Inland Revenue Ordinance into the Legislative Council in the second quarter of 2018. After the passage of the Amendment Bill, the VHIS Office will officially receive insurance companies' applications for certification of VHIS plans. Announcement will also be made on the date of scheme implementation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2113)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In respect of the operation of the Health Care and Promotion Committee (HCPC) and the Mental Health Review Tribunal (MHRT), would the Administration advise this Committee of:

1. the number of meetings conducted by HCPC, its expenditure and the attendance rate of its members in the past 3 years; and
2. the number of cases reviewed by MHRT, the number of successful and dismissed cases, its expenditure and the attendance rate of its members in the past 3 years?

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 14)

Reply:

1. In the past 3 years (2015-16 to 2017-18), the Health Care and Promotion Committee (HCPC) (formerly the Health Care and Promotion Fund Committee) conducted 4 meetings and no expenditure was incurred. The average attendance rate of the members was 84%.
2. The Mental Health Review Tribunal (MHRT) reviewed a total of 522 referrals and applications in the past 3 years. The review results of the cases concerned are summarised below –

Year	Unconditional/ Conditional discharge approved	Conditional discharge maintained	Discharge not approved
2015	10	16	158
2016	3	17	134
2017	10	20	154

The source of funding for the operation of the MHRT comes from the Judiciary's provision. The expenditure of the MHRT includes payment of honorarium to members who attended the hearings. Details are as follows –

Year	**Expenditures on Members' Honorarium**
2015	$150,000
2016	$111,000
2017	$145,000
Total	**$406,000**

The MHRT had conducted 102 hearings in the past 3 years. A hearing was conducted with the presence of the Chairman and 3 members, each from the medical, social work and other sectors respectively. Each member attended about 2 to 3 hearings per year on average.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2117)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Government will provide about $54 million for a three-year project to encourage more non-governmental organisations (NGOs) to provide free oral check-ups, dental treatments and oral health education for adults with intellectual disabilities. Regarding the Pilot Project on Dental Service for Patients with Intellectual Disability (Pilot Project (PID)) implemented since August 2013 and the new three-year project mentioned in the Budget, please inform this Committee of:

1. the manpower and expenditure involved since the implementation of Pilot Project (PID) and the estimated expenditure and manpower to be involved in 2018-19;

2. the numbers of attendance and treatment per year since the implementation of Pilot Project (PID) and the number of patients with intellectual disability who are on the waiting list;

3. the detailed breakdown on the amount of $54 million for the new three-year project and the estimated numbers of participating NGOs and beneficiaries.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 20)

Reply:

1. The Government has provided funding to implementing organisations for the Pilot Project on Dental Service for Patients with Intellectual Disability (ID) (Pilot Project) which commenced in August 2013. Patients with ID aged 18 or above are subsidised to receive oral check-up, dental treatment and oral health education in the dental clinics participating in the Pilot Project. Since the implementation of the Pilot Project in August 2013 up to December 2017, the expenditure was about $19 million. The workload for managing the Pilot Project has been absorbed within the existing resources of the Food and Health Bureau.

2. The number of patients who received treatment since implementation of the Pilot Project is as follows:

Year	**2013 ***	**2014**	**2015**	**2016**	**2017**
Number of patients who received treatment	50	264	621	895	1 014 #

* As the Pilot Project started in August 2013, the figure represents the number of patients who received treatment from August 2013 to December 2013.

\# Provisional figure

As of 31 December 2017, about 360 patients with ID were on the waiting list.

3. Following the Pilot Project, the Government will provide about $54 million to launch a three-year new programme in collaboration with non-governmental organisations to provide dental care services for adult persons with ID. It is estimated that about 5 000 quotas would be available for eligible persons under the three-year programme.

The financial provision is estimated as follows:

Financial Year	Amount $ million
2018-19	10.1
2019-20	17.8
2020-21	17.1
2021-22	9.3

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2118)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

As mentioned in *Matters Requiring Special Attention in 2018-19* under this Programme, the Hospital Authority will continue to commission in phases services in Tin Shui Wai Hospital and North Lantau Hospital. Will the Government provide this Committee with the following:

(1) a breakdown by specialty of the additional 32 hospital beds in Tin Shui Wai Hospital and advice on whether more specialist outpatient services will be provided in 2018-19. Please list by rank the number of specialist doctors of various specialties.

(2) a breakdown by specialty of the additional 50 hospital beds in North Lantau Hospital and advice on whether more specialist outpatient services will be provided in 2018-19.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 21)

Reply:

(1)

Tin Shui Wai Hospital (TSWH) plans to open 32 new acute beds (Emergency Medicine) in 2018-19. TSWH currently provides specialist outpatient (SOP) services in Medicine & Geriatrics, Orthopaedics & Traumatology and Family Medicine. In 2018-19, TSWH will scale up the SOP services by increasing SOP attendances. Moreover, the hospital plans to provide 24-hour Accident & Emergency services and acute inpatient services in the fourth quarter of 2018.

TSWH, under the management of New Territories West Cluster (NTWC) of Hospital Authority, adopts an integrated and multi-disciplinary team approach which allows flexible deployment of staff to cope with service needs and operational requirements. As at 31 December 2017, TSWH had recruited 17 doctors. NTWC will continue to closely monitor the manpower situation, assess the manpower requirements of TSWH, make

appropriate arrangements in manpower planning, flexibly deploy its staff and recruit additional staff to ensure the service and operational needs of TSWH are met.

(2)

In 2018-19, North Lantau Hospital plans to open 50 new beds, including 20 acute (Emergency Medicine), 20 extended care (Medicine & Geriatrics) and 10 day beds (under Ambulatory Surgery and Endoscopy Centre). In addition to the existing SOP services (Medicine & Geriatrics, Orthopaedics & Traumatology, Psychiatry and Surgery), Paediatrics and Urology will be introduced in 2018-19.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2119)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

As mentioned in Matters Requiring Special Attention in 2018-19 under this Programme, the Hospital Authority (HA) will continue to make use of investment returns generated from the $10 billion Public-Private Partnership (PPP) Endowment Fund allocated to the Authority to operate clinical PPP programmes. Regarding the details of the PPP Endowment Fund, will the Government inform this Committee of the following:

(1) the annual balance, performance of investment returns and expenditures involved since the establishment of the PPP Endowment Fund;

(2) the expenditures and effectiveness of the PPP programmes operated by HA in the past 3 years; and

(3) the rates of return in the next 3 years according to the estimated fiscal reserves as adopted in the Medium Range Forecast in the 2017-18 Budget.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 22)

Reply:

(1)

Details of the financial position of the Hospital Authority (HA) Public-Private Partnership (PPP) Fund are as follows:

	2016-17 (Actual) ($ million)	**2017-18 (Projected) ($ million)**
Beginning balance	**10,442**	**10,504**
Income	244	339
Expenditure	(182)	(240)
Closing balance	**10,504**	**10,603**
Investment yield	**2.3%**	**3.2%**

(2)
HA has implemented 8 PPP programmes, namely the Cataract Surgeries Programme (CSP), Tin Shui Wai Primary Care Partnership Project (TSW PPP), Haemodialysis Public-Private Partnership Programme (HD PPP), Patient Empowerment Programme (PEP), Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (Radi Collaboration),General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP), Provision of Infirmary Service through Public-Private Partnership (Infirmary Service PPP), and Colon Assessment Public-Private Partnership Programme (Colon PPP). Service provision of individual programmes for the past 3 years is as follows:

Programme	**2015-16 Actual up to 31 March 2016**	**2016-17 Actual up to 31 March 2017**	**2017-18 Planned Provisions**
CSP (surgeries)	538	400	450
TSW PPP* (patients enrolled)	1 618	1 618	1 500
HD PPP (places)	188#	204 ^	225
PEP (patients)	17 534	17 807	14 000
Radi Collaboration (scans)	14 985	19 078	19 590
GOPC PPP (participating patients)	7 609	12 156	19 131
Infirmary Service PPP (beds)	-	64 @	64
Colon PPP (colonoscopies)	-	625	1 130

Benefited 317 patients since programme launch and 208 patients in 2015-16.
^ Benefited 365 patients since programme launch and 236 patients in 2016-17.
@ The admission phase of the Programme rolled out in September 2016 for 32 beds and full operation phase commenced in December 2016 for 64 beds. With the service commencement in September 2016, 122 applicants on Central Infirmary Waiting List (CIWL) agreed to join the Programme by end of March 2017. As at end of March 2017, placements were offered to 75 applicants on CIWL in which 61 applicants have been admitted to Service Unit of the Programme.
* The TSW PPP would end on 31 March 2018 and migrate to the GOPC PPP on 1 April 2018.

The total estimated expenditure incurred for supporting the PPP programmes in the past 3 years (2015-16 to 2017-18) is around $550 million.

(3)
According to the Medium Range Forecast in the 2017-18 Budget, the estimated rates of investment return for fiscal reserves ranged from 2.4% to 3.3% a year for 2018 to 2021.

As for the Medium Range Forecast in the 2018-19 Budget, the rate of investment return is assumed to be in the range of 3.7% to 4.9% a year for 2019 to 2022.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No.2124)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

To address the summer surge of influenza in 2017, the Hospital Authority arranged for private hospitals to receive public hospital patients. Similar arrangements were also in place during the winter surge in 2017-18. In this connection, will the Government advise this Committee of the number of patients transferred, the professional services such patients received and their lengths of stay, and the expenditure involved since the implementation of the arrangements?

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 27)

Reply:

To help tackle the service demand surge during the summer influenza peak season in 2017, the Hospital Authority collaborated with a private hospital to utilise its low-charge beds to provide choices for suitable inpatients to be transferred to private for continual care from 26 July 2017 to 3 September 2017. This collaboration has been extended to another private hospital for the winter influenza peak season starting from 5 January 2018.

As at 28 February 2018, 51 patients from medical, surgical, orthopaedics & traumatology and gynaecology units had been transferred to the two private hospitals for a total number of 208 bed days. The estimated expenditure incurred was around $0.3 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2126)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Adjustment to the fees and charges for a number of public hospital services took effect from 18 June 2017, with the fee of accident and emergency (A&E) services for eligible persons increasing from $100 to $180 per attendance. Regarding the outcome of the fee adjustment, will the Government inform this Committee of the following:

1. Please tabulate in the format shown below the number of attendances in various triage categories in the A&E departments of public hospitals in each month of the past 3 years.

Year: 201_ - 1_

Number of attendances / Month	April	May	June	July	August	September	October	November	December	January	February	March
Triage 1												
Triage 2												
Triage 3												
Triage 4												
Triage 5												

2. Has the Government assessed the outcome of the fee adjustment by making comparison with the number of A&E attendances in Triages 4 and 5 categories during the same period over the last 3 years? If yes, what are the details? If no, what are the reasons?

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 30)

Reply:

(1)

The tables below set out the number of attendances by various triage categories in Accident & Emergency (A&E) Department of the Hospital Authority (HA) in 2015-16, 2016-17 and 2017-18 (up to 31 December 2017).

2015-16

Month	Number of A&E attendances				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
April 2015	1 492	3 546	56 455	106 166	10 967
May 2015	1 509	3 539	57 785	111 806	11 031
June 2015	1 496	3 536	57 991	112 563	10 038
July 2015	1 483	3 392	56 379	107 954	8 942
August 2015	1 502	3 428	55 704	104 762	8 455
September 2015	1 441	3 363	55 940	105 517	9 621
October 2015	1 538	3 368	57 674	110 416	9 909
November 2015	1 452	3 487	55 917	105 177	9 288
December 2015	1 838	3 770	58 145	103 201	9 297
January 2016	2 011	4 102	59 996	102 883	8 932
February 2016	2 133	4 146	60 819	109 023	11 129
March 2016	1 935	4 163	61 309	109 089	11 504

2016-17

Month	Number of A&E attendances				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
April 2016	1 567	3 954	60 798	109 451	10 746
May 2016	1 618	3 970	63 080	115 918	11 039
June 2016	1 498	3 665	57 776	105 442	8 360
July 2016	1 528	3 816	59 094	106 604	8 803
August 2016	1 488	3 780	59 302	103 678	8 491
September 2016	1 551	3 884	59 190	108 121	8 883
October 2016	1 569	3 831	60 937	111 283	9 257
November 2016	1 690	3 810	58 883	103 052	8 278
December 2016	1 913	4 079	60 690	101 591	8 914
January 2017	2 004	4 322	60 197	98 624	7 834
February 2017	1 867	3 956	57 639	91 755	7 628
March 2017	1 917	4 424	65 145	109 849	9 412

2017-18 (Up to 31 December 2017) [Provisional figures]

Month	Number of A&E attendances				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
April 2017	1 693	4 093	62 334	107 161	9 839
May 2017	1 661	4 198	65 435	112 939	10 005
June 2017	1 711	4 253	64 429	106 330	8 216
July 2017	1 873	4 361	65 887	104 965	8 471
August 2017	1 634	4 194	59 193	93 461	7 046
September 2017	1 590	4 123	58 529	93 995	7 065
October 2017	1 726	4 172	61 341	101 731	7 786
November 2017	1 718	4 081	61 049	97 360	7 005
December 2017	2 040	4 617	63 600	97 190	7 754

(2)

Under the prevailing mechanism, the fees and charges of HA are reviewed biennially for consideration by the Government, taking into account a basket of factors, including cost sharing with patients, especially those who can afford; resources prioritisation; encouraging appropriate use of services, etc.

The A&E fee (along with other HA hospital fees and charges) was recently revised on 18 June 2017. A longer period of observation would be required before any meaningful analysis could be conducted on the impact on A&E caseload.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2127)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the Student Mental Health Support Pilot Scheme, will the Government advise this Committee of the following:

1. What are the expenditure and manpower involved, and the numbers of beneficiary schools and students since the implementation of the pilot scheme? What are the estimated expenditure, manpower requirement, and the expected numbers of beneficiary schools and students [in the coming year]?

2. When will the Government complete the evaluation of the effectiveness of the pilot scheme so that a decision can be made either to improve, to expand, to extend, or to regularise the initiative?

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 31)

Reply:

(1) The Food and Health Bureau, in collaboration with the Education Bureau, the Hospital Authority (HA) and the Social Welfare Department, launched the "Student Mental Health Support Scheme" (SMHSS) in the 2016/17 and the 2017/18 school years to provide support to students with mental health needs through the setting up of a multi-disciplinary platform in each participating school in the Kowloon East Cluster and the Kowloon West Cluster. Four psychiatric nurses and 4 supporting staff were recruited to support 17 schools participating in the SMHSS. As at 31 December 2017, a total of 111 students had been supported by the multi-disciplinary platform under SMHSS. The estimated expenditure for the implementation of the SMHSS in the aforesaid two school years is around $8.3 million.

In the 2018/19 school year, HA will further extend the services of the SMHSS to the Hong Kong West Cluster, the New Territories East Cluster and the New Territories West Cluster to support a total of around 40 schools and enhance the multi-disciplinary teams for child and adolescent psychiatric services in the five

clusters to provide better support for the school-based multi-disciplinary platform under the SMHSS. An addition of 16 psychiatric nurses, 5 clinical psychologists and 11 supporting staff will be recruited to support the expanded SMHSS. An additional recurrent provision of $25 million would be allocated to HA in 2018-19 to enhance and expand the services of the SMHSS by phases.

Subject to the number of suitable cases identified in the schools as well as the number of students and their parents/legal guardians who would give consent to participate in the SMHSS, it is estimated that the SMHSS will be able to support about 300 to 400 students in the 2018/19 school year.

(2) The Government has commissioned the Chinese University of Hong Kong to conduct an evaluation study on the SMHSS, expected to be completed in the 4th quarter of 2018. Based on the evaluation results, the Government would map out the future direction in providing appropriate and adequate support services to students with mental health needs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2128)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Chief Executive announced in the Policy Address last October that the Government will regularise the Pilot Scheme on Dementia Community Support Services for the Elderly and extend it to all 41 elderly centres so that appropriate support services can be provided for elderly people with mild or moderate dementia and their carers through a medical-social collaboration model. Regarding the implementation of the Scheme, will the Government inform this Committee of the following:

1. the timetable for regularisation of the Pilot Scheme and the relevant details, as well as the estimated expenditure, manpower and number of people expected to benefit from the Pilot Scheme?

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 32)

Reply:

A two-year pilot scheme named "Dementia Community Support Scheme" (DCSS) has been launched since February 2017, involving the participation 20 District Elderly Community Centres (DECCs) and 4 clusters of the Hospital Authority (HA) to provide support services to elderly persons with mild or moderate dementia and their carers at the community level.

DCSS will be regularised from February 2019 and extended to all 41 DECCs and 7 clusters within 2019-20. Additional recurrent provision of around $21 million will be allocated to HA to employ 21.5 nurses and 11 supporting staff and deliver services under the regularised DCSS. Under regularisation, the Social Welfare Department will also be allocated with additional recurrent provision of around $84 million, including resources provided to each DECC for the delivery of related services under DCSS as well as for the employment of 1.5 Advanced Practice Nurse and Occupational Therapist I / Physiotherapist I and 1 Social Work Assistant.

When DCSS is extended to all 41 DECCs and 7 HA clusters, it is estimated that more than 2 000 elderly persons and their carers will be benefited per year.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2130)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

One of the Matters Requiring Special Attention in 2018–19 under this Programme is to revamp the private healthcare facilities regulatory regime and encourage private hospital development. Regarding the Government's work after the passage of the Private Healthcare Facilities Bill by the Legislative Council, will the Government inform this Committee of the measures to be taken in the coming year to make known the new legal requirements to all healthcare facilities and the expenditure and manpower involved in the work.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 34)

Reply:

The Private Healthcare Facilities Bill (The Bill) has been introduced into the Legislative Council in June 2017, and a Bills Committee has been formed to scrutinise the Bill. Subject to the passage of the Bill, the Food and Health Bureau (FHB) will work closely with the Office for Regulation of Private Healthcare Facilities (ORPHF) of the Department of Health on the preparatory work for the new regulatory regime for private healthcare facilities (PHFs), including the promulgation of regulatory requirements and standards for PHFs under the new regulatory regime, so as to ensure smooth transition from the existing regime to the revamped regime. FHB will absorb the additional work by redeployment of existing resources in the coming year.

In 2018-19, the number of posts and financial provision earmarked for ORPHF for the regulation of private healthcare institutions and related matters including providing support to FHB in reviewing the regulatory regime are 59 and $55.8 million, respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2131)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the mobile applications launched by the Hospital Authority, will the Government please inform this Council of the following:

1. the cost of developing each mobile application and the number of downloads recorded for each application;

2. the cost of developing, operating and updating mobile applications each year in the past 3 financial years and the manpower involved; and

3. the number of applications for Specialist Outpatient Clinic new case appointment handled since the launch of BookHA in March 2016 (with a breakdown by specialty)?

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 35)

Reply:

(1)

The table below sets out relevant information on the mobile applications (apps) developed by the Hospital Authority (HA):

Apps (Official Launch Date)	**Development Cost**	**Number of Downloads (as at 28 February 2018)**
Institute of Mental Health, CPH 減壓情識 (Chinese version only) (October 2011)	$60,000	36 775
UCH 出藥一叮 (November 2011) [This app was replaced by TouchMed and removed in April 2017]	$80,000	-
Fall Prevention (March 2012)	$40,000	1 123

Apps (Official Launch Date)	Development Cost	Number of Downloads (as at 28 February 2018)
Finding Patient Groups (iOS : October 2012; Android : September 2013)	$158,000	11 100
HAC 2016(First quarter of 2016) [This app was replaced by HA Convention and removed in March 2017]	$56,000	-
Touch Med (iOS : March 2014; Android : May 2014)	$510,000	89 800
PWH easyGo (January 2015)	$100,000	11 300
HA Touch (July 2015)	$225,000	83 400
PWH AE Aid (October 2015)	$100,000	21 500
Book HA (March 2016)	$600,000	205 780
HApi Journey (February 2017)	$380,000	37 000
i-Easy (April 2017)	$200,000	4 100
HA Convention (First quarter of 2017)	$112,000	7 570
Stoma Care (February 2017)	$100,000	33 250
DM Care (September 2017)	$100,000	30 567

(2)

The table below sets out the expenditure and full-time equivalent (FTE) manpower involved in the development of mobile apps of HA in the past 3 years from 2015-16 to 2017-18:

Year	Mobile Apps Development	
	Expenditure	Manpower (FTE)
2015-16	$406,000	1.2
2016-17	$692,000	1.2
2017-18 (projection as of 31 December 2017)	$656,000	1.2

Maintenance of the mobile apps is part of the daily operations of respective information technology departments and the expenditure and manpower involved cannot be separately quantified.

(3)

"BookHA" was first launched by HA in March 2016. Since then, it has been rolled out to 10 specialties, and has altogether handled over 85 500 requests as at the end of February 2018 with details as follows:

Rollout Date	Specialty	Number of Request
8 March 2016	Gynaecology	9 626
19 September 2016	Ear, Nose and Throat	13 612
	Eye	17 979
	Neurosurgery	1 073
	Orthopaedics & Traumatology	11 974

Rollout Date	Specialty	Number of Request
13 March 2017	Cardiothoracic Surgery	496
	Medicine	14 016
	Surgery	15 518
23 January 2018	Obstetrics	317
	Paediatrics	906

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2133)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

On details of the work to address the problem of antimicrobial resistance, would the Government please inform this Committee of the following:

1. details of the initiatives launched in the past 3 years to tackle the problem of antimicrobial resistance and the expenditures incurred;

2. whether it has annual statistics on the use of antibiotics in Hong Kong, e.g., the numbers of antibiotic tablets taken per capita annually and the quantities of antibiotics imported each year. How do these figures differ from countries or areas of comparable standard of medical services?

3. whether it knows the numbers of cases in the past 3 years in which patients, after taking antibiotics prescribed by doctors of the Hospital Authority (HA), finally died as a result of failure in antibiotic treatment;

4. whether the HA has implemented any measures and guidelines to prevent patients from being infected with antibiotic-resistant bacteria in public hospitals. If yes, what are the details?

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 37)

Reply:

1. In recognition of the major threat posed by antimicrobial resistance (AMR) to the global public health, the Government announced in the 2016 Policy Address to set up a High Level Steering Committee on AMR (HLSC) to formulate strategies and action plans. Chaired by the Secretary for Food and Health, the HLSC comprises representatives from relevant departments, public and private hospitals, healthcare organisations, academia and relevant professional bodies. The HLSC at its first meeting in June 2016 endorsed the setting up of an Expert Committee on AMR (EC) to provide science-based

advice to assist in the formulation of territory-wide action plans against AMR under the "One Health" framework.

The Government has accepted the recommendations put forward by the HLSC and launched in July 2017 the Hong Kong Strategy and Action Plan on Antimicrobial Resistance (2017-2022) (Action Plan), which outlines key areas, objectives and actions to contain the growing threat of AMR in Hong Kong.

Departments concerned and organisations have promptly initiated work to implement actions outlined in the Action Plan according to the timeframe laid down. The AMR Office, set up under the Centre for Health Protection (CHP) of the Department of Health (DH) in 2016-17, serves as an executive arm to the HLSC and the EC and take up a coordination role to oversee and monitor the implementation of the Action Plan, in partnership with key stakeholders.

The Working Group on AMR One Health Surveillance was formed to steer and oversee the development of surveillance on AMR and antimicrobial use in Hong Kong. An advisory Group was also formed to oversee the Antibiotic Stewardship Programme (ASP) in Primary Care which was launched in November 2017.

To strengthen partnership, a Regional Symposium on AMR would be co-organised by DH, the Agriculture, Fisheries and Conservation Department, the Centre for Food Safety of the Food and Environmental Hygiene Department in November 2018.

For the coming year, various departments/ organisations would report progress on the implementation of the Action Plan and keep abreast of international development on AMR. The Tripartite approach proposed by WHO is adopted for progress monitoring and evaluation. Mid-term and final reviews of the Action Plan will be conducted within the five-year period by HLSC depending on progress or changes to the development of AMR problem.

Apart from CHP, other divisions of DH, as well as other government departments and the Hospital Authority, have been implementing infection control and surveillance projects and initiatives seeking to reduce the risk of AMR. However, as these services form an integral part of the respective DH's services, such expenditure could not be separately identified.

2. To carry forward the Action Plan, DH has collected self-reported wholesale supply data of antibacterial through licensed wholesalers in Hong Kong as a proxy to reflect the local overall antibacterial use. As there are various antibacterial preparations, DH does not have antibacterial consumption per person in terms of number of pills. Following international practice, the data was calculated in defined daily dose (DDD) per 1 000 inhabitants per day (DID), the total wholesale supply of antibacterial in 2016 was 23.74 DID. Owing to varying epidemiology, this number should not be compared with that of other countries or regions.

3. The Hospital Authority (HA) does not maintain statistics on the number of fatal cases due to multi-drug resistant organisms (MDRO) infections.

4. HA has drawn up guidelines on various MDROs, which mainly adopt the strategy of "screening and isolation" and use a multi-pronged approach to prevent patients from MDRO infection in public hospitals. They include the following:

(a) Active screening: Collecting samples from in-patients at risk for MDRO screening having regard to the risk factors of the patients;

(b) Isolating patients according to their risks: Isolating patients with MDROs to prevent transmission to other patients;

(c) Maintaining environmental hygiene:

(i) Implementing environmental cleaning guidelines and stepping up the cleaning of medical areas where patients with MDROs stay;
(ii) Dedicating patient-care items (such as stethoscopes and blood pressure cuffs) to patients with MDROs to prevent cross-infection; and
(iii) Changing the bedside curtains more frequently;

(d) Promoting the importance of hand hygiene: Regularly checking whether healthcare staff have observed hand hygiene, and promoting personal hygiene among patients, especially on the importance of keeping hands clean before eating and taking medication, and after using toilet. Moreover, skin disinfectant would be used to clean the body of needy patients in high-risk wards; and

(e) Implementing the ASP: Promoting reasonable and proper use of antibiotics, checking whether doctors have followed the established guidelines when prescribing "big guns" antibiotics, and providing relevant training for frontline doctors.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2134)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the services provided by community health centres (CHCs) under the Hospital Authority, please inform this Committee of the following:

1. What are the number of attendances and consultation quotas of each CHC in the past 3 years, and the number of consultation quotas in the coming year?

2. What are the details of the service programme of each CHC, the healthcare professionals involved and the number of attendances in the past 3 years?

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 40)

Reply:

(1) & (2)

The Tin Shui Wai (Tin Yip Road) Community Health Centre (CHC), the North Lantau CHC and Kwun Tong CHC 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 CHCs mainly comprise two categories: chronic disease patients with stable medical conditions (such as patients with diabetes mellitus or hypertension); and episodic disease patients with relatively mild symptoms (such as those suffering from influenza, cold, fever, gastroenteritis, etc.).

The integrated multi-disciplinary healthcare services at CHCs involve doctors, nurses, dietitians, dispensers, optometrists, podiatrists, physiotherapists, pharmacists, social workers, clinical psychologists, occupational therapists, executive officers, technical

services assistants, general service assistants, etc. As these staff work in a multi-disciplinary manner, across different service programmes and at multiple service sites, the estimated manpower by professional grade and rank of individual CHCs cannot be separately identified.

The number of general outpatient attendances in the Tin Shui Wai (Tin Yip Road) CHC, North Lantau CHC and Kwun Tong CHC in the past three years is set out in the table below. The anticipated overall GOPC services of the CHCs in 2018-19 will be comparable to that of the prior year.

CHC	**2015-16**	**2016-17**	**2017-18 (up to 31 December 2017) [Provisional figures]**
Tin Shui Wai (Tin Yip Road) CHC	82 431	99 944	82 276
North Lantau CHC	64 826	68 326	50 054
Kwun Tong CHC	235 505	244 972	176 340

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2135)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the extension of fee waiver for public hospital and clinic services under the Hospital Authority to cover older Old Age Living Allowance (OALA) recipients with more financial needs and the granting of medical fee waiver to patients, please inform this Committee of the following:

1. What were the numbers of successful medical fee waiver applications from (i) recipients of Comprehensive Social Security Assistance (CSSA), (ii) non-CSSA recipients and (iii) older OALA recipients with more financial needs, and the amount of fees waived in the past 3 financial years?

2. What was the staffing arrangement of medical social workers/family service social workers of the Social Welfare Department tasked with processing medical fee waiver applications in the past 3 financial years, and what will be the arrangement in the next financial year?

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 41)

Reply:

(1)

The table below sets out the numbers of inpatient cases and outpatient attendances with medical fee waivers granted to recipients of the Comprehensive Social Security Assistance (CSSA), non-CSSA recipients[1] who are Eligible Persons[2] (EP) in the Hospital Authority (HA), and older Old Age Living Allowance (OALA) recipients with more financial needs[3], and the amount of fees waived in the past three financial years:

		2015-16	2016-17	2017-18 (Up to 31 December 2017)
CSSA recipients	Number of inpatient cases granted with medical fee waivers	291 488	294 299	277 701
	Number of outpatient attendances granted with medical fee waivers	3 181 731	3 130 408	2 312 330
	Medical fee waived amount ($ million)[4]	403.6	402.9	370.2
Non-CSSA recipients	Number of inpatient cases granted with medical fee waivers	30 675	30 987	25 402
	Number of outpatient attendances granted with medical fee waivers	182 140	180 985	143 863
	Medical fee waived amount ($ million)[4]	40.7	42.5	39.8
Older OALA recipients with more financial needs	Number of inpatient cases granted with medical fee waivers	-	-	74 560
	Number of outpatient attendances granted with medical fee waivers	-	-	615 419
	Medical fee waived amount ($ million)[4]	-	-	117.1

Note:

1. Including number of waived case / attendance granted to Level 0 Voucher Holders of the Pilot Scheme on Residential Care Service Voucher for the Elderly launched by the Social Welfare Department in March 2017.
2. According to the Gazette (G.N. 5708 issued on 27 September 2013), patients falling into the following categories are eligible for the rates of charges applicable to EP:
   i) holders of Hong Kong Identity Card issued under the Registration of Persons Ordinance (Chapter 177), except those who obtained their Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to them and such permission has expired or ceased to be valid;
   ii) children who are Hong Kong residents and under 11 years of age; or
   iii) other persons approved by the Chief Executive of HA.
3. Starting from 15 July 2017, the medical fee waiver for public healthcare services has been extended to cover OALA recipients aged 75 or above with assets not exceeding $144,000 (elderly singletons) or $218,000 (elderly couples).
4. Amount waived for waiver cases approved during the year.

(2)

Non-CSSA recipients who cannot afford medical expenses at the public sector can apply for medical fee waiver from Medical Social Workers (MSWs) of HA or the Social Welfare Department (SWD), as well as Social Workers (SWs) of the Integrated Family Service Centres (IFSCs) or the Family and Child Protective Services Units (FCPSUs) of SWD. MSWs of HA or SWD, or SWs of IFSCs/FCPSUs of SWD will assess the application.

As MSWs of HA and SWD, and SWs of IFSCs/FCPSUs of SWD provide a variety of medical social and family services respectively, HA does not have the required breakdown on the manpower for processing medical fee waiver applications.

The table below sets out the numbers of MSWs of HA and SWD, and SWs of IFSCs/ FCPSUs of SWD for providing medical social services and family services respectively in the past three financial years:

Year	**MSWs in Medical Social Services**		**SWs in Family Services[2]**	
	HA[1]	**SWD[2]**	**IFSCs/ SWD**	**FCPSUs/ SWD**
2015-16	254	438	813	179
2016-17	256	443	815	179
2017-18 (up to 31 December 2017)	264	445	815	179

Note:

1. The manpower figures of MSWs of HA are calculated on full-time equivalent basis including permanent, contract and temporary staff but excluding those working for other services in the HA Head Office.
2. The manpower figures of the MSWs and SWs of SWD are provided by SWD.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2137)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:
Please list by cluster (including all clusters as a whole and a breakdown by cluster) the numbers of new and follow-up attendances of specialist outpatient services under the Hospital Authority as well as the average cost per attendance in 2016-17, 2017-18 and 2018-19 (Estimate).

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 61)
Reply:
The tables below set out the number of new and follow-up attendances of the specialist outpatient (SOP) services by hospital cluster under the Hospital Authority (HA), by major specialty and their respective total in 2016-17 and 2017-18 (up to 31 December 2017). For 2018-19 (Estimate), the relevant information is also provided below but the figures by specialty are not available.

2016-17

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
SOP new attendances	HKEC	7 762	3 312	16 188	3 654	12 086	6 203	1 177	2 591	11 260	69 258
	HKWC	6 910	5 128	13 720	9 384	7 351	7 587	3 982	3 352	13 804	80 900
	KCC	11 376	4 356	9 406	11 464	21 936	5 845	2 319	1 774	14 855	98 616
	KEC	7 244	6 963	17 764	4 839	14 458	13 771	3 913	7 316	24 319	114 896
	KWC	13 854	11 680	27 644	12 182	19 400	16 337	6 650	12 569	33 640	164 220
	NTEC	13 486	10 120	19 416	17 764	20 495	16 061	3 960	6 691	22 701	143 155
	NTWC	10 770	5 804	13 504	2 523	19 031	9 655	1 832	5 340	19 507	93 393
	HA Overall	**71 402**	**47 363**	**117 642**	**61 810**	**114 757**	**75 459**	**23 833**	**39 633**	**140 086**	**764 438**

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
SOP follow-up attendances	HKEC	37 692	18 717	275 811	18 111	116 383	53 198	14 996	81 357	78 876	758 242
	HKWC	30 233	36 936	256 718	32 690	78 550	58 345	36 564	61 888	126 606	810 361
	KCC	43 104	27 806	218 678	52 634	207 508	58 560	37 054	64 072	93 419	936 892
	KEC	26 971	35 979	206 462	30 937	121 186	71 244	38 055	100 868	93 085	754 814
	KWC	60 017	55 546	596 481	67 368	152 039	123 678	55 441	230 524	177 625	1 596 810
	NTEC	44 400	40 103	316 459	36 135	160 443	97 513	38 313	132 083	88 733	1 054 686
	NTWC	33 726	27 139	245 140	43 162	160 645	72 231	30 744	148 913	87 064	924 900
	HA Overall	**276 143**	**242 226**	**2 115 749**	**281 037**	**996 754**	**534 769**	**251 167**	**819 705**	**745 408**	**6 836 705**
SOP total attendances	HKEC	45 454	22 029	291 999	21 765	128 469	59 401	16 173	83 948	90 136	827 500
	HKWC	37 143	42 064	270 438	42 074	85 901	65 932	40 546	65 240	140 410	891 261
	KCC	54 480	32 162	228 084	64 098	229 444	64 405	39 373	65 846	108 274	1 035 508
	KEC	34 215	42 942	224 226	35 776	135 644	85 015	41 968	108 184	117 404	869 710
	KWC	73 871	67 226	624 125	79 550	171 439	140 015	62 091	243 093	211 265	1 761 030
	NTEC	57 886	50 223	335 875	53 899	180 938	113 574	42 273	138 774	111 434	1 197 841
	NTWC	44 496	32 943	258 644	45 685	179 676	81 886	32 576	154 253	106 571	1 018 293
	HA Overall	**347 545**	**289 589**	**2 233 391**	**342 847**	**1 111 511**	**610 228**	**275 000**	**859 338**	**885 494**	**7 601 143**

2017-18 (up to 31 December 2017) [Provisional Figures]

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
SOP new attendances	HKEC	5 921	2 967	12 643	2 646	9 990	5 621	877	1 883	9 102	55 761
	HKWC	5 216	3 812	10 934	6 897	5 879	5 995	2 600	2 807	10 511	62 917
	KCC	8 932	7 510	16 189	11 710	15 501	8 690	2 855	1 294	22 459	110 752
	KEC	5 754	5 146	13 866	3 330	10 601	9 524	2 830	4 914	20 036	87 058
	KWC	8 471	4 835	15 466	5 157	14 544	8 265	3 909	8 837	17 894	92 789
	NTEC	11 015	7 569	16 669	11 499	15 867	12 834	2 836	6 045	18 947	113 697
	NTWC	9 024	4 456	10 980	1 839	12 914	7 603	1 296	4 381	16 500	74 055
	HA Overall	**54 333**	**36 295**	**96 747**	**43 078**	**85 296**	**58 532**	**17 203**	**30 161**	**115 449**	**597 029**
SOP follow-up attendances	HKEC	28 158	14 212	210 038	12 182	88 839	40 396	11 253	61 906	58 610	570 445
	HKWC	22 481	29 007	195 277	23 449	59 699	44 809	27 016	45 446	91 631	611 459
	KCC	37 414	45 064	296 705	72 036	156 740	68 729	40 863	48 148	117 025	991 850
	KEC	21 423	27 182	159 202	22 638	90 631	54 928	27 504	77 202	72 475	576 023
	KWC	35 953	17 392	317 995	12 801	118 620	71 359	27 957	169 805	92 783	916 132
	NTEC	33 806	24 473	244 126	25 562	126 269	75 653	29 181	100 379	69 311	808 548
	NTWC	26 412	21 151	192 872	32 217	120 090	59 926	22 166	116 101	67 669	713 772
	HA Overall	**205 647**	**178 481**	**1 616 215**	**200 885**	**760 888**	**415 800**	**185 940**	**618 987**	**569 504**	**5 188 229**
SOP total attendances	HKEC	34 079	17 179	222 681	14 828	98 829	46 017	12 130	63 789	67 712	626 206
	HKWC	27 697	32 819	206 211	30 346	65 578	50 804	29 616	48 253	102 142	674 376
	KCC	46 346	52 574	312 894	83 746	172 241	77 419	43 718	49 442	139 484	1 102 602
	KEC	27 177	32 328	173 068	25 968	101 232	64 452	30 334	82 116	92 511	663 081
	KWC	44 424	22 227	333 461	17 958	133 164	79 624	31 866	178 642	110 677	1 008 921
	NTEC	44 821	32 042	260 795	37 061	142 136	88 487	32 017	106 424	88 258	922 245

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
	NTWC	35 436	25 607	203 852	34 056	133 004	67 529	23 462	120 482	84 169	787 827
	HA Overall	**259 980**	**214 776**	**1 712 962**	**243 963**	**846 184**	**474 332**	**203 143**	**649 148**	**684 953**	**5 785 258**

2018-19 (Estimate)

	Cluster	All specialties
SOP new attendances	HKEC	68 700
	HKWC	84 600
	KCC	147 300
	KEC	121 000
	KWC	124 700
	NTEC	150 700
	NTWC	96 000
	HA Overall	**793 000**
SOP follow-up attendances	HKEC	740 800
	HKWC	803 400
	KCC	1 318 900
	KEC	723 500
	KWC	1 182 000
	NTEC	1 033 500
	NTWC	890 900
	HA Overall	**6 693 000**
SOP total attendances	HKEC	809 500
	HKWC	888 000
	KCC	1 466 200
	KEC	844 500
	KWC	1 306 700
	NTEC	1 184 200
	NTWC	986 900
	HA Overall	**7 486 000**

The table below sets out the average cost per SOP attendance by hospital cluster under the HA for 2016-17. For the projected average cost per SOP attendance in 2017-18, the breakdown by different specialties is not available.

2016-17

Specialty	Average cost per SOP attendance ($)							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
ENT	820	850	1,140	1,110	705	1,060	870	**925**
MED	1,800	1,920	2,690	2,050	1,880	2,210	2,050	**2,040**
O&G	1,130	1,100	820	980	915	765	850	**915**
OPH	635	625	630	635	570	700	535	**615**

Specialty	Average cost per SOP attendance ($)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
ORT	1,030	1,070	1,200	960	985	1,130	995	**1,050**
PAE	1,440	2,030	1,710	1,140	1,490	1,550	1,140	**1,510**
PSY	1,310	1,330	1,430	1,220	1,250	1,520	1,500	**1,360**
SUR	1,410	1,590	1,220	1,310	1,270	1,570	1,310	**1,380**
SOP (overall)	**1,190**	**1,380**	**1,210**	**1,080**	**1,190**	**1,290**	**1,140**	**1,210**

2017-18 (Revised Estimate)

	Projected average cost per SOP attendance of all specialties ($)
HKEC	1,270
HKWC	1,460
KCC	1,290
KEC	1,160
KWC	1,320
NTEC	1,380
NTWC	1,280
HA Overall	1,310

2018-19 Estimate

The estimated average cost per SOP attendance is $1,350 in 2018-19. The breakdown by hospital cluster and specialty is not available.

Note

(1) Individual figures may not add up to the total due to rounding.

(2) The SOP service costs include direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as utility expenses, repair and maintenance of medical equipment). The average cost per SOP attendance of individual cluster represents an average computed with reference to its total SOP service costs divided by the corresponding activities (in terms of attendances) provided.

(3) It should be noted that average cost per SOP attendance varies among different specialties owing to the diverse nature of care, the adoption of different medical technology and treatments across specialties, etc.

(4) The average cost per SOP attendance also varies among different clusters owing to the varying complexity of the conditions of patients and the different diagnostic services, treatments and prescriptions required. Besides, the average cost also varies among different clusters due to different case-mix, i.e. the mix of patients of different conditions in the clusters, which may differ according to population profile and other factors, including specialisation of the specialties in the clusters. Hence, clusters with greater number of patients with more complex conditions or requiring more costly treatment will incur a higher average cost. Therefore, the average cost per SOP attendance cannot be directly compared among different clusters or specialties.

(5) Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on/after 1 April 2017 are therefore not directly comparable.

Abbreviations

Specialties:

ENT – Ear, Nose & Throat
GYN – Gynaecology
MED – Medicine
O&G – Obstetrics & Gynaecology
OBS – Obstetrics
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology
PAE – Paediatrics
PSY – Psychiatry
SUR – Surgery

Clusters:

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2138)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

On organ donation registration in Hong Kong and the Administration's efforts to promote organ donation, please inform this Committee of:

(1) the numbers of new registrations and total registrations recorded in the Centralised Organ Donation Register over the past 3 years;

(2) the numbers of organ/tissue donations and patients waiting for transplantation over the past 3 years;

(3) the territory-wide identity card replacement exercise will begin in the fourth quarter of 2018. All citizens will replace their existing smart Hong Kong identity cards with new ones by phases from 2018 to 2022. Will the Administration take this opportunity to step up promotion on registration for organ donation by, for example, putting up posters or playing promotional videos in the smart identity card replacement centres, setting up counters for on-site registration, etc? If yes, what are the details of the relevant plans and the manpower and expenditure to be involved in the coming year? If no, what are the reasons?

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 62)

Reply:

(1) The number of registrations in the Centralised Organ Donation Register in the past 3 years are as follows –

	2015	2016	2017
Number of persons newly registered	29 357	52 550	37 285
Total number of persons registered	188 839	241 389	278 674

(2) The table below sets out the relevant statistics in the past 3 years (2015-2017):

Year (as at December 31)	Organ / Tissue	No. of patients waiting for organ / tissue transplant	No. of donations
2015	Kidney	1 941	81
	Heart	36	14
	Lung	16	13
	Liver	89	59
	Cornea (piece)	374	262
	Bone	NA[Note]	4
	Skin		10
2016	Kidney	2 047	78
	Heart	50	12
	Lung	19	9
	Liver	89	73
	Cornea (piece)	298	276
	Bone	NA	1
	Skin		10
2017	Kidney	2153	78
	Heart	48	13
	Lung	20	13
	Liver	87	74
	Cornea (piece)	273	367
	Bone	NA	3
	Skin		11

Note: *NA = 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.*

(3) To step up the promotion efforts on organ donation, the Committee on Promotion of Organ Donation was set up in 2016 to co-ordinate and integrate the work by different Government departments and organisations on organ donation. The Food and Health Bureau and Department of Health will continue to work and liaise with different Government departments on promoting organ donation, including promoting organ donation at the smart identity card replacement centres.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2139)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

On the Electronic Health Record Sharing System (eHRSS), please inform this Committee of:

(1) the recurrent expenditure, non-recurrent expenditure and manpower involved over the past 3 years and in the coming year;

(2) the numbers of clinics under the Department of Health (DH) that: (i) can share health records with the eHRSS; (b) can only access and view the information contained in the eHRSS; (c) have not been connected to the eHRSS; and the detailed outcomes of the information systems strategy consultancy study commissioned by the DH. Has a timetable been set for turning Type (ii) and Type (iii) clinics to Type (i)?

(3) the numbers of patients, doctors and organisations joining the eHRSS since its commissioning (please list by private hospital, clinic and residential care home for the elderly);

(4) the numbers of meetings held by the Steering Committee on Electronic Health Record Sharing, the attendance rates of its members and the expenditure incurred by the operation of the Committee over the past 3 years.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 63)

Reply:

(1) The recurrent and non-recurrent expenditure as well as manpower involved for developing and operating the Electronic Health Record Sharing System (eHRSS) over the past three years and the coming year are listed in the table below.

Financial Year	Recurrent Expenditure ($M)	Non-recurrent Expenditure ($M)	Manpower (no. of posts at the Hospital Authority (HA))
2015-16 (actual)	190.7	39.5	280
2016-17 (actual)	215.0	31.2	287
2017-18 (revised estimate)	208.0	21.9	262
2018-19 (estimate)	237.0	80.8	317

As the eHRSS is only part of the duties of the relevant officers at the Food and Health Bureau (FHB), a breakdown of the relevant expenditure and manpower is not available.

(2) The status of connection of clinics of Department of Health (DH) to eHRSS as of March 2018 is provided below –

Status of connection with eHRSS	Number of DH clinics
(i) Capable of viewing and sharing health records on eHRSS	124
(ii) Capable of viewing health records on eHRSS	45
(iii) Not connected to eHRSS	0

In January 2016, DH commissioned an Information Systems Strategy Study (ISSS) for formulating an information systems strategy for the department in the short, medium and long-term. The ISSS was completed in January 2018. Recommendations made in the ISSS include upgrading and consolidating DH's Clinical Information Management System (CIMS) to enable more comprehensive computerisation of medical records and clinic operations as well as cross-sharing of electronic health records (eHRs) within DH; fully interfacing with the eHRSS to increase the sharing of eHRs with other healthcare providers (HCPs); and strengthening its data analytics capacity in order to better support and inform public health policies and healthcare services planning. With reference to the above, DH has developed plans to transform itself into a data-driven organisation with enhanced applications of information and communications technology. Subject to funding approval by the Finance Committee of the Legislative Council, DH aims to commence development work for upgrading and consolidating CIMS, including enhancing sharing with the eHRSS, in Q4 2018.

(3) The eHRSS was commissioned in March 2016. As of mid-March 2018, over 710 000 patients had joined the eHRSS. As for HCPs, participation in the eHRSS is on an organisational basis. HA, DH and over 1 490 other private HCPs had registered with the eHRSS. A breakdown of the HCPs that had registered is provided below –

Type of HCP	Number
(i) Public HCPs	3
(ii) Private hospitals	12
(iii) Private clinics or groups	1 400
(iv) Elderly centres/elderly service providers	57
(v) Others	26

Under the above registered HCPs, about 10 500 healthcare professional accounts had been created for doctors' use.

(4) The Steering Committee on Electronic Health Record Sharing (EHRSC) met for five times over the past three years and the average attendance rate of its members was 76.4%. The secretariat service for EHRSC is provided by FHB. The related expenses are subsumed under the overall expenditure of FHB and a breakdown is not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2140)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a detailed breakdown of the attrition numbers, attrition rates and lengths of service upon departure of medical officers in hospitals under the Hospital Authority in 2016-17 and 2017-18 by post (including Consultant, Associate Consultant/Senior Medical Officer, Specialist and Specialist Trainee) and by department upon the officers' departure. Please also indicate whether all the resulting vacancies have been filled, and set out the time required as well as the expenditure involved for filling the vacancies.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 64)

Reply:

Tables 1 to 3 provide the attrition figures, attrition rates and years of service of doctors by major departments and by ranks in each hospital cluster of the Hospital Authority (HA) in 2016-17 and 2017-18 (rolling 12 months from 1 Jan 2017 to 31 Dec 2017).

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 2016-17 and 2017-18, HA has recruited new doctors to fill vacancies as well as to strengthen its manpower support. As at 31 December 2017, there were 5 894 doctors working in HA, representing an increase of 2.1% from 5 770 in 2016-17, and 4.3% from 5 648 in 2015-16. The total additional expenditure incurred in the recruitment and promotion of doctors above the savings from staff attrition was around $381 million for 2016-17 and is projected at $295 million for 2017-18. The decrease in the additional expenditure for 2017-18 is due to higher staff attrition and time gap for filling the vacancies during the year.

Table 1: Attrition figures of full-time doctors by department and by rank in each hospital cluster in 2016-17 and 2017-18 (rolling 12 months from 1 Jan 2017 to 31 Dec 2017)

Cluster	Department	2016-17				2017-18 (rolling 12 months from 1 Jan 2017 to 31 Dec 2017)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
HKEC	Accident & Emergency	2	0	2	4	1	0	3	4
	Anaesthesia	0	1	1	2	0	1	1	2
	Family Medicine	0	0	4	4	0	0	3	3
	Medicine	2	4	2	8	1	7	2	10
	Neurosurgery	0	0	1	1	0	0	1	1
	Obstetrics & Gynaecology	0	2	2	4	0	0	0	0
	Ophthalmology	0	1	0	1	0	0	1	1
	Orthopaedics & Traumatology	1	0	0	1	1	0	0	1
	Paediatrics	0	0	0	0	1	0	1	2
	Pathology	1	1	1	3	0	2	1	3
	Psychiatry	0	1	4	5	0	1	2	3
	Radiology	0	1	0	1	1	0	0	1
	Surgery	3	2	0	5	1	2	1	4
	Others	0	1	1	2	1	2	0	3
	Total	**9**	**14**	**18**	**41**	**7**	**15**	**16**	**38**
HKWC	Accident & Emergency	0	0	0	0	0	0	1	1
	Anaesthesia	1	2	1	4	1	4	5	10
	Family Medicine	0	0	1	1	0	0	2	2
	Intensive Care Unit	0	0	0	0	0	0	1	1
	Medicine	1	0	7	8	3	1	2	6
	Obstetrics & Gynaecology	0	0	1	1	1	1	0	2
	Ophthalmology	0	0	0	0	0	1	0	1
	Orthopaedics & Traumatology	0	0	2	2	0	0	3	3
	Paediatrics	3	1	0	4	1	2	1	4
	Pathology	1	0	1	2	1	0	2	3
	Psychiatry	0	2	1	3	0	3	2	5
	Radiology	0	2	1	3	0	3	0	3
	Surgery	1	2	1	4	3	4	0	7
	Others	0	0	1	1	0	0	2	2
	Total	**7**	**9**	**17**	**33**	**10**	**19**	**21**	**50**
KCC	Accident & Emergency	1	0	1	2	0	0	0	0
	Anaesthesia	1	2	0	3	0	1	0	1
	Family Medicine	0	1	2	3	0	0	7	7
	Intensive Care Unit	0	0	0	0	1	0	0	1
	Medicine	2	2	0	4	3	5	1	9
	Obstetrics & Gynaecology	0	0	0	0	1	0	4	5
	Ophthalmology	0	3	0	3	0	1	1	2
	Orthopaedics & Traumatology	2	1	0	3	0	2	1	3
	Paediatrics	0	0	0	0	1	1	0	2
	Pathology	1	1	0	2	1	0	1	2
	Psychiatry	0	2	1	3	1	0	4	5
	Radiology	1	1	0	2	1	6	0	7
	Surgery	2	1	0	3	1	4	0	5
	Others	2	0	0	2	0	0	0	0
	Total	**12**	**14**	**4**	**30**	**10**	**20**	**19**	**49**
KEC	Accident & Emergency	0	4	1	5	0	6	3	9
	Anaesthesia	0	3	0	3	1	4	2	7
	Family Medicine	0	0	5	5	0	0	3	3
	Medicine	3	3	2	8	1	3	3	7
	Obstetrics & Gynaecology	1	0	0	1	0	0	0	0
	Ophthalmology	0	2	0	2	0	3	0	3
	Orthopaedics & Traumatology	1	2	1	4	1	3	0	4
	Paediatrics	0	0	1	1	0	0	2	2
	Pathology	2	2	1	5	1	1	1	3
	Psychiatry	0	2	0	2	0	2	0	2
	Radiology	0	0	0	0	1	2	0	3
	Surgery	0	2	0	2	1	0	1	2
	Others	1	0	0	1	0	0	0	0
	Total	**8**	**20**	**11**	**39**	**6**	**24**	**15**	**45**

Cluster	Department	2016-17				2017-18 (rolling 12 months from 1 Jan 2017 to 31 Dec 2017)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
KWC	Accident & Emergency	0	2	5	7	0	2	5	7
	Anaesthesia	0	1	1	2	1	2	1	4
	Family Medicine	0	0	10	10	0	1	2	3
	Intensive Care Unit	0	0	1	1	0	0	1	1
	Medicine	2	5	7	14	0	2	3	5
	Neurosurgery	0	0	0	0	0	1	0	1
	Obstetrics & Gynaecology	0	0	2	2	0	1	2	3
	Ophthalmology	0	1	1	2	1	3	1	5
	Orthopaedics & Traumatology	2	1	2	5	0	0	0	0
	Paediatrics	0	0	3	3	1	0	0	1
	Pathology	2	0	0	2	1	0	1	2
	Psychiatry	1	3	1	5	1	1	0	2
	Radiology	3	4	0	7	0	3	0	3
	Surgery	2	3	1	6	0	2	1	3
	Others	2	1	1	4	0	2	0	2
	Total	**14**	**21**	**35**	**70**	**5**	**20**	**17**	**42**
NTEC	Accident & Emergency	1	0	1	2	3	0	0	3
	Anaesthesia	1	0	3	4	1	0	1	2
	Family Medicine	0	0	6	6	0	0	7	7
	Intensive Care Unit	0	0	1	1	0	0	1	1
	Medicine	2	3	5	10	4	4	3	11
	Obstetrics & Gynaecology	0	0	1	1	0	1	0	1
	Ophthalmology	0	0	1	1	0	3	0	3
	Orthopaedics & Traumatology	2	1	0	3	0	2	1	3
	Paediatrics	1	0	4	5	2	1	3	6
	Pathology	0	1	1	2	0	0	1	1
	Psychiatry	1	0	0	1	2	1	0	3
	Radiology	0	1	0	1	0	1	0	1
	Surgery	1	2	2	5	1	2	1	4
	Others	2	0	1	3	1	1	0	2
	Total	**11**	**8**	**26**	**45**	**14**	**16**	**18**	**48**
NTWC	Accident & Emergency	0	0	1	1	0	0	3	3
	Anaesthesia	0	0	0	0	0	0	1	1
	Family Medicine	0	0	2	2	0	1	6	7
	Medicine	1	1	3	5	1	3	5	9
	Obstetrics & Gynaecology	0	0	0	0	2	1	1	4
	Ophthalmology	0	1	1	2	0	0	1	1
	Orthopaedics & Traumatology	0	0	1	1	0	0	1	1
	Paediatrics	1	2	4	7	1	0	3	4
	Pathology	1	1	0	2	0	1	0	1
	Psychiatry	2	1	0	3	2	2	0	4
	Radiology	0	1	0	1	0	2	0	2
	Surgery	0	0	0	0	2	1	0	3
	Others	0	1	2	3	1	0	1	2
	Total	**5**	**8**	**14**	**27**	**9**	**11**	**22**	**42**

Table 2: Attrition rates of full-time doctors by major department and by rank in 2016-17 and 2017-18 (rolling 12 months from 1 Jan 2017 to 31 Dec 2017)

Department	2016-17				2017-18 (rolling 12 months from 1 Jan 2017 to 31 Dec 2017)			
	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
Accident & Emergency	10.3%	3.3%	4.5%	4.5%	9.7%	4.4%	7.1%	6.3%
Anaesthesia	5.0%	5.4%	3.3%	4.4%	6.4%	7.3%	5.9%	6.5%
Family Medicine	0.0%	0.9%	6.9%	5.5%	0.0%	1.6%	7.2%	5.8%
Intensive Care Unit	0.0%	0.0%	2.8%	1.4%	6.5%	0.0%	4.4%	2.9%
Medicine	7.8%	4.3%	3.9%	4.5%	7.7%	6.8%	2.9%	4.8%
Neurosurgery	0.0%	0.0%	2.0%	1.2%	0.0%	4.4%	2.0%	2.2%
Obstetrics & Gynaecology	2.4%	3.4%	6.0%	4.5%	9.5%	7.0%	7.5%	7.8%
Ophthalmology	0.0%	15.1%	3.4%	6.7%	4.8%	22.4%	5.7%	11.1%
Orthopaedics & Traumatology	14.5%	4.6%	3.4%	5.6%	5.4%	6.7%	3.8%	5.0%
Paediatrics	8.8%	2.7%	6.9%	5.8%	11.8%	3.4%	6.3%	6.3%
Pathology	13.0%	8.8%	5.1%	8.6%	9.4%	6.0%	8.3%	7.9%
Psychiatry	10.7%	8.8%	3.8%	6.4%	15.5%	8.7%	4.4%	7.2%
Radiology	5.7%	10.1%	0.9%	5.2%	7.1%	18.6%	0.0%	8.0%
Surgery	9.9%	7.7%	1.4%	4.6%	12.1%	11.0%	1.3%	5.9%
Others	13.9%	3.6%	5.0%	6.2%	8.1%	5.8%	2.9%	4.7%
Overall	**8.2%**	**5.1%**	**4.2%**	**5.1%**	**8.4%**	**7.2%**	**4.5%**	**5.9%**

Table 3: Years of service in HA of departed full-time doctors by department in each hospital cluster in 2016-17 and 2017-18 (rolling 12 months from 1 Jan 2017 to 31 Dec 2017)

2016-17

Cluster	Department	2016-17						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
HKEC	Accident & Emergency	0	1	0	0	0	3	4
	Anaesthesia	0	1	0	1	0	0	2
	Family Medicine	0	1	1	0	1	1	4
	Medicine	0	0	1	2	1	4	8
	Neurosurgery	0	1	0	0	0	0	1
	Obstetrics & Gynaecology	0	0	3	1	0	0	4
	Ophthalmology	0	0	0	0	1	0	1
	Orthopaedics & Traumatology	0	0	0	0	0	1	1
	Pathology	0	1	0	1	0	1	3
	Psychiatry	0	0	2	3	0	0	5
	Radiology	0	0	1	0	0	0	1
	Surgery	0	0	0	2	2	1	5
	Others	0	1	0	1	0	0	2
	Total	**0**	**6**	**8**	**11**	**5**	**11**	**41**
HKWC	Anaesthesia	1	0	0	2	0	1	4
	Family Medicine	0	1	0	0	0	0	1
	Medicine	1	4	0	2	0	1	8
	Obstetrics & Gynaecology	0	0	1	0	0	0	1
	Orthopaedics & Traumatology	0	0	2	0	0	0	2
	Paediatrics	0	0	1	0	1	2	4
	Pathology	0	0	1	0	0	1	2
	Psychiatry	0	0	1	1	0	1	3
	Radiology	0	0	3	0	0	0	3
	Surgery	0	0	1	1	1	1	4
	Others	0	0	1	0	0	0	1
	Total	**2**	**5**	**11**	**6**	**2**	**7**	**33**
KCC	Accident & Emergency	0	1	0	0	0	1	2
	Anaesthesia	0	0	1	1	0	1	3
	Family Medicine	0	0	0	3	0	0	3
	Medicine	0	0	0	0	1	3	4
	Ophthalmology	0	0	1	1	1	0	3
	Orthopaedics & Traumatology	0	1	0	0	0	2	3
	Pathology	0	0	0	0	0	2	2
	Psychiatry	0	1	0	1	1	0	3
	Radiology	0	0	0	0	0	2	2
	Surgery	0	0	0	0	1	2	3
	Others	0	0	0	0	0	2	2
	Total	**0**	**3**	**2**	**6**	**4**	**15**	**30**
KEC	Accident & Emergency	0	1	1	3	0	0	5
	Anaesthesia	0	0	0	1	2	0	3
	Family Medicine	0	2	0	2	0	1	5

Cluster	Department	2016-17						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
	Medicine	0	2	1	1	2	2	8
	Obstetrics & Gynaecology	0	0	0	0	0	1	1
	Ophthalmology	0	0	2	0	0	0	2
	Orthopaedics & Traumatology	0	1	0	1	1	1	4
	Paediatrics	0	0	1	0	0	0	1
	Pathology	0	1	1	1	0	2	5
	Psychiatry	0	0	0	0	2	0	2
	Surgery	0	0	0	0	1	1	2
	Others	0	0	0	0	0	1	1
	Total	**0**	**7**	**6**	**9**	**8**	**9**	**39**
KWC	Accident & Emergency	0	5	0	1	0	1	7
	Anaesthesia	0	0	0	2	0	0	2
	Family Medicine	1	4	3	1	0	1	10
	Intensive Care Unit	0	1	0	0	0	0	1
	Medicine	0	5	1	3	2	3	14
	Obstetrics & Gynaecology	0	1	0	0	0	1	2
	Ophthalmology	0	0	1	1	0	0	2
	Orthopaedics & Traumatology	0	0	2	1	1	1	5
	Paediatrics	0	1	2	0	0	0	3
	Pathology	0	0	0	0	0	2	2
	Psychiatry	0	1	0	3	0	1	5
	Radiology	0	0	1	3	0	3	7
	Surgery	0	0	1	1	0	4	6
	Others	0	0	0	1	1	2	4
	Total	**1**	**18**	**11**	**17**	**4**	**19**	**70**
NTEC	Accident & Emergency	0	1	0	0	0	1	2
	Anaesthesia	0	3	0	0	0	1	4
	Family Medicine	0	2	1	2	0	1	6
	Intensive Care Unit	0	1	0	0	0	0	1
	Medicine	0	2	3	2	1	2	10
	Obstetrics & Gynaecology	0	0	1	0	0	0	1
	Ophthalmology	0	1	0	0	0	0	1
	Orthopaedics & Traumatology	0	0	0	0	1	2	3
	Paediatrics	0	1	1	2	0	1	5
	Pathology	0	0	1	0	0	1	2
	Psychiatry	0	0	0	0	0	1	1
	Radiology	0	0	1	0	0	0	1
	Surgery	0	0	2	2	0	1	5
	Others	0	0	2	0	0	1	3
	Total	**0**	**11**	**12**	**8**	**2**	**12**	**45**
NTWC	Accident & Emergency	0	1	0	0	0	0	1
	Family Medicine	0	2	0	0	0	0	2
	Medicine	0	2	0	2	0	1	5
	Ophthalmology	0	0	1	1	0	0	2
	Orthopaedics & Traumatology	0	0	1	0	0	0	1
	Paediatrics	0	1	3	0	0	3	7
	Pathology	0	0	0	0	0	2	2
	Psychiatry	0	0	0	1	0	2	3
	Radiology	0	0	1	0	0	0	1
	Others	0	0	2	1	0	0	3
	Total	**0**	**6**	**8**	**5**	**0**	**8**	**27**

2017-18 (Rolling 12 months from 1 Jan 2017 to 31 Dec 2017)

	Department	2017-18 (Rolling 12 months from 1 Jan 2017 to 31 Dec 2017)						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
HKEC	Accident & Emergency	0	2	1	0	0	1	4
	Anaesthesia	0	1	0	1	0	0	2
	Family Medicine	0	0	1	1	1	0	3
	Medicine	0	2	0	2	1	5	10
	Neurosurgery	0	1	0	0	0	0	1
	Ophthalmology	0	0	1	0	0	0	1
	Orthopaedics & Traumatology	0	0	0	0	0	1	1
	Paediatrics	0	1	0	0	0	1	2
	Pathology	0	0	1	1	0	1	3
	Psychiatry	0	1	0	2	0	0	3
	Radiology	0	0	0	0	1	0	1
	Surgery	0	1	1	1	0	1	4
	Others	0	0	0	1	1	1	3
	Total	**0**	**9**	**5**	**9**	**4**	**11**	**38**
HKWC	Accident & Emergency	0	1	0	0	0	0	1
	Anaesthesia	2	2	1	4	0	1	10
	Family Medicine	0	1	0	1	0	0	2
	Intensive Care Unit	0	1	0	0	0	0	1
	Medicine	0	1	0	1	1	3	6
	Obstetrics & Gynaecology	0	0	1	0	1	0	2
	Ophthalmology	0	0	0	1	0	0	1
	Orthopaedics & Traumatology	0	1	2	0	0	0	3
	Paediatrics	0	2	0	0	0	2	4
	Pathology	1	0	1	0	0	1	3
	Psychiatry	0	1	2	1	0	1	5
	Radiology	0	0	1	2	0	0	3
	Surgery	0	0	1	3	1	2	7
	Others	0	0	1	1	0	0	2
	Total	**3**	**10**	**10**	**14**	**3**	**10**	**50**
KCC	Anaesthesia	0	0	0	0	0	1	1
	Family Medicine	0	2	1	2	1	1	7
	Intensive Care Unit	0	0	0	0	0	1	1
	Medicine	0	1	0	2	1	5	9
	Obstetrics & Gynaecology	0	1	3	0	0	1	5
	Ophthalmology	0	0	2	0	0	0	2
	Orthopaedics & Traumatology	0	1	0	1	1	0	3
	Paediatrics	0	0	0	0	0	2	2
	Pathology	0	1	0	0	0	1	2
	Psychiatry	0	0	4	0	0	1	5
	Radiology	0	0	5	0	0	2	7
	Surgery	0	0	0	2	2	1	5
	Total	**0**	**6**	**15**	**7**	**5**	**16**	**49**
KEC	Accident & Emergency	1	1	2	2	1	2	9
	Anaesthesia	0	2	0	2	1	2	7
	Family Medicine	0	0	1	2	0	0	3
	Medicine	1	1	1	0	1	3	7
	Ophthalmology	0	0	2	1	0	0	3
	Orthopaedics & Traumatology	0	0	0	1	1	2	4
	Paediatrics	0	0	2	0	0	0	2
	Pathology	0	1	1	0	0	1	3
	Psychiatry	0	0	0	2	0	0	2
	Radiology	0	0	0	3	0	0	3
	Surgery	0	1	0	0	1	0	2
	Total	**2**	**6**	**9**	**13**	**5**	**1**	**45**
KWC	Accident & Emergency	2	2	1	0	0	2	7
	Anaesthesia	0	1	0	0	0	3	4
	Family Medicine	0	0	1	1	1	0	3
	Intensive Care Unit	0	0	1	0	0	0	1
	Medicine	0	1	2	1	0	1	5
	Neurosurgery	0	0	0	0	1	0	1
	Obstetrics & Gynaecology	0	0	3	0	0	0	3
	Ophthalmology	0	1	2	1	0	1	5
	Paediatrics	0	0	0	0	0	1	1
	Pathology	0	1	0	0	1	0	2
	Psychiatry	0	0	1	0	0	1	2
	Radiology	0	0	1	2	0	0	3
	Surgery	0	0	2	0	0	1	3
	Others	0	0	0	1	1	0	2
	Total	**2**	**6**	**14**	**6**	**4**	**10**	**42**

	Department	2017-18 (Rolling 12 months from 1 Jan 2017 to 31 Dec 2017)						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
NTEC	Accident & Emergency	0	0	0	0	0	3	3
	Anaesthesia	0	1	0	0	0	1	2
	Family Medicine	1	1	0	4	0	1	7
	Intensive Care Unit	0	0	1	0	0	0	1
	Medicine	0	2	2	1	2	4	11
	Obstetrics & Gynaecology	0	0	0	1	0	0	1
	Ophthalmology	0	0	0	3	0	0	3
	Orthopaedics & Traumatology	0	1	0	1	1	0	3
	Paediatrics	0	2	1	0	1	2	6
	Pathology	0	0	0	1	0	0	1
	Psychiatry	1	0	0	1	0	1	3
	Radiology	0	0	1	0	0	0	1
	Surgery	0	0	1	1	1	1	4
	Others	0	0	1	0	0	1	2
	Total	**2**	**7**	**7**	**13**	**5**	**14**	**48**
NTWC	Accident & Emergency	0	2	1	0	0	0	3
	Anaesthesia	0	1	0	0	0	0	1
	Family Medicine	1	3	0	0	1	2	7
	Medicine	0	3	2	4	0	0	9
	Obstetrics & Gynaecology	1	0	0	1	0	2	4
	Ophthalmology	0	0	1	0	0	0	1
	Orthopaedics & Traumatology	0	0	1	0	0	0	1
	Paediatrics	0	1	2	0	0	1	4
	Pathology	0	0	0	0	0	1	1
	Psychiatry	0	0	0	2	0	2	4
	Radiology	0	0	0	2	0	0	2
	Surgery	0	1	1	0	0	1	3
	Others	0	0	0	1	0	1	2
	Total	**2**	**11**	**8**	**1**	**1**	**1**	**42**

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.

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.

6. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. In the latter's regard, only nine-month data for KCC and KWC under the new clustering arrangement (i.e. 1 April 2017 to 31 December 2017) are available and therefore should not be used to compare with any past statistics which are based on 12-month rolling data.

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. 2141)

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) (Ms Elizabeth Tse)

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 2016-17, 2017-18 and 2018-19 (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 cluster
List by hospital cluster in which patients' districts of residence locate	

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 65)

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 outpatient clinic in a certain district for the convenience of travelling to and from their work place. Under emergency circumstances, they may also be transferred to an acute hospital in the proximity of the pick-up location having regard to the ambulance route.

Statistical figures pertaining to the specialist outpatient (SOP), general outpatient (GOP), accident and emergency (A&E) as well as inpatient services provided by HA, by hospital

cluster for 2016-17 and 2017-18 (up to 31 December 2017), are set out in the following tables. Corresponding figures for 2018-19 are not yet available.

(a)

Number of attendances of SOP service provided by HA in 2016-17 and 2017-18 (up to 31 December 2017)

2016-17

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**	687 614	131 532	14 281	6 581	12 014	8 627	2 459	**863 108**
Central & Western, Southern	**HKWC**	41 917	537 685	8 305	2 809	7 690	5 406	2 025	**605 837**
Kowloon City, Yau Tsim	**KCC**	10 082	21 350	350 478	13 311	80 518	14 833	3 948	**494 520**
Kwun Tong, Sai Kung	**KEC**	36 957	47 453	171 292	774 143	67 202	35 162	6 254	**1 138 463**
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	28 146	85 150	399 291	50 910	1 490 648	58 512	23 953	**2 136 610**
Sha Tin, Tai Po, North	**NTEC**	12 976	31 146	56 811	15 733	53 417	1 033 408	14 494	**1 217 985**
Tuen Mun, Yuen Long	**NTWC**	9 612	31 583	32 973	6 083	48 890	38 482	964 327	**1 131 950**
Others (Macau, Mainland China, etc.)		196	5 362	2 077	140	651	3 411	833	**12 670**
Overall		**827 500**	**891 261**	**1 035 508**	**869 710**	**1 761 030**	**1 197 841**	**1 018 293**	**7 601 143**

2017-18 (up to 31 December 2017) [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**	517 848	99 540	13 951	4 908	5 721	6 320	1 999	**650 287**
Central & Western, Southern	**HKWC**	31 846	403 455	8 290	2 126	3 618	3 916	1 562	**454 813**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	15 748	34 076	683 902	38 503	101 024	26 684	6 469	**906 406**
Kwun Tong, Sai Kung	**KEC**	29 229	37 755	157 354	590 646	23 948	26 606	4 780	**870 318**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	13 654	47 006	145 495	10 259	822 448	29 069	15 006	**1 082 937**
Sha Tin, Tai Po, North	**NTEC**	10 096	24 132	59 201	11 986	23 435	797 622	11 006	**937 478**
Tuen Mun, Yuen Long	**NTWC**	7 661	24 425	32 847	4 577	28 391	29 222	746 249	**873 372**
Others (Macau, Mainland China, etc.)		124	3 987	1 562	76	336	2 806	756	**9 647**
Overall		**626 206**	**674 376**	**1 102 602**	**663 081**	**1 008 921**	**922 245**	**787 827**	**5 785 258**

(b)

Number of attendances of GOP service provided by HA in 2016-17 and 2017-18 (up to 31 December 2017)

2016-17

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**	510 802	17 868	3 677	4 619	7 191	2 407	1 349	**547 913**
Central & Western, Southern	**HKWC**	37 072	342 428	2 806	2 209	4 979	1 653	1 371	**392 518**
Kowloon City, Yau Tsim	**KCC**	5 833	3 436	330 751	22 619	49 417	3 785	1 838	**417 679**
Kwun Tong, Sai Kung	**KEC**	21 714	8 928	42 990	906 640	60 385	10 750	3 934	**1 055 341**
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	17 949	13 188	163 498	41 769	1 523 798	17 287	12 784	**1 790 273**
Sha Tin, Tai Po, North	**NTEC**	8 609	4 999	26 451	15 970	41 990	921 591	8 302	**1 027 912**
Tuen Mun, Yuen Long	**NTWC**	5 581	4 379	9 186	3 774	27 919	13 683	821 921	**886 443**
Others (Macau, Mainland China, etc.)		239	122	286	133	398	1 298	444	**2 920**
Overall		**607 799**	**395 348**	**579 645**	**997 733**	**1 716 077**	**972 454**	**851 943**	**6 120 999**

2017-18 (up to 31 December 2017) [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**	381 658	13 444	5 367	3 387	2 642	1 679	1 129	**409 306**
Central & Western, Southern	**HKWC**	27 880	255 407	3 909	1 523	1 906	1 188	1 047	**292 860**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	9 379	5 689	699 558	39 988	19 613	7 505	3 535	**785 267**
Kwun Tong, Sai Kung	**KEC**	17 043	7 044	65 935	664 086	11 903	7 706	2 811	**776 528**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	9 040	7 073	67 721	6 708	748 516	8 099	7 629	**854 786**
Sha Tin, Tai Po, North	**NTEC**	7 009	3 944	37 952	11 752	14 982	689 586	6 264	**771 489**
Tuen Mun, Yuen Long	**NTWC**	4 366	3 227	13 157	2 821	14 416	10 124	622 625	**670 736**
Others (Macau, Mainland China, etc.)		190	79	344	83	115	1 002	339	**2 152**
Overall		**456 565**	**295 907**	**893 943**	**730 348**	**814 093**	**726 889**	**645 379**	**4 563 124**

(c)

Number of attendances of A&E service provided by HA in 2016-17 and 2017-18 (up to 31 December 2017)

2016-17

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**	178 078	9 869	2 071	2 639	4 297	2 165	1 189	**200 308**
Central & Western, Southern	**HKWC**	19 292	101 750	1 409	1 330	2 862	1 407	895	**128 945**
Kowloon City, Yau Tsim	**KCC**	3 383	1 782	86 836	5 703	34 335	3 130	1 509	**136 678**
Kwun Tong, Sai Kung	**KEC**	8 972	3 630	15 441	275 420	18 640	7 266	2 438	**331 807**
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	9 129	6 673	75 509	23 841	531 083	14 041	8 264	**668 540**
Sha Tin, Tai Po, North	**NTEC**	4 144	2 383	6 679	4 815	16 948	343 151	5 016	**383 136**
Tuen Mun, Yuen Long	**NTWC**	3 394	2 368	4 660	2 416	19 298	11 971	326 153	**370 260**
Others (Macau, Mainland China, etc.)		1 073	1 219	2 043	665	3 772	2 301	1 204	**12 277**
Overall		**227 465**	**129 674**	**194 648**	**316 829**	**631 235**	**385 432**	**346 668**	**2 231 951**

2017-18 (up to 31 December 2017) [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**	126 997	7 209	2 579	1 907	2 033	1 661	910	**143 296**
Central & Western, Southern	**HKWC**	14 123	73 989	1 808	855	1 428	1 018	727	**93 948**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	5 170	2 953	177 446	17 540	14 978	6 264	2 662	**227 013**
Kwun Tong, Sai Kung	**KEC**	6 742	2 797	18 333	196 018	7 232	5 448	1 930	**238 500**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	3 985	3 475	25 564	3 250	315 305	6 361	4 786	**362 726**
Sha Tin, Tai Po, North	**NTEC**	2 999	1 676	9 326	3 393	8 291	251 611	3 922	**281 218**
Tuen Mun, Yuen Long	**NTWC**	2 282	1 703	5 619	1 701	11 121	8 618	266 575	**297 619**
Others (Macau, Mainland China, etc.)		715	1 017	2 273	478	2 161	1 611	1 072	**9 327**
Overall		**163 013**	**94 819**	**242 948**	**225 142**	**362 549**	**282 592**	**282 584**	**1 653 647**

(d)

(i) Number of inpatient discharges and deaths for all general specialties of inpatient service provided by HA in 2016-17 and 2017-18 (up to 31 December 2017)

2016-17

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**	97 752	13 181	997	837	1 396	990	420	**115 573**
Central & Western, Southern	**HKWC**	7 024	81 164	687	403	993	602	346	**91 219**
Kowloon City, Yau Tsim	**KCC**	986	2 037	53 947	2 252	15 954	1 469	522	**77 167**
Kwun Tong, Sai Kung	**KEC**	3 584	4 683	15 382	119 354	7 166	3 668	946	**154 783**
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	2 947	9 177	56 189	9 241	239 079	6 394	3 019	**326 046**
Sha Tin, Tai Po, North	**NTEC**	1 405	3 133	4 311	1 975	5 732	159 686	1 751	**177 993**
Tuen Mun, Yuen Long	**NTWC**	1 436	3 558	3 475	925	6 228	5 227	136 917	**157 766**
Others (Macau, Mainland China, etc.)		241	1 418	619	97	879	921	311	**4 486**
Overall		**115 375**	**118 351**	**135 607**	**135 084**	**277 427**	**178 957**	**144 232**	**1 105 033**

2017-18 (up to 31 December 2017) [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**	74 274	9 902	1 163	582	595	783	328	**87 627**
Central & Western, Southern	**HKWC**	5 427	61 793	769	304	444	436	269	**69 442**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	1 672	3 542	121 000	7 166	4 810	2 987	933	**142 110**
Kwun Tong, Sai Kung	**KEC**	2 885	3 621	15 022	90 098	2 248	2 813	703	**117 390**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	1 347	5 132	18 805	1 227	138 413	3 343	1 856	**170 123**
Sha Tin, Tai Po, North	**NTEC**	1 004	2 328	5 146	1 472	2 354	125 892	1 314	**139 510**
Tuen Mun, Yuen Long	**NTWC**	1 035	2 734	3 726	620	3 530	4 069	107 681	**123 395**
Others (Macau, Mainland China, etc.)		159	1 117	547	87	491	651	265	**3 317**
Overall		**87 803**	**90 169**	**166 178**	**101 556**	**152 885**	**140 974**	**113 349**	**852 914**

(ii) Number of day inpatient discharges and deaths for all general specialties of inpatient service provided by HA in 2016-17 and 2017-18 (up to 31 December 2017)

2016-17

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**	61 859	14 195	922	441	640	704	134	**78 895**
Central & Western, Southern	**HKWC**	3 026	52 507	514	106	452	351	117	**57 073**
Kowloon City, Yau Tsim	**KCC**	691	2 240	28 418	1 424	5 877	1 119	208	**39 977**
Kwun Tong, Sai Kung	**KEC**	2 713	5 737	15 777	54 465	5 069	4 369	607	**88 737**
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	1 889	9 840	33 535	3 720	100 960	5 621	1 784	**157 349**
Sha Tin, Tai Po, North	**NTEC**	761	4 146	3 584	706	3 164	102 714	1 081	**116 156**
Tuen Mun, Yuen Long	**NTWC**	504	4 106	2 632	312	3 856	3 742	78 756	**93 908**
Others (Macau, Mainland China, etc.)		3	954	75	11	37	166	15	**1 261**
Overall		**71 446**	**93 725**	**85 457**	**61 185**	**120 055**	**118 786**	**82 702**	**633 356**

2017-18 (up to 31 December 2017) [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**	44 453	10 781	996	306	302	499	113	**57 450**
Central & Western, Southern	**HKWC**	2 289	39 268	487	78	212	275	71	**42 680**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	1 079	4 673	62 957	3 416	3 339	2 486	390	**78 340**
Kwun Tong, Sai Kung	**KEC**	2 261	4 796	14 831	43 532	1 628	3 256	411	**70 715**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	708	5 582	11 090	761	57 527	2 934	1 121	**79 723**
Sha Tin, Tai Po, North	**NTEC**	496	3 207	3 630	720	1 345	80 602	870	**90 870**
Tuen Mun, Yuen Long	**NTWC**	334	3 164	2 614	337	2 176	3 075	62 622	**74 322**
Others (Macau, Mainland China, etc.)		2	677	67	0	13	176	70	**1 005**
Overall		**51 622**	**72 148**	**96 672**	**49 150**	**66 542**	**93 303**	**65 668**	**495 105**

(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 2016-17 and 2017-18 (up to 31 December 2017)

2016-17

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**	577 393	92 711	8 357	4 934	7 358	7 456	2 842	**701 051**
Central & Western, Southern	**HKWC**	42 886	486 304	5 773	1 777	6 700	4 105	2 614	**550 159**
Kowloon City, Yau Tsim	**KCC**	5 524	17 348	378 636	16 499	103 043	11 496	3 769	**536 315**
Kwun Tong, Sai Kung	**KEC**	18 605	36 057	159 179	685 189	40 541	29 438	6 237	**975 246**
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	14 828	72 052	411 691	54 302	1 367 196	50 697	21 949	**1 992 715**
Sha Tin, Tai Po, North	**NTEC**	6 962	27 033	29 713	12 168	34 500	1 072 735	11 432	**1 194 543**
Tuen Mun, Yuen Long	**NTWC**	5 796	29 052	22 952	6 102	32 602	39 597	863 919	**1 000 020**
Others (Macau, Mainland China, etc.)		1 058	10 822	4 697	553	4 274	6 690	2 999	**31 093**
Overall		**673 052**	**771 379**	**1 020 998**	**781 524**	**1 596 214**	**1 222 214**	**915 761**	**6 981 142**

2017-18 (up to 31 December 2017) [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**	440 530	68 530	8 603	3 664	3 083	5 400	1 966	**531 776**
Central & Western, Southern	**HKWC**	32 806	369 527	6 775	1 858	2 615	2 680	1 843	**418 104**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	8 763	30 110	849 157	47 198	28 186	23 222	7 343	**993 979**
Kwun Tong, Sai Kung	**KEC**	15 051	28 253	140 519	545 882	11 522	21 694	3 923	**766 844**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	7 136	41 428	123 573	8 271	762 852	27 212	14 873	**985 345**
Sha Tin, Tai Po, North	**NTEC**	4 812	21 193	32 950	8 963	13 075	840 546	8 642	**930 181**
Tuen Mun, Yuen Long	**NTWC**	4 688	22 528	24 713	3 448	17 756	29 199	700 886	**803 218**
Others (Macau, Mainland China, etc.)		752	8 909	3 382	300	2 625	4 842	2 482	**23 292**
Overall		**514 538**	**590 478**	**1 189 672**	**619 584**	**841 714**	**954 795**	**741 958**	**5 452 739**

Note:

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

"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 one day. The calculation of the number of patient days and discharges and deaths includes both inpatients and day inpatients.

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

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. 2142)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please set out the number of specialist outpatient (SOP) new cases triaged as Priority 1, Priority 2 and Routine cases; their respective percentages in the total number of SOP new cases; and their respective average, median, 10th percentile, 25th percentile, 75th percentile and 90th percentile waiting time by specialty and hospital cluster for 2017-18.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 66)

Reply:

The table below sets out the number of specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases; their respective percentages in the total number of SOP new cases; and their respective lower quartile (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 (HA) for 2017-18 (up to 31 December 2017).

2017-18 (up to 31 December 2017) [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	528	7%	<1	<1	<1	<1	1 983	27%	1	4	7	7	4 889	66%	10	30	38	51
	MED	1 325	12%	<1	1	1	2	3 076	29%	3	6	7	8	6 259	59%	14	24	77	89
	GYN	543	13%	<1	<1	<1	1	784	18%	2	2	6	7	2 924	69%	18	47	69	74
	OPH	4 447	39%	<1	<1	1	1	1 558	14%	4	7	8	8	5 300	47%	12	34	58	61
	ORT	1 083	14%	<1	1	1	1	1 413	18%	3	5	7	7	5 521	69%	16	63	92	94
	PAE	102	10%	<1	1	1	1	698	72%	4	5	6	7	174	18%	9	10	14	20
	PSY	295	11%	<1	1	1	2	634	24%	2	3	4	6	1 706	65%	11	23	41	43
	SUR	986	9%	<1	1	1	2	3 146	27%	5	7	7	8	7 408	64%	20	54	68	79
HKWC	ENT	435	7%	<1	<1	<1	1	1 646	26%	4	6	7	7	4 256	67%	<1	26	40	47
	MED	1 446	14%	<1	<1	1	1	1 277	13%	2	4	6	7	7 309	73%	15	34	59	94
	GYN	1 234	21%	<1	<1	1	1	675	12%	3	5	7	8	3 835	67%	11	41	50	78
	OPH	2 703	38%	<1	<1	1	2	1 367	19%	4	5	7	8	3 039	43%	42	45	46	48
	ORT	760	10%	<1	<1	1	1	1 193	16%	3	4	6	7	5 652	74%	11	21	76	82
	PAE	275	15%	<1	<1	1	1	507	27%	1	3	6	7	1 068	58%	8	11	13	15
	PSY	271	10%	<1	1	1	2	661	24%	2	3	5	7	1 784	66%	23	63	100	126
	SUR	1 726	15%	<1	<1	1	1	2 305	20%	4	6	7	7	7 723	66%	7	19	53	75
KCC	ENT	1 336	10%	<1	<1	1	1	1 465	11%	3	5	7	7	10 597	79%	17	34	54	72
	MED	1 289	7%	<1	1	1	1	2 406	13%	4	5	6	7	14 806	80%	33	80	95	102
	GYN	807	9%	<1	<1	1	1	2 742	29%	4	5	7	7	5 770	62%	12	28	31	51
	OPH	6 729	33%	<1	<1	<1	1	4 448	22%	1	2	4	5	9 358	46%	69	92	94	97
	ORT	1 662	13%	<1	1	1	1	1 629	13%	3	5	6	7	9 448	74%	22	58	88	144
	PAE	767	23%	<1	<1	1	1	537	16%	2	3	4	5	2 082	61%	8	10	20	22
	PSY	96	5%	<1	1	1	1	706	36%	2	5	7	7	1 183	60%	16	25	37	78
	SUR	2 651	10%	<1	1	1	2	4 726	18%	3	5	6	7	18 516	72%	19	51	57	65
KEC	ENT	1 373	16%	<1	<1	<1	1	2 152	25%	1	3	4	6	4 933	58%	22	72	75	77
	MED	1 412	8%	<1	1	1	2	3 932	23%	4	6	7	7	11 607	68%	20	86	96	102
	GYN	1 126	17%	<1	1	1	1	653	10%	3	5	7	7	4 996	74%	14	57	66	68
	OPH	4 414	32%	<1	<1	<1	1	221	2%	3	6	7	7	9 020	66%	11	13	140	157
	ORT	2 838	22%	<1	1	1	1	3 074	24%	5	7	7	8	6 938	54%	20	106	113	115
	PAE	965	28%	<1	<1	<1	1	600	18%	2	4	6	7	1 857	54%	9	11	23	29
	PSY	214	4%	<1	<1	1	2	1 268	22%	2	3	6	7	4 193	73%	4	18	60	115
	SUR	1 697	8%	<1	1	1	1	5 383	26%	6	7	7	8	13 234	65%	14	23	70	89
KWC	ENT	2 466	20%	<1	<1	1	1	2 556	21%	4	6	7	8	7 321	59%	15	61	66	71
	MED	1 705	11%	<1	1	1	2	4 341	27%	4	5	7	8	9 300	58%	23	52	71	84
	GYN	217	3%	<1	<1	1	1	1 034	15%	4	6	7	7	5 367	80%	21	53	64	68
	OPH	4 778	29%	<1	<1	<1	<1	4 706	29%	<1	<1	1	1	6 962	42%	2	56	62	67
	ORT	1 329	11%	<1	1	1	2	2 713	23%	3	6	8	8	7 468	64%	34	59	85	105
	PAE	1 864	38%	<1	<1	<1	1	724	15%	3	6	7	7	2 181	45%	9	14	19	23

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			
	PSY	209	2%	<1	<1	1	1	595	6%	1	3	5	7	8 959	92%	2	16	57	79
	SUR	1 899	9%	<1	1	1	2	4 597	23%	4	6	7	7	13 578	68%	12	27	44	51
NTEC	ENT	2 815	19%	<1	<1	1	1	3 557	25%	3	3	5	7	8 069	56%	14	59	80	95
	MED	2 281	11%	<1	<1	1	1	2 710	13%	4	7	7	8	15 708	75%	22	66	92	103
	GYN	1 881	19%	<1	<1	1	2	690	7%	4	6	7	8	6 325	65%	21	57	73	87
	OPH	5 696	31%	<1	<1	1	1	3 080	17%	3	4	5	8	9 437	52%	15	26	65	67
	ORT	4 072	23%	<1	<1	<1	1	1 634	9%	3	5	6	7	12 043	68%	24	107	121	177
	PAE	178	5%	<1	1	1	2	438	13%	3	4	5	7	2 806	82%	7	12	17	37
	PSY	848	11%	<1	1	1	2	1 868	25%	3	4	7	8	4 658	63%	16	51	99	134
	SUR	1 470	7%	<1	<1	1	2	2 973	13%	4	5	7	8	17 215	77%	17	34	74	93
NTWC	ENT	2 538	22%	<1	<1	<1	1	1 479	13%	3	4	5	7	7 552	65%	17	44	79	82
	MED	1 089	9%	<1	1	1	2	3 100	25%	2	4	6	7	8 248	66%	24	69	81	90
	GYN	797	14%	<1	1	1	1	75	1%	2	3	6	7	4 701	84%	16	30	128	132
	OPH	6 348	39%	<1	<1	<1	1	2 127	13%	3	4	6	8	7 861	48%	15	50	57	62
	ORT	1 362	12%	<1	1	1	2	1 504	13%	3	5	6	7	8 847	75%	52	74	79	97
	PAE	74	4%	1	1	1	2	533	25%	5	7	7	7	1 495	71%	26	28	31	31
	PSY	356	7%	<1	<1	1	2	1 159	23%	3	4	6	7	3 527	70%	15	34	77	94
	SUR	1 633	8%	<1	1	1	2	2 949	14%	4	5	7	7	15 757	77%	24	61	73	86
Overall HA	ENT	11 491	16%	<1	<1	1	1	14 838	20%	3	4	6	7	47 617	64%	14	39	67	79
	MED	10 547	10%	<1	<1	1	2	20 842	20%	3	5	7	8	73 237	69%	21	64	89	100
	GYN	6 605	14%	<1	<1	1	1	6 653	14%	3	5	7	7	33 918	71%	16	34	66	82
	OPH	35 115	34%	<1	<1	<1	1	17 507	17%	1	3	5	7	50 977	49%	12	51	66	95
	ORT	13 106	16%	<1	<1	1	1	13 160	16%	3	5	7	8	55 917	68%	20	73	104	121
	PAE	4 225	21%	<1	<1	1	1	4 037	20%	3	5	6	7	11 663	58%	9	13	21	30
	PSY	2 289	6%	<1	1	1	2	6 891	20%	2	4	6	7	26 010	74%	8	28	71	99
	SUR	12 062	9%	<1	1	1	2	26 079	20%	4	6	7	8	93 431	71%	14	38	63	80

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.

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

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. 2143)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

(a) Please list the number of "management personnel", "professionals/administrators" and "support staff", as defined in the Hospital Authority (HA) Annual Report, in the areas of "medical", "nursing", "allied health professionals" and "care-related support" in the HA Head Office and each cluster, their total salary, mid-point monthly salary as well as their median and the 90th, 75th, 25th and 10th percentile monthly salaries in 2016-17, 2017-18 and 2018-19 (Estimate).

(b) Please list the number of staff of the above categories receiving overtime allowance/payment and the amount involved in 2016-17, 2017-18 and 2018-19 (Estimate).

(c) Please list by specialty and cluster the number of HA doctors involved in part time service and the total amount of remuneration received in 2016-17, 2017-18 and 2018-19 (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 received in 2016-17, 2017-18 and 2018-19 (Estimate).

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 67)

Reply:

(a)

The tables below provide the number of "medical", "nursing", "allied health" (AH), "care-related support staff", "management personnel", "professionals/administrator" and "other support staff" of the Hospital Authority (HA) Head Office (HO) and each cluster, their total remuneration; mid-point monthly salary as well as their median and 90th, 75th, 25th and 10th percentile monthly salaries in 2016-17 and 2017-18 (full year projection):

2016-17

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	212	119,385	109,670	157,150	121,985	105,880	85,112
	Nursing	47	154	69,278	65,740	80,905	65,740	47,240	45,120
	AH	75	147	70,413	65,150	105,484	82,645	48,343	38,282
	Care-related Support Staff	2	<1	17,092	17,092	18,146	17,751	16,434	16,038
	Management Personnel	36	121	274,943	145,440	200,966	184,085	138,280	135,950
	Professional/ Administrator	1 426	1 341	82,140	56,755	99,205	65,740	37,570	29,455
	Other Support Staff	593	198	32,095	19,281	37,570	28,040	17,903	12,890
HKEC	Medical	630	1 195	121,278	109,670	144,400	121,985	70,585	56,755
	Nursing	2 679	1 754	47,468	37,570	65,150	45,120	29,455	17,685
	AH	799	604	70,413	43,145	65,740	65,150	29,455	25,415
	Care-related Support Staff	1 536	339	23,892	14,992	17,759	17,685	13,791	12,230
	Management Personnel	11	26	155,798	109,670	216,698	121,985	99,205	84,533
	Professional/ Administrator	137	99	65,463	47,240	77,320	62,225	28,040	25,415
	Other Support Staff	2 285	548	41,945	13,844	28,040	18,351	11,347	10,464
HKWC	Medical	705	1 255	124,478	105,880	161,450	121,985	65,150	56,755
	Nursing	2 821	1 856	47,468	41,200	65,150	45,120	28,040	17,685
	AH	960	732	69,288	45,120	65,740	65,150	29,455	25,415
	Care-related Support Staff	1 450	326	19,194	15,775	18,281	17,685	14,626	13,034
	Management Personnel	12	35	168,645	119,865	177,408	159,683	109,670	93,601
	Professional/ Administrator	124	95	59,023	51,780	67,460	65,150	30,945	25,415
	Other Support Staff	2 066	512	37,850	14,280	28,040	18,840	11,347	10,726
KCC	Medical	781	1 454	124,478	109,670	161,450	121,985	67,460	59,425
	Nursing	3 333	2 228	48,415	45,120	65,150	47,240	30,945	28,040
	AH	1 065	800	69,288	43,145	65,740	62,225	29,455	26,700
	Care-related Support Staff	2 125	431	23,892	14,500	18,281	16,549	13,455	11,670
	Management Personnel	15	36	161,600	111,665	142,593	121,985	96,279	85,476
	Professional/ Administrator	191	116	57,898	47,240	65,150	60,825	28,040	25,415
	Other Support Staff	2 488	576	41,945	13,065	25,415	18,351	11,347	10,209

Cluster	Staff Group	No of staff	Total Remuneration ($ million)	Basic Salary ($)					
				Mid-point	Median	90th percentile	75th percentile	25th percentile	10th percentile
KEC	Medical	727	1 351	124,478	109,670	139,950	121,985	67,460	59,425
	Nursing	2 750	1 771	47,468	39,350	62,225	45,120	29,455	17,685
	AH	782	562	69,288	43,145	65,740	59,425	29,455	25,415
	Care-related Support Staff	1 584	352	25,707	15,366	18,840	17,685	14,135	12,848
	Management Personnel	11	28	143,970	121,985	203,660	133,713	93,613	84,385
	Professional/ Administrator	117	88	60,230	49,445	76,720	65,150	28,040	25,415
	Other Support Staff	1 864	426	37,555	14,280	23,970	17,977	11,473	10,465
KWC	Medical	1 463	2 685	124,478	109,670	144,400	121,985	70,585	56,755
	Nursing	5 746	3 950	47,468	45,120	65,740	47,240	32,470	28,040
	AH	1 696	1 252	69,288	43,145	65,740	62,225	29,455	25,415
	Care-related Support Staff	2 991	667	23,892	14,992	18,281	17,685	14,135	13,455
	Management Personnel	20	56	166,828	109,670	212,091	186,376	94,774	88,020
	Professional/ Administrator	231	181	69,288	49,445	73,930	65,150	28,040	25,415
	Other Support Staff	4 185	1 010	41,945	14,280	28,040	19,280	11,347	10,464
NTEC	Medical	1 022	1 834	124,478	105,880	144,400	121,985	67,460	56,755
	Nursing	4 090	2 691	47,468	41,200	65,150	45,120	29,455	16,960
	AH	1 231	907	69,288	43,145	65,740	65,150	29,455	25,415
	Care-related Support Staff	2 554	559	23,892	14,992	18,281	17,685	14,135	13,455
	Management Personnel	15	42	154,855	109,670	202,522	124,805	99,205	91,116
	Professional/ Administrator	154	134	69,288	51,780	83,689	65,150	30,945	25,415
	Other Support Staff	2 756	667	41,945	13,735	28,040	20,060	11,347	10,209
NTWC	Medical	824	1 505	124,478	105,880	144,400	121,985	67,460	56,755
	Nursing	3 514	2 306	48,415	41,200	62,225	47,240	29,455	21,255
	AH	964	683	69,288	43,145	65,740	59,425	29,455	25,415
	Care-related Support Staff	2 455	508	23,892	14,500	17,685	16,490	14,044	13,455
	Management Personnel	13	29	144,023	105,880	189,746	155,101	90,866	88,020
	Professional/ Administrator	175	127	59,633	45,120	65,150	62,225	28,040	25,415
	Other Support Staff	2 535	571	41,945	14,280	23,970	17,685	11,326	10,209

2017-18 (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	12	220	125,988	111,730	140,768	117,916	104,288	90,062
	Nursing	42	128	72,743	67,270	71,592	67,270	50,900	46,664
	AH	75	120	71,838	67,065	101,070	82,425	49,765	40,169
	Care-related Support Staff	2	<1	17,595	17,595	18,679	18,273	16,918	16,511
	Management Personnel	38	124	280,115	148,175	200,625	187,545	143,255	138,500
	Professional/ Administrator	1 465	1 417	84,413	58,425	101,070	67,270	38,675	30,320
	Other Support Staff	588	197	34,339	19,847	38,675	28,865	18,429	14,112
HKEC	Medical	660	1 213	123,710	111,730	147,100	124,280	67,270	58,425
	Nursing	2 769	1 864	48,435	40,505	67,065	46,445	30,320	21,880
	AH	834	637	70,680	46,445	67,270	67,065	30,320	26,160
	Care-related Support Staff	1 522	351	24,594	15,819	18,738	18,205	14,551	12,590
	Management Personnel	11	25	164,638	111,730	222,455	124,280	89,675	86,804
	Professional/ Administrator	145	105	68,838	46,445	71,910	64,055	28,865	26,160
	Other Support Staff	2 297	573	42,787	14,403	28,865	19,363	11,681	11,042
HKWC	Medical	719	1 284	126,985	101,070	164,500	124,280	64,055	58,425
	Nursing	2 888	1 917	48,435	40,505	67,065	46,445	30,320	18,205
	AH	975	760	70,680	46,445	67,270	67,065	30,320	27,485
	Care-related Support Staff	1 430	331	19,689	16,561	18,818	18,205	14,914	13,851
	Management Personnel	11	31	173,748	111,730	158,460	124,280	104,470	97,560
	Professional/ Administrator	125	102	60,233	53,300	70,002	67,065	31,855	26,160
	Other Support Staff	2 066	523	39,492	14,700	28,865	19,395	11,681	11,278
KCC	Medical	1 259	2 315	126,985	111,730	147,100	124,280	68,730	58,425
	Nursing	5 209	3 608	57,758	46,445	67,270	46,445	31,855	28,865
	AH	1 579	1 231	70,680	44,415	67,270	67,065	30,704	27,485
	Care-related Support Staff	3 048	664	24,594	15,056	18,818	17,835	14,196	12,460
	Management Personnel	20	50	166,365	115,845	189,468	134,945	98,438	87,500
	Professional/ Administrator	272	191	66,438	50,900	68,584	64,055	28,865	26,160
	Other Support Staff	3 825	945	42,787	13,699	28,865	19,395	11,681	11,042

Cluster	Staff Group	No of staff	Total Remuneration ($ million)	Basic Salary ($)					
				Mid-point	Median	90th percentile	75th percentile	25th percentile	10th percentile
KEC	Medical	741	1 383	126,985	111,730	147,100	124,280	69,525	58,425
	Nursing	2 873	1 880	48,435	40,505	64,055	46,445	30,320	18,205
	AH	790	594	70,680	44,415	67,270	61,170	30,320	27,485
	Care-related Support Staff	1 598	376	26,462	15,819	19,238	18,205	14,881	12,905
	Management Personnel	10	30	155,993	124,280	203,519	142,201	106,873	92,429
	Professional/ Administrator	111	88	61,475	53,300	71,910	67,065	28,865	26,160
	Other Support Staff	1 892	450	38,659	13,899	26,160	18,429	11,681	11,278
KWC	Medical	1 069	1 984	126,985	111,730	147,100	124,280	68,730	58,425
	Nursing	4 226	2 925	48,435	46,445	67,270	48,630	31,855	28,865
	AH	1 261	948	70,680	44,415	67,270	61,170	30,320	26,160
	Care-related Support Staff	2 209	498	24,594	15,819	18,818	18,205	14,746	13,851
	Management Personnel	15	42	153,960	111,730	207,508	171,065	99,315	88,998
	Professional/ Administrator	183	151	70,680	52,100	78,430	67,065	30,320	26,160
	Other Support Staff	2 871	724	42,787	14,700	28,865	19,847	11,681	11,278
NTEC	Medical	1 071	1 902	126,985	107,870	142,600	124,280	64,055	58,425
	Nursing	4 249	2 850	48,435	42,410	67,065	46,445	30,320	18,205
	AH	1 283	958	70,680	44,415	67,270	64,055	30,320	26,160
	Care-related Support Staff	2 570	594	24,594	15,819	18,818	18,205	14,675	13,851
	Management Personnel	15	39	157,765	111,730	210,752	129,230	101,070	91,221
	Professional/ Administrator	168	143	70,680	53,300	84,600	67,065	31,855	26,160
	Other Support Staff	2 767	693	42,787	13,952	28,865	20,650	11,681	11,278
NTWC	Medical	853	1 547	126,985	107,870	147,100	124,280	67,270	58,425
	Nursing	3 613	2 455	48,435	42,410	67,065	48,630	31,855	23,225
	AH	1 019	738	70,680	42,410	67,270	58,425	28,865	26,160
	Care-related Support Staff	2 541	545	24,594	15,056	18,205	17,035	14,552	13,851
	Management Personnel	12	30	148,583	111,730	193,955	136,228	95,550	93,540
	Professional/ Administrator	186	138	60,860	48,630	67,065	64,055	28,865	26,160
	Other Support Staff	2 580	611	38,762	14,700	24,675	18,205	11,681	11,278

Note:

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

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

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

(4) The "care-related support staff" includes health care assistants, ward attendants, patient care assistants, etc.

(5) The "management personnel" group includes cluster executives, chief executive, cluster general managers, directors, deputy directors, hospital chief executives, etc.

(6) The "professionals/administrator" group includes chief hospital administrators, chief information officers, chief treasury accountants, legal counsels, senior supplies officers, statisticians, etc.

(7) The "other support staff" group includes assistant laundry managers, clerical assistants, data processors, operation assistants, executive assistants, etc.

(8) The statistics on the number of staff for 2016-17 and 2017-18, which include permanent, contract and temporary staff, are calculated on full-time equivalent basis as at 31 March 2017 and 31 December 2017 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 benefit. The figures for 2017-18 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 2018-19 is not available as the budget allocation for 2018-19 is under preparation.

(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 2016-17 and 2017-18 (full year projection):

2016-17

Staff Group	No. of Staff	Payment for Overtime Work ($million)
Medical	2 156	96.8
Nursing	6 792	79.0
Allied Health	1 454	11.8
Care-related Support Staff	4 407	31.7
Management Personnel	1	0.2
Professionals / Administrator	11	<0.1
Other Support Staff	2 590	15.0
Total	**17 411**	**234.5**

2017-18 (Full-year projection)

Staff Group	No. of Staff	Payment for Overtime Work ($million)
Medical	2 040	100.4
Nursing	6 542	105.9
Allied Health	1 545	16.0
Care-related Support Staff	4 081	36.3
Management Personnel	2	0.3
Professionals / Administrator	3	<0.1
Other Support Staff	2 462	17.9
Total	**16 675**	**276.8**

Note:

(1) The number of staff receiving payment for overtime work in 2016-17 and 2017-18 are based on headcount statistics as at 31 March 2017 and 31 January 2018 respectively.

(2) Payment for overtime work for 2017-18 represents full-year projection.

(3) Estimate on the number of HA staff receiving payment for overtime work and the amount involved for 2018-19 is not available as arrangement of overtime work is based on ad hoc service demand.

(c)

The tables below provide the number of HA doctors involved in part time service for HA by specialty and cluster and the respective total amount of remuneration received in 2016-17 and 2017-18 (full year projection):

2016-17

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
HAHO	Hospital Planning	0	0.7
HAHO Total		**0**	**0.7**
HKEC	Accident & Emergency	2	1.8
	Anaesthesia	1	1.0
	Ear, Nose, Throat	0	0.3
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	4.5
	Medicine	8	4.5
	Obstetrics & Gynaecology	1	1.5
	Ophthalmology	3	1.2
	Orthopaedics & Traumatology	1	0.2
	Paediatrics	2	1.4
	Pathology	0	0.4
	Psychiatry	5	3.5
	Radiology	2	2.0
	Surgery	3	1.3
HKEC Total		**33**	**23.6**
HKWC	Accident & Emergency	3	1.1
	Anaesthesia	3	5.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	1	0.8
	Medicine	4	1.4
	Obstetrics & Gynaecology	4	0.4
	Paediatrics	1	1.5
	Pathology	0	0.2
	Psychiatry	4	1.5
	Radiology	2	2.2
	Surgery	4	0.8
HKWC Total		**26**	**15.1**
KCC	Accident & Emergency	3	2.3
	Anaesthesia	1	0.3
	Clinical Oncology	3	1.8
	Ear, Nose, Throat	1	1.5
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	3	1.4
	Medicine	6	2.5
	Obstetrics & Gynaecology	12	6.1
	Ophthalmology	3	1.4
	Orthopaedics & Traumatology	6	2.1
	Paediatrics	8	5.7
	Pathology	3	1.0
	Psychiatry	3	3.0

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
	Radiology	2	1.7
	Surgery	2	1.0
KCC Total		**56**	**31.8**
KEC	Accident & Emergency	2	1.1
	Anaesthesia	3	2.6
	Ear, Nose, Throat	1	0.3
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	3	0.9
	Medicine	14	5.9
	Obstetrics & Gynaecology	2	1.3
	Ophthalmology	1	0.2
	Orthopaedics & Traumatology	2	1.4
	Paediatrics	1	1.4
	Pathology	3	2.8
	Psychiatry	3	1.4
	Radiology	1	1.4
	Surgery	4	3.0
KEC Total		**40**	**23.7**
KWC	Accident & Emergency	12	7.1
	Anaesthesia	1	0.9
	Clinical Oncology	2	0.4
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	22	8.1
	Medicine	25	8.3
	Neurosurgery	2	1.9
	Obstetrics & Gynaecology	5	3.5
	Ophthalmology	2	0.9
	Orthopaedics & Traumatology	3	1.8
	Paediatrics	21	5.3
	Pathology	2	4.0
	Psychiatry	4	2.0
	Radiology	6	3.6
	Surgery	6	2.2
KWC Total		**113**	**50.0**
NTEC	Accident & Emergency	6	4.0
	Anaesthesia	2	1.8
	Ear, Nose, Throat	0	0.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	3.8
	Intensive Care Unit	1	0.3
	Medicine	13	5.3
	Neurosurgery	1	1.2
	Obstetrics & Gynaecology	3	1.3
	Ophthalmology	3	1.2

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
	Orthopaedics & Traumatology	3	1.4
	Paediatrics	3	2.2
	Psychiatry	2	0.8
	Radiology	1	1.9
	Surgery	5	3.7
NTEC Total		**48**	**29.1**
NTWC	Accident & Emergency	4	4.5
	Anaesthesia	6	4.7
	Clinical Oncology	0	0.5
	Ear, Nose, Throat	1	1.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	4	1.4
	Medicine	8	5.0
	Neurosurgery	1	0.3
	Obstetrics & Gynaecology	3	3.2
	Ophthalmology	1	3.8
	Orthopaedics & Traumatology	1	0.4
	Paediatrics	3	1.9
	Pathology	1	1.9
	Psychiatry	2	1.6
	Radiology	3	2.9
	Surgery	5	5.9
NTWC Total		**43**	**39.2**
Grand Total		**359**	**213.2**

<u>2017-18</u> (Full-year projection)

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
HKEC	Accident & Emergency	2	2.3
	Anaesthesia	1	0.9
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	7	4.6
	Medicine	9	5.6
	Obstetrics & Gynaecology	1	1.5
	Ophthalmology	1	1.1
	Orthopaedics & Traumatology	2	1.4
	Paediatrics	1	0.4
	Psychiatry	5	3.5
	Radiology	2	1.9
	Surgery	1	1.0
HKEC Total		**32**	**24.2**
HKWC	Accident & Emergency	3	0.8

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
	Anaesthesia	2	2.9
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	3	1.2
	Medicine	3	1.1
	Obstetrics & Gynaecology	4	0.4
	Ophthalmology	1	<0.1
	Paediatrics	0	0.2
	Psychiatry	5	1.0
	Radiology	1	1.7
	Surgery	3	0.7
HKWC Total		**25**	**10.0**
KCC	Accident & Emergency	5	3.4
	Anaesthesia	2	1.9
	Clinical Oncology	3	2.0
	Ear, Nose, Throat	2	1.9
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	20	6.8
	Medicine	15	5.8
	Neurosurgery	2	2.0
	Obstetrics & Gynaecology	15	9.4
	Ophthalmology	3	1.6
	Orthopaedics & Traumatology	7	3.3
	Paediatrics	14	8.6
	Pathology	2	1.4
	Psychiatry	5	3.9
	Radiology	4	4.2
	Surgery	7	2.5
KCC Total		**106**	**58.7**
KEC	Accident & Emergency	5	1.7
	Anaesthesia	1	1.7
	Ear, Nose, Throat	1	0.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	3	1.4
	Medicine	10	5.7
	Obstetrics & Gynaecology	1	1.1
	Ophthalmology	3	0.3
	Orthopaedics & Traumatology	2	1.7
	Paediatrics	1	1.2
	Pathology	4	3.5
	Psychiatry	4	1.5
	Radiology	2	1.6
	Surgery	5	2.9
KEC Total		**42**	**24.5**
KWC	Accident & Emergency	8	4.5

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
	Anaesthesia	1	0.9
	Clinical Oncology	2	0.3
	Ear, Nose, Throat	1	<0.1
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	6	2.6
	Medicine	19	7.4
	Obstetrics & Gynaecology	2	1.0
	Ophthalmology	2	0.3
	Orthopaedics & Traumatology	3	2.3
	Paediatrics	7	4.1
	Pathology	3	5.1
	Psychiatry	5	2.6
	Radiology	4	3.2
	Surgery	3	2.2
KWC Total		**66**	**36.5**
NTEC	Accident & Emergency	5	2.6
	Anaesthesia	2	1.8
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	9	4.4
	Intensive Care Unit	0	0.5
	Medicine	14	5.5
	Neurosurgery	1	1.3
	Obstetrics & Gynaecology	3	1.7
	Ophthalmology	4	2.2
	Orthopaedics & Traumatology	3	1.8
	Paediatrics	3	1.4
	Psychiatry	0	0.5
	Radiology	1	1.9
	Surgery	5	3.5
NTEC Total		**50**	**29.1**
NTWC	Accident & Emergency	4	4.4
	Anaesthesia	4	3.9
	Ear, Nose, Throat	1	1.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	1.5
	Medicine	7	5.1
	Neurosurgery	0	0.1
	Obstetrics & Gynaecology	4	3.6
	Ophthalmology	1	3.6
	Orthopaedics & Traumatology	1	0.2
	Paediatrics	2	1.9
	Pathology	2	0.5
	Psychiatry	2	1.9
	Radiology	3	2.6

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
	Surgery	6	5.3
NTWC Total		**42**	**35.8**
Grand Total		**363**	**218.8**

Note:

(1) The statistics on the number of doctors for 2016-17 and 2017-18 are based on headcounts as at 31 March 2017 and 31 December 2017 respectively. For staff who is no longer serving in HA as at these two 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 benefit. The figures for 2017-18 represent full-year projection.

(3) Estimate on the number of HA doctors involved in part time service for HA by specialty and cluster and the respective total amount of remuneration for 2018-19 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 2016-17 and 2017-18 (full year projection) and the total amount of remuneration involved.

2016-17

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	2	75,000
	Surgery	1	50,000
HKWC Total		**8**	**425,000**
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
	Surgery	1	60,000
NTEC Total		**6**	**336,000**
Grand Total		**15**	**809,000**

2017-18 (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	2	108,000
	Surgery	1	60,000
HKWC Total		**8**	**468,000**
KCC	Ophthalmology	1	48,000
KCC Total		**1**	**48,000**
NTEC	Anaesthesia	2	60,000
	Clinical Oncology	1	60,000
	Pathology	2	120,000
	Psychiatry	1	36,000
	Surgery	1	60,000
NTEC Total		**7**	**336,000**
Grand Total		**16**	**852,000**

Note:

(1) The number of honorary doctors receiving remuneration from HA in 2016-17 and 2017-18 are based on headcount statistics as at 31 March 2017 and 31 January 2018 respectively.

(2) Total remuneration for 2017-18 represents full-year projection.

(3) Estimate on the number of non-HA doctors by specialty and cluster who have provided service to and received remuneration for 2018-19 is not available as recruitment of non-HA doctors is based on ad hoc service demand.

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

HKEC – Hong Kong East Cluster
HKWC – Hong Kong West Cluster
KCC – Kowloon Central Cluster
KEC – Kowloon East Cluster

KWC – Kowloon West Cluster
NTEC – New Territories East Cluster
NTWC – New Territories West Cluster
HAHO – HA Head Office

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2144)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

(a) Please set out details of the provisions for adult psychiatry, psychogeriatric service, as well as child and adolescent psychiatry service of the two psychiatric hospitals and other psychiatric specialist outpatient clinics under the Hospital Authority (HA) from 2013-14 to 2017-18.

(b) Please tabulate the provisions for HA's psychiatric centres, as well as the healthcare manpower, attendances and costs of the HA's outpatient services at adult psychiatric clinics, child and adolescent psychiatric clinics, substance abuse assessment units, early psychosis service centres, psychiatric units for learning disabilities, perinatal psychiatric departments and psychogeriatric clinics, and the related consultation-liaison services in the Accident and Emergency (A&E) departments from 2013-14 to 2017-18.

(c) Please list 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 cases for the above services.

(d) Please provide the number of hospital admissions of new and follow-up psychiatric patients via the consultation-liaison services in the A&E departments from 2013-14 to 2017-18.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 68)

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 psychiatric teams in HA provide support for

psychiatric patients of different ages and diseases groups, HA does not have the requested breakdown on the manpower for supporting the individual services.

The table below sets out the number of doctors, nurses and allied health professionals working in the psychiatric stream in HA from 2013-14 to 2017-18 –

Year	**Psychiatric doctors**[1,2]	**Psychiatric Nurses**[1,3] **(including Community Psychiatric Nurses)**	**Allied Health Professionals**		
			Clinical Psychologists[1]	**Medical Social Workers**[5]	**Occupational Therapists**[1]
2013-14	335	2 375	71	243	227
2014-15	333	2 442	77	243	236
2015-16	344	2 472	82	243	245
2016-17[4]	349	2 493	90	243	257
2017-18[4]	351	2 541	92	243	267

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff, 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 and Siu Lam Hospital (SLH)), nurses working in psychiatry department of other non-psychiatric hospitals as well as all nurses in psychiatric stream.
4. Starting from 2016-17, psychiatric doctors also include doctors working in SLH.
5. Information on the number of Medical Social Workers supporting psychiatric services in HA is provided by the Social Welfare Department.

The table below sets out the total number of attendances of psychiatric specialist outpatient clinics (SOPCs) in the HA from 2013-14 to 2017-18 (up to 31 December 2017) –

	2013-14	**2014-15**	**2015-16***	**2016-17***	**2017-18* (up to 31 December 2017) [provisional figures]**
Total number of attendances of psychiatric SOPCs	791 170	796 123	825 591	859 338	649 148

* 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 by HA from 2013-14 to 2017-18 –

	Cost of Mental Health Services ($ million)				
	2013-14	**2014-15**	**2015-16**	**2016-17**	**2017-18 (Revised Estimate)**
Inpatient	2,198	2,311	2,422	2,501	2,674
Outpatient	946	994	1,100	1,174	1,241
Community Outreach	472	518	565	611	647
Day Hospital	242	256	281	293	308
Total	**3,858**	**4,079**	**4,368**	**4,579**	**4,870**

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.

(c)
The table below sets out the waiting time of SOPC new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases for the psychiatric specialty from 2013-14 to 2017-18 (up to 31 December 2017) –

Year	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	75th	90th		25th	50th	75th	90th		25th	50th	75th	90th
		percentile					percentile					percentile			
2013-14	3 632	<1	1	1	2	9 580	2	4	7	8	33 898	4	20	51	88
2014-15	3 589	<1	1	1	2	9 651	2	4	7	7	34 404	6	22	59	87
2015-16	3 675	<1	<1	1	1	9 387	2	4	6	7	35 200	5	22	69	98
2016-17	3 365	<1	1	1	2	9 089	2	4	7	7	35 744	4	20	61	97
2017-18 (up to 31 December 2017) [provisional figures]	2 289	<1	1	1	2	6 891	2	4	6	7	26 010	8	28	71	99

(d)
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 2013-14 to 2017-18 (as at 31 December 2017) –

Year	**Number of hospital admissions to Psychiatry specialty via A&E Department**
2013-14	7 769
2014-15	7 360
2015-16	7 666
2016-17	7 539
2017-18 (as at 31 December 2017) [provisional figures]	5 708

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2145)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following by cluster under the Hospital Authority (including all clusters as a whole):

(a) the numbers of infirmary, mentally-ill and mentally-handicapped inpatients, patient days and costs of medical services for these patients, as well as the number of healthcare staff involved;

(b) the 90th, 75th, 25th and 10th percentile of length of stay for infirmary, mentally-ill and mentally-handicapped inpatients and the reasons for the length of stay at the 75th and 90th percentile;

(c) the number of general outpatient attendances; and

(d) the number of specialist outpatient attendances.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 69)

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 2017-18 (up to 31 December 2017).

Number of patient days in 2017-18 (up to 31 December 2017) [Provisional figures]	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Infirmary	125 175	34 009	57 135	26 559	35 371	75 674	22 187	**376 110**
Mentally ill	84 079	16 298	81 319	17 529	182 674	114 377	201 799	**698 075**
Mentally handicapped *	–	–	–	–	17 379	–	127 401	**144 780**

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

HA classifies day inpatients as those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident and 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 patients in their treatment journeys. Therefore, 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 2017-18.

Type of Beds	Estimated Service Costs ($ million)							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Infirmary	314	85	123	70	89	151	44	876
Mentally Ill	308	136	353	91	601	448	737	2,674
Mentally Handicapped*	–	–	–	–	62	–	286	348

* 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 2017. HA does not have the manpower breakdowns for mentally handicapped service and infirmary service as they are covered by the manpower under the specialties of psychiatry and medicine respectively.

2017-18 (As at 31 December 2017)

Staff Group	Cluster	Psychiatry	Medicine
Doctors	HKEC	35	155
	HKWC	25	144
	KCC	31	277
	KEC	37	160
	KWC	75	206
	NTEC	65	210
	NTWC	84	157
Doctors Total		**351**	**1 310**
Nurses	HKEC	247	850
	HKWC	108	710
	KCC	243	1 431
	KEC	148	989
	KWC	666	998
	NTEC	395	1 294
	NTWC	735	869
Nursing Total		**2 541**	**7 142**

Notes:

1) The manpower figures are calculated on an FTE basis including permanent, contract and temporary staff, but excluding those in 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. Psychiatric nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatric department of other non-psychiatric hospitals as well as all nurses in psychiatric stream.

(b)

The table below sets out the 25^{th}, 50^{th}, 75^{th}, 90^{th} percentile of length of stay for the psychiatric specialty in each hospital cluster under HA in 2017-18 (up to 31 December 2017).

2017-18 (up to 31 December 2017) [Provisional figures]

IP Length of Stay (days)	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
25th percentile	9	10	11	14	14	5	14	10
50th percentile	21	23	21	26	26	16	28	23
75th percentile	49	45	37	48	50	39	58	46
90th percentile	113	77	66	88	102	77	164	90

HA makes use of the commonly used yardsticks of 25th, 50th and 75th percentile (i.e. lower quarter percentile, median, upper quarter percentile) for statistical review. To reflect the relatively long IP length of stay, HA uses 90th percentile.

Infirmary and mentally handicapped services involve long-stay patients and small patient volume, the length of stay of discharged patients is highly variable year by year and across clusters, in particular the discharge of a few exceptionally long stay patients can bring great variations in the length of stay in the cluster concerned. Furthermore, in view of the relative small number of discharges and deaths every year comparing with the total patients being treated, the figure does not reflect the services provided to all patients during the reporting period. Therefore, the number of patient days serves a better indicator to reflect the utilisation of the services.

(c) & (d)

The table below sets out the number of general outpatient (GOP) and specialist outpatient (SOP) attendances in each hospital cluster under HA in 2017-18 (up to 31 December 2017).

2017-18 (up to 31 December 2017) [Provisional figures]

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Number of GOP attendances	456 565	295 907	893 943	730 348	814 093	726 889	645 379	**4 563 124**
Number of SOP attendances	626 206	674 376	1 102 602	663 081	1 008 921	922 245	787 827	**5 785 258**

Note:

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2146)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the waiting time for specialist services:

(a) Please tabulate, by cluster, the number of cataract surgeries performed in public hospitals, the number of patients involved and their waiting time in 2015-16, 2016-17 and 2017-18.

	2015-16	2016-17	2017-18
Number of surgeries			
Number of patients on the waiting list			
Average waiting time by cluster: New Territories East New Territories West Kowloon East Kowloon Central Kowloon West Hong Kong East Hong Kong West			
Average cost of surgeries			

(b) How many patients were subsidised by the Hospital Authority to receive cataract surgeries in the private sector in the past 3 years? Please provide details in the table below.

	2015-16	2016-17	2017-18
Number of surgeries			
Number of patients on the waiting list			

Average waiting time by cluster: New Territories East New Territories West Kowloon East Kowloon Central Kowloon West Hong Kong East Hong Kong West			
Average cost of surgeries			
Average amount of money paid by patients per case			

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 70)

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 2015-16, 2016-17 and 2017-18 (up to 31 December 2017):

	2015-16	**2016-17**	**2017-18 (up to 31 December 2017)**
Number of surgeries			
HKEC	4 035	3 746	2 814
HKWC	2 918	3 436	2 670
KCC	6 336	6 059	4 408
KEC	3 904	3 955	2 852
KWC	2 502	2 812	2 566
NTEC	3 907	3 895	3 353
NTWC	2 780	3 001	2 201
Number of patients on the waiting list (as at 31 March of financial year end)			
HKEC	2 535	2 768	3 100
HKWC	2 912	3 173	3 006
KCC	10 565	11 132	11 322
KEC	4 582	3 752	3 133
KWC	6 272	5 971	5 338
NTEC	5 336	6 401	6 795
NTWC	5 390	6 395	7 248
Estimated average waiting time (months) (as at 31 March of financial year end)			

	2015-16	2016-17	2017-18 (up to 31 December 2017)
HKEC	8	9	10
HKWC	12	11	10
KCC	20	22	23
KEC	14	11	10
KWC	30	26	19
NTEC	17	20	20
NTWC	23	26	30

Note:

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

The waiting time for cataract surgeries is the estimated average (notional) waiting time.

The costs for an ambulatory cataract surgery (mainly day cases) were estimated to be $17,230 and $17,500 in 2015-16 and 2016-17 respectively, and are projected to be around $18,720 in 2017-18. These costs were computed with reference to factors such as relative complexity of surgical procedures and operating time, covering both costs of operating procedure (mainly including surgeons, anaesthetics and operating theatre expenditures) and post-surgery stay in hospital.

(b)

Under the Cataract Surgeries Programme, which is a public-private partnership programme, patients who choose to receive the surgery in the private sector will each receive a fixed subsidy of $5,000, subject to a co-payment of no more than $8,000 for each patient. HA does not maintain statistical record on the average cost of surgery performed under the public-private partnership programme and the average amount of money paid by patients per case.

The table below sets out the number of surgeries under the Cataract Surgeries Programme and the actual / projected time in 2015-16, 2016-17 and 2017-18 (up to 31 December 2017):

	2015-16	2016-17	2017-18 (up to 31 December 2017)
Number of surgeries under the Cataract Surgeries Programme	538	400	408
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. 2147)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:
It is stated in paragraph 141 of the Budget Speech that "planning the second 10-year hospital development plan…will cover the study of in-situ redevelopment of Princess Margaret Hospital and Tuen Mun Hospital, construction of a new hospital at the King's Park site (i.e. the existing Queen Elizabeth Hospital site) and expansion of North Lantau Hospital. It is expected to deliver 3 000 to 4 000 additional hospital beds, provide additional facilities and quota for consultation."

(a) Please provide details of the distribution of the 3 000 to 4 000 hospital beds in each hospital and their actual planned uses, and a breakdown of the estimated additional expenditure, doctor manpower and service capacity.

(b) Please provide details of the planning for the hospitals to be redeveloped or expanded, the completion time of the works, the additional facilities and consultation quota, as well as a breakdown of the estimated additional recurrent expenditure, manpower and service capacity involved.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 72)
Reply:
In the light of an increasing demand for healthcare services, the Government has invited the Hospital Authority (HA) to start planning the second ten-year Hospital Development Plan (HDP) instead of waiting for the mid-term review of the first ten-year HDP to be conducted in 2021. HA will take into account the projected service demands, the physical conditions of existing hospitals, and the planned service models, etc. in the formulation of the second HDP. At this stage, information on the service capacity and throughput, manpower requirements, as well as estimated expenditure and recurrent implications is not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2149)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 139 of the Budget Speech that the expenditure on public healthcare services will increase by 13.3 per cent to $71.2 billion, accounting for 17.5 per cent of government recurrent expenditure.

(1) The recurrent expenditure of $71.2 billion on healthcare covers the recurrent resources allocated for 4 health-related heads of expenditure, namely Head 140 - Food and Health Bureau (Health Branch), Head 37 - Department of Health, Head 48 - Government Laboratory and Head 155 - Government Secretariat: Innovation and Technology Commission. Please list the recurrent expenditure items related to healthcare and the respective estimated expenditures under the above heads.

(2) It is mentioned in the Budget Speech that an additional recurrent funding of nearly $6 billion will be allocated to the Hospital Authority in 2018-19 to increase the number of hospital beds, operating theatre sessions, the quota for general outpatient and specialist outpatient services and the manpower required. Please provide a detailed breakdown of the estimated expenditures, manpower and service capacity involved.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 74)
Reply:
(1)

The recurrent expenditure of $71.2 billion on healthcare covers a wide range of recurrent expenditure items. Details could be found in the Controlling Officer's Report of the respective Heads including Head 140, 37, 48 and 155.

The table below sets out the breakdown of the estimated recurrent expenditure allocated to the 4 health-related Heads of Expenditure in 2018-19:

Head of Expenditure	2018-19 Estimate ($million)
Head 140 – Food and Health Bureau (Health Branch)	62,149.5
Head 37 – Department of Health	8,938.4
Head 48 – Government Laboratory	50.2
Head 155 – Government Secretariat : Innovation and Technology Commission	3.6
Total :	(Note) **71,141.7**

(Note) The total recurrent expenditure for Policy Area Group (PAG): Health amounts to 71,158 million per Appendix B of the Budget Speech. It has included $16.3 million Additional Commitments under Head 106 – Miscellaneous Services apportioned to PAG: Health to meet funding for initiatives under planning and also any unavoidable recurrent expenditure that may arise during the year in excess of the amounts provided under other heads and subheads of the Estimates.

(2)

The overall recurrent subvention to the Hospital Authority (HA) in 2018-19 amounts to $61.5 billion, representing an increase of 10.7% over the 2017-18 revised estimate ($55.5 billion). With the additional financial provision of the Government, HA will implement new initiatives and enhance various types of services in HA including the following key measures:

(a) increasing 574 public hospital beds.

(b) re-engaging healthcare professional retirees to provide service in various pressurised specialties for training and knowledge transfer, and recruiting non-locally trained doctors through limited registration subject to the approval by the Medical Council of Hong Kong to help alleviate manpower shortage;

(c) supporting healthcare training (including clinical practicum, specialty and higher training) and enhancing proficiency of healthcare professionals; and

(d) enhancing psychiatric services; palliative care services; services of nurse clinics in specialist outpatient services; and pharmacy services, etc.

The number of medical, nursing and allied health staff in 2018-19 is expected to increase by, on a full-time equivalent basis, 230, 830 and 230 respectively when compared to 2017-18. HA will deploy existing staff and recruit additional staff to cope with the implementation of the initiatives. The detailed arrangement for manpower deployment is being worked out and is not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2150)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the doctor manpower in 2017-18,

(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: Hon CHAN Pierre (Member Question No. (LegCo use): 75)

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 2018-19, HA plans to recruit about 500 doctors.

As at 31 December 2017, there were 363 part-time doctors working in HA, providing support equivalent to about 135 full-time doctors.

The table below sets out the number of all ranks of doctors (including full-time and part-time) by major specialties in each hospital cluster of HA in 2017-18 (as at 31 December 2017).

Cluster	Specialty	2017-18 (as at 31 December 2017)			
		Consultant	SMO/AC	MO/R	Total
HKEC	Accident & Emergency	8	26	24	57
	Anaesthesia	5	13	14	32
	Family Medicine	2	12	47	61
	Intensive Care Unit	1	7	9	17
	Medicine	19	52	85	155
	Neurosurgery	2	2	9	13
	Obstetrics & Gynaecology	5	5	10	20
	Ophthalmology	4	6	10	20
	Orthopaedics & Traumatology	6	12	17	34
	Paediatrics	4	7	16	27
	Pathology	7	6	5	18
	Psychiatry	5	13	17	35
	Radiology	10	11	20	41
	Surgery	8	15	28	51
	Others	6	7	15	28
	Total	**91**	**194**	**326**	**610**
HKWC	Accident & Emergency	3	12	13	29
	Anaesthesia	18	23	31	72
	Cardio-thoracic Surgery	5	3	4	12
	Family Medicine	3	12	27	42
	Intensive Care Unit	2	6	6	14
	Medicine	24	39	80	144
	Neurosurgery	2	4	7	13
	Obstetrics & Gynaecology	6	7	14	27
	Ophthalmology	2	3	9	14
	Orthopaedics & Traumatology	5	7	22	34
	Paediatrics	14	14	24	52
	Pathology	8	9	14	31
	Psychiatry	4	8	13	25
	Radiology	9	11	18	38
	Surgery	9	20	46	75
	Others	6	8	16	30
	Total	**121**	**187**	**345**	**652**

Cluster	Specialty	2017-18 (as at 31 December 2017)			
		Consultant	SMO/AC	MO/R	Total
KCC	Accident & Emergency	5	30	41	76
	Anaesthesia	14	36	40	90
	Cardio-thoracic Surgery	3	7	6	16
	Family Medicine	2	21	91	114
	Intensive Care Unit	4	9	10	23
	Medicine	32	104	142	277
	Neurosurgery	6	11	19	36
	Obstetrics & Gynaecology	11	16	26	53
	Ophthalmology	6	13	18	37
	Orthopaedics & Traumatology	14	20	26	60
	Paediatrics	15	28	37	79
	Pathology	14	16	17	47
	Psychiatry	3	10	18	31
	Radiology	17	27	28	72
	Surgery	18	27	61	106
	Others	13	16	23	52
	Total	**176**	**390**	**604**	**1 170**
KEC	Accident & Emergency	6	24	36	66
	Anaesthesia	6	18	19	43
	Family Medicine	2	24	67	93
	Intensive Care Unit	1	6	6	13
	Medicine	23	53	84	160
	Obstetrics & Gynaecology	7	7	15	29
	Ophthalmology	2	8	9	19
	Orthopaedics & Traumatology	7	10	28	45
	Paediatrics	5	15	22	42
	Pathology	8	6	7	21
	Psychiatry	3	17	16	37
	Radiology	10	8	10	28
	Surgery	12	24	30	66
	Others	4	11	11	26
	Total	**97**	**231**	**359**	**687**

Cluster	Specialty	2017-18 (as at 31 December 2017)			
		Consultant	SMO/AC	MO/R	Total
KWC	Accident & Emergency	9	39	64	112
	Anaesthesia	7	32	21	60
	Family Medicine	3	26	90	118
	Intensive Care Unit	3	10	13	26
	Medicine	30	70	106	206
	Neurosurgery	2	2	8	12
	Obstetrics & Gynaecology	5	9	8	22
	Ophthalmology	3	8	12	23
	Orthopaedics & Traumatology	11	21	34	67
	Paediatrics	9	18	30	56
	Pathology	15	13	17	45
	Psychiatry	9	29	37	75
	Radiology	11	15	14	40
	Surgery	16	28	46	90
	Others	6	14	22	41
	Total	**138**	**334**	**521**	**993**
NTEC	Accident & Emergency	7	28	34	69
	Anaesthesia	8	30	33	71
	Cardio-thoracic Surgery	2	1	7	10
	Family Medicine	3	24	64	91
	Intensive Care Unit	3	11	15	29
	Medicine	29	61	121	210
	Neurosurgery	4	1	5	10
	Obstetrics & Gynaecology	6	7	20	33
	Ophthalmology	3	5	18	25
	Orthopaedics & Traumatology	11	19	35	65
	Paediatrics	11	21	29	61
	Pathology	9	13	15	37
	Psychiatry	6	21	38	65
	Radiology	11	16	17	44
	Surgery	20	22	54	96
	Others	10	19	27	56
	Total	**141**	**299**	**532**	**972**

Cluster	Specialty	2017-18 (as at 31 December 2017)			
		Consultant	SMO/AC	MO/R	Total
NTWC	Accident & Emergency	6	26	46	78
	Anaesthesia	8	17	29	54
	Cardio-thoracic Surgery	1	1	0	2
	Family Medicine	2	22	59	83
	Intensive Care Unit	2	6	11	19
	Medicine	22	48	87	157
	Neurosurgery	3	3	10	16
	Obstetrics & Gynaecology	8	7	16	31
	Ophthalmology	4	8	12	24
	Orthopaedics & Traumatology	7	15	27	49
	Paediatrics	7	14	21	42
	Pathology	7	8	10	25
	Psychiatry	10	30	44	84
	Radiology	10	7	20	36
	Surgery	14	17	45	77
	Others	7	9	17	33
	Total	**118**	**237**	**454**	**808**

(c)

The manpower shortfall of doctors in 2017-18 is around 300.

Note:

1. Manpower on headcount basis includes permanent, contract, temporary part time staff in HA's workforce.

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.

3. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

4. The services of the medicine department include services for palliative care, rehabilitation and infirmary. The services of the psychiatry department include services for the mentally handicapped.

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. 2151)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the waiting time for specialist outpatient services in each hospital cluster in 2017-18:

(a) number of new cases triaged as Priority 1, Priority 2 and Routine categories (by cluster and specialty); and

(b) median waiting time for new cases triaged as Priority 1, Priority 2 and Routine categories (by cluster and specialty).

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 76)

Reply:

The table below sets out the number of specialist outpatient new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases; and their respective median (50^{th} percentile) waiting time in each hospital cluster of the Hospital Authority for 2017-18 (up to 31 December 2017).

2017-18 (up to 31 December 2017) [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	528	<1	1 983	4	4 889	30
	MED	1 325	1	3 076	6	6 259	24
	GYN	543	<1	784	2	2 924	47
	OPH	4 447	<1	1 558	7	5 300	34
	ORT	1 083	1	1 413	5	5 521	63
	PAE	102	1	698	5	174	10
	PSY	295	1	634	3	1 706	23
	SUR	986	1	3 146	7	7 408	54
HKWC	ENT	435	<1	1 646	6	4 256	26
	MED	1 446	<1	1 277	4	7 309	34
	GYN	1 234	<1	675	5	3 835	41
	OPH	2 703	<1	1 367	5	3 039	45
	ORT	760	<1	1 193	4	5 652	21
	PAE	275	<1	507	3	1 068	11
	PSY	271	1	661	3	1 784	63
	SUR	1 726	<1	2 305	6	7 723	19
KCC	ENT	1 336	<1	1 465	5	10 597	34
	MED	1 289	1	2 406	5	14 806	80
	GYN	807	<1	2 742	5	5 770	28
	OPH	6 729	<1	4 448	2	9 358	92
	ORT	1 662	1	1 629	5	9 448	58
	PAE	767	<1	537	3	2 082	10
	PSY	96	1	706	5	1 183	25
	SUR	2 651	1	4 726	5	18 516	51
KEC	ENT	1 373	<1	2 152	3	4 933	72
	MED	1 412	1	3 932	6	11 607	86
	GYN	1 126	1	653	5	4 996	57
	OPH	4 414	<1	221	6	9 020	13
	ORT	2 838	1	3 074	7	6 938	106
	PAE	965	<1	600	4	1 857	11
	PSY	214	<1	1 268	3	4 193	18
	SUR	1 697	1	5 383	7	13 234	23

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	2 466	<1	2 556	6	7 321	61
	MED	1 705	1	4 341	5	9 300	52
	GYN	217	<1	1 034	6	5 367	53
	OPH	4 778	<1	4 706	<1	6 962	56
	ORT	1 329	1	2 713	6	7 468	59
	PAE	1 864	<1	724	6	2 181	14
	PSY	209	<1	595	3	8 959	16
	SUR	1 899	1	4 597	6	13 578	27
NTEC	ENT	2 815	<1	3 557	3	8 069	59
	MED	2 281	<1	2 710	7	15 708	66
	GYN	1 881	<1	690	6	6 325	57
	OPH	5 696	<1	3 080	4	9 437	26
	ORT	4 072	<1	1 634	5	12 043	107
	PAE	178	1	438	4	2 806	12
	PSY	848	1	1 868	4	4 658	51
	SUR	1 470	<1	2 973	5	17 215	34
NTWC	ENT	2 538	<1	1 479	4	7 552	44
	MED	1 089	1	3 100	4	8 248	69
	GYN	797	1	75	3	4 701	30
	OPH	6 348	<1	2 127	4	7 861	50
	ORT	1 362	1	1 504	5	8 847	74
	PAE	74	1	533	7	1 495	28
	PSY	356	<1	1 159	4	3 527	34
	SUR	1 633	1	2 949	5	15 757	61

Note:
Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

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. 2152)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide details on the following:

(a) numbers of standard drugs incorporated into or removed from the Hospital Authority Drug Formulary (the Formulary) and the expenditure involved in subsidising the use of standard drugs in 2016-17, 2017-18 and 2018-19 (estimates);

(b) names of drugs to be incorporated into the Formulary in 2018-19, numbers of patients using and expected to use these drugs in 2016-17, 2017-18 and 2018-19, amount paid by patients purchasing these drugs at their own expenses, and the estimated expenditure involved in introducing these drugs as standard drugs; and

(c) names of drugs in the Formulary whose use will be expanded in 2018-19, numbers of patients using and expected to use these drugs in 2016-17, 2017-18 and 2018-19, and the estimated expenditure involved in expanding the use of these drugs.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 77)

Reply:

Since appraisal of new drugs is an ongoing process driven by evolving medical evidence, latest clinical development and market dynamics, the Hospital Authority (HA) is at present unable to project the number of new drugs to be incorporated into or removed from the Hospital Authority Drug Formulary (HADF) in 2018-19.

(a)

The table below sets out the number of drugs newly incorporated into or removed from HADF in 2016-17 and 2017-18.

	2016-17	2017-18
Number of new drugs incorporated into HADF	39	50
Number of drugs removed from HADF	44	86

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 2016-17 and 2017-18 (projection based on expenditure figure as at 31 December 2017) are $5,020 million and $5,285 million respectively. In 2018-19, the additional recurrent financial requirements for widening the indications of Special drugs and re-positioning SFI drugs as Special drugs for managing chronic obstructive pulmonary disease, diabetes mellitus and inflammatory, oncology, cardiovascular and infectious diseases is $62.34 million. The growth in drug consumption expenditure on General and Special Drugs in HADF is projected at around 4%.

Note:
HA has established mechanisms to regularly appraise new drugs and review the existing drug list in HADF in order to meet contemporary and evolving service needs. Obsolete drugs, including those discontinued by manufacturers or no longer in use due to change in practice are removed from HADF.

(b)

The table below sets out the name of the Self-financed drugs to be repositioned as Special drugs in HADF, the patient headcount prescribed with these drugs, and the total amount of patients' contribution to purchase these drugs in 2016-17 and 2017-18 (up to 31 December 2017).

Drug Name / Class		2016-17	2017-18 (Up to 31 December 2017)
i) Rituximab	Patient headcount prescribed with this drug	731	611
	Amount of patients' contribution ($ million)	94.32	69.69
ii) Thyrotropin Alfa	Patient headcount prescribed with this drug	215	210
	Amount of patients' contribution ($ million)	2.75	2.37

The patient headcount and amount of patients' contribution have included all patients prescribed with these drugs as Self-financed drugs for treatment of different diseases and the expenditure on the drugs for a variety of therapeutic uses other than those incorporated into HADF in 2018-19.

The table below sets out the estimated expenditure involved and the estimated number of patients who will be benefited from the above-said drugs for specified clinical conditions to be repositioned as Special drugs in HADF in 2018-19.

Drug Name / Class and Therapeutic Use	Estimated Expenditure Involved ($ Million)	Estimated Number of Patients to be Benefited
i) Rituximab for Granulomatosis with polyangiitis and microscopic polyangiitis	3.06	38
ii) Thyrotropin Alfa for Adjunctive treatment for radioiodine ablation of thyroid tissue remnants	1.1	100

HA has a mechanism in place to regularly appraise new drugs for listing in HADF. Apart from the above drugs, other new drugs will be incorporated into HADF within the year as and when appropriate.

(c)

HA will extend the therapeutic applications of six Special drugs/ drug classes in HADF in 2018-19. The table below sets out the patient headcount prescribed with these drugs in 2016-17 and 2017-18 (up to 31 December 2017).

Drug Name / Class	2016-17	2017-18 (Up to 31 December 2017)
i) Long-acting β adrenoceptor agonists/ Long-acting muscarinic antagonists inhalers	13	28
ii) Selective sodium-glucose cotransporter-2 inhibitor	702	1 798
iii) Atorvastatin	7 737	7 274
iv) Ticagrelor	145	143
v) Anti-Hepatitis B Viral drugs	9 734	10 312
vi) Febuxostat	762	973

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 drugs in 2018-19.

Drug Name / Class and Therapeutic Use	Estimated Expenditure Involved ($ Million)	Estimated Number of Patients Benefited
i) Long-acting β adrenoceptor agonists/ Long-acting muscarinic antagonists inhalers for chronic obstructive pulmonary disease	3.65	2 000
ii) Selective sodium-glucose cotransporter-2 inhibitor for diabetes mellitus	16.3	8 537

Drug Name / Class and Therapeutic Use	Estimated Expenditure Involved ($ Million)	Estimated Number of Patients Benefited
iii) Atorvastatin for GOPC	4.1	29 678
iv) Ticagrelor for non ST-segment elevation myocardial infarction	6.8	800
v) Anti-Hepatitis B Viral drugs for Pre-emptive treatment for patients on immunosuppressive therapy with high and moderate risk of hepatitis B reactivation	19.85	4 506
vi) Febuxostat for hyperuricaemia	7.48	1 340

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2153)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please list the total number of and total annual remuneration packages (including basic salary, allowances, contributions for retirement schemes and other benefits) for the Chief Executive, Directors, Deputy Directors, Heads, Cluster Chief Executives and Hospital Chief Executives of the Hospital Authority for the period of 2016-17 and 2017-18.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 78)

Reply:

The table below sets out the number and remunerations (including salaries, allowances, contributions for retirement schemes and other benefits) of Chief Executive, Directors, Heads, Cluster Chief Executives and Hospital Chief Executives of the Hospital Authority in 2016-17. The actual expenditure for 2017-18 will only be available after the close of the current financial year.

Rank	**Number** (as at 31 March 2017)	**Remuneration for 2016-17**
Chief Executive	1	$6.0 million
Directors / Heads / Cluster Chief Executives	14	$64.8 million
Hospital Chief Executives	18	$74.9 million

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2155)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Under "Matters Requiring Special Attention in 2018-19", it is mentioned that the Government will "continue to manage the Health and Medical Research Fund (HMRF)". Please provide details of the operation of the HMRF in 2016-17 and 2017-18, including the number of applications received, the number of research projects funded and the total amount of funding granted.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 79)

Reply:

The Health and Medical Research Fund (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 also supports evidence-based health promotion projects that help people adopt healthier lifestyles by enhancing awareness, changing adverse health behaviours or creating a conducive environment that supports good health practices. Funding is provided for investigator-initiated research projects, health care and promotion projects, research fellowship and government-commissioned research programmes.

The number of applications received and commitment approved under the HMRF in 2016-17 and 2017-18 are as follows:

	Number of applications received	**Commitment**	
		Number of research projects	**Amount (in $million)**
2016-17	816	154	144.9
2017-18	985	196	199.7

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2156)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

(a) The 2017-18 revised estimate of the subvention for the Hospital Authority (HA) has increased by 2% over the original estimate. Please provide details of the financial provision allocated to individual clusters and explain the reasons for allocation decisions, including the increase in expenditure due to inflation and expenditures involved in new initiatives.

(b) The 2018-19 estimate of the subvention for the HA has further increased by $6 billion over the 2017-18 revised estimate. Please provide details of the additional financial provision to be allocated to individual clusters and explain the reasons for allocation decisions.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 81)

Reply:
(a)

The increase of $1.11 billion in the 2017-18 revised estimate over the original estimate is mainly due to an increase of $1.16 billion in the recurrent subvention for the Hospital Authority (HA) resulted from 2017 pay adjustment.

(b)

With the additional financial provision from the Government for 2018-19, HA will implement new initiatives and enhance various types of services including the following key measures:

(i) increasing 574 public hospital beds;

(ii) re-engaging healthcare professional retirees to provide service in various pressurised specialties for training and knowledge transfer, and recruiting non-locally trained

doctors through limited registration subject to the approval by the Medical Council of Hong Kong to help alleviate manpower shortage;

(iii) supporting healthcare training (including clinical practicum, specialty and higher training) and enhancing proficiency of healthcare professionals; and

(iv) enhancing psychiatric services, palliative care services, services of nurse clinics in specialist outpatient services, pharmacy services, etc.

The budget allocation amongst individual clusters is a matter for HA and is being worked out.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2157)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please list the total population and persons aged 65 or above served/to be served by each cluster and all clusters as a whole under the Hospital Authority in 2016-17, 2017-18 and 2018-19 (Estimate). Please advise on the total provisions and the total numbers of doctors, nurses, allied health professionals and general hospital beds, and provide their shares in all clusters and their ratios per 1 000 population and 1 000 persons aged 65 or above.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 82)

Reply:

The table below sets out the recurrent budget allocation in respect of each cluster of the Hospital Authority (HA) in 2016-17 and 2017-18. The information on 2017-18 has incorporated the impact of the re-delineation of cluster boundary between KWC and KCC. The recurrent budget allocation to individual clusters for 2018-19 is being worked out by HA and hence not yet available.

Cluster	**2016-17 ($ billion)**	**2017-18 (projection as of 31 December 2017) ($ billion)**
HKEC	5.63	5.85
HKWC	5.89	6.21
KCC	7.10	11.17
KEC	5.66	5.97
KWC	12.05	9.21
NTEC	8.62	9.14
NTWC	7.27	7.91
Total for Clusters	**52.22**	**55.46**

The tables below set out the population and the population aged 65 or above in respect of each cluster of HA in 2016, 2017 and 2018.

Population Estimates in 2016 (as at mid-2016)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	767 600	128 700
Central & Western, Southern	HKWC	518 300	84 500
Kowloon City, Yau Tsim	KCC	561 100	85 200
Kwun Tong, Sai Kung	KEC	1 110 400	179 000
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 995 500	319 700
Sha Tin, Tai Po, North	NTEC	1 279 000	200 800
Tuen Mun, Yuen Long	NTWC	1 103 500	165 100
Overall Hong Kong		**7 336 600**	**1 163 200**

Projected Population in 2017 (as at mid-2017)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	762 900	153 400
Central & Western, Southern	HKWC	521 200	94 800
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 159 700	220 000
Kwun Tong, Sai Kung	KEC	1 138 100	177 600
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 350 400	234 400
Sha Tin, Tai Po, North	NTEC	1 328 000	194 400
Tuen Mun, Yuen Long	NTWC	1 150 300	148 600
Overall Hong Kong		**7 411 300**	**1 223 400**

Projected Population in 2018 (as at mid-2018)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	760 300	159 400
Central & Western, Southern	HKWC	521 100	98 500
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 163 600	226 100
Kwun Tong, Sai Kung	KEC	1 162 500	184 800
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 355 000	242 200
Sha Tin, Tai Po, North	NTEC	1 329 900	205 500
Tuen Mun, Yuen Long	NTWC	1 170 300	159 200
Overall Hong Kong		**7 463 500**	**1 275 400**

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 2016-17 and 2017-18 (as at 31 December 2017). Relevant information for 2018-19 is not yet available.

2016-17

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	594	10.3%	0.8	4.6	2 679	10.7%	3.5	20.8	799	10.7%	1.0	6.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	646	11.2%	1.2	7.6	2 821	11.3%	5.4	33.4	960	12.8%	1.9	11.4	Central & Western, Southern
KCC	740	12.8%	1.3	8.7	3 333	13.4%	5.9	39.1	1 065	14.2%	1.9	12.5	Kowloon City, Yau Tsim
KEC	682	11.8%	0.6	3.8	2 750	11.0%	2.5	15.4	782	10.4%	0.7	4.4	Kwun Tong, Sai Kung
KWC	1 375	23.8%	0.7	4.3	5 746	23.0%	2.9	18.0	1 696	22.6%	0.9	5.3	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	941	16.3%	0.7	4.7	4 090	16.4%	3.2	20.4	1 231	16.4%	1.0	6.1	Sha Tin, Tai Po, North
NTWC	793	13.7%	0.7	4.8	3 514	14.1%	3.2	21.3	964	12.9%	0.9	5.8	Tuen Mun, Yuen Long
Cluster Total	**5 770**	**100%**	**0.8**	**5.0**	**24 933**	**100%**	**3.4**	**21.4**	**7 497**	**100%**	**1.0**	**6.4**	

2017-18 (as at 31 December 2017)

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	610	10.4%	0.8	4.0	2 769	10.7%	3.6	18.1	834	10.8%	1.1	5.4	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	652	11.1%	1.3	6.9	2 888	11.2%	5.5	30.5	975	12.6%	1.9	10.3	Central & Western, Southern
KCC	1 170	19.9%	1.0	5.3	5 209	20.2%	4.5	23.7	1 579	20.4%	1.4	7.2	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	687	11.7%	0.6	3.9	2 873	11.1%	2.5	16.2	790	10.2%	0.7	4.4	Kwun Tong, Sai Kung
KWC	993	16.9%	0.7	4.2	4 226	16.4%	3.1	18.0	1 261	16.3%	0.9	5.4	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	972	16.5%	0.7	5.0	4 249	16.5%	3.2	21.9	1 283	16.6%	1.0	6.6	Sha Tin, Tai Po, North
NTWC	808	13.7%	0.7	5.4	3 613	14.0%	3.1	24.3	1 019	13.2%	0.9	6.9	Tuen Mun, Yuen Long
Cluster Total	**5 894**	**100%**	**0.8**	**4.8**	**25 827**	**100%**	**3.5**	**21.1**	**7 742**	**100%**	**1.0**	**6.3**	

The tables below set out the number and ratio of general beds in HA per 1 000 population by hospital clusters in 2016-17, 2017-18 and 2018-19.

2016-17

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	2 085	9.6%	2.7	16.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 860	13.1%	5.5	33.8	Central & Western, Southern
KCC	3 053	14.0%	5.4	35.8	Kowloon City, Yau Tsim
KEC	2 347	10.8%	2.1	13.1	Kwun Tong, Sai Kung
KWC	5 244	24.1%	2.6	16.4	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 672	16.8%	2.9	18.3	Sha Tin, Tai Po, North
NTWC	2 537	11.6%	2.3	15.4	Tuen Mun, Yuen Long
Overall HA	**21 798**	**100.0%**	**3.0**	**18.7**	

Hospital beds as at 31 March 2017

2017-18

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	2 105	9.6%	2.8	13.7	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 860	13.0%	5.5	30.2	Central & Western, Southern
KCC	4 874	22.2%	4.2	22.2	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	2 405	10.9%	2.1	13.5	Kwun Tong, Sai Kung
KWC	3 431	15.6%	2.5	14.6	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 730	17.0%	2.8	19.2	Sha Tin, Tai Po, North
NTWC	2 596	11.8%	2.3	17.5	Tuen Mun, Yuen Long
Overall HA	**22 001**	**100.0%**	**3.0**	**18.0**	

^ Hospital beds as at 31 December 2017

2018-19

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	2 177	9.6%	2.9	13.7	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 866	12.7%	5.5	29.1	Central & Western, Southern
KCC	4 909	21.8%	4.2	21.7	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	2 531	11.2%	2.2	13.7	Kwun Tong, Sai Kung
KWC	3 535	15.7%	2.6	14.6	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 855	17.1%	2.9	18.8	Sha Tin, Tai Po, North
NTWC	2 688	11.9%	2.3	16.9	Tuen Mun, Yuen Long
Overall HA	**22 561**	**100.0%**	**3.0**	**17.7**	

* Hospital beds as at 31 March 2019

Note:

1) The recurrent budget allocation as shown in the table above represents the funding allocated to clusters for supporting their daily operational needs, such as staff costs, drugs expenditure, medical supplies and utilities charges, etc. On top of the recurrent budget allocation, each cluster has other incomes, such as fees and charges collected from patients for healthcare services rendered, which will also contribute to supporting the cluster's day-to-day operation. The above does not include capital budget allocation such as those for capital works projects, major equipment acquisition, and corporate-wide information technology development projects, etc.

2) The resource needs of a cluster depends not only on the size and demographics of the population residing within its catchment districts, but also on other factors such as service demand generated from cross-cluster movement of patients and the provision of designated services (such as liver transplantation). As such, the scope of hospital facilities and expertise available in different clusters also vary. Therefore, budget allocation to individual clusters is not directly comparable.

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

4) The manpower 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.

5) Doctors exclude Interns and Dental Officers

6) The manpower and general bed to population ratios involve the use of the latest revised mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

7) 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.

8) The above bed information includes only the general beds in HA, while those of infirmary, mentally ill and mentally handicapped beds are not included given their specific nature.

9) Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2158)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

(a) Please list by specialty and cluster (including all clusters as a whole and a breakdown by cluster) the number of general beds, 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 under the Hospital Authority in 2016-17, 2017-18 and 2018-19 (estimate).

(b) Please list the bed occupancy rate of each hospital and specialty with a breakdown by cluster in the past one year.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 83)

Reply:

The tables below set out :

(i) the number of hospital beds;

(ii) inpatient (IP) bed occupancy rate;

(iii) number of IP discharges and deaths (IP D&D);

(iv) number of day inpatient discharges and deaths (DP D&D);

(v) number of patient days (number of IP patient days and number of DP D&D); and

(vi) IP average length of stay (IP ALOS)

by major specialties in each cluster under the Hospital Authority (HA) in 2016-17 and 2017-18 (up to 31 December 2017). For 2018-19, estimates of relevant information for all general specialties are also provided below but the figures by specialty are not available.

2016-17

	Cluster							HA
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**Overall**
All general specialties (acute & convalescent)								
Number of hospital beds #	2 085	2 860	3 053	2 347	5 244	3 672	2 537	**21 798**
IP bed occupancy rate	89%	78%	90%	94%	89%	92%	101%	**90%**
IP D&D	115 375	118 351	135 607	135 084	277 427	178 957	144 232	**1 105 033**
DP D&D	71 446	93 725	85 457	61 185	120 055	118 786	82 702	**633 356**
Patient days	673 052	771 379	1 020 998	781 524	1 596 214	1 222 214	915 761	**6 981 142**
IP ALOS (days)	5.4	5.7	7.0	5.4	5.3	6.2	5.7	**5.8**
Major specialties								
Gynaecology								
Number of hospital beds #	40	78	29	79	139	52	64	**481**
IP bed occupancy rate	93%	61%	102%	52%	80%	74%	110%	**76%**
IP D&D	3 658	4 641	4 346	5 596	10 467	4 253	6 435	**39 396**
DP D&D	2 073	4 485	3 175	1 694	5 334	4 405	8 280	**29 446**
Patient days	10 559	16 886	13 922	14 509	26 430	13 626	19 907	**115 839**
IP ALOS (days)	2.3	2.6	2.4	2.3	2.0	2.1	1.8	**2.2**
Medicine								
Number of hospital beds #	939	955	1 087	1 182	2 282	1 537	1 182	**9 164**
IP bed occupancy rate	91%	89%	101%	101%	98%	104%	109%	**99%**
IP D&D	51 232	48 576	49 225	62 889	119 954	74 283	54 710	**460 869**
DP D&D	24 956	38 977	29 415	34 525	53 256	44 745	29 048	**254 922**
Patient days	315 317	318 492	402 975	431 593	810 468	586 613	445 797	**3 311 255**
IP ALOS (days)	5.0	5.6	7.5	5.9	6.0	7.1	7.3	**6.3**
Obstetrics								
Number of hospital beds #	62	89	125	81	251	124	76	**808**
IP bed occupancy rate	87%	66%	75%	64%	70%	70%	97%	**74%**
IP D&D	3 808	6 003	8 069	5 964	13 586	10 023	8 704	**56 157**
DP D&D	909	1 466	7 708	1 026	4 890	4 195	3 819	**24 013**
Patient days	15 777	19 065	34 281	18 471	43 638	33 683	28 654	**193 569**
IP ALOS (days)	3.9	2.9	3.3	2.9	2.9	2.9	2.8	**3.0**

	Cluster							HA
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**Overall**
Orthopaedics & Traumatology								
Number of hospital beds #	196	328	320	256	513	486	359	**2 458**
IP bed occupancy rate	91%	74%	101%	104%	93%	84%	89%	**90%**
IP D&D	10 356	9 313	10 243	12 954	24 098	18 042	11 972	**96 978**
DP D&D	7 914	1 999	921	1 230	5 523	3 088	2 749	**23 424**
Patient days	62 228	78 724	112 057	93 162	167 075	151 152	115 429	**779 827**
IP ALOS (days)	5.1	7.9	11.2	6.3	6.3	8.1	9.0	**7.5**
Paediatrics								
Number of hospital beds #	54	183	124	110	337	183	84	**1 075**
IP bed occupancy rate	92%	70%	73%	89%	80%	87%	117%	**84%**
IP D&D	4 954	6 092	7 416	11 966	22 549	13 010	9 426	**75 413**
DP D&D	369	7 482	3 318	488	6 968	6 731	1 898	**27 254**
Patient days	16 746	40 848	32 641	34 238	78 585	55 305	37 672	**296 035**
IP ALOS (days)	3.3	5.0	3.7	2.9	3.1	3.6	3.8	**3.5**
Surgery								
Number of hospital beds #	266	593	295	344	724	453	357	**3 032**
IP bed occupancy rate	84%	74%	97%	92%	79%	100%	94%	**87%**
IP D&D	17 129	21 312	17 316	23 709	44 046	23 766	21 716	**168 994**
DP D&D	15 934	23 904	12 341	11 283	27 004	21 953	19 130	**131 549**
Patient days	86 713	144 266	100 754	111 863	204 161	159 901	120 463	**928 121**
IP ALOS (days)	3.8	5.3	4.8	4.0	3.7	5.5	4.3	**4.4**

Number of hospital beds as at 31 March 2017

2017-18 (up to 31 December 2017) [Provisional Figures]

	Cluster							HA
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**Overall**
All general specialties (acute & convalescent)								
Number of hospital beds ^	2 105	2 860	4 874	2 405	3 431	3 730	2 596	**22 001**
IP bed occupancy rate	90%	78%	90%	97%	94%	92%	107%	**92%**
IP D&D	87 803	90 169	166 178	101 556	152 885	140 974	113 349	**852 914**
DP D&D	51 622	72 148	96 672	49 150	66 542	93 303	65 668	**495 105**
Patient days	514 538	590 478	1 189 672	619 584	841 714	954 795	741 958	**5 452 739**
IP ALOS (days)	5.3	5.8	6.6	5.6	5.1	6.1	5.9	**5.8**
Major specialties								
Gynaecology								
Number of hospital beds ^	38	78	72	79	95	52	64	478
IP bed occupancy rate	106%	58%	83%	59%	91%	76%	112%	**78%**
IP D&D	2 828	3 365	6 600	4 173	4 766	3 370	4 997	**30 099**
DP D&D	1 582	3 650	3 051	1 362	2 446	3 475	6 587	**22 153**
Patient days	8 880	12 627	18 023	11 402	11 166	10 614	15 485	**88 197**
IP ALOS (days)	2.5	2.6	2.2	2.4	1.8	2.1	1.8	**2.2**
Medicine								
Number of hospital beds ^	939	955	1 885	1 182	1 528	1 563	1 194	**9 246**
IP bed occupancy rate	94%	93%	100%	107%	101%	105%	116%	**103%**
IP D&D	39 188	37 772	67 335	48 105	65 987	58 493	43 386	**360 266**
DP D&D	17 523	29 692	39 256	28 358	29 486	34 009	22 891	**201 215**
Patient days	243 340	250 734	524 518	347 610	423 112	460 285	365 958	**2 615 557**
IP ALOS (days)	5.2	5.8	7.0	6.2	5.7	7.1	7.4	**6.4**
Obstetrics								
Number of hospital beds ^	62	89	224	81	108	124	76	**764**
IP bed occupancy rate	84%	65%	66%	60%	73%	69%	95%	**71%**
IP D&D	2 826	4 500	10 180	4 365	5 093	6 965	6 324	**40 253**
DP D&D	565	1 062	7 587	819	1 208	3 284	2 807	**17 332**
Patient days	11 424	14 183	39 846	13 263	15 272	25 250	21 144	**140 382**
IP ALOS (days)	3.8	2.9	3.1	2.8	2.7	3.1	2.9	**3.0**

	Cluster							HA
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**Overall**
Orthopaedics & Traumatology								
Number of hospital beds ^	216	328	432	266	409	498	359	**2 508**
IP bed occupancy rate	94%	72%	104%	105%	96%	87%	96%	**93%**
IP D&D	7 984	7 013	11 999	9 811	15 660	14 772	9 956	**77 195**
DP D&D	5 611	1 551	3 685	1 042	1 612	2 734	2 325	**18 560**
Patient days	48 024	56 424	119 666	74 500	103 708	119 339	93 740	**615 401**
IP ALOS (days)	5.0	7.5	9.0	6.8	6.2	7.7	9.1	**7.4**
Paediatrics								
Number of hospital beds ^	54	183	199	110	262	183	84	**1 075**
IP bed occupancy rate	89%	75%	79%	85%	76%	87%	124%	**85%**
IP D&D	3 546	4 661	10 135	8 876	12 336	10 601	8 030	**58 185**
DP D&D	282	5 804	4 664	410	3 385	5 049	1 389	**20 983**
Patient days	12 238	32 561	41 836	25 047	41 554	43 354	30 328	**226 918**
IP ALOS (days)	3.3	5.3	3.9	2.5	3.2	3.6	3.4	**3.5**
Surgery								
Number of hospital beds ^	266	593	571	372	454	473	379	3 108
IP bed occupancy rate	87%	72%	85%	91%	94%	97%	100%	89%
IP D&D	13 458	15 882	23 162	17 455	25 451	19 073	17 739	132 220
DP D&D	11 320	17 321	15 660	8 920	15 822	17 274	15 009	101 326
Patient days	68 318	106 207	128 417	87 030	118 087	123 844	100 317	732 220
IP ALOS (days)	4.0	5.0	4.6	4.2	3.9	5.3	4.5	4.5

^ Number of hospital beds as at 31 December 2017

2018-19 (Estimate)

All general specialties (acute & convalescent)	Cluster							HA
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**Overall**
Number of hospital beds Δ	2 177	2 866	4 909	2 531	3 535	3 855	2 688	**22 561**
IP bed occupancy rate	88%	77%	87%	94%	94%	91%	101%	**90%**
IP D&D	116 680	120 270	219 320	141 610	200 890	183 040	149 090	**1 130 900**
DP D&D	75 270	98 320	126 050	63 930	88 550	121 050	85 230	**658 400**
Patient days	686 070	786 520	1 542 350	815 530	1 122 550	1 264 650	955 730	**7 173 400**
IP ALOS (days)	5.4	5.7	6.5	5.4	5.1	6.2	5.7	**5.8**

Δ Number of hospital beds as at 31 March 2019

The table below sets out the average cost (general (acute & convalescent)) per IP D&D and per patient day for each major specialty by hospital cluster for 2016-17.

2016-17

Specialty	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Average cost per IP D&D – General specialties (acute & convalescent) ($)								
Obstetrics & Gynaecology	20,410	16,510	12,130	18,520	14,790	14,390	9,340	**14,370**
Medicine	21,730	23,520	27,350	22,140	22,250	24,050	25,370	**23,580**
Orthopaedics & Traumatology	24,190	45,460	46,530	33,010	32,930	39,320	43,930	**37,290**
Paediatrics	21,280	43,140	28,940	19,070	21,320	25,150	21,040	**24,550**
Surgery	21,170	31,000	27,760	21,690	22,090	28,900	22,330	**24,690**
Overall average cost	**23,350**	**30,170**	**29,820**	**23,510**	**23,760**	**26,240**	**23,720**	**25,570**
Average cost per patient day – General specialties (acute & convalescent) ($)								
Obstetrics & Gynaecology	7,480	7,310	5,700	7,770	7,170	6,820	5,810	**6,780**
Medicine	4,190	4,750	3,910	3,840	3,790	3,590	3,580	**3,880**
Orthopaedics & Traumatology	5,400	5,670	4,330	4,720	5,090	4,890	4,780	**4,930**
Paediatrics	6,580	8,320	6,250	5,660	5,910	6,040	4,960	**6,160**
Surgery	6,610	6,850	6,320	5,760	6,480	5,920	5,900	**6,270**
Overall average cost	**5,080**	**6,120**	**4,760**	**4,820**	**4,860**	**4,770**	**4,560**	**4,950**

The table below sets out the projected average cost (general (acute & convalescent)) per IP D&D and per patient day by hospital cluster in 2017-18. The breakdown by different specialties is not available.

2017-18 Revised Estimate

General specialties (acute & convalescent)	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Overall average cost per IP D&D ($)	24,620	31,310	30,230	25,240	24,990	27,890	26,240	**27,390**
Overall average cost per patient day ($)	5,320	6,380	5,120	5,170	5,310	4,990	4,970	**5,270**

2018-19 Estimate

The estimated average cost (general (acute & convalescent)) per IP D&D and per patient day for 2018-19 are $27,960 and $5,390 respectively. Breakdown of the information by hospital cluster and specialty is not available.

Note:

(1) In HA, DP refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. IP are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than one day. The calculation of the number of hospital beds, patient days, and D&D includes that of both IP and DP. The calculation of IP ALOS and IP bed occupancy rate, on the other hand, does not include that of DP.

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

(3) HA organises clinical services on a cluster basis. The patient journey may involve different points of care within the same cluster. Hence, information by cluster provides a better picture than that by hospital on service utilisation. Activity indicators such as patient days, IP bed occupancy rate and IP ALOS should be interpreted at cluster level.

(4) The IP service costs include direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as anaesthetic and operating theatre, pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment). The average cost per patient day and per IP D&D of individual clusters represent an average computed with reference to its total costs of the respective IP service and the corresponding activities (in terms of patient days and IP D&D) provided.

(5) It should be noted that the average cost per patient day and per IP D&D vary among different specialties owing to the diverse nature of care, different medical technology and treatments across specialties.

(6) IP ALOS and the average cost per patient day and per IP D&D vary among different cases within and between different specialties and clusters owing to the varying complexity of the conditions of patients who may require different diagnostic services, treatments and prescriptions. The average cost per patient day and per IP D&D vary with the length of stay of patients in the clusters. IP bed occupancy rate, IP ALOS, and the average cost per patient day and per IP D&D also vary among different clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to the population profile and other factors, including hospital bed complement and specialisation of the specialties in the clusters.

Hence, clusters with greater number of patients or heavier load of patients having more complex conditions or requiring more costly treatment would incur a higher cost. Therefore, the figures cannot be directly compared among clusters or specialties.

(7) Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2159)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 139 of the Budget that "a ten-year hospital development plan amounting to $200 billion has also commenced".

(a) Please provide details of the distribution of the estimated new hospital beds by hospital and their actual planned use, and a breakdown of the estimated additional expenditure, doctor manpower and service capacity involved.

(b) Please provide details of the planning for the hospitals to be redeveloped or expanded, the allocation of the $200 billion, the completion time of the works, and a breakdown of the estimated additional recurrent expenditure, manpower and service capacity involved.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 86)

Reply:

The ten-year Hospital Development Plan (HDP) will provide a total of around 5 000 additional beds and other additional hospital facilities. 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 HDP.

Hospital Cluster	Proposed projects	Estimated Additional Provisions [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 (GH), Phase 1	-	3	-	-
	Redevelopment of Queen Mary Hospital (QMH), Phase 1 - main works	-	14	-	-
	Sub-total	***-***	***17***	***-***	***-***
Kowloon Central [2]	Redevelopment of Our Lady of Maryknoll Hospital (OLMH)	16 [3]	-	75 900	20 800
	New Acute Hospital (NAH) at Kai Tak Development Area	2 400	37	1 410 000	-
	Redevelopment of Kwong Wah Hospital (KWH) - main works	380	10	255 600	-
	Community Health Centre (CHC) at ex-Mong Kok Market site	-	-	-	88 000
	Sub-total	***2 796***	***47***	***1 741 500***	***108 800***
Kowloon East	Expansion of Haven of Hope Hospital (HHH)	160	-	-	-
	Expansion of United Christian Hospital (UCH) - main works (superstructure and remaining works)	560	5	681 800	-
	Sub-total	***720***	***5***	***681 800***	***-***
Kowloon West	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	-	-	-
	Hospital Authority Supporting Services Centre	-	-	-	-
	CHC in Shek Kip Mei	-	-	-	154 000
	Sub-total	***480***	***-***	***254 500***	***154 000***
New Territories East	Redevelopment of Prince of Wales Hospital (PWH), 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 Provisions [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 (OT) Block for Tuen Mun Hospital (TMH)	-	9	-	-
	Sub-total	***-***	***9***	***-***	***-***
	HA's Total	***5 046***	***94***	***2 857 800***	***438 800***

Funding approval for six projects under the ten-year HDP was obtained from the Finance Committee (FC) of the Legislative Council in 2016-17 and 2017-18:

(i) The substructure and utilities diversion works for the extension of the OT Block for TMH project commenced in May 2016. The main works for the project commenced in September 2017 for completion of the whole project in 2021;

(ii) The Phase 1 of the redevelopment of KCH project commenced in May 2016 for completion in 2018;

(iii) The demolition and substructure works for Phase 1 of the redevelopment of KWH project commenced in June 2016. Subject to funding approval by the FC on the remaining works, the whole redevelopment project is planned for completion in 2025;

(iv) The expansion of HHH project commenced in July 2016 for completion in 2021;

(v) The preparatory works for the NAH at Kai Tak Development Area project commenced in September 2017. Subject to funding approval by the FC on the remaining works, the whole project is planned for completion in 2024; and

(vi) The preparatory works for the redevelopment of PWH, Phase 2 (Stage 1) commenced in September 2017. Subject to funding approval by the FC on the remaining works, the whole project is planned for completion in 2027.

We plan to seek funding approval from FC this year for five projects under the ten-year HDP. They include the superstructure and associated works for Phase 1 of the redevelopment of KWH; the foundation, excavation and lateral support, and basement excavation works for the NAH at Kai Tak Development Area; the preparatory works for Phase 1 of the redevelopment of GH; the preparatory works for the redevelopment of OLMH; and the main works for Phase 1 of the redevelopment of QMH.

For the remaining seven HDP projects[4], Hospital Authority (HA) and relevant government departments 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 and cost estimate for individual projects.

The detailed operational arrangements for the projects under the ten-year HDP, such as the distribution of beds by specialty and the corresponding financial and manpower requirements, will be worked out at a later stage when the respective detailed design and commissioning plans are finalised.

Note:

1. Actual deliverables of individual projects may be adjusted in the future subject to detailed planning and design.
2. Wong Tai Sin District and Mong Kok area, including OLMH and KWH, have been re-delineated from Kowloon West Cluster to Kowloon Central Cluster since 1 December 2016.
3. HA will re-arrange the planning of some facilities in the redevelopment of OLMH so as to make available space to allow addition of more beds. As a preliminary estimate, 40 more beds may be added.
4. Including the main works for the expansion of UCH project, which had its funding for the preparatory works and foundation works approved by the FC in July 2012 and July 2015 respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2160)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

As regards co-ordinating primary care development, please set out in detail the policies and initiatives of the Health and Medical Development Advisory Committee, Primary Care Office and Steering Committee on Primary Healthcare Development, their actual expenditures over the 3 past years (2015-16, 16-17 and 2017-18), and their estimated expenditures for 2018-19.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 87)

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. The expenditure on the coordination of the development of primary care cannot be separately identified. 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 is in progress while the promulgation of the existing reference frameworks to healthcare professionals through Continuous Medical Education seminars continues. Public seminars were also conducted to deliver child health messages.

(b) Primary Care Directory (PCD)

The website and mobile website of the sub-directories for doctors, dentists and Chinese medicine practitioners have been launched. We will continue to promote the

PCD to the public for searching primary care providers as well as to primary care service providers for enrolment.

(c) Community Health Centres (CHCs)

3 purpose-built CHCs were established under the management of the Hospital Authority. The first CHC located in Tin Shui Wai North was commissioned in February 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 September 2013 and March 2015 respectively. PCO would provide professional advice to the Food and Health Bureau in their planning and implementation of the pilot district health centre (DHC) in Kwai Tsing.

(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 the DH have been implementing projects and initiatives seeking to enhance primary care in Hong Kong such as health promotion and education, prevention of non-communicable diseases, the Vaccination Subsidy Scheme, Government Vaccination Programme, Elderly Health Care Voucher Scheme, Colorectal Cancer Screening Pilot Programme and Outreach Dental Care Programme for the Elderly.

For a comprehensive review of the planning for primary healthcare services with a view to drawing up a blueprint, the Steering Committee on Primary Healthcare Development (Steering Committee) was set up in November 2017. The Steering Committee is considering various aspects such as manpower and infrastructure planning, collaboration model, community engagement as well as planning and evaluation framework. The work will go on in 2018-19, with the setting up of the pilot DHC in Kwai Tsing District in the third quarter of next year as a priority. Resources required for the relevant initiatives are not yet available.

The Health and Medical Development Advisory Committee (HMDAC) was set up to advise the Government on the formulation of policies and strategies for the long-term development of medical and health services in Hong Kong. HMDAC members did not receive any honorarium. No funding was reserved for HMDAC in 2015-16, 2016-17 and 2017-18. As the Food and Health Bureau has established dedicated committees to take forward the development of primary healthcare, mental health services, genomic medicine, Chinese medicine, etc., HMDAC was disbanded with effect from 1 January 2018.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2161)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 145 of the Budget that "some additional $200 million will be allocated each year to enhance the healthcare professional training provided by the Hospital Authority (HA), including clinical practicum, as well as specialist and higher training". In this connection, please inform this Council of the following:

1. the amount of provision allocated to the HA for healthcare professional training in each of the past 5 years and in the coming year; and

2. a breakdown of the HA's expenditures on healthcare professional training and the number of persons who received such training by specialty in each of the past 5 years.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 80)

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, organising Registered Nurse and Enrolled Nurse training programmes, and providing corporate training programmes for supporting staff. Following the HA Review, a three-year time-limited funding of $100 million per annum has been allocated to HA from 2015-16 to 2017-18 for enhancing staff training and development.

From 2018-19 onwards, an additional funding of about $200 million will be allocated each year to enhance the healthcare professional training provided by HA, including clinical practicum, as well as specialist and higher training. Three training priority areas including service development, professional development, and job/operations requirements will be covered. Since the target groups and design of each training programme are different, for example, some training programmes are full time diploma courses while others are short lecture sessions and on-the-job training, and some programs are multi-disciplinary involving

non-clinical professionals, the training expenditure involved for individual healthcare professions exclusively is not available.

The table below sets out the number of recorded training days (Note) of clinical staff from 2013-14 to 2017-18 (as at 31 December 2017) covering both local and overseas training.

	Recorded Training Days				
Staff Group	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18** (up to 31 December 2017)
Doctors	34 424	41 935	45 181	48 053	49 280
Nurses	137 869	149 637	161 472	174 643	100 895
Allied Health Staff	38 862	40 048	43 181	43 612	23 519
Total	**211 155**	**231 620**	**249 834**	**266 308**	**173 694**

Note:
1. The recorded training days are generated from HA's eLearning Centre and Human Resources Payroll System databases.
2. Training days for on-the-job training are not included.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1857)

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

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

Programme: (-) Not Specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

For the coming financial year, what is the estimated expenditure and work plan of the new item of "Chinese Medicine Development Fund"? Why is the funding to be sought in the context of the Appropriation Bill 2018 instead of seeking approval from the Finance Committee of the Legislative Council separately?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 1119)

Reply:

In response to the suggestion of the Chinese medicine sector, the Government has decided to set up a $500 million fund to drive the development of Chinese medicine in Hong Kong which aims to benefit Chinese medicine practitioners and the Chinese medicines industry. Support will be provided in areas including but not limited to applied research, Chinese medicine specialisation, knowledge exchange and cross-market co-operation, and helping local Chinese medicines traders with the production and registration of Chinese proprietary medicines. The Government is currently mapping out details of the operation of the fund and support schemes in consultation with the Chinese Medicine Development Committee and the industry. The estimated expenditure of the fund in 2018-19 is $25 million.

It is not a new arrangement to include funding proposals for commitments under the General Revenue Account, including proposals for creating or increasing expenditure ceilings for commitment items, in the draft Estimates for consideration by the Legislative Council in the context of the Appropriation Bill. The Government explained the relevant arrangements to the Finance Committee in early 2015. On measures to support the development of Chinese medicine, we have earlier consulted the Legislative Council Panel on Health Services in February 2018 (vide LC Paper No. CB(2)827/17-18(07)). Relevant information including the funding requirements of the fund has been included in the Controlling Officer's Report for Members' consideration.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2915)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. What were the numbers of registered and qualified practising physiotherapists, occupational therapists, speech therapists, prosthetists-orthotists, nurses, doctors, psychologists and health workers in Hong Kong in the past 5 years?

2. Among them, how many practised 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 respectively?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 1090)

Reply:

1. The table below sets out the number of doctors, nurses (registered and enrolled), occupational therapists and physiotherapists in the past 5 years -

Profession	**Registration Type**	**Position as at 31 December**				
		2013	**2014**	**2015**	**2016**	**2017**
Doctor	Full Registration	13 203	13 417	13 726	14 013	14 290
	Limited Registration	166	146	150	136	144
	Provisional Registration	299	398	382	379	472
Nurse	Registered Nurse	34 597	35 821	37 670	39 178	40 505
	Enrolled Nurse	11 249	12 226	12 791	13 211	13 726
Occupational therapist		1 580	1 677	1 783	1 911	2 070
Physiotherapist		2 523	2 624	2 762	2 956	3 091

Note:
The above table shows the figures of the 4 types of registered healthcare professionals in the past 5 years and not the number of these registrants who were practising at the time.

We do not have information on the registered number of speech therapists, psychologists, 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 professionals practising in Hong Kong. According to the 2014 - 2017 HMS, the estimated distribution of health professionals who were practising in the respective local healthcare professions among different service sectors is set out in the following table –

Survey Year	Healthcare Profession	Number of Healthcare Professionals ❖	Service Sector				
			Hospital Authority	Government	Subvented Sector	Academic Sector	Private Sector
2014	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%
2014	Clinical Psychologist	515*	27.6%	24.1%	8.9%	3.7%	35.7%
2014	Educational Psychologist	246*	-	19.1%	25.6%	28.5%	26.8%
2015	Doctors	12 982‖	41.9%	5.2%	0.7%	3.1%	49.1%
2015	Enrolled Nurse	12 309†	40.0%	5.1%	20.1%	0.5%	34.2%
2016	Registered Nurse	38 719†	67.4%	6.7%	4.9%	3.0%	18.0%
2017	Occupational Therapist	1 908‡	47.9%	3.1%	33.2%	3.2%	12.6%
2017	Physiotherapist	2 941‡	37.8%	1.6%	19.3%	3.7%	37.7%

Notes:

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

* Figures refer to number of the healthcare professionals employed by the surveyed institutions as at the 31 March of the survey year.

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

† Figures refer to the number of nurses enrolled / registered with the Nursing Council of Hong Kong under the Nurses Registration Ordinance (Chapter 164) as at the 31 August of the survey years.

‡ Figures refer to the number of healthcare professions registered with the respective boards under the Supplementary Medical Professions Ordinance (Chapter 359) as at the 31 March of the survey year. There may be slight discrepancy between the sum of individual items and the total due to rounding.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2523)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is proposed in the Budget that a tax deduction up to $8,000 be provided to people who purchase health insurance products under the Voluntary Health Insurance Scheme. Before proposing the amount of tax deduction, has the Administration approached all local insurance companies providing health insurance products to obtain details of the level of premium for qualified voluntary health insurance products to be offered in future? If not, on what basis or for what reasons has the Administration determined the ceiling of tax deduction?

Asked by: Hon CHEUNG Kwok-kwan (Member Question No. (LegCo use): 22)

Reply:

Voluntary Health Insurance Scheme (VHIS) is a policy initiative launched by the Food and Health Bureau (FHB) to regulate individual indemnity hospital insurance products. The scheme is based on voluntary participation by insurance companies and consumers. Under the scheme, the participating insurance companies will offer hospital insurance plans that are certified by FHB (Certified Plans) for consumers to purchase on a voluntary basis.

Premiums paid by a person for himself/herself and his/her dependants will be allowed for tax deduction. The average annual premium of Standard Plan is estimated to be about $4,800. To make the tax deduction attractive enough as an added incentive, we intend to set the annual ceiling for tax deduction of premiums paid at $8,000 per insured person. There is no cap on the number of dependants eligible for tax deduction. It is expected that the uptake of Certified Plans will gradually increase. In the third year of VHIS implementation, about 1 million taxpayers and their dependants may enjoy the tax deduction. The concerned tax revenue forgone will be about $800 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1673)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the psychiatric services in the public healthcare system, will the Government inform this Committee of:

1. the expenditures on psychiatric services for the past 3 years and the estimated expenditure for this year;

2. the total number of psychiatric patients, psychiatric doctors, nurses and serving medical staff in psychiatric stream in Hong Kong for the past year; and

3. the average waiting time of first appointment at psychiatric specialist out-patient clinics; whether the Government has plans to increase medical manpower in psychiatric services and if so, the details.

Asked by: Hon CHEUNG Wah-fung, Christopher (Member Question No. (LegCo use): 14)

Reply:

(1)

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 by HA from 2015-16 to 2018-19.

	Costs of Mental Health Service ($ million)
2015-16	4,368
2016-17	4,579
2017-18 (Revised Estimate)	4,870
2018-19 (Estimate)	5,074

The mental health 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).

(2)

In 2017-18 (projection as of 31 December 2017), the total number of psychiatric patients treated in HA was around 249 100.

In 2017-18 (as at 31 December 2017), there were 351 psychiatric doctors, 2 541 psychiatric nurses, 92 clinical psychologists, 243 medical social workers and 267 occupational therapists working in psychiatric stream in HA.

(3)

The table below sets out the number of psychiatric specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in HA in 2017-18 (up to 31 December 2017).

	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)
2017-18 (up to 31 December 2017) [Provisional figures]	2 289	1	6 891	4	26 010	28

HA will further enhance its psychiatric services in 2018-19, as follows –

(a) enhancing the community psychiatric services to support patients with severe mental illness by recruiting 20 additional case managers in HKEC, KCC, KWC and NTWC and 5 additional peer support workers in KEC, KWC, NTEC and NTWC respectively;

(b) opening 40 gazetted psychiatric beds in Kowloon Hospital to support the demand in KCC and KEC and enhancing the psychiatric community services. It is estimated that 3 doctors, 23 psychiatric nurses, 3 allied health professionals (including clinical psychologist, physiotherapist, occupational therapist and dispenser) and 30 supporting staff will be recruited;

(c) strengthening psychiatric SOP services in NTEC and NTWC. It is estimated that an additional 2 doctors, 1.5 psychiatric nurses, 1 occupational therapist, 0.5 clinical psychologist and 1.5 supporting staff will be required to provide support for patients with common mental disorders;

(d) optimising psychiatric SOP services in NTEC through strengthening of manpower and hardware. It is estimated that 2 psychiatric nurses and 6.3 supporting staff will be recruited;

(e) expanding the Student Mental Health Support Scheme (the Scheme) from 17 schools to around 40, to provide support services to additional schools in the catchment areas of HKWC, NTEC and NTWC through the school-based multi-disciplinary platforms for students with mental health needs, and enhancing the multi-disciplinary teams for child and adolescent psychiatric services in all clusters with Child and Adolescent Psychiatric Services to provide better support for the school-based multi-disciplinary platform under the Scheme. It is estimated that 16 psychiatric nurses, 5 clinical psychologists and 11 supporting staff will be recruited; and

(f) regularising and expanding the Dementia Community Support Scheme, under which community support services were provided to elderly persons with mild or moderate dementia under the "medical-social collaboration" model, to all 41 district elderly community centres in the catchment areas of all HA clusters. It is estimated that 21.5 nurses and 11 supporting staff will be recruited.

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. 0050)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that an additional recurrent funding of nearly $6 billion will be allocated to the Hospital Authority (HA) in 2018-19 to increase the number of hospital beds, operating theatre sessions, the quota for general out-patient and specialist out-patient services and the manpower required. Please provide details including the respective numbers of hospital beds, operating theatre sessions, quotas for general out-patient and specialist out-patient services and the manpower that can be increased.

It is also stated in the Budget Speech that the Government will progressively increase the recurrent provision for the HA on a triennium basis, having regard to population growth and demographic changes, to enable more effective resource planning by the HA. In this regard, please provide details including the calculation method, ways to ensure that the additional resources will benefit patients and retain healthcare professionals, as well as means to avoid problems such as "fattening the top and slimming the bottom".

Asked by: Hon CHEUNG Yu-yan, Tommy (Member Question No. (LegCo use): 23)

Reply:

(1)

The overall recurrent subvention to the Hospital Authority (HA) in 2018-19 amounts to $61.5 billion, representing an increase of 10.7% over the 2017-18 revised estimate ($55.5 billion). With the additional financial provision of the Government, HA will implement new initiatives and enhance various types of services including the following key measures :

(a) increasing 574 public hospital beds. The table below sets out the breakdown of the 574 hospital beds by cluster to be opened by HA in 2018-19:

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

(b) re-engaging healthcare professional retirees to provide service in various pressurised specialties for training and knowledge transfer, and recruiting non-locally trained doctors through limited registration subject to the approval by the Medical Council of Hong Kong to help alleviate manpower shortage;

(c) supporting healthcare training (including clinical practicum, specialty and higher training) and enhancing proficiency of healthcare professionals; and

(d) enhancing psychiatric services; palliative care services; services of nurse clinics in specialist outpatient services; pharmacy services, etc.

The number of medical, nursing and allied health staff in 2018-19 is expected to increase by, on a full-time equivalent basis, 230, 830 and 230 respectively when compared to 2017-18. HA will deploy existing staff and recruit additional staff to cope with the implementation of the initiatives. The detailed arrangement for manpower deployment is being worked out and is not yet available.

Under the new triennium funding arrangement, the model adopted by the Government and HA in estimating the overall operating expenditure of HA and the funding required is based on the population of Hong Kong, taking into account factors such as the overall demographic and age distribution, and the increase in service costs as a result of changes in modes of service delivery with the introduction of new medical technology.

Resources will support existing services and new / service enhancement initiatives included in the HA Annual Plan, which is formulated by gathering input from frontline colleagues, patient advisory group and hospital management. Priority is given to initiatives that address pressure areas, are clinically effective and align with strategic directions outlined in the Strategic Plan 2017-22, while taking into account the prevailing constraints of capacity growth, including financial, manpower and hospital facility situations, as well as such other considerations as the analysis conducted under the Refined Population-based Model, which was developed in 2017 following the recommendation of the Steering Committee on Review of Hospital Authority to better inform internal resource allocation.

In terms of manpower planning, HA has established mechanisms to control and monitor manpower proposals at different levels of the workforce to ensure that resources are appropriately allocated to meet service/operation needs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0051)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget that the Government is discussing with the University Grants Committee further increase in publicly-funded training places for doctors, dentists, nurses and relevant allied health professionals in the coming three years. In this regard, please provide information on the following:

1. What are the respective numbers of publicly-funded training places originally allotted to doctors, dentists, nurses and relevant allied health professionals in each of the coming three years?

2. What is the estimated annual increase in publicly-funded training places for doctors, dentists, nurses and relevant allied health professionals in the same period after discussion? What additional expenditures will be incurred annually?

3. What is the duration of the training programmes for doctors, dentists, nurses and relevant allied health professionals respectively?

4. What are the respective ratios of doctors, dentists, nurses and relevant allied health professionals to the population of Hong Kong (in terms of every 1,000 persons) at present?

5. What are the anticipated annual changes in the ratios in the coming 10 years? In the long run, will the Government set up goals to ensure an adequate supply of the related healthcare personnel to meet the service demand?

6. Apart from local training, does the Government plan to import the related healthcare personnel to relieve the shortages?

Asked by: Hon CHEUNG Yu-yan, Tommy (Member Question No. (LegCo use): 24)

Reply:

(1)

The number of first-year-first degree University Grants Committee ("UGC")-funded training places for doctors, dentists, nurses and relevant allied health professionals in the 2018/19 academic year is set out in the following table. According to the established practice, UGC conducts academic planning and recurrent grants assessment with its 8 funded universities on a triennial basis. The Government is discussing with UGC to further increase the number of UGC-funded training places for doctors, dentists, nurses and relevant allied health professionals for the 2019/20 to 2021/22 triennium and the relevant numbers are not available for the time being.

Healthcare Professions	**No. of training places in the 2018/19 academic year**
Doctors	470
Dentists	73
Nurses	630
Occupational Therapists	100
Physiotherapists	130
Medical Laboratory Technologists	54
Optometrists	40
Radiographers	110

(3)

The duration of the training programmes for doctors, dentists, nurses and relevant allied health professionals is set out in the following table –

Healthcare Professions	**Years of study (Year of internship before getting registration)**
Doctors	6 (1)
Dentists	6
Registered Nurses	5
Enrolled Nurses	2
Occupational Therapists	4
Physiotherapists	4
Medical Laboratory Technologists	4
Optometrists	5
Radiographers	4

(4)

The respective ratios of doctors, dentists, nurses and relevant allied health professionals to the population of Hong Kong in 2017 are set out in the following table –

Healthcare Professions	Healthcare professionals per 1 000 population [Note]
Doctors	1.9
Dentists	0.3
Nurses (registered and enrolled)	7.3
Occupational Therapists	0.3
Physiotherapists	0.4
Medical Laboratory Technologists	0.5
Optometrists	0.3
Radiographers	0.3

Note: Healthcare professional to population ratio is based on the provisional estimated total population of 7.41 million as at end-2017.

(2) & (5)

According to the outcome of the Strategic Review of Healthcare Manpower Planning and Professional Development ("the Strategic Review"), there will be a general shortage of doctors, dentists, dental hygienists, general nurses, occupational therapists ("OTs"), physiotherapists, medical laboratory technologists ("MLTs"), optometrists and radiographers, of which the manpower supply of MLTs and radiographers is projected to be in slight shortage but close to equilibrium while there will be sufficient manpower of OTs under the existing service levels and models after taking into account additional self-financing training places. The supply of psychiatric nurses, pharmacists, Chinese medicine practitioners and chiropractors is projected to be sufficient to meet the demand given the existing service levels and models.

Over the past 10 years, the Government has substantially increased the number of UGC-funded healthcare training places by about 60% (from about 1 150 to about 1 800). The respective increases of the healthcare disciplines are summarised as follows.

	2005/06 – 2008/09	**2009/10 – 2011/12**	**2012/13 – 2015/16**	**2016/17 – 2018/19**
Doctors	250	320	420	470
Dentists	53	53	53	73
Registered Nurses	518-550	590	630	630
Occupational Therapists	40	46	90	100
Physiotherapists	60	70	110	130
Medical Laboratory Technologists	35	32	44	54
Optometrists	35	35	35	40
Radiographers	35	48	98	110

Taking into account factors such as the manpower projections of the Strategic Review, training capacity of the tertiary institutions and the Hospital Authority etc., the Government is discussing with UGC to further increase publicly-funded training places for doctors, dentists, nurses and relevant allied health professionals in the 2019/20 – 2021/22 triennium. The increases in the past years and the proposed increases in the next triennium will help

alleviate the manpower shortage in various healthcare professions and improve the provision of healthcare services.

(6)

As stated in the Strategic Review, locally trained healthcare professionals should continue to be the bedrock of our healthcare workforce. Meanwhile, they should be supplemented as necessary by qualified, non-locally trained ones through established mechanism in the short term.

There are avenues for non-locally trained healthcare professionals to practise in Hong Kong. For those professions where full registration is granted to non-locally trained professionals through licensing examinations, the Medical Council of Hong Kong, the Dental Council of Hong Kong and the Nursing Council of Hong Kong have increased their frequency of licensing examinations and, where appropriate, introduced more flexibility for internship arrangement. As for allied health professions, non-locally trained professionals could gain full registration without licensing examination through recognised qualifications in general.

The Government introduced the Medical Registration (Amendment) Bill 2017 ("MR(A)Bill 2017") into the Legislative Council ("LegCo") in June 2017. One of the objectives of the Bill is to extend the validity period and renewal period of limited registration from not exceeding 1 year to not exceeding 3 years. With the passage of the Bill, it is expected that more flexibility can be provided to facilitate practice of qualified non-locally trained doctors in Hong Kong to alleviate the imminent manpower shortage.

As recommended by the Strategic Review, the Government will also invite regulatory boards and councils of healthcare professions, on the premises of preserving professional standards, consider suitable adjustments to the current arrangements, including but not limited to those on licensing examinations, internship arrangements, and limited registration (where applicable). The Government will also actively promote and publicise the registration arrangements overseas with proactive recruitment drive to facilitate practice of qualified non-locally trained doctors in Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0052)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority (HA) will strengthen its workforce by recruiting and retaining healthcare professionals and putting in place a structured training mechanism for healthcare professionals as well as rehiring retired doctors and recruiting non-locally trained doctors under limited registration to meet imminent service needs. In this connection, please provide details for the following:

1. the respective shortfalls of doctors, nurses and allied health professionals at present based on HA's assessment, and the estimated shortfalls in each of the next 5 years;

2. the numbers of non-locally trained doctors recruited by the HA under limited registration in each of the past 5 years, and the estimated numbers of such doctors needed in each of the next 5 years;

3. the numbers of retired doctors rehired by the HA in each of the past 5 years, and the estimated numbers of such doctors needed in each of the next 5 years;

4. the numbers of medical graduates to be employed in each of the next 5 years (as it was stated in the Budget Speech that there would be adequate resources for the HA to employ all local medical graduates), and the expenses involved each year;

5. HA's salary expenditures on doctors and other healthcare staff in each of the past 5 years, the estimated expenditures in each of the next 5 years, and the expenditure as a percentage of HA's overall funding in respective years; and

6. the salary expenditures on HA management staff in each of the past 5 years, the estimated expenditures in each of the next 5 years, and the expenditure as a percentage of HA's overall funding in respective years.

Asked by: Hon CHEUNG Yu-yan, Tommy (Member Question No. (LegCo use): 25)

Reply:

(1)

The Hospital Authority (HA) adopts a flexible approach in deploying clinical staff to its service units in need. The overall manpower shortfall of doctors and nurses in all specialties in HA is around 300 and 400 respectively in 2017-18. With the increase in the supply of graduates for allied health disciplines, there is no recruitment difficulty in allied health grades for replacing staff attrition in 2017-18.

HA delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health professionals and supporting healthcare workers. HA will continue to monitor the manpower situation and flexibly deploys its staff having regard to the service and operational needs.

(2)

The table below sets out the number of non-local doctors with limited registration employed by HA in 2013-14, 2014-15, 2015-16, 2016-17 and 2017-18.

2013-14	**2014-15**	**2015-16**	**2016-17**	**2017-18**
15	18	17	19	17

(Note: The figures refer to the total number of non-local doctors employed, including doctors who have completed or ended their contracts during the said period.)

Since 2012, HA was resorted to the recruitment of non-local doctors with limited registration as an additional and immediate measure to supplement local recruitment drive. HA will continue to monitor the manpower situation and recruit non-local doctors under limited registration in future as and when necessary.

(3)

HA has implemented the Special Retired and Rehire Scheme (SRRS) since 2015-16 to rehire suitable clinical doctors upon their retirement or completion of contract at or beyond their normal retirement age to retain suitable expertise for training and knowledge transfer, and to help alleviate manpower issues. The number of retired / retiring doctors rehired / to be rehired under the SRRS since then as at 31 December 2017 are as follows:

Year	**2015-16**	**2016-17**	**2017-18**
No. of retired / retiring doctors rehired / to be rehired under the SRRS	27	34	29

Subject to factors such as HA's service needs, availability of retiring doctors etc., it is planned to re-employ 50 retiring doctors per year in the coming five years from 2018-19.

(4)

With the increase in number of medical graduates in Hong Kong from 250 to 320 in 2009-10 and further to 420 in 2012-13, there will be 420 local graduating interns available for recruitment by HA starting from 2018-19. Taking the opportunity of increasing medical graduates in the coming years, HA will increase the Resident Trainee posts to recruit and provide specialist training to all qualified local medical graduates. The annual projected expenditure for recruiting 420 medical graduates is around $389 million (based on 2017-18 price level at entry point) each year.

(5)

The table below provides the salary expenditure on doctors and other healthcare staff of HA in 2013-14, 2014-15, 2015-16, 2016-17 and 2017-18 (full year projection):

Staff Group	**2013-14 (Actual)**		**2014-15 (Actual)**		**2015-16 (Actual)**		**2016-17 (Actual)**		**2017-18 (Full Year Projection)**	
	Total salary expenditure ($ million)	% of HA's recurrent provision	Total salary expenditure ($ million)	% of HA's recurrent provision	Total salary expenditure ($ million)	% of HA's recurrent provision	Total salary expenditure ($ million)	% of HA's recurrent provision	Total salary expenditure ($ million)	% of HA's recurrent provision
Doctors	9,054	19.8%	9,821	20.0%	10,780	21.2%	11,338	21.5%	11,664	21.0%
Nursing	13,325	29.2%	14,518	29.6%	15,614	30.7%	16,710	31.8%	17,627	31.7%
Allied Health Professionals	4,425	9.7%	4,852	9.9%	5,257	10.4%	5,687	10.8%	5,986	10.8%
Care-related Support Staff	2,147	4.7%	2,744	5.6%	2,942	5.8%	3,182	6.1%	3,360	6.1%
Total	**28,951**	**63.4%**	**31,935**	**65.1%**	**34,593**	**68.1%**	**36,917**	**70.2%**	**38,637**	**69.6%**

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" 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 total salary expenditure 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 2017-18 represent full-year projection.

6. HA's recurrent provision refers to the recurrent government subvention to HA stated in the Controlling Officer's Report.

7. The budget allocation for 2018-19 is under preparation and the estimated expenditure for 2018-19 and the next five years is not available.

(6)

The table below sets out the remuneration (including salaries, allowances, contributions for retirement scheme and other benefits) of key management personnel of HA for 2013-14, 2014-15, 2015-16 and 2016-17. The actual expenditure for 2017-18 will only be available after the close of the financial year and estimated expenditure for the next five years is not available.

Year	**Remuneration Expenditure ($ million)**	**Percentage of HA's Recurrent Provision**
2013-14	58.2	0.13%
2014-15	61.3	0.13%
2015-16	66.7	0.13%
2016-17	70.8	0.13%

Note:

1. Key management personnel refers to those listed in the HA Annual Report with the authority and responsibility for planning, directing and controlling the activities of HA. The group comprises the Chief Executive, Cluster Chief Executives, Directors and other Division Heads of the Head Office.

2. HA's recurrent provision refers to the recurrent government subvention to HA stated in the Controlling Officer's Report.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0055)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget that the Hospital Authority (HA) will complete a review of the patient's co-payment mechanism under the Community Care Fund (CCF)'s programme in the first half of this year and propose improvement measures and that the Government will set aside $500 million for that purpose. In this connection, please provide details of the following:

1. the current patient's co-payment mechanism under the CCF's programme;
2. the direction of the review;
3. the number of new drugs added to the HA Drug Formulary (HADF) and the expenditure involved in each of the past 5 years; and
4. the mechanism for adding new drugs to the HADF, as well as the programmes or measures to expedite the procedures for introducing new drugs in the HA.

Asked by: Hon CHEUNG Yu-yan, Tommy (Member Question No. (LegCo use): 28)

Reply:

(1)

The means test criteria of the Community Care Fund (CCF) programmes are based on targeted subsidy principle, which are modelled on those criteria for drugs under the Samaritan Fund with suitable modifications to test its feasibility. Level of subsidy would be determined on the basis of the patient's household annual disposable financial resources (ADFR), which essentially means the amount of their household disposable income and disposable capital. Patients will be required to contribute to the cost of the drugs from their ADFR and the level of contributions will be determined based on a sliding scale and the drug cost. The maximum contribution is capped at a flat contribution ratio of 20% for First Phase Programme; or capped at a flat contribution ratio of 20% or $1 million (whichever is the lower) for the programme on "Subsidy for Eligible Patients to Purchase

Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)") according to the sliding scale. Where the estimated drug cost is above the maximum contribution payable, CCF will pay the outstanding balance.

(2)

The Hospital Authority (HA) has commissioned a consultancy study to review the means test mechanism of the current CCF Medical Assistance Programme. Taking into account findings of the review, HA aims to come up with recommendations in the first half of 2018 for improving the mechanism and providing more and faster help to patients in need. The Government has set aside resources in the 2018-19 Budget for this purpose. Actual use of resources will be subject to the review findings and recommendations.

(3)

The table below sets out the number of drugs newly incorporated into the Hospital Authority Drug Formulary (HADF) between 2013-14 and 2017-18.

	2013-14	2014-15	2015-16	2016-17	2017-18
Number of new drugs incorporated into the HADF	25	52	21	39	50

The following table sets out 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) between 2013-14 and 2017-18 (projection based on the expenditure figure as at 31 December 2017):

	2013-14	2014-15	2015-16	2016-17	2017-18
Drug consumption expenditure on General and Special drugs in the HADF ($ million)	4,078	4,333	4,501	$5,020	$5,285*

*Projection based on expenditure figure as at 31 December 2017

(4)

The HA has an established mechanism with the support of 21 expert panels to regularly evaluate new drugs and review the 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. 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 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.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1669)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Hong Kong Children's Hospital, please advise this Committee of the following:

1. What are the details of the manpower recruited by the Hong Kong Children's Hospital so far? Are there any measures to ensure sufficient manpower to provide services when the hospital commences operation in the fourth quarter of 2018? If yes, what are the details? If not, do healthcare professionals need to assume multiple roles at the same time?

2. Please provide the nursing manpower requirements for the commencement of first-phase services in the Hong Kong Children's Hospital, with a breakdown by specialty and by rank.

3. How many healthcare professionals recruited have withdrawn from the training programme so far?

Asked by: Hon CHIANG Lai-wan (Member Question No. 30)

Reply:

The Hong Kong Children's Hospital (HKCH) will commence service by phases, with the first phase from the fourth quarter of 2018 to the second quarter of 2019 beginning with specialist outpatient service, followed by the gradual opening of inpatient service. The phased approach is to ensure patient safety, service quality and smoothness in operation.

Under the agreed hub-and-spoke model, HKCH and the regional hospitals will form a coordinated and coherent paediatric service network in the Hospital Authority (HA), whereby some tertiary services (i.e. oncology, nephrology, cardiology and paediatric surgery) will be translocated from regional hospitals to HKCH. The healthcare teams to be translocated to HKCH are working in their original units pending transfer alongside with the

respective services. Separately, HKCH has started the advance recruitment of healthcare staff since 2015. They are now attached to various public hospitals for training to equip with the necessary skills and clinical experience to prepare for service commissioning.

The staff recruitment progress as of 31 December 2017 is as follows:

	To be translocated from other hospitals	**Through internal transfer or open recruitment exercises**	**Total**
Medical	32	23	55
Nursing	108	110	218
Allied health	1	55	56
Management, administration and supporting	32	42	74
Total	**173**	**230**	**403**

The estimated nursing manpower requirement for the first phase of service commissioning is 395 nurses. The breakdown by rank is as follows:

Rank	**Number**
Registered Nurse	306
Advanced Practice Nurse	67
Ward Manager or above	22
Total	**395**

The detailed operational arrangements for HKCH, including the detailed nursing manpower requirement by specialty, are being worked out along with the finalisation of the service commissioning plan.

The Government has provided HA with designated training funding to prepare for HKCH's service commissioning. Overseas and local training have been arranged for doctors, nurses and allied health staff to enhance their professional standard, facilitating them to perform relevant roles in the overall HA service network. HA has been ensuring that the funding is put to good use.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2991)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

What are the details of and estimated costs for various capital works projects under the ten-year hospital development plan amounting to $200 billion?

The Government has long been facing shortages of various types of healthcare professionals. Please advise on the details of such shortages and how the Government copes with them.

Asked by: Hon CHU Hoi-dick (Member Question No. (LegCo use): 16)

Reply:

To cater for the growing healthcare service demand arising from ageing population and to improve existing services, $200 billion has been earmarked for the implementation of the first ten-year Hospital Development Plan (HDP). The HDP is funded under the Capital Works Reserve Fund and is outside the scope of the Estimates being examined.

Funding approval for 6 projects under the first ten-year HDP was obtained from the Finance Committee (FC) of the Legislative Council in 2016-17 and 2017-18:

(i) The substructure and utilities diversion works for the extension of the Operating Theatre Block for Tuen Mun Hospital project was approved at $167.2 million in money-of-the-day (MOD) prices and the works commenced in May 2016. The main works for the project was approved at $2,729.7 million in MOD prices and commenced in September 2017 for completion of the whole project in 2021;

(ii) The Phase 1 of the redevelopment of Kwai Chung Hospital project was approved at $750.8 million in MOD prices and the works commenced in May 2016 for completion in 2018;

(iii) The demolition and substructure works for Phase 1 of the redevelopment of Kwong Wah Hospital (KWH) project was approved at $654.8 million in MOD prices and the works commenced in June 2016. Subject to funding approval by the FC on the remaining works, the whole redevelopment project is planned for completion in 2025;

(iv) The expansion of Haven of Hope Hospital project was approved at $2,073 million in MOD prices and the works commenced in July 2016 for completion in 2021;

(v) The preparatory works for the New Acute Hospital (NAH) at Kai Tak Development Area project was approved at $769.3 million in MOD prices and the preparatory works commenced in September 2017. Subject to funding approval by the FC on the remaining works, the whole project is planned for completion in 2024; and

(vi) The preparatory works for the redevelopment of Prince of Wales Hospital, Phase 2 (Stage 1) was approved at $1,231.1 million in MOD prices on 19 July 2017 and the preparatory works commenced in September 2017. Subject to funding approval by the FC on the remaining works, the whole project is planned for completion in 2027.

We plan to seek funding approval from FC this year for 5 projects under the ten-year HDP. They include the superstructure and associated works for Phase 1 of the redevelopment of KWH; the foundation, excavation and lateral support, and basement excavation works for the NAH at Kai Tak Development Area; the preparatory works for Phase 1 of the redevelopment of Grantham Hospital; the preparatory works for the redevelopment of Our Lady of Maryknoll Hospital; and the main works for Phase 1 of the redevelopment of Queen Mary Hospital.

For the remaining 7 HDP projects, HA and relevant government departments 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 and cost estimate for individual projects.

HA adopts a flexible approach in deploying clinical staff to its service units as needed. The overall manpower shortfall of doctors and nurses in all specialties in HA is around 300 and 400 respectively in 2017-18. With the increase in the supply of graduates for allied health disciplines, there is no difficulty in recruiting allied health grades for replacing staff attrition in 2017-18.

HA has adopted various measures to attract and retain healthcare professionals 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 will 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.

To further boost staff morale and retain staff, HA will restore the annual increment mechanism for all serving employees who have joined HA on or after 15 June 2002, and new recruits, with effect from 1 April 2018.

In 2018-19, HA plans to recruit about 500 doctors and 2 230 nurses 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 medical and nursing grades in 2018-19, and review the effectiveness of the above initiatives and explore further enhancement measures to attract and retain staff as and when necessary.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2992)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

What are the recommendations proposed in the Strategic Review on Healthcare Manpower Planning and Professional Development?

The Government has declared that stakeholders will be consulted on the Strategic Review on Healthcare Manpower Planning and Professional Development. How are such stakeholders defined? Will the Government conduct public consultations in all 18 districts? If yes, what are the details? If not, what are the reasons?

Asked by: Hon CHU Hoi-dick (Member Question No. (LegCo use): 17)

Reply:

The Strategic Review on Healthcare Manpower Planning and Professional Development ("Strategic Review") proposes 10 recommendations with 5 recommendations on healthcare manpower planning and another 5 on professional development and regulation. Details of the recommendations can be found in the Report of the Strategic Review which is available for download at the website of the Healthcare Planning and Development Office (http://www.hpdo.gov.hk/en/srreport.html) or Paper to the Legislative Council Panel on Health Services, namely Strategic Review on Healthcare Manpower Planning Professional Development (LC Paper No. CB(2)1608/16-17(05), accessible through the website http://www.legco.gov.hk/yr16-17/english/panels/hs/papers/hs20170619cb2-1608-5-e.pdf.

The Government attached great importance to the views of the healthcare professions as well as the community in conducting the Strategic Review. Chaired by the then Secretary for Food and Health, the Steering Committee of the Strategic Review comprised some 30 members from wide-ranging backgrounds including renowned experts from overseas. The Steering Committee was underpinned by a Coordinating Committee and 6 consultative sub-groups with a total membership of over 100 comprising representatives of healthcare professionals, healthcare service providers, regulatory bodies, academia, the social welfare sector and patient groups, all being the key stakeholders from the healthcare sector, so as to

ensure a broad-based and balanced participation of the healthcare sector and the community in the review process.

In conducting the Strategic Review, we had also engaged key stakeholders (including professional organisations, healthcare service providers and training institutions) of the 13 professionals subject to statutory registration. The next manpower projection exercise will also be conducted in consultation with these key stakeholders in the respective professions.

On professional regulation, the Government will invite the statutory boards and councils of relevant healthcare professions to provide proposals on how to implement the recommendations proposed by the Strategic Review.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3008)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In view of the public's concerns over the long queues at accident and emergency departments and healthcare manpower wastage, the authority has bought many equipment, increased the salaries of management staff, and improved service efficiency. It is suggested that the authority should subsidise or construct medical secondary or tertiary schools to nurture adequate healthcare professionals to provide quality medical services. Will the Government consider this suggestion? If yes, what are the details? If no, what are the reasons?

Asked by: Hon CHU Hoi-dick (Member Question No. (LegCo use): 54)

Reply:

Over the past ten years, the Government has substantially increased the number of University Grants Committee ("UGC")-funded healthcare training places by about 60% (from about 1 150 to about 1 800). The Government is discussing with UGC to further increase the publicly-funded training places for doctors, dentists, nurses and relevant allied health professionals in the 2019/20 – 2021/22 triennium.

The Government will also count on the self-financing sector to provide training to help meet part of the increasing demand for healthcare professionals. The Government subsidises over 800 students studying in qualified self-financing healthcare training programmes under the Study Subsidy Scheme for Designated Professions/Sectors in the 2018-19 cohort.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3190)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

As at 31 December 2017, the Hospital Authority, with over 76 000 staff (full time equivalents), manages 42 public hospitals and institutions, 48 specialist outpatient clinics and 73 general outpatient clinics.

1. What were the staff turnover rate and figure, on full-time equivalent basis, in each of the past 3 years?
2. What were the figure and expenditure estimate of half-time and part-time staff and the figure as a percentage of the total number of staff in each of the past 3 years?
3. What policies has the Government put in place to attract, motivate and retain staff?

Asked by: Hon CHU Hoi-dick (Member Question No. (LegCo use): 55)

Reply:

(1)
The table below provides the attrition (wastage) number and rate of full-time staff of the Hospital Authority (HA) in 2015-16, 2016-17 and 2017-18.

Year	Attrition No.	Attrition Rate
2015-16	6 209	8.9%
2016-17	6 554	9.1%
2017-18 (Rolling 12 months from 1 January 2017 to 31 December 2017)	6 967	9.5%

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.
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 provides the number of part-time staff in HA and their respective percentages of the HA total in 2015-16, 2016-17 and 2017-18 as well as their total salary expenditure.

Year	**No. of staff**	**% of HA total**	**Total salary expenditure ($ million)**
2015-16	1 464 (as at 31 March 2016)	2.0%	513.0
2016-17	1 563 (as at 31 March 2017)	2.1%	546.5
2017-18	1 687 (as at 31 December 2017)	2.2%	597.6 (Full year projection)

Note:
1 The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
2 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 benefit. The figures for 2017-18 represent full-year projection.

(3)
HA adopts a flexible approach in deploying clinical staff to its service units in need. The overall manpower shortfall of doctors and nurses in all specialties in HA is around 300 and 400 respectively in 2017-18. With the increase in the supply of graduates for allied health disciplines, there is no recruitment difficulty in allied health grades for replacing staff attrition in 2017-18.

HA has put in place various measures to attract and retain healthcare professionals, which 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 will 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 since 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 five 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.

To further boost staff morale and retain staff, HA will restore the annual increment mechanism for all serving employees who have joined HA on or after 15 June 2002 and new recruits, with effect from 1 April 2018.

In 2018-19, HA plans to recruit about 500 doctors and 2 230 nurses 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 medical and nursing grades in 2017-18, and review the effectiveness of the above initiatives and explore further enhancement measures to attract and retain staff as and when necessary.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2804)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

According to paragraph 140 of this year's Budget Speech, "an additional recurrent funding of nearly $6 billion will be allocated to the Hospital Authority (HA) in 2018-19 to increase the number of hospital beds, operating theatre sessions, the quota for general out-patient and specialist out-patient services and the manpower required." Will the Government inform this Committee of:

1. the numbers of specialists, trainees/non-specialists, interns, dentists, registered nurses, enrolled nurses, resident nursing trainees and allied health professionals, and their salaries, allowances, contributions to Mandatory Provident Fund and Civil Service Provident Fund with a breakdown by hospital cluster; and

2. the numbers of additional healthcare staff to be recruited with a breakdown by post with reference to paragraph 143 of the Budget Speech that "the Government is discussing with the UGC further increase in publicly-funded training places for doctors, dentists, nurses and relevant allied health professionals in the coming three years. The Government has invited the universities concerned and the Prince Philip Dental Hospital to actively consider further enhancing and increasing teaching facilities so as to expand their capacity for healthcare manpower training."?

Asked by: Hon HO Kwan-yiu, Junius (Member Question No. (LegCo use): 2)

Reply:

(1)

The projected numbers of specialists, trainees/non-specialists, interns, dentists, nursing staff, nursing trainees and allied health staff in the Hospital Authority ("HA") for 2018-19 are set out in the table below -

Grade	Rank Group	Projected Number of Staff (for 2018-19)
Medical	Specialists	3 480
	Trainees/non-specialists	2 590
	Intern	510
	Dentists	8
Nursing	Nursing Staff	25 910
	Nursing Trainee	650
Allied Health	Allied Health Staff	8 070

As the budget of HA for 2018-19 is being worked out, details of staff costs are not yet available. Healthcare services are labour-intensive. Past statistics indicate that staff costs account for around 70% of HA's total recurrent expenditure and over 75% of the staff costs are on medical, nursing and allied health staff.

(2)

HA will continue to strengthen its healthcare services to the public to meet the rising demand from the growing and ageing population. The number of medical, nursing and allied health staff in 2018-19 will be increased by, on a full-time equivalent basis, 230, 830 and 230 respectively when compared with 2017-18. HA will deploy existing staff and recruit additional staff to cope with service and operational needs. The detailed arrangement for manpower deployment is being worked out and is not yet available.

HA will recruit all qualified locally trained medical graduates and provide them with relevant specialist training. There will be over 2 000 medical graduates becoming registered doctors in the coming 5 years. The Government will ensure that HA has adequate resources to employ all local qualified medical graduates.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0332)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please set out in the tables below the number and occupancy rate of mentally ill beds by hospital cluster and those of the Integrated Community Centre for Mental Wellness by district in the past 3 years, as well as the level of severity of different psychiatric patients by district and by hospital cluster:

(1) The number and occupancy rate of mentally ill beds by hospital cluster in the past 3 years (percentage):

	Hong Kong East	Hong Kong West	Kowloon Central	Kowloon East	Kowloon West	New Territories East	New Territories West
2015							
2016							
2017							

(2) The number of psychiatric patients and their level of severity (by district and by hospital cluster):

	Central and Western	Eastern	Southern	Wan Chai	Kowloon City	Kwun Tong	Sham Shui Po	Yau Tsim Mong	Wong Tai Sin
Severe									
Moderate									
Mild									

	Islands	Kwai Tsing	North	Sai Kung	Sha Tin	Tai Po	Tsuen Wan	Tuen Mun	Yuen Long
Severe									
Moderate									
Mild									

	Hong Kong East	Hong Kong West	Kowloon Central	Kowloon East	Kowloon West	New Territories East	New Territories West
Severe							
Moderate							
Mild							

Asked by: Hon IP LAU Suk-yee, Regina (Member Question No. (LegCo use): 5)

Reply:

(1)

The tables below set out the number of hospital beds and inpatient bed occupancy rate in each hospital cluster for the mentally ill services under the Hospital Authority (HA) in 2015-16, 2016-17 and 2017-18 (up to 31 December 2017) –

2015-16

	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	66%	71%	79%	84%	73%	76%	66%	**71%**

2016-17

	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	72%	63%	72%	86%	76%	78%	65%	**72%**

2017-18 (up to 31 December 2017) [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	76%	72%	70%	80%	72%	79%	63%	**71%**

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 departments or those who have stayed for more than one day. The calculation of the number of hospital beds includes that of both inpatients and day inpatients. The calculation of inpatient bed occupancy rate, on the other hand, does not include that of day inpatients.

(2)

The table below sets out the total number of psychiatric patients treated and the number of patients diagnosed with schizophrenic spectrum disorder in each hospital cluster under HA in 2015-16, 2016-17 and 2017-18 (projection as of 31 December 2017).

Cluster[#]	**Total number of psychiatric patients treated [1] (including inpatients, patients at specialist outpatient clinics and day hospitals)**	**Number of patients diagnosed with Schizophrenic Spectrum Disorder [1, 2]**
2015-16		
HKEC	20 800	3 500
HKWC	19 400	3 200
KCC	18 000	5 000
KEC	31 500	7 200
KWC	66 800	15 600
NTEC	41 000	7 300
NTWC	36 100	8 400
Overall [3]	**228 700**	**48 200**
2016-17		
HKEC	21 400	3 500
HKWC	20 500	3 200
KCC	18 000	4 900
KEC	34 400	7 300
KWC	70 000	15 900
NTEC	43 600	7 500
NTWC	38 000	8 500
Overall [3]	**240 900**	**49 100**
2017-18 (projection as of 31 December 2017)		
HKEC	21 900	3 500
HKWC	21 400	3 100

Cluster[#]	Total number of psychiatric patients treated [1] (including inpatients, patients at specialist outpatient clinics and day hospitals)	Number of patients diagnosed with Schizophrenic Spectrum Disorder [1, 2]
KCC	18 100	4 900
KEC	35 600	7 400
KWC	71 700	16 100
NTEC	45 600	7 600
NTWC	39 700	8 600
Overall [3]	**249 100**	**49 500**

Note:
1. Figures are rounded to the nearest hundred.
2. In HA, severe mental illness is generally referred to patients suffering from schizophrenic spectrum disorder. Other severely mentally ill patients suffering from other diagnosis are not included.
3. Sum of clusters may not add up to the total as a patient may be treated in more than one cluster.

The corresponding catchment districts of HA's clusters are listed below –

For reporting up to 31 March 2017
- HKEC – Eastern, Wan Chai, Islands (excluding Lantau Island)
- HKWC – Central & Western, Southern
- KCC – Kowloon City, Yau Tsim
- KEC – Kwun Tong, Sai Kung
- KWC – Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
- NTEC – Sha Tin, Tai Po, North
- NTWC – Tuen Mun, Yuen Long

For reporting from 1 April 2017
- HKEC – Eastern, Wan Chai, Islands (excluding Lantau Island)
- HKWC – Central & Western, Southern
- KCC – Kowloon City, Yau Tsim Mong, Wong Tai Sin
- KEC – Kwun Tong, Sai Kung
- KWC – Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
- NTEC – Sha Tin, Tai Po, North
- NTWC – Tuen Mun, Yuen Long

Abbreviations

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

[#] Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information were continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement started from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 were therefore not directly comparable.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0333)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Given the shortage of manpower for various specialist out-patient services in recent years, resources are urgently needed for, among other things, the training of allied health professionals and the enhancement of manpower allocation. Psychiatry has always been the specialty causing the greatest concern. In this connection, please advise this Committee of:

(1) the manpower for psychiatric services (including case managers and community nurses) in each cluster under the Hospital Authority over the past 3 years;

(2) the differences, if any, in the remuneration package between various ranks of allied health professionals of psychiatry and those of other specialties;

(3) the expenditure of the Government on psychiatric services over the past 3 years; and

(4) the expenditure on the training of psychiatric doctors and nurses over the past 3 years.

Asked by: Hon IP LAU Suk-yee, Regina (Member Question No. (LegCo use): 6)

Reply:

(1)

The Hospital Authority (HA) delivers mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements.

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 each hospital cluster of HA in the past three years (from 2015-16 to 2017-18) –

Cluster[#]	Psychiatric doctors[1 & 2]	Psychiatric Nurses[1 & 3] (including CPNs)	CPNs[1 & 4]	Allied Health Professionals		
				Clinical Psychologists[1]	Medical Social Workers[5]	Occupational Therapists[1]
2015-16						
HKEC	36	243	10	8	N/A	18
HKWC	26	111	9	6	N/A	22
KCC	35	245	12	10	N/A	25
KEC	37	143	16	9	N/A	17
KWC	77	657	21	24	N/A	64
NTEC	63	370	17	13	N/A	42
NTWC	71	705	45	12	N/A	57
Overall	**344**	**2 472**	**130**	**82**	**243**	**245**
2016-17[6]						
HKEC	32	243	11	8	N/A	19
HKWC	27	113	8	6	N/A	22
KCC	34	238	11	10	N/A	27
KEC	38	142	16	11	N/A	20
KWC	72	660	23	27	N/A	71
NTEC	64	373	21	15	N/A	38
NTWC	83	726	48	13	N/A	60
Overall	**349**	**2 493**	**137**	**90**	**243**	**257**
2017-18[6] (as at 31 December 2017)						
HKEC	35	247	11	9	N/A	19
HKWC	25	108	8	7	N/A	23
KCC	31	243	12	11	N/A	27
KEC	37	148	16	11	N/A	20
KWC	75	666	23	26	N/A	74
NTEC	65	395	19	15	N/A	43
NTWC	84	735	49	13	N/A	61
Overall	**351**	**2 541**	**137**	**92**	**243**	**267**

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but exclude those in HA Head Office. Individual figures may not add up to the total due to rounding.
2. 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 (SLH)), 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. Breakdown by cluster is not readily available.
6. Starting from 2016-17, psychiatric doctors also include doctors working in SLH.

The table below sets out the number of case managers under the Case Management Programme in each hospital cluster of HA from 2015-16 to 2017-18 (as at 31 December 2017) –

Cluster[#]	2015-16	2016-17	2017-18 (as at 31 December 2017)
HKEC	24	25	26
HKWC	24	24	22
KCC	23	21	23
KEC	34	34	33
KWC	99	99	98
NTEC	55	53	54
NTWC	68	69	69
Overall	**327**	**325**	**325**

[#] Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information were continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement started from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 were therefore not directly comparable.

(2)

The same remuneration package is given to allied health professionals regardless of whether they work in a psychiatric or non-psychiatric setting.

(3)

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 by HA from 2015-16 to 2017-18 –

Costs of Mental Health Service ($ million)		
2015-16	**2016-17**	**2017-18 (Revised Estimate)**
4,368	4,579	4,870

The mental health 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).

(4)

HA provides training for its staff in line with service requirements and organisation priorities. Various kinds of training (e.g. on-the-job training, in-house training, commissioned training and overseas training) are provided for staff of different disciplines. Training expenditure specifically for psychiatric doctors and nurses cannot be separately quantified.

Abbreviations:

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0334)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is noted that psychiatric drugs are available in oral and external (injectable) forms, and the usage rate of external drugs in Hong Kong is currently far lower than that of other countries. In this connection, will the Government inform this Committee of:

(1) the overall expenditure on oral, external and injectable psychiatric drugs for each of the past 3 years; and

	2015-16	2016-17	2017-18
Oral drugs			
External drugs			

(2) the number of persons with severe mental illness receiving drug treatment and the attendance rate of follow-up consultation upon drug treatment?

	2015-16		2016-17		2017-18	
	Oral	External	Oral	External	Oral	External
Number of persons receiving treatment						
Attendance rate of follow-up consultation						

Asked by: Hon IP LAU Suk-yee, Regina (Member Question No. (LegCo use): 7)

Reply:

(1)

Over the years, the Hospital Authority (HA) has taken steps to enhance the use of psychiatric drugs which have proven effectiveness and safety profile. Taking patients' wish into account, psychiatric doctors will provide necessary drug treatment for patients as appropriate, having regard to their clinical needs and in accordance with the clinical treatment protocol.

HA has put in place an established mechanism under which experts will examine and review regularly the treatment options and drugs for patients with adjustments made as appropriate, taking into account factors like scientific evidences, clinical risks and treatment efficacy, technological advancement and views of patient groups, etc. HA will continue to closely monitor the latest development of clinical and scientific evidences of new psychiatric drugs. HA will also continue to review and introduce new drugs, and formulate guidelines for clinical use of such drugs in accordance with the established mechanism having regard to the principle of optimising the use of public resources and providing appropriate treatment for as many needy patients as possible.

The table below sets out the expenditure on oral and injection drugs for psychiatric patients in HA from 2015-16 to 2017-18 (up to 31 December 2017) –

	2015-16	**2016-17**	**2017-18 (up to 31 December 2017) [provisional figures]**
Oral drugs (million)	$379.29	$411.42	$320.61
Injection drugs (million)	$77.85	$87.18	$77.92

(2)

Taking patients' wish into account, psychiatric doctors will provide necessary drug treatment for patients as appropriate, having regard to their clinical needs and in accordance with the clinical treatment protocol. Since some psychiatric patients may be prescribed both oral and injection psychiatric drugs concurrently, while some may not be prescribed any medication at all. Also, patient's drug profile may change from time to time. HA does not have the breakdown on the number of patients with severe mental illness receiving oral and injection psychiatric drugs treatment respectively, and HA does not maintain statistics on the attendance rate of the follow-up consultations.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0351)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In recent years, the frequent incidents of student suicide have aroused great public concern. In this regard, will the Government advise this Committee on:

(a) the number of minors who sought assistance from psychiatric services and the follow-up attendance rate in the past 3 years;

(b) the budget estimate and manpower involved in dealing with student mental health issues in the past 3 years; and

(c) the budget estimate and manpower to be involved in dealing with student mental health issues in the coming year.

Asked by: Hon IP LAU Suk-yee, Regina (Member Question No. (LegCo use): 24)

Reply:

(a)

The table below sets out the number of psychiatric patients aged below 18 treated in Hospital Authority (HA) from 2015-16 to 2017-18 (projection as of 31 December 2017). HA does not maintain statistics on the attendance rate of the follow-up consultations at psychiatric specialist outpatient clinics.

	Number of psychiatric patients aged below 18
2015-16	28 800
2016-17	32 300
2017-18 (projection as of 31 December 2017)	33 900

Notes:

1. Refer to age as at 30 June of the respective year.
2. Figures are rounded to the nearest hundred.

(b)&(c)

The Food and Health Bureau, in collaboration with the Education Bureau, HA and the Social Welfare Department, launched the "Student Mental Health Support Scheme" (SMHSS) in the 2016/17 and the 2017/18 school years to provide support to students with mental health needs through the setting up of a multi-disciplinary platform in each participating school in the Kowloon East Cluster and the Kowloon West Cluster. Four psychiatric nurses and 4 supporting staff were recruited to support 17 schools participating in the SMHSS. The estimated expenditure for the implementation of the SMHSS in the aforesaid two school years is around $8.3 million.

In the 2018/19 school year, HA will further extend the services of the SMHSS to the Hong Kong West Cluster, the New Territories East Cluster and the New Territories West Cluster to support a total of around 40 schools and enhance the multi-disciplinary teams for child and adolescent psychiatric services in the five clusters to provide better support for the school-based multi-disciplinary platform under the SMHSS. An addition of 16 psychiatric nurses, 5 clinical psychologists and 11 supporting staff will be recruited to support the expanded SMHSS. An additional recurrent provision of $25 million would be allocated to HA in 2018-19 to enhance and expand the services of the SMHSS by phases.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0360)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Residents in the New Territories East (NTE) often express to me their concerns about the overburdened hospitals in their district. The Financial Secretary stated in paragraph 141 of the Budget Speech that he has "invited the HA to start planning the second 10-year hospital development plan", but it is disappointing that he said nothing about the hospitals in the NTE. In this connection, will the Government inform this Committee of the following:

1. Whether there is a timetable for the second 10-year hospital development plan of the Hospital Authority (HA)? If yes, what are the details? If not, what are the reasons?

2. What are the manpower and estimated expenditure involved in the second 10-year hospital development plan of the HA?

Asked by: Hon IP LAU Suk-yee, Regina (Member Question No. 33)

Reply:

In the light of an increasing demand for healthcare services, the Government has invited the Hospital Authority (HA) to start planning the second ten-year Hospital Development Plan (HDP) instead of waiting for the mid-term review of the first ten-year HDP to be conducted in 2021. HA will take into account the projected service demands, the physical conditions of existing hospitals, and the planned service models, etc. in the formulation of the second HDP. At this stage, information on the timetable, manpower and estimated expenditure involved is not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2178)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

With respect to the Estimates of Expenditure in the past 5 years, please provide the following information:

a. the annual total expenditure on local healthcare services, the comparison of the total expenditure on public healthcare services with that of private healthcare services, the year-on-year and cumulative rates of change in such expenditure, as well as the percentage such expenditure accounts for in the Gross Domestic Product; and

b. details of the computation of the said figures and the items included for computation.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 18)

Reply:

Estimates on health expenditure by financing source (i.e. public and private) and the ratio of these expenditures to Gross Domestic Product are available in the Domestic Health Accounts of Hong Kong (HKDHA), which are compiled in accordance with the international guidelines given in *A System of Health Accounts 2011* published collaboratively by the Organisation for Economic Co-operation and Development, Eurostat and World Health Organization.

HKDHA capture all public and private expenditure for medical care, disease prevention, health promotion, rehabilitation, long-term care, community health activities, health administration and regulation, and capital formation with the predominant objective of improving health. HKDHA figures are available on the website of the Food and Health Bureau (FHB) at http://www.fhb.gov.hk/statistics/en/dha.htm.

For up-to-date figures on the health expenditure by the government, reference can also be made to the estimates of government expenditure under the health policy area group (PAG). This covers expenditure directly related to health incurred by the FHB (including the Bureau's allocation to the Hospital Authority), the Department of Health and the

Government Laboratory. Compared with HKDHA figures, PAG estimates do **not** cover expenditure on health related functions performed by other government departments such as nursing homes, rehabilitation and medical social services under the Social Welfare Department, and ambulance services under the Fire Services Department and Auxiliary Medical Services.

Latest figures on government expenditures under the health PAG are available on the website of the 2018-19 Budget at https://www.budget.gov.hk/2018/eng/pdf/e_appendices_b.pdf.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3021)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Chief Executive allocated an additional $500 million to the Hospital Authority (HA) to cope with the prevalence of influenza early this year. In this connection,

a. does the Government have any plan to earmark additional funding to the HA for this purpose on a regular basis? If yes, what are the details? If no, what are the reasons? Please set out the vaccination and salary expenditure involved.

b. apart from granting additional funding, does the Government have any other plans to cope with the prevalence of influenza, including setting up more evening out-patient clinics in districts and providing outreach influenza vaccination service for the elderly in districts?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 21)

Reply:

In response to service demand surges, the Hospital Authority (HA) regularly reviews its strategy and response plan and proposes enhanced measures every year. The major measures of the winter surge response plan that HA has been implementing since December 2017 include:

1. Enhancing infection control measures;
   - Supporting the Government Vaccination Programme and encouraging vaccination of staff; and
   - Ensuring adequate stockpile of antiviral drugs such as Tamiflu for treatment according to prevailing clinical guidelines.

2. Managing demand in the community;
   - Enhancing support for Residential Care Homes for the Elderly (RCHEs) through the Community Geriatric Assessment Services, Community Nursing Services and

Visiting Medical Officer Programmes to facilitate management of simple cases outside hospitals;
- More frequent visits to RCHEs and early post-discharge visits; and
- Enhancing support to chronic disease cases for better self-management through pro-active follow up by the Patient Support Call Centre.

3. Gate-keeping to reduce avoidable hospitalization;
   - Setting up additional observation areas in AEDs;
   - Enhancing virology services to facilitate and expedite patient management decision; and
   - Deploying additional staff to improve patient flow and ease prolonged waiting.

4. Improving patient flow;
   - Speeding up transfer of stable patients from acute hospital to convalescent hospital in the cluster;
   - Enhancing ward rounds by senior doctors and relevant support services during evenings, weekends and public holidays; and
   - Strengthening support to patients upon discharge from hospitals.

5. Optimising and augmenting buffer capacity;
   - Opening new hospital beds, and time-limited beds and temporary beds where necessary;
   - Increasing manpower of doctors, nurses and allied health professionals;
   - Continuing the Accident & Emergency Support Session Programme;
   - Optimising utilisation of buffer wards and expanding day follow-up service;
   - Augmenting manpower by Special Honorarium Scheme, leave encashment, and with the support of temporary undergraduate nursing students and Auxiliary Medical Service; and
   - Expanding service quotas in general out-patient clinics (GOPCs), including evening clinics, during surge period and long holidays.

6. Reprioritising core activities;
   - Reducing elective admission to reserve capacity for meeting demands from acute admission via the AEDs; and
   - Suspending / deferring non-emergent elective operations.

7. Enhancing communication with the public.

On top of the above, the Government announced on 30 January 2018 an additional one-off allocation of $500 million to HA. With this injection, HA has been implementing additional measures to alleviate the manpower shortage and pressure, besides strengthening the aforementioned 2017-18 winter surge response plan. HA will continue to closely monitor the service demand situation, so as to timely implement appropriate measures under the response plan accordingly.

On manpower shortage and pressure, HA has been adopting a multi-faceted approach to attract and retain staff, and managed to achieve steady growth of manpower including doctor, nurses and allied health professionals in the past years. In addition to efforts to recruit as many new graduates as possible every year, HA has been trying to recruit part-time and temporary staff and rehire retired staff. The number of medical, nursing and

allied health staff in 2018-19 is expected to increase by, on a full-time equivalent basis, 230, 830 and 230 respectively when compared to 2017-18.

Over the past ten years, the Government has substantially increased the number of University Grants Committee (UGC)-funded healthcare training places by about 60% (from about 1 150 to about 1 800). The Government is discussing with UGC to further increase publicly-funded training places for doctors, dentists, nurses and relevant allied health professionals in the 2019-20 to 2021-22 triennium.

As regards general outpatient (GOP) service, HA will continue to increase the GOP service quotas including evening clinic service in the coming few years, subject to manpower and financial resources.

Vaccination continues to be one of the effective means to prevent seasonal influenza and its complications, and can reduce the risks of influenza associated hospitalisation and mortality. Hence, the Government has all along been encouraging the public to receive seasonal influenza vaccination as early as possible. In 2017-18, the Department of Health (DH) has implemented the Government Vaccination Programme, the Residential Care Home Vaccination Programme and the Vaccination Subsidy Scheme to provide free or subsidised seasonal influenza vaccination to eligible groups which are generally at a higher risk of severe complications or even death caused by influenza, or spreading the infection to those at high risk.

Apart from vaccination, DH has been implementing a range of programmes, including surveillance, infection control, treatment and chemoprophylaxis, public education, publicity and risk communication, to combat influenza.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3027)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding dental services for persons with intellectual disabilities (PIDs), will the Bureau inform this Committee of:

1. the numbers of PIDs and autistic patients in Hong Kong in table format;

2. the expenditure on "barrier-free dental services" in the past 5 years and the estimated expenditure in 2018-19;

3. the details of clinics and hospitals in Hong Kong which provided "barrier-free dental services" in the past 5 years, including the numbers of doctors, nurses, anesthetists, service recipients and persons on the waiting list, as well as the waiting time and the fees charged, in table format;

4. the Financial Secretary mentioned in the Budget Speech that a three-year project would be implemented to encourage more non-governmental organisations to provide free oral check-ups, dental treatments and oral health education for adults with intellectual disabilities. In this connection, please advise the project details, service providers, estimated number of service recipients, expected outcomes, expenditure and manpower involved;

5. the plan, if any, to regularise "barrier-free dental services". If so, what are the estimated expenditure and details of the plan? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 29)

Reply:

1.

In accordance with a territory-wide survey conducted by the Census and Statistics Department on persons with disabilities and chronic diseases throughout the whole year of 2013, it was estimated that there were 10 200 persons with Autism in the year. Regarding

the number of persons with intellectual disability (ID), a statistical assessment based on various relevant data sources showed that the estimated total number of persons with ID was more likely to lie in the region of 71 000 to 101 000 in the same year. However, breakdown of above figures by severity of ID is not available.

2. and 3.
The Government's policy on dental care seeks to raise public awareness of oral health and encourage proper oral health habits through promotion and education. Nevertheless, the Government recognises the need to provide some essential dental services for patients with special needs. The following dental services are provided to patients with ID.

Dandelion Oral Care Action

The Oral Health Education Unit (OHEU) of the Department of Health (DH) has conducted since 2005 the Dandelion Oral Care Action (the Dandelion Programme), an oral health promotion programme for children with mild to moderate ID in special schools. The Dandelion Programme is implemented in a train-the-trainer approach whereby the OHEU trains at least 1 school nurse or teacher from each school to be the Oral Health Trainers (OHTs). The OHTs equipped with certain basic oral care knowledge techniques will in turn train all the teachers in the school in the same manner. They also conduct workshops to train the parents, who are expected to brush twice a day and floss once daily for their children at home using the same techniques.

Figures on expenditure and manpower of the Dandelion Programme are not available as they have been absorbed within the provision for dental services under its respective Programme.

School Dental Care Service (SDCS)

Since its establishment in 1980, the SDCS has been promoting oral health and providing annual dental check-up, basic and preventive dental care for primary school children in Hong Kong. Starting from 2013/14 school year, the Government has further stepped up the support measures for students with ID and/or physical disabilities studying in special schools by allowing them to continue to enjoy the SDCS until they reach the age of 18.

The number of participants from special schools in the last 5 school years is as follows –

School year	2013/14	2014/15	2015/16	2016/17	2017/18
No. of participants from special schools	4 973	5 449	5 643	5 751	5 973

Figures on the expenditure and manpower for providing services to people with ID under SDCS are not available as they have been absorbed within the provision for dental services under its respective Programme.

Oral Maxillofacial Surgery & Dental Units (OMS&Dus)

DH provides public dental services through its Oral Maxillofacial Surgery & Dental Units (OMS&Dus) in 7 public hospitals, which provide specialist dental treatment to hospital

patients and the special need groups on referral from other hospital units and registered dental or medical practitioners.

The number of attendance for patients with ID in DH's OMS&Dus in the last 5 calendar years is as follows –

Year	2013	2014	2015	2016	2017
Attendances	761	825	746	816	936

Figures on the expenditure and manpower for providing services to people with ID under DH's OMS&Dus are not available as they have been absorbed within the provision for dental services under its respective Programme.

Pilot Project on Dental Service for Patients with ID

The Government has provided funding to implementing organisations to launch the Pilot Project on Dental Service for Patients with Intellectual Disability (the Pilot Project) (also known as the Loving Smiles Service) starting from August 2013. Patients with ID aged 18 or above are subsidized to receive oral check-up, dental treatment and oral health education in the dental clinics participating in the Pilot Project.

Since the implementation of the Pilot Project in August 2013 up to December 2017, the expenditure was about $19 million and about 2 850 eligible persons received dental service under the Pilot Project.

4.
Following the Pilot Project, the Government will launch a three-year programme in collaboration with non-governmental organisations to provide dental care services for adult persons with ID. It is estimated that about 5 000 quotas would be available for eligible persons under the three-year programme. The Government will provide about $54 million to launch this three-year project. 2 time-limited civil service posts, namely 1 Senior Dental Officer post and 1 Dental Officer post will be created for implementing the programme.

5.
The Government will work out the best way forward in meeting their dental care needs after completion of the new programme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3031)

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) (Ms Elizabeth Tse)

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 2018-19 Estimates of Expenditure?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 33)

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 by HA from 2015-16 to 2018-19 and the respective percentages of increase –

	2015-16	**2016-17**	**2017-18 (Revised Estimate)**	**2018-19 (Estimate)**
HA's costs of mental health services ($ million)	4,368	4,579	4,870	5,074
Year-on-year % growth of HA's service costs	N/A	4.8%	6.4%	4.2%
Cumulative % growth of HA's service costs since 2015-16	N/A	4.8%	11.5%	16.2%

The mental health 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).

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. 3032)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding child psychiatry services, please provide the following information for the past 3 years:

a. the manpower (including psychiatrists, nurses, community nurses, psychologists and occupational therapists) of hospitals in each cluster of the Hospital Authority (HA), and their respective staff-to-patient ratios;

b. the number of child psychiatric patients, and the number of child psychiatric patients with various learning disabilities (including autism, attention deficit, hyperactivity disorder); and

c. the median waiting time for child psychiatric outpatient new cases at hospitals in each cluster of the HA.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 34)

Reply:

(a)

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 (C&A) psychiatric services in HA also support other psychiatric services, HA does not have the breakdown on the manpower and the requested staffing ratio for supporting C&A psychiatric services only.

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 three years (from 2015-16 to 2017-18) –

Cluster#	**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]
2015-16						
HKEC	36	243	10	8	N/A	18
HKWC	26	111	9	6	N/A	22
KCC	35	245	12	10	N/A	25
KEC	37	143	16	9	N/A	17
KWC	77	657	21	24	N/A	64
NTEC	63	370	17	13	N/A	42
NTWC	71	705	45	12	N/A	57
Overall	**344**	**2 472**	**130**	**82**	**243**	**245**
2016-17*[6]						
HKEC	32	243	11	8	N/A	19
HKWC	27	113	8	6	N/A	22
KCC	34	238	11	10	N/A	27
KEC	38	142	16	11	N/A	20
KWC	72	660	23	27	N/A	71
NTEC	64	373	21	15	N/A	38
NTWC	83	726	48	13	N/A	60
Overall	**349**	**2 493**	**137**	**90**	**243**	**257**
2017-18*[6] (as at 31 December 2017)						
HKEC	35	247	11	9	N/A	19
HKWC	25	108	8	7	N/A	23
KCC	31	243	12	11	N/A	27
KEC	37	148	16	11	N/A	20
KWC	75	666	23	26	N/A	74
NTEC	65	395	19	15	N/A	43
NTWC	84	735	49	13	N/A	61
Overall	**351**	**2 541**	**137**	**92**	**243**	**267**

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but exclude those in HA Head Office. Individual figures may not add up to the total due to rounding.
2. 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 (SLH)], 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 breakdown by cluster is not readily available.
6. Starting from 2016-17, psychiatric doctors also include doctors working in SLH.

The tables below set out the doctor-to-patient ratios in 2015-16, 2016-17 and 2017-18 (as at 31 December 2017) in Psychiatry for inpatients and day inpatients in HA –

	Ratio per 1 000 inpatient discharges and deaths	**Ratio per 1 000 inpatient and day inpatient discharges and deaths**
2015-16	19.5	19.4
2016-17	19.2	19.0
2017-18 (as at December 2017)	19.3	19.1

The tables below set out the nurse-to-patient ratios in 2015-16, 2016-17 and 2017-18 (as at 31 December 2017) in Psychiatry for inpatients and day inpatients in HA –

	Ratio per 1 000 inpatient discharges and deaths	**Ratio per 1 000 inpatient and day inpatient discharges and deaths**
2015-16	133.5	132.5
2016-17	132.5	131.5
2017-18 (as at December 2017)	134.6	133.5

Note:

1. 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 2017-18, the manpower status as at 31 December 2017 was drawn); whereas the numbers of inpatient and day inpatient discharges and deaths refer to the throughput for the whole financial year. The numbers of inpatient and day inpatient discharges and deaths for 2017-18 are projected figures as of 31 December 2017.
2. HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, but not by patient headcount as the latter is unable to reflect in full the services (e.g. admission/attendances, discharges, transfers, etc. involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. Therefore, the requested ratio to patients is calculated based on discharges and deaths instead of headcount.
3. 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.
4. Psychiatry specialty includes services for the mentally handicapped.
5. It is important to note that doctors and nurses 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.

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. 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 by clusters which may not reflect the actual level of service provision due to the above reasons.

(b)

The table below sets out the number of psychiatric patients aged below 18 treated and diagnosed with autism spectrum disorder, attention-deficit hyperactivity disorder, behavioural and emotional disorders, schizophrenic spectrum disorder or depression / depressive disorders in HA from 2015-16 to 2017-18 (projection as of 31 December 2017) –

		Number of psychiatric patients aged below 18[1,2]	**Number of patients aged below 18 diagnosed with**				
			Autism spectrum disorder	**Attention-deficit hyperactivity disorder**	**Behavioural and emotional disorders**	**Schizophrenic spectrum disorder**	**Depression/ depressive disorders**
2015-16	Overall	28 800	9 300	11 100	1 600	400	400
2016-17	Overall	32 300	10 400	12 700	1 700	400	600
2017-18 (projection as of 31 December 2017)	Overall	33 900	11 300	13 600	1 700	300	700

Note:
1. Referring to age as at 30 June of the respective year.
2. Figures are rounded to the nearest hundred.

(c)

The table below sets out the number of C&A psychiatric specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in each hospital cluster under HA from 2015-16 to 2017-18 (up to 31 December 2017) –

2015-16

Cluster[#]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC[1] / HKWC[1]	12	2	84	3	2 711	95
KCC[2] / KWC[2]	38	1	245	4	3 679	41
KEC	32	1	135	5	1 764	83
NTEC	120	1	190	5	1 891	84
NTWC	0	-	261	1	1 427	86

2016-17

Cluster[#]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC[1] / HKWC[1]	21	<1	97	3	2 264	80
KCC[2] / KWC[2]	70	1	264	4	3 574	57
KEC	17	1	158	2	1 407	96
NTEC	159	1	135	3	2 001	133
NTWC	0	-	221	4	1 286	87

2017-18 (up to 31 December 2017) [Provisional figures]

Cluster[#]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC[1] / HKWC[1]	13	1	94	4	1 003	93
KCC[2] / KWC[2]	39	1	153	3	2 375	74
KEC	17	1	117	5	1 122	111
NTEC	65	1	151	5	1 614	119
NTWC	34	1	122	6	1 087	91

Note:

1. The majority of the C&A psychiatric services in HKEC is supported by the C&A psychiatric specialist team of HKWC.
2. The majority of the C&A psychiatric services in KCC is supported by the C&A psychiatric specialist team of KWC.
3. "-" represents not applicable.

[#] Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information were continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement started from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 were therefore not directly comparable.

Abbreviations:

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3033)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please advise whether funding is available in the 2018-19 Estimates for the Hospital Authority to improve 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: Hon KWOK Ka-ki (Member Question No. (LegCo use): 35)

Reply:

The Hospital Authority (HA) has earmarked an additional of around $148.1 million in 2018-19 to enhance its psychiatric services, including the psychiatric specialist outpatient (SOP) services, as follows –

(a) enhancing the community psychiatric services to support patients with severe mental illness by recruiting 20 additional case managers in HKEC, KCC, KWC and NTWC and 5 additional peer support workers in KEC, KWC, NTEC and NTWC respectively;

(b) opening 40 gazetted psychiatric beds in Kowloon Hospital to support the demand in KCC and KEC and enhancing the psychiatric community services. It is estimated that 3 doctors, 23 psychiatric nurses, 3 allied health professionals (including clinical psychologist, physiotherapist, occupational therapist and dispenser) and 30 supporting staff will be recruited;

(c) strengthening psychiatric SOP services in NTEC and NTWC. It is estimated that an additional 2 doctors, 1.5 psychiatric nurses, 1 occupational therapist, 0.5 clinical psychologist and 1.5 supporting staff will be required to provide support for patients with common mental disorders;

(d) optimising psychiatric SOP services in NTEC through strengthening of manpower and hardware. It is estimated that 2 psychiatric nurses and 6.3 supporting staff will be recruited;

(e) expanding the Student Mental Health Support Scheme (the Scheme) from 17 schools to around 40, to provide support services to additional schools in the catchment areas of HKWC, NTEC and NTWC through the school-based multi-disciplinary platforms for students with mental health needs, and enhancing the multi-disciplinary teams for child and adolescent psychiatric services in all clusters with Child and Adolescent Psychiatric Services to provide better support for the school-based multi-disciplinary platform under the Scheme. It is estimated that 16 psychiatric nurses, 5 clinical psychologists and 11 supporting staff will be recruited; and

(f) regularising and expanding the Dementia Community Support Scheme, under which community support services were provided to elderly persons with mild or moderate dementia under the "medical-social collaboration" model, to all 41 district elderly community centres in the catchment areas of all HA clusters. It is estimated that 21.5 nurses and 11 supporting staff will be recruited.

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. 3034)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information on mental health services in 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 patients seeking consultation from the HA in each hospital cluster;

d. the daily consultation hours, the actual attendances, the daily consultation quotas (the number of discs allocated) and the daily consultation quota of each doctor of psychiatric outpatient services in each hospital cluster;

e. 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

f. the number of psychiatric inpatient discharges and deaths, and the unplanned readmission rates within 28 days and 3 months respectively in each cluster.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 36)

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 schizophrenic spectrum disorder in each hospital cluster under HA from 2015-16 to 2017-18 (projection as of 31 December 2017) –

	2015-16		**2016-17**		**2017-18 (projection as of 31 December 2017)**	
Cluster[#]	**Total number of psychiatric patients treated**	**Number of patients diagnosed with schizophrenic spectrum disorder**	**Total number of psychiatric patients treated**	**Number of patients diagnosed with schizophrenic spectrum disorder**	**Total number of psychiatric patients treated**	**Number of patients diagnosed with schizophrenic spectrum disorder**
HKEC	20 800	3 500	21 400	3 500	21 900	3 500
HKWC	19 400	3 200	20 500	3 200	21 400	3 100
KCC	18 000	5 000	18 000	4 900	18 100	4 900
KEC	31 500	7 200	34 400	7 300	35 600	7 400
KWC	66 800	15 600	70 000	15 900	71 700	16 100
NTEC	41 000	7 300	43 600	7 500	45 600	7 600
NTWC	36 100	8 400	38 000	8 500	39 700	8 600
Overall	228 700	48 200	240 900	49 100	249 100	49 500

Note:
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.
3. In HA, severe mental illness is generally referred to patients suffering from schizophrenic spectrum disorder. Other severely mentally ill patients suffering from other diagnosis are not included.

(c)&(e)
The table below sets out the number of psychiatric doctors, psychiatric nurses and community psychiatric nurses in HA in the past three years by cluster –

Cluster[#]	**Psychiatric doctors[1 & 2]**	**Psychiatric Nurses[1 & 3] (including Community Psychiatric Nurses)**	**Community Psychiatric Nurses[1 & 4] (CPNs)**
2015-16			
HKEC	36	243	10
HKWC	26	111	9
KCC	35	245	12
KEC	37	143	16
KWC	77	657	21
NTEC	63	370	17
NTWC	71	705	45
Overall	**344**	**2 472**	**130**

Cluster[#]	Psychiatric doctors[1 & 2]	Psychiatric Nurses[1 & 3] (including Community Psychiatric Nurses)	Community Psychiatric Nurses[1 & 4] (CPNs)
2016-17*[5]			
HKEC	32	243	11
HKWC	27	113	8
KCC	34	238	11
KEC	38	142	16
KWC	72	660	23
NTEC	64	373	21
NTWC	83	726	48
Overall	**349**	**2 493**	**137**
2017-18*[5] (as at 31 December 2017)			
HKEC	35	247	11
HKWC	25	108	8
KCC	31	243	12
KEC	37	148	16
KWC	75	666	23
NTEC	65	395	19
NTWC	84	735	49
Overall	**351**	**2 541**	**137**

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but exclude those in HA Head Office. Individual figures may not add up to the total due to rounding.
2. 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 (SLH)], nurses working in psychiatric departments of other non-psychiatric hospitals, as well as all other nurses in psychiatric stream.
4. The job duty of Community Psychiatric Nurses (CPNs) is mainly to provide short-term community support for discharged psychiatric patients to facilitate their community re-integration.
5. Starting from 2016-17, psychiatric doctors also include doctors working in SLH.

The table below sets out the doctor-to-patient ratios in 2015-16, 2016-17 and 2017-18 (as at 31 December 2017) in Psychiatry for inpatients and day inpatients in HA –

	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2015-16	19.5	19.4
2016-17	19.2	19.0
2017-18 (as at December 2017)	19.3	19.1

The table below sets out the doctor-to-overall population and doctor-to-population aged 65 or above ratios in 2015-16, 2016-17 and 2017-18 (as at 31 December 2017) in Psychiatry in HA –

	Ratio per 1 000 overall population	Ratio per 1 000 population aged 65 or above
2015-16	0.05	0.31
2016-17	0.05	0.30
2017-18 (as at December 2017)	0.05	0.29

The table below sets out the nurse-to-patient ratios in 2015-16, 2016-17 and 2017-18 (as at 31 December 2017) in Psychiatry for inpatients and day inpatients in HA –

	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2015-16	133.5	132.5
2016-17	132.5	131.5
2017-18 (as at December 2017)	134.6	133.5

The table below sets out the nurse-to-overall population and nurse-to-population aged 65 or above ratios in 2015-16, 2016-17 and 2017-18 (as at 31 December 2017) in Psychiatry in HA –

	Ratio per 1 000 overall population	Ratio per 1 000 population aged 65 or above
2015-16	0.33	2.15
2016-17	0.33	2.07
2017-18 (as at December 2017)	0.33	2.01

Note:

(1) For the ratios of manpower per 1 000 inpatient discharges and deaths, the manpower position refers to that as at 31 March of the respective years (except for 2017-18, the manpower status as at 31 December 2017 was drawn); whereas the numbers of inpatient and day inpatient discharges and deaths refer to the throughput for the whole financial year. The numbers of inpatient and day inpatient discharges and deaths for 2017-18 are projected figures as of 31 December 2017.

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

(3) 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.

(4) Psychiatry specialty includes services for the mentally handicapped.
(5) It is important to note that doctors and nurses 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.
(6) The manpower to population ratios involve the use of the latest revised mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

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 some clusters are providing services for patients throughout the territory. HA does not have ready breakdown on the requested staffing ratios by clusters which may not reflect the actual level of service provision due to the above reasons.

(d)
The table below sets out the number of psychiatric specialist outpatient (clinical) attendances in each hospital cluster under HA from 2015-16 to 2017-18 (up to 31 December 2017) –

Cluster#	**2015-16**	**2016-17**	**2017-18 (up to 31 December 2017) [provisional figures]**
HKEC	82 104	83 948	63 789
HKWC	62 530	65 240	48 253
KCC	66 591	65 846	49 442
KEC	99 155	108 184	82 116
KWC	234 964	243 093	178 642
NTEC	134 228	138 774	106 424
NTWC	146 019	154 253	120 482
Overall	**825 591**	**859 338**	**649 148**

Note:
1. Starting from 2015-16, specialist outpatient (clinical) attendances also include attendances from nurse clinics in specialist outpatient setting for the psychiatry specialty.

HA provides a spectrum of mental health services including inpatient, outpatient, ambulatory and community outreach services depending on the patients' needs and severity of patients' condition, by using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists. HA does not maintain statistics on consultation time per day, daily consultation quotas and daily consultation quotas per doctor in psychiatric specialist outpatient clinics.

(f)

The table below sets out the number of discharges and deaths for inpatient psychiatric service in each hospital cluster under HA from 2015-16 to 2017-18 (up to 31 December 2017) –

Cluster[#]	Number of discharges and deaths for inpatient psychiatric service [1]		
	2015-16	2016-17	2017-18 (up to 31 December 2017) [Provisional figures]
HKEC	1 725	1 699	1 274
HKWC	652	576	451
KCC	3 182	3 089	2 334
KEC	566	591	466
KWC	4 329	4 540	3 360
NTEC	4 115	4 282	3 220
NTWC	2 871	2 863	2 175
Overall	**17 440**	**17 640**	**13 280**

Note:

1. The number of day inpatient discharges and deaths for psychiatric service are not included in the above table because it only accounts for small volume at about 121, 129 and 94 in 2015-16, 2016-17 and 2017-18 (up to 31 December 2017) [provisional figures] respectively.

The unplanned readmission rates within 28 days for psychiatry specialty were 7.8%, 7.7% and 7.6% in 2015-16, 2016-17 and 2017-18 (as at 31 December 2017) [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 statistics on unplanned readmission rate within three months after discharge.

[#] Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the Kowloon West Cluster (KWC) to Kowloon Central Cluster (KCC) with effect from 1 December 2016. Reports on services / manpower statistics and financial information were continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement started from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 were therefore not directly comparable.

Abbreviations:

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

- 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

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the use of drugs, would the Government provide the following information:

a. the number of drugs registered in Hong Kong over the past 3 years;
b. the number of drugs registered in Hong Kong which have been listed in the Drug Formulary; and among these, the respective number of subsidised and self-financed drugs over the past 3 years;
c. the number of drugs newly incorporated into and removed from the Drug Formulary and the expenditure involved over the past 3 years;
d. the expenditure involved in the Hospital Authority (HA)'s provision of general drugs and standard drugs to patients in accordance with the Drug Formulary over the past 3 years;
e. the amount of patients' contribution to self-financed drugs, the number of cases covered by the Samaritan Fund and the Community Care Fund, and the amount of subsidies granted over the past 3 years (with a breakdown by the types of drugs);
f. the average, shortest and longest time taken for a drug to be registered and listed in the Drug Formulary since its inception in 2005;
g. the number of non-formulary drugs used by HA in each of the past 5 years, with a breakdown of drugs used:
    (i) 1 to 3 times;
    (ii) 4 to 6 times;
    (iii) 7 to 9 times;
    (iv) 10 times or more;
h. whether applications have been made for incorporating the above drugs into the Drug Formulary after they were used. If so, please provide:
    (i) the number of drugs succeeded in incorporating into the Drug Formulary, with a breakdown of the number of applications made previously;
    (ii) the number of drugs that failed in their applications, with a breakdown of the number of applications made previously for each drug.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 37)

Reply:

(a)

The table below sets out the number of registered pharmaceutical products in Hong Kong in the past 3 years:

	2015	2016	2017
Number of Registered Pharmaceutical Products in Hong Kong	19 486	18 584	18 120

(b)

The table below sets out the number of subsidised and Self-financed drugs in the Hospital Authority Drug Formulary (HADF) as at January 2016, 2017 and 2018:

Drug Category	**Number of Drugs**		
	Jan 2016	**Jan 2017**	**Jan 2018**
a) Subsidised drugs provided at standard fees and charges in public hospitals and clinics			
i) General drugs	891	869	824
ii) Special drugs [(1)]	343	360	363
b) Self-financed drugs			
i) Self-financed items (SFI)	74	71	68
ii) Drugs covered by the safety net	22	26	29
iii) Drugs supported by the Community Care Fund Medical Assistance Programme	10	13	17
Total number of drugs in HADF [(2)]	**1 340**	**1 339**	**1 301**

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.
2. A drug may fall in more than one category (General, Special, Self-financed or Self-financed with Safety Net) in HADF due to different therapeutic indications or dose presentations. The total number is the gross summation of drugs in all categories in HADF.

(c) and (d)

The table below sets out the number of drugs newly incorporated into and removed from HADF in 2015-16, 2016-17 and 2017-18.

	2015-16	2016-17	2017-18
Number of new drugs incorporated into HADF	21	39	50
Number of drugs removed from HADF	26	44	86

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 2015-16, 2016-17 and 2017-18 (projection based on the expenditure figure as at 31 December 2017) were $4.57 billion, $5.02 billion and $5.28 billion respectively.

(e)

The table below sets out patients' contribution to Self-financed drug items covered by the Samaritan Fund (SF) and the Community Care Fund (CCF) Medical Assistance Programmes, as well as other Self-financed drug items purchased through Hospital Authority (HA) in 2015-16, 2016-17 and 2017-18 (up to 31 December 2017):

	2015-16 ($ million)	**2016-17 ($ million)**	**2017-18 (up to 31 December 2017) ($ million)**
Patients' contribution to SFI drugs covered by SF	24.6	29.8	21.9
Patients' contribution to SFI drugs covered by CCF Medical Assistance Programme	14.5	14.6	11.5
Patients' contribution to other SFI drugs	692.7	725.8	445.2

The tables below set out the names of self-financed drug items covered by SF and the CCF Medical Assistance Programmes, the number of applications approved and the amount of subsidies granted in 2015-16, 2016-17 and 2017-18 (up to 31 December 2017):

Samaritan Fund

2015-16		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Abatacept	35	2.97
Adalimumab	120	12.28
Bortezomib	103	20.70
Dasatinib	111	20.93
Eltrombopag	33	3.16
Erlotinib	13	1.35
Etanercept	217	19.62
Fingolimod	17	3.97
Gefitinib	7	0.95
Golimumab	121	10.62
Imatinib	358	72.57
Infliximab	43	4.58
Interferon	3	0.55
Lenalidomide	22	2.90
Natalizumab	1	0.23
Nilotinib	104	23.94

2015-16		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Rituximab	256	20.81
Temozolomide	46	2.53
Tocilizumab	102	7.44
Trastuzumab	524	85.29
Ustekinumab	1	0.11
Total:	**2 237**	**317.50**

2016-17		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Abatacept	43	3.51
Adalimumab	144	14.44
Azacitidine	39	11.14
Bortezomib	86	14.53
Certolizumab Pegol	20	1.48
Cetuximab	51	3.94
Dasatinib	130	23.96
Eltrombopag	31	2.42
Erlotinib	6	0.94
Etanercept	220	19.05
Fingolimod	26	6.19
Gefitinib	7	0.81
Golimumab	140	12.20
Imatinib	372	46.23
Infliximab	46	5.08
Interferon	0*	0*
Lenalidomide	39	4.85
Natalizumab	1	0.24
Nilotinib	115	25.68
Plerixafor	6	0.56
Rituximab	272	23.49
Temozolomide	53	3.08
Tocilizumab	120	8.02
Trastuzumab	584	100.21
Ustekinumab	4	0.33
Total:	**2 555**	**332.38**

* No application of this drug has been received.

2017-18 (up to 31 December 2017)		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Abatacept	25	2.16

2017-18 (up to 31 December 2017)		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Adalimumab	111	11.44
Azacitidine	42	11.25
Bortezomib	76	14.94
Canakinumab	2	0.69
Certolizumab Pegol	21	1.55
Cetuximab	24	2.50
Crizotinib	36	8.36
Dasatinib	85	16.65
Eltrombopag	33	3.06
Erlotinib	6	0.60
Etanercept	142	12.49
Everolimus	3	0.55
Fingolimod	21	5.00
Gefitinib	6	0.47
Golimumab	102	9.06
Imatinib	150	23.61
Infliximab	28	3.25
Interferon	2	0.40
Lenalidomide	37	5.86
Natalizumab	0*	0*
Nilotinib	84	20.11
Plerixafor	10	0.81
Rituximab	207	17.89
Temozolomide	35	2.31
Tocilizumab	102	6.74
Trastuzumab	372	70.45
Ustekinumab	5	0.44
Total:	**1 767**	**252.64**

* No application of this drug has been received.

CCF Medical Assistance Programme (First Phase Programme)

2015-16		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Bevacizumab	14	1.33
Cetuximab	30	2.26
Erlotinib	298	34.33
Gefitinib	498	65.85
Lapatinib	66	4.03
Pazopanib	27	3.29

2015-16		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Pegylated liposomal Doxorubicin	44	2.61
Pemetrexed	350	21.61
Sorafenib	282	15.13
Sunitinib	69	6.35
Total:	**1 678**	**156.79**

2016-17		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Afatinib	20	2.69
Bendamustine	2	0.46
Bevacizumab	13	1.04
Cetuximab	18	0.34
Erlotinib	347	40.33
Gefitinib	506	55.30
Lapatinib	96	6.06
Pazopanib	45	5.88
Pegylated liposomal Doxorubicin	41	2.62
Pemetrexed	391	24.43
Sorafenib	290	14.18
Sunitinib	60	6.41
Trastuzumab	0*	0*
Vemurafenib	2	0.66
Total:	**1 831**	**160.40**

* No application of this drug has been received.

2017-18 (up to 31 December 2017)		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Abiraterone	17	2.44
Afatinib	33	4.28
Bendamustine	4	1.03
Bevacizumab	25	4.14
Enzalutamide	18	2.68
Erlotinib	280	27.98
Gefitinib	374	35.08
Lapatinib	88	5.98
Pazopanib	34	3.45

2017-18 (up to 31 December 2017)		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Pegylated liposomal Doxorubicin	42	2.89
Pemetrexed	264	8.12
Pertuzumab	30	13.62
Sorafenib	226	12.67
Sunitinib	43	5.14
Trastuzumab	5	0.68
Vemurafenib	2	0.35
Total:	**1 485**	**130.53**

CCF Medical Assistance Programme "Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)"

2017-18 (up to 31 December 2017) Note		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Eculizumab	8	31.40

Note:

The CCF Medical Assistance Programme "Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)" was implemented on 1 August 2017.

Remarks: The above data does not include withdrawn/cancelled applications.

(f)

HA has an established mechanism with the support of 21 expert panels to regularly evaluate new drugs and review the existing drugs in 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 the HA Drug Advisory Committee (DAC) for consideration of listing on 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 between the registration of new drugs with the Pharmacy and Poisons Board and listing them on HADF.

(g)

Drugs listed on HADF are intended for corporate-wide use benefitting the entire local population while drugs outside HADF are to cater for the clinical needs of individual patients in exceptional situations. The use of drugs outside HADF is an integral part of medical care to bridge the gap between population and individual needs to ensure that patients are provided with appropriate clinical care. Clinicians would prescribe appropriate treatments based on their clinical expertise and professional judgment, taking into consideration the clinical conditions of individual patients. HA does not maintain statistics on the number of times that drugs outside HADF were used.

The following table sets out the number of drug items outside HADF prescribed in HA from 2013-14 to 2017-18 (up to 31 December 2017):

	2013-14	**2014-15**	**2015-16**	**2016-17**	**2017-18***
Number of drug items outside HADF used	290	346	362	303	223

* Figure as at 31 December 2017

(h)

As HA is a publicly-funded healthcare service provider, the coverage of HADF is driven by clinical service needs. Drugs listed on HADF are intended for corporate-wide use benefitting the entire local population while drugs outside HADF are to cater for the clinical needs of individual patients in exceptional situations. Clinicians would initiate applications for new drugs listing according to service needs.

The DAC does not accept applications for listing unregistered drugs on HADF. The table below sets out the number of registered drugs that had been incorporated into HADF or rejected for listing on HADF, and their corresponding number of applications made to the DAC between 2013-14 and 2017-18:

	Total Number	**Number of Applications**					
		One	**Two**	**Three**	**Four**	**Five**	**Six**
Number of drugs approved by the DAC for listing on HADF	107	72	21	9	2	3	0
Number of drugs rejected by the DAC for listing on HADF	46	27	13	4	0	1	1

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3037)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

To meet the demands of the influenza season, the Chief Executive allocated an additional $500 million to the Hospital Authority (HA) to help relieve the manpower strain in public hospitals. In this connection, please advise:

a. the measures taken by HA to relieve the manpower strain with the additional provision. Please give the details of each measure, including the expenditure and manpower involved and the outcomes;
b. whether, in addition to the above measures, HA has conducted any reviews or implemented any improvement measures to avoid prolonged public hospital emergency waiting times and medical inpatient bed occupancy rate exceeding 100% during the annual influenza season. If yes, please give the details of such measures, the expenditure and manpower involved and the outcomes. If no, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 39)

Reply:

To meet the service demand during of the winter surge, the Government announced an additional one-off allocation of $500 million to the Hospital Authority (HA). With this injection, HA has been implementing the following additional measures from 12 February to 31 May 2018 to alleviate the manpower shortage and pressure, besides strengthening the 2017-18 winter surge response plan:

(a) extending the use of the Special Honorarium Scheme (SHS) to provide extra manpower of clerical and supporting staff to support healthcare staff;

(b) further relaxing and streamlining the approval for SHS to a minimum operation need of one hour to cover all grades of staff;

(c) providing SHS at Advanced Practice Nurse level to work on night-shift duties at acute general, convalescent and rehabilitation wards/services;

(d) relaxing the criteria for implementation of Continuous Night Shift Scheme so as to increase flexibility in manpower deployment; and

(e) adjusting the rate of SHS allowance by a 10% increase as a special one-off arrangement for the aforementioned period to encourage more staff to work during the surge period.

Besides the measures in the winter surge response plan, HA has been adopting a multi-faceted approach to attract and retain staff, and managed to achieve steady growth of manpower including doctor, nurses and allied health professionals in the past years. In addition to efforts to recruit as many new graduates as possible every year, HA has been trying to recruit part-time and temporary staff and rehire retired staff.

In addition, through the Annual Planning process every year, HA will continue to increase the number of hospital beds in existing and new hospitals. In 2018-19, HA will open a total of 574 additional beds to meet the growing demand arising from growing and ageing population.

For long-term planning in response to increasing demand for healthcare services, there will be new arrangement to increase the recurrent funding for the HA progressively on a triennium basis, having regard to population growth rates and demographic changes. On the supporting infrastructure, the Government earmarked $200 billion in 2016 for the ten-year hospital development plan (HDP). In light of the increasing demand for healthcare services, the Government has invited HA to start planning the second ten-year HDP instead of waiting for the mid-term review of the first ten-year HDP to be conducted in 2021.

Over the past ten years, the Government has substantially increased the number of University Grants Committee (UGC)-funded healthcare training places by about 60% (from about 1 150 to about 1 800). The Government is discussing with UGC to further increase publicly-funded training places for doctors, dentists, nurses and relevant allied health professionals in the 2019-20 to 2021-22 triennium.

The above measures will help address the escalating demand due to the ageing population, manpower shortage and limitations of hospital facilities, which are relevant to the service demand surge situation faced by HA.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3039)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in Matters Requiring Special Attention in 2018-19 that the Health Branch will service the Advisory Committee on Mental Health (ACMH) and pursue the recommendations of the Mental Health Review Report. Will the Government inform this Committee:

a. of the number of meetings held, work progress, planned schedule for regular submission of reports of the ACMH since its establishment;

b. whether it has plans to increase the manpower for psychiatric services in order to implement the recommendations of the Mental Health Review Report; if so, of the respective numbers of additional (i) psychiatrists, (ii) psychiatric nurses, (iii) community psychiatric nurses, (iv) clinical psychologists, (v) medical social workers and (vi) occupational therapists planned to be recruited in the coming 5 years, with a tabulated breakdown by service target (i.e. child and adolescent, adult and the elderly); and

c. whether in the long run it will establish a high-level mental health council, with members comprising various types of stakeholders (e.g. healthcare personnel, psychiatric patients and their carers, ex-mentally ill persons, social workers, social and welfare organisations, academics and concern groups), responsible for drawing up a comprehensive policy on mental health services and keeping the policy reviewed from time to time as well as promoting collaboration among various policy bureaux and relevant organisations in mental health services; if so, of the details; if not, the reasons for that?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 41)

Reply:

(a)&(c)

The Advisory Committee on Mental Health (the Advisory Committee) was established in December 2017 to advise the Government on mental health policies, including the establishment of more integral and comprehensive approaches to tackle multi-faceted mental health issues in Hong Kong. It assists the Government in developing policies, strategies and measures to enhance mental health services in Hong Kong. It follows up on and monitor the implementation of the recommendations of the Mental Health Review Report. The Advisory Committee comprises members from various sectors with a great wealth of expertise and experience including professionals from the healthcare, social service and education sectors, representatives from patient and carer advocacy groups, and lay persons with interest in mental health.

Since its establishment in December last year, the Advisory Committee has met 3 times. Moreover, relevant bureaux/departments have met with Members for about 10 times to discuss various topical issues, including –

(i) Strengthening of Child and Adolescent Mental Health Services

The Advisory Committee supported the incorporation of elements of the Child and Adolescent Mental Health Community Support Project into the Student Mental Health Support Pilot Scheme to assist in the early identification of suspected cases of children and adolescents with mental health needs.

(ii) Launching of an On-going Mental Health Education and Destigmatisation Campaign

The Advisory Committee provided preliminary views on the on-going mental health education and destigmatisation campaign to the Government, which is expected to be launched within 2018-19 after the completion of the "Joyful@HK" Campaign. The Advisory Committee hopes to, through phased promotion and education, strengthen Hong Kong people's awareness on mental health, followed by messages on destigmatisation with a view to achieving the goal of developing a mental-health friendly, inclusive society.

(iii) Conducting a Commissioned Study on Mental Health Survey

The Advisory Committee recommended that a large-scale mental health survey be conducted to understand the mental health status of the population of Hong Kong, in particular children and adolescents, to help the relevant bureaux/departments in formulating mental health policies and strengthening services.

(iv) Other Mental Health Issues

The Advisory Committee provided advice to relevant bureaux/departments on and monitor the implementation progress of service enhancement measures. Issues discussed by the Advisory Committee included the waiting time of the Department of Health's Child Assessment Service, and the support for students with mental health needs in kindergartens, primary and secondary schools.

After deliberation, the Advisory Committee agreed that child and adolescent mental health services would be the focus of discussion of the Advisory Committee. Relevant bureaux/departments will follow up on the recommendations in the Mental Health Review Report and other recommendations put forward by the Advisory Committee.

(b)

To pursue the recommendations of the Mental Health Review Report, the Hospital Authority (HA) has planned to further enhance its psychiatric services in 2016-17, 2017-18 and 2018-19, with details as follows –

Area in the Mental Health Review Report	**Details**	**Planned Additional manpower involved**
2016-17		
Mental Health Services for Children and Adolescents	Expanding the child and adolescent (C&A) psychiatric services in HKWC and NTWC	2 additional doctors, 4 psychiatric nurses, 2 occupational therapists, 2 clinical psychologists and 4 supporting staff
	Launching the two-year "Student Mental Health Support Pilot Scheme" to establish school-based multi-disciplinary platforms to enhance cross-sectoral coordination and collaboration among medical, education and social sectors so as to provide better support for students with mental health needs in KEC and KWC	4 psychiatric nurses and 4 supporting staff
Mental Health Services for Adults	Strengthening the psychiatric specialist outpatient services in KEC to provide better support for patients with common mental disorders	2 doctors, 3 psychiatric nurses, 2 occupational therapists, 1 clinical psychologist and 3 supporting staff
	Enhancing the peer support element in the Case Management Programme for patients with mental illness	5 peer support workers
	Enhancing the infirmary and rehabilitation services in Siu Lam Hospital	12 professional staff including nurses and allied health professionals, and 15 supporting staff
2017-18		
Mental Health Services for Adults	Strengthening the psychiatric specialist outpatient services in NTEC to provide better support for patients with common mental disorders	1 doctor, 3 psychiatric nurses, 2 occupational therapists, 1 clinical psychologist and 3 supporting staff
	Enhancing the peer support element in the Case Management Programme for patients with mental illness	5 peer support workers

Area in the Mental Health Review Report	Details	Planned Additional manpower involved
2018-19		
Mental Health Services for Children and Adolescents	Further rolling out the "Student Mental Health Support Scheme" ("the Scheme") to more schools in HKWC, NTEC and NTWC to establish school-based multi-disciplinary platforms for providing better support for students with mental health needs, and enhance the multidisciplinary teams for C&A psychiatric services in HKWC, KEC, KWC, NTEC and NTWC to provide better support for the school-based multi-disciplinary platform under the Scheme.	16 psychiatric nurses, 5 clinical psychologists and 11 supporting staff
Mental Health Services for Adults	Strengthening the psychiatric specialist outpatient services in NTEC and NTWC to provide better support for patients with common mental disorders	2 doctors, 1.5 psychiatric nurses, 1 occupational therapist, 0.5 clinical psychologist and 1.5 supporting staff
	Enhancing the community psychiatric services by recruiting additional case managers in HKEC, KCC, KWC and NTWC and additional peer support workers in KEC, KWC, NTEC and NTWC respectively	20 case managers and 5 peer support workers
Dementia Support Services for the Elderly	Regularising the Dementia Community Support Scheme in 41 District Elderly Community Centres (DECCs) to develop a medical-social collaboration model in providing community support services to elderly persons with mild to moderate dementia in all clusters	21.5 nurses and 11 supporting staff

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3040)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in the Matters Requiring Special Attention in 2018-19 that the Health Branch will develop a blueprint for the sustainable development of primary healthcare services. In this connection, will the Administration please advise:

a. the plan and timetable for developing the blueprint?

b. whether the blueprint will cover initiatives for promoting family doctor services? If yes, what are the details? If no, what are the reasons?

c. whether the blueprint will cover the expansion of evening or 24-hour outpatient services provided by clinics in the community? If yes, what are the details? If no, what are the reasons?

d. whether the blueprint will cover the expansion of day care services in the community? If yes, what are the details? If no, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 42)

Reply:

For a comprehensive review of the planning for primary healthcare services with a view to drawing up a blueprint, the Steering Committee on Primary Healthcare Development (Steering Committee) is considering various aspects such as manpower and infrastructure planning, collaboration model, community engagement as well as planning and evaluation framework. The work will go on in 2018-19, with the setting up of the pilot District Health Centre (DHC) in Kwai Tsing District in the third quarter of next year as a priority.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3042)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding cancer drugs, please advise on the following:

a. What were the numbers 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 were the subsidy amounts? How many of them were required to purchase drugs at their own expenses? What were the maximum and average amounts of expenses borne by 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 details of the subsidies for cancer drugs from the HA, the Samaritan Fund (SF) and the Community Care Fund (CCF) over the past 3 years:

Cancer type	No. of patients	Purchase of drugs with subsidies from the SF				Purchase of drugs with subsidies from the CCF				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	No. of applicants	No. of applicants granted subsidies	Amount of subsidy	Name of drugs

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 44)

Reply:

(a)

The Hospital Authority (HA) does not have readily available information on the breakdown of patient number, drug expenditure for treatments provided at standard fees and charges and amount of patients' expenditure on 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 2015-16, 2016-17 and 2017-18 (projection as of 31 December 2017) are set out in the table below.

Year	**Number of Cancer Patients Receiving Treatment in HA [@]**	**Drug Consumption Expenditure Involved**
2015-16	125 900	$586.3 million
2016-17	130 700	$593.1 million
2017-18 (Projection as of 31 December 2017)	134 900	$566.0 million

[@] Figures rounded to the nearest hundred

(b)

The tables below set out the names of cancer drugs covered by the Samaritan Fund and Community Care Fund Medical Assistance Programme (the First Phase Programme), the number of applications received and approved, and the amount of subsidies granted in 2015-16, 2016-17 and 2017-18 (up to 31 December 2017).

Samaritan Fund

2015-16				
Types of cancers	**Drugs**	**No. of applications received[#]**	**No. of applications approved[#]**	**Amount of subsidies granted ($ million)**
Acute Lymphoblastic leukaemia (ALL)	Imatinib	11	11	2.47
	Dasatinib	10	10	2.12
Brain cancer	Temozolomide	46	46	2.53
Breast cancer	Trastuzumab	524	524	85.29
Chronic Lymphocytic Leukaemia	Rituximab	17	17	1.59
Chronic Myeloid Leukaemia (CML)	Dasatinib	101	101	18.81
	Imatinib	168	168	37.00
	Nilotinib	104	104	23.94
Gastrointestinal Stromal tumour (GIST)	Imatinib	179	179	33.10
Lung cancer	Erlotinib	13	13	1.35
	Gefitinib	7	7	0.95

2015-16				
Types of cancers	**Drugs**	**No. of applications received[#]**	**No. of applications approved[#]**	**Amount of subsidies granted ($ million)**
Lymphoma	Rituximab	216	216	17.44
Myeloma	Bortezomib	103	103	20.70
	Lenalidomide	22	22	2.90
	Total	**1 521**	**1 521**	**250.19**

2016-17				
Types of cancers	**Drugs**	**No. of applications received[#]**	**No. of applications approved[#]**	**Amount of subsidies granted ($ million)**
Acute Lymphoblastic leukaemia (ALL)	Imatinib	8	8	0.31
	Dasatinib	8	8	2.02
Brain cancer	Temozolomide	53	53	3.08
Breast cancer	Trastuzumab	584	584	100.21
Chronic Lymphocytic Leukaemia	Rituximab	14	14	1.44
Chronic Myeloid Leukaemia (CML)	Dasatinib	122	122	21.94
	Imatinib	175	175	13.37
	Nilotinib	115	115	25.68
Colorectal cancer	Cetuximab	51	51	3.94
Gastrointestinal Stromal tumour (GIST)	Imatinib	189	189	32.55
Lung cancer	Erlotinib	6	6	0.94
	Gefitinib	7	7	0.81
Lymphoma	Rituximab	231	231	19.92
Myelodysplastic Syndromes / chronic myelomonocytic leukaemia / acute myeloid leukaemia	Azacitidine	39	39	11.14
Myeloma	Bortezomib	86	86	14.53
	Lenalidomide	39	39	4.85
	Total	**1 727**	**1 727**	**256.73**

2017-18 (up to 31 December 2017)				
Types of cancers	**Drugs**	**No. of applications received[#]**	**No. of applications approved[#]**	**Amount of subsidies granted ($ million)**
Acute Lymphoblastic leukaemia (ALL)	Dasatinib	9	9	2.10
Brain cancer	Temozolomide	35	35	2.31
Breast cancer	Trastuzumab	372	372	70.45
Chronic Lymphocytic Leukaemia	Rituximab	15	15	1.27
Chronic Myeloid Leukaemia (CML)	Dasatinib	76	76	14.55
	Nilotinib	84	84	20.11
Colorectal cancer	Cetuximab	24	24	2.50
Gastrointestinal Stromal tumour (GIST)	Imatinib	150	150	23.61
Lung cancer	Crizotinib	36	36	8.36
	Erlotinib	6	6	0.60
	Gefitinib	6	6	0.47
Lymphoma	Rituximab	172	172	14.85
Myelodysplastic Syndromes / chronic myelomonocytic leukaemia / acute myeloid leukaemia	Azacitidine	42	42	11.25
Myeloma	Bortezomib	76	76	14.94
	Lenalidomide	37	37	5.86
	Total	**1 140**	**1 140**	**193.23**

Community Care Fund Medical Assistance Programme - First Phase Programme

2015-16				
Types of cancers	**Drugs**	**No. of applications received[#]**	**No. of applications approved[#]**	**Amount of subsidies granted ($ million)**
Breast cancer	Lapatinib	66	66	4.03
Colorectal cancer	Bevacizumab	14	14	1.33
	Cetuximab	30	30	2.26
Liver cancer	Sorafenib	282	282	15.13
Gastrointestinal tumour	Sunitinib	28	28	2.46
Lung cancer	Erlotinib	298	298	34.33
	Gefitinib	498	498	65.85
	Pemetrexed	350	350	21.61
Ovarian cancer	Pegylated liposomal Doxorubicin	44	44	2.61

2015-16				
Types of cancers	**Drugs**	**No. of applications received[#]**	**No. of applications approved[#]**	**Amount of subsidies granted ($ million)**
Renal cell carcinoma	Sunitinib	41	41	3.89
	Pazopanib	27	27	3.29
	Total	**1 678**	**1 678**	**156.79**

2016-17				
Types of cancers	**Drugs**	**No. of applications received[#]**	**No. of applications approved[#]**	**Amount of subsidies granted ($ million)**
Breast cancer	Lapatinib	96	96	6.06
Colorectal cancer	Bevacizumab	13	13	1.04
	Cetuximab	18	18	0.34
Liver cancer	Sorafenib	290	290	14.18
Gastric carcinoma	Trastuzumab	0[*]	0[*]	0[*]
Gastrointestinal tumour	Sunitinib	24	24	2.79
Leukaemia	Bendamustine	2	2	0.46
Lung cancer	Afatinib	20	20	2.69
	Erlotinib	348	347	40.33
	Gefitinib	506	506	55.30
	Pemetrexed	391	391	24.43
Ovarian cancer	Pegylated liposomal Doxorubicin	41	41	2.62
Renal cell carcinoma	Sunitinib	36	36	3.62
	Pazopanib	45	45	5.88
Skin cancer	Vemurafenib	2	2	0.66
	Total	**1 832**	**1 831**	**160.40**

[*]No application was received in 2016-17.

2017-18 (up to 31 December 2017)				
Types of cancers	**Drugs**	**No. of applications received[#]**	**No. of applications approved[#]**	**Amount of subsidies granted ($ million)**
Breast cancer	Lapatinib	88	88	5.98
	Pertuzumab	30	30	13.62
Colorectal cancer	Bevacizumab	16	16	1.17
Liver cancer	Sorafenib	226	226	12.67
Gastric carcinoma	Trastuzumab	5	5	0.68
Gastrointestinal tumour	Sunitinib	21	21	2.36
Leukaemia	Bendamustine	4	4	1.03

2017-18 (up to 31 December 2017)				
Types of cancers	**Drugs**	**No. of applications received[#]**	**No. of applications approved[#]**	**Amount of subsidies granted ($ million)**
Lung cancer	Afatinib	33	33	4.28
	Erlotinib	280	280	27.98
	Gefitinib	374	374	35.08
	Pemetrexed	264	264	8.12
Ovarian cancer	Pegylated liposomal Doxorubicin	42	42	2.89
Renal cell carcinoma	Sunitinib	22	22	2.78
	Pazopanib	34	34	3.45
Skin cancer	Vemurafenib	2	2	0.35
Prostate cancer	Abiraterone	17	17	2.44
	Enzalutamide	18	18	2.68
Epithelial Ovarian / fallopian tube / primary peritoneal cancer	Bevacizumab	9	9	2.97
	Total	**1 485**	**1 485**	**130.53**

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

Note:
HA does not capture information on other cancer subsidy programmes.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3050)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government please advise this Committee of the respective numbers of allied health professionals (including physiotherapists and occupational therapists) of various ranks in different departments of hospitals in each cluster of the Hospital Authority in the past 3 years, and their ratios to patients?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 52)

Reply:

The table below sets out the number of allied health professionals and their ratios to patients in 2015-16, 2016-17 and 2017-18 by cluster and by major allied health grades in the Hospital Authority (HA):

Cluster	Grade	2015-16 (As at 31 March 2016)			2016-17 (As at 31 March 2017)			2017-18 (As at 31 December 2017)		
		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	148	1.3	0.8	149	1.2	0.8	150	1.2	0.8
	Medical Laboratory Technologist	114	1.0	0.6	117	1.0	0.6	121	1.0	0.6
	Occupational Therapist	81	0.7	0.4	84	0.7	0.4	84	0.7	0.4
	Pharmacist	72	0.6	0.4	72	0.6	0.4	78	0.6	0.4
	Physiotherapist	114	1.0	0.6	118	1.0	0.6	126	1.0	0.7
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	126	1.1	0.7	125	1.0	0.7	136	1.1	0.7
	Social Worker	49	0.4	0.3	46	0.4	0.2	48	0.4	0.3
	Others	87	0.8	0.5	88	0.7	0.5	91	0.8	0.5

Cluster	Grade	2015-16 (As at 31 March 2016)			2016-17 (As at 31 March 2017)			2017-18 (As at 31 December 2017)		
		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 West	Dispenser	125	1.1	0.6	129	1.1	0.6	130	1.1	0.6
	Medical Laboratory Technologist	243	2.1	1.2	252	2.1	1.2	259	2.1	1.2
	Occupational Therapist	76	0.7	0.4	83	0.7	0.4	85	0.7	0.4
	Pharmacist	68	0.6	0.3	70	0.6	0.3	70	0.6	0.3
	Physiotherapist	105	0.9	0.5	115	1.0	0.5	118	1.0	0.5
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	130	1.1	0.6	138	1.2	0.6	141	1.2	0.6
	Social Worker	49	0.4	0.2	49	0.4	0.2	50	0.4	0.2
	Others	118	1.0	0.6	125	1.0	0.6	123	1.0	0.6
Kowloon Central	Dispenser	150	1.1	0.7	153	1.1	0.7	250	1.1	0.7
	Medical Laboratory Technologist	231	1.8	1.1	237	1.7	1.1	337	1.5	1.0
	Occupational Therapist	108	0.8	0.5	111	0.8	0.5	152	0.7	0.4
	Pharmacist	65	0.5	0.3	68	0.5	0.3	119	0.5	0.3
	Physiotherapist	166	1.3	0.8	170	1.2	0.8	239	1.1	0.7
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	149	1.1	0.7	161	1.2	0.7	234	1.0	0.7
	Social Worker	24	0.2	0.1	25	0.2	0.1	73	0.3	0.2
	Others	135	1.0	0.6	141	1.0	0.6	176	0.8	0.5
Kowloon East	Dispenser	130	1.0	0.7	136	1.0	0.7	136	1.0	0.7
	Medical Laboratory Technologist	137	1.1	0.8	141	1.0	0.7	144	1.1	0.7
	Occupational Therapist	76	0.6	0.4	83	0.6	0.4	86	0.6	0.4
	Pharmacist	60	0.5	0.3	62	0.5	0.3	64	0.5	0.3
	Physiotherapist	120	0.9	0.7	124	0.9	0.6	128	0.9	0.6
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	94	0.7	0.5	98	0.7	0.5	93	0.7	0.5
	Social Worker	46	0.4	0.3	44	0.3	0.2	44	0.3	0.2
	Others	87	0.7	0.5	94	0.7	0.5	96	0.7	0.5
Kowloon West	Dispenser	318	1.2	0.8	320	1.1	0.8	231	1.1	0.8
	Medical Laboratory Technologist	295	1.1	0.8	301	1.1	0.7	218	1.1	0.7
	Occupational Therapist	180	0.7	0.5	191	0.7	0.5	166	0.8	0.6
	Pharmacist	156	0.6	0.4	164	0.6	0.4	117	0.6	0.4
	Physiotherapist	193	0.7	0.5	208	0.7	0.5	147	0.7	0.5
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	237	0.9	0.6	244	0.9	0.6	187	0.9	0.6
	Social Worker	99	0.4	0.3	98	0.3	0.2	55	0.3	0.2
	Others	168	0.6	0.4	171	0.6	0.4	140	0.7	0.5

Cluster	Grade	2015-16 (As at 31 March 2016)			2016-17 (As at 31 March 2017)			2017-18 (As at 31 December 2017)		
		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	211	1.2	0.8	222	1.2	0.7	229	1.2	0.7
	Medical Laboratory Technologist	236	1.4	0.8	244	1.3	0.8	251	1.3	0.8
	Occupational Therapist	131	0.8	0.5	138	0.8	0.5	147	0.8	0.5
	Pharmacist	85	0.5	0.3	90	0.5	0.3	99	0.5	0.3
	Physiotherapist	161	0.9	0.6	169	0.9	0.6	173	0.9	0.6
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	187	1.1	0.7	191	1.0	0.6	199	1.0	0.6
	Social Worker	32	0.2	0.1	33	0.2	0.1	38	0.2	0.1
	Others	136	0.8	0.5	145	0.8	0.5	147	0.8	0.5
New Territories West	Dispenser	157	1.1	0.7	167	1.1	0.7	176	1.1	0.7
	Medical Laboratory Technologist	144	1.0	0.7	160	1.1	0.7	170	1.1	0.7
	Occupational Therapist	119	0.8	0.6	125	0.8	0.5	133	0.9	0.6
	Pharmacist	66	0.5	0.3	73	0.5	0.3	80	0.5	0.3
	Physiotherapist	110	0.8	0.5	124	0.8	0.5	131	0.9	0.5
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	130	0.9	0.6	144	1.0	0.6	154	1.0	0.6
	Social Worker	32	0.2	0.1	33	0.2	0.1	34	0.2	0.1
	Others	131	0.9	0.6	139	0.9	0.6	141	0.9	0.6

Note:

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 2017-18, the manpower status as at 31 December 2017 was drawn); whereas the numbers of inpatient discharges and deaths refers to the throughput for the whole financial year. The numbers of inpatient and day inpatient discharges and deaths for 2017-18 are projected figures as of 31 December 2017.

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 one 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.

8. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the Kowloon West Cluster (KWC) to Kowloon Central Cluster (KCC) with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3051)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Would the Government please advise 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: Hon KWOK Ka-Ki (Member Question No. (LegCo use): 53)

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 three years.

2015-16 (as at 31 March 2016)

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	1 507	13.1	8.1
HKWC	1 489	13.1	7.3
KCC	2 044	15.5	9.6
KEC	1 491	11.7	8.2
KWC	2 950	10.7	7.6
NTEC	2 427	14.0	8.7
NTWC	2 358	16.8	10.9
Total	**14 266**	**13.2**	**8.6**

2016-17 (as at 31 March 2017)

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	1 536	12.9	8.1
HKWC	1 450	12.2	6.8
KCC	2 125	15.3	9.5
KEC	1 584	11.7	8.0
KWC	2 991	10.6	7.4
NTEC	2 554	13.9	8.4
NTWC	2 455	16.6	10.7
Total	**14 696**	**13.0**	**8.3**

2017-18 (as at 31 December 2017)

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	1 522	12.6	8.0
HKWC	1 430	11.8	6.6
KCC	3 048	13.6	8.6
KEC	1 598	11.7	7.9
KWC	2 209	10.7	7.5
NTEC	2 570	13.5	8.2
NTWC	2 541	16.6	10.6
Total	**14 918**	**12.9**	**8.2**

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 by patient headcount as the latter is unable to reflect in full the services (e.g. admission/attendances, discharges, transfers, etc. involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. Therefore, the requested 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 2017-18, the manpower status as at 31 December 2017 was drawn); whereas the numbers of inpatient and day inpatient discharges and deaths refer to the

throughput for the whole financial year. The numbers of inpatient and day inpatient discharges and deaths for 2017-18 are projected figures as of 31 December 2017.

(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, the manpower ratios for inpatient services may not give a meaningful year on year comparison. 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 one day.

(6) Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3052)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government please advise this Committee of the numbers of doctors, nurses and allied health professionals in each cluster of the Hospital Authority in the past 3 years and their ratios to the overall population and population aged 65 or above respectively in each cluster?

Asked by: Hon KWOK Ka-Ki (Member Question No. (LegCo use): 54)

Reply:

The tables below set out the number of doctors, nurses and allied health professionals in the Hospital Authority (HA) by cluster in 2015-16, 2016-17 and 2017-18, together with their respective ratios to overall population as well as 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 districts
	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 March 2016)										
HKEC	595	0.8	4.2	2 613	3.4	18.6	791	1.0	5.6	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	624	1.2	7.2	2 788	5.3	32.2	913	1.7	10.5	Central & Western, Southern
KCC	731	1.4	7.8	3 304	6.1	35.1	1 028	1.9	10.9	Kowloon City, Yau Tsim
KEC	676	0.6	4.1	2 698	2.4	16.4	750	0.7	4.6	Kwun Tong, Sai Kung
KWC	1 352	0.7	4.1	5 730	2.9	17.5	1 646	0.8	5.0	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	921	0.7	5.4	4 053	3.1	23.7	1 179	0.9	6.9	Sha Tin, Tai Po, North
NTWC	748	0.7	5.8	3 356	3.0	25.8	889	0.8	6.8	Tuen Mun, Yuen Long
Cluster Total	**5 648**	**0.8**	**5.1**	**24 542**	**3.4**	**22.0**	**7 195**	**1.0**	**6.5**	

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 geographical population of catchment districts									Catchment districts
	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+	
2016-17 (as at 31 March 2017)										
HKEC	594	0.8	4.6	2 679	3.5	20.8	799	1.0	6.2	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	646	1.2	7.6	2 821	5.4	33.4	960	1.9	11.4	Central & Western, Southern
KCC	740	1.3	8.7	3 333	5.9	39.1	1 065	1.9	12.5	Kowloon City, Yau Tsim
KEC	682	0.6	3.8	2 750	2.5	15.4	782	0.7	4.4	Kwun Tong, Sai Kung
KWC	1 375	0.7	4.3	5 746	2.9	18.0	1 696	0.9	5.3	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	941	0.7	4.7	4 090	3.2	20.4	1 231	1.0	6.1	Sha Tin, Tai Po, North
NTWC	793	0.7	4.8	3 514	3.2	21.3	964	0.9	5.8	Tuen Mun, Yuen Long
Cluster Total	**5 770**	**0.8**	**5.0**	**24 933**	**3.4**	**21.4**	**7 497**	**1.0**	**6.4**	

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 geographical population of catchment districts									Catchment districts
	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+	
2017-18 (as at 31 December 2017)										
HKEC	610	0.8	4.0	2 769	3.6	18.1	834	1.1	5.4	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	652	1.3	6.9	2 888	5.5	30.5	975	1.9	10.3	Central & Western, Southern
KCC	1170	1.0	5.3	5 209	4.5	23.7	1 579	1.4	7.2	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	687	0.6	3.9	2 873	2.5	16.2	790	0.7	4.4	Kwun Tong, Sai Kung
KWC	993	0.7	4.2	4 226	3.1	18.0	1 261	0.9	5.4	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	972	0.7	5.0	4 249	3.2	21.9	1 283	1.0	6.6	Sha Tin, Tai Po, North
NTWC	808	0.7	5.4	3 613	3.1	24.3	1 019	0.9	6.9	Tuen Mun, Yuen Long
Cluster Total	**5 894**	**0.8**	**4.8**	**25 827**	**3.5**	**21.1**	**7 742**	**1.0**	**6.3**	

Note:

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

2) Doctors exclude Interns and Dental Officers

3) 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 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.

4) The manpower to population ratios involve the use of the latest revised mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

5) Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0901)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

With regard to the proposed $500 million Chinese Medicine Development Fund, will the Government advise on:

1) the work plans for the next 3 years and the expected time span in relation to the use of the $500 million funding;

2) the differences in functions and establishment between the proposed Chinese Medicine Unit and the existing Chinese Medicine Division under the Department of Health;

3) the eligibility criteria for enterprises, academic institutions or individual organisations as well as the floor and ceiling of funds available for application; and

4) whether there are plans to accept applications from companies or organisations in areas outside Hong Kong such as cities in the Bay Area?

Asked by: Hon LAM Kin-fung, Jeffrey (Member Question No. (LegCo use): 50)

Reply:

(1), (3) and (4)
In response to the suggestion of the Chinese medicine sector, the Government has decided to set up a $500 million fund to drive the development of Chinese medicine in Hong Kong which aims to benefit Chinese medicine practitioners and the Chinese medicines industry. Support will be provided in areas including but not limited to applied research, Chinese medicine specialisation, knowledge exchange and cross-market co-operation, and helping local Chinese medicines traders with the production and registration of Chinese proprietary medicines. The Government is currently mapping out details of the operation of the fund and support schemes in consultation with the Chinese Medicine Development Committee and the industry. The estimated expenditure of the fund in 2018-19 is $25 million.

(2)
The proposed Chinese Medicine Unit will be responsible for overall coordination and planning of Chinese medicine development at the policy level, and examine relevant development directions and goals, as well as opening up markets in the Mainland and the region.

The Chinese Medicine Division of the Department of Health will continue to be the regulatory agent responsible for the enforcement of the Chines Medicine Ordinance (Cap. 549). The Ordinance provides for the regulation of Chinese medicine practitioners, regulation of Chinese medicines, import and export control of Chinese medicines and stipulates the requirements on regulating the practice of Chinese medicine practitioners and the use, manufacture and trading of Chinese medicines.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0906)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. Please set out in the table below the current number of doctors with different professional qualifications in the Hospital Authority (HA):

	Number of Doctors				
Rank of Doctors		Graduates of the two local faculties of medicine	Institutions in the United Kingdom and the Commonwealth	Medical schools in mainland China	Medical schools in other countries/regions
Consultants					
Senior Medical Officers/Associate Consultants					
Medical Officers/Residents					
Interns					
Visiting Medical Officers					
Dental Officers					

2. Currently how many doctors serving in the HA do not speak Cantonese? If the communication with patients can only be made with the assistance of other healthcare personnel, this will not only generate additional workload but will also affect the accuracy of the communication with patients and their family members. Does the Government have any measures in place to ensure the quality of communication between doctors and patients and to enhance the competency of healthcare personnel, such as organising Cantonese training courses for these doctors or requiring them to be proficient in Cantonese within a certain period of time?

Asked by: Hon LAM Kin-fung, Jeffrey (Member Question No. (LegCo use): 58)

Reply:

(1)

The Hospital Authority (HA) does not have readily available information on the breakdown of different professional qualifications of its doctors. The table below sets out the number of doctors by rank in 2017-18.

Rank	**Number of Doctors in 2017-18 (As at 31 December 2017)**
Consultant	833
Senior Medical Officer / Associate Consultant	1 874
Medical Officer / Resident	3 150
Intern	472
Dental Officer	8
Total	**6 386**

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.

(2)

HA delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health professionals and supporting healthcare workers. In case any healthcare staff is not proficient in Cantonese, other team members could provide support to ensure that the daily operation and patient safety would not be affected.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0914)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

As mentioned in the Budget Speech, the Government is discussing with the University Grants Committee further increase in publicly-funded training places for doctors, dentists, nurses and relevant allied health professionals in the coming three years, and has invited the universities concerned and the Prince Philip Dental Hospital to actively consider further enhancing and increasing teaching facilities so as to expand their capacity for healthcare manpower training.

What is the estimated expenditure of the proposal for 2018-19?

Asked by: Hon LAM Kin-fung, Jeffrey (Member Question No. (LegCo use): 6)

Reply:

The Government is discussing with the University Grants Committee ("UGC") further increases in publicly-funded training places for doctors, dentists, nurses and relevant allied health professionals in the 2019/20-2021/22 triennium. According to the existing mechanism, UGC will allocate funding to UGC-funded 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.

The Government has set aside a sum of $300 billion as an initial provision to support the second ten-year hospital development plan, improve the clinic facilities in the Department of Health, as well as upgrade and increase healthcare teaching facilities in the universities. The Government has invited relevant universities to submit proposals on upgrading and increasing their healthcare teaching facilities, and will discuss with them on the financial resources required.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0915)

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) (Ms Elizabeth Tse)

Director of Bureau: Not Specified

Question:

The Government is conducting a comprehensive review of the planning for primary healthcare services. The first district health centre will be set up in Kwai Tsing District in the third quarter of next year, after which such centres will be progressively set up in all 18 districts. In this connection, will the Government inform this Committee of:

1) the estimated expenditure involved in setting up the first district health centre in Kwai Tsing District; and

2) the districts to be accorded priority in setting up such health centres upon completion of the one in Kwai Tsing according to the Government's plan, and the estimated expenditure involved?

Asked by: Hon LAM Kin-fung, Jeffrey (Member Question No. (LegCo use): 7)

Reply:

The Steering Committee on Primary Healthcare Development and the Working Group on the District Health Centre Pilot Project in Kwai Tsing District have yet to decide on the operation model and scope of service for the pilot project. With the experience gained from the pilot scheme, we will progressively set up District Health Centres in other districts. The timetable is not available at this stage.

The details sought are not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0190)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the examination of the abolition of the policy on incremental pay freeze in the first two years of service in respect of certain new recruits, what are the grades, number of staff, resources and implementation schedule involved? Will the review have retrospective effect on serving nurses and allied health staff? Will one-off compensation be offered to serving nurses and allied health staff?

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

Reply:

To further boost staff morale and retain staff, the Hospital Authority (HA) will restore the annual increment mechanism for all serving employees who have joined HA on or after 15 June 2002 ("post "6-1-5" employees") and new recruits, with effect from 1 April 2018. Under the enhanced arrangements, new recruits of all grades will be eligible, subject to the maximum of their pay scales and satisfactory performance, to receive an annual increment on their anniversary in length of service. To maintain internal relativity, an additional increment will be granted to those serving post "6-1-5" employees (including nursing grade and allied health grade) who have been affected by the frozen increment arrangement, subject to the maximum of their pay scales.

It is estimated that the annual increment mechanism will be restored for around 17 000 eligible staff, and the total financial requirement in 2018-19 is $420.1 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0191)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the talent retention measures, will the Government support the Hospital Authority and allocate additional resources to it for reinstating the incremental jump to retain nurses and allied health professionals? If yes, what are the number of people and expenditure involved, as well as the timetable for the implementation of the relevant policy? If not, what are the reasons?

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

Reply:

The Hospital Authority (HA) has put in place various measures to attract and retain healthcare professionals, which 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 will continue central recruitment of full-time and part-time clinical staff to further increase manpower strength and improve staff retention.

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.

For the allied health staff, major measures include offering overseas scholarship to allied health undergraduates for grades with no local supply, re-engineering of work processes, strengthening manpower support and enhancement of training opportunities.

From 2015-16 to 2017-18, total funding of $570 million has also been designated and deployed for a special retired and rehire scheme to re-employ suitable serving healthcare staff upon their retirement to retain suitable expertise for training and knowledge transfer, and to help alleviate manpower issues. Besides, a three-year time-limited funding of $300 million (from 2015-16 to 2017-18) has been allocated to HA for enhancing staff training and development.

To further boost staff morale and retain staff, the HA will restore the annual increment mechanism for all serving employees who have joined HA on or after 15 June 2002 ("post "6-1-5" employees") and new recruits, with effect from 1 April 2018. Under the enhanced arrangements, new recruits of all grades will be eligible, subject to the maximum of their pay scales and satisfactory performance, to receive an annual increment on their anniversary in length of service. To maintain internal relativity, an additional increment will be granted to those serving post "6-1-5" employees (including nursing grade and allied health grade) who have been affected by the frozen increment arrangement, subject to the maximum of their pay scales.

It is estimated that the annual increment mechanism will be restored for around 17 000 eligible staff, and the total financial requirement in 2018-19 is $420.1 million.

HA reviews the remuneration of its staff from time to time with a view to improving their remuneration under limited resources in accordance with HA's service priority.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0192)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Government's plans for other public healthcare facilities, such as community health centres and ambulatory care centres, please provide the details, expenditures, manpower and implementation timetables of the plans.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 3)

Reply:

Under the ten-year Hospital Development Plan (HDP) with a total provision of $200 billion earmarked in 2016, eight ambulatory care centres and three community health centres (CHCs), among other facilities, will be developed.

Generally, ambulatory care centres will accommodate outpatient clinics, day hospital, day surgery / procedure centre, day rehabilitation centre, and renal dialysis centre, etc. Each of the above-mentioned eight ambulatory care centres will be part of a wider hospital project.

The three CHCs in Mong Kok, Shek Kip Mei and North District are currently at planning stage. Their implementation timetables are subject to detailed planning and design. The Hospital Authority (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. 0193)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Government is discussing with the University Grants Committee further increase in publicly-funded training places for doctors, dentists, nurses and relevant allied health professionals in the coming 3 years. Regarding the planning of publicly-funded training places for nurses and allied health professionals, please provide information on the following:

a. What is the progress of the discussion?

b. What factors will be considered in the discussion of publicly-funded training places? What are the details?

c. Will the planning of publicly-funded training places be based on the current standard on public medical services?

d. Will the planning be based on the international standard on nursing manpower ratio (i.e. 1 nurse to 6 patients)? If not, what are the reasons?

e. Will the publicly-funded training places be increased to improve the current public medical services? If yes, what are the details? If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 4)

Reply:

The Government published the report of the Strategic Review of Healthcare Manpower Planning and Professional Development ("the Strategic Review") in June 2017. The projections were made having regard to demographic changes and other relevant factors including known and planned services and developments.

Taking into account the manpower projections of the Strategic Review, training capacity of the tertiary institutions and the Hospital Authority ("HA") as well as the availability of resources, the Government is discussing with University Grants Committee proposals to further increase publicly-funded training places for doctors, dentists, nurses and relevant allied health professionals in the 2019/20 – 2021/22 triennium.

HA provides different types and levels of services to patients having regard to the conditions and needs of each patient. It 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 various factors such as the number of patients, patient dependency and nursing activities, etc.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0194)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the $300 billion set aside as an initial provision for supporting the second ten-year hospital development plan, improving the clinic facilities in the Department of Health, and upgrading and increasing healthcare teaching facilities, what are the details of each of the initiatives, their respective expenditure involved and implementation timetable?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 5)

Reply:

In the light of an increasing demand for healthcare services, the Government has invited the Hospital Authority (HA) to start planning the second ten-year Hospital Development Plan (HDP) instead of waiting for the mid-term review of the first ten-year HDP to be conducted in 2021. HA will take into account the projected service demand, the physical conditions of existing hospitals, and the planned service models, etc. in the formulation of the second HDP. At this stage, information on the expenditure involved and the implementation timetable is not available.

Many clinic premises under the Department of Health (DH) were completed over several decades ago. DH is in the process of scrutinizing the scope of improvement works of clinic facilities involved, in consultation with relevant departments, in order to work out the resources required and the works schedule.

For the financial resources required for upgrading and increasing healthcare teaching facilities, the Government is discussing with relevant tertiary institutions and do not have relevant figures for the time being.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)092

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0195)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the first district health centre to be set up in Kwai Tsing District in the third quarter of next year, what are the expenditure and manpower involved, service details and estimated number of service beneficiaries?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 6)

Reply:

The Steering Committee on Primary Healthcare Development and the Working Group on the District Health Centre Pilot Project in Kwai Tsing District have yet to decide on the operation model and scope of service for the pilot project.

The details sought are not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0196)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the expansion of coverage of the Drug Formulary, please set out the new drugs incorporated by the Hospital Authority (including psychiatric drugs), the costs for each drug, the number of patients benefited and their types of diseases for each year in 2015-16, 2016-17 and 2017-18. Please provide a breakdown by child and adolescent patients (aged below 18)/adult patients (aged 18-65)/elderly patients (aged above 65). Besides, what are the types of new drugs expected to be incorporated into the Drug Formulary and the estimated expenditure involved in 2018-19?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 7)

Reply:

With additional recurrent resources from the Government, the Hospital Authority (HA) has been expanding the HA Drug Formulary (HADF) by incorporating specific new drugs / drug classes as Special drugs and extending the therapeutic applications of different Special drugs / drug classes in the HADF. The tables below set out the concerned drugs / drug classes, their respective therapeutic use and additional recurrent resources involved in 2015-16, 2016-17 and 2017-18. The HA does not have readily available statistics on the number of patients benefited and the breakdown by age.

2015-16:

Drug Name / Class and Therapeutic Use	**Additional Recurrent Resources Involved ($ Million)**
Newly Incorporated Drugs	
i) Clofarabine for acute lymphoblastic leukaemia in paediatric patients	1.8
ii) Gemcitabine for metastatic breast cancer	5.5
iii) Aprepitant / Fosaprepitant for delayed emesis control in highly emetogenic chemotherapy	9.2

Drug Name / Class and Therapeutic Use	Additional Recurrent Resources Involved ($ Million)
iv) Boceprevir for chronic Hepatitis C	18.5
v) Adalimumab / Infliximab for severe refractory Crohn's Disease	2.5
Drugs with Extended Therapeutic Application	
i) Interferon beta for multiple sclerosis	7.0

2016-17:

Drug Name / Class and Therapeutic Use	Additional Recurrent Resources Involved ($ Million)
Newly Incorporated Drugs	
i) Dabigatran, Rivaroxaban, Apixaban for secondary stroke management	5.50
ii) Teriparatide for severe established osteoporosis treatment	6.68
Drugs with Extended Therapeutic Application	
i) Insulin Detemir / Glargine for diabetes mellitus management	10.22
ii) Denosumab for secondary prevention of osteoporotic fracture	6.54
iii) Docetaxel for adjuvant therapy for breast cancer treatment	8.60

2017-18:

Drug Name / Class and Therapeutic Use	Additional Recurrent Resources Involved ($ Million)
Newly Incorporated Drugs	
i) Imatinib for treatment of Chronic Myeloid Leukemia / Acute Lymphoblastic Leukemia	5.0
Drugs with Extended Therapeutic Application	
i) Drugs for treating chronic hepatitis C a) Ombitasvir, paritaprevir, ritonavir, dasabuvir b) Sofosbuvir, ledipasvir c) Sofosbuvi	32.0
ii) Drugs for treating attention deficit hyperactive disorder a) Atomoxetine b) Methyl-phenidate ER	9.0

In 2018-19, HA will incorporate two new drugs into HADF as Special drugs and extend the therapeutic application of six Special drug classes in the HADF. The table below sets out the concerned drugs / drug classes, their respective therapeutic use and the estimated resources requirement:

Drug Name / Class and Therapeutic Use	Estimated Resources Requirement ($ Million)
Newly Incorporated Drugs	
i) Rituximab for granulomatosis with polyangiitis (GPA) and microscopic polyangiitis (MPA)	3.06
ii) Thyrotropin Alfa for adjunctive treatment for radioiodine ablation of thyroid tissue remnants	1.1
Drugs with Extended Therapeutic Application	
i) Long-acting β adrenoceptor agonists (LABA) /Long-acting muscarinic antagonists (LAMA) inhalers for Chronic Obstructive Pulmonary Disease	3.65
ii) Selective sodium-glucose cotransporter-2 (SGLT-2) inhibitor for Diabetes Mellitus	16.3
iii) Atorvastatin for GOPC	4.1
iv) Ticagrelor for Non ST-segment elevation myocardial infarction (NSTEMI)	6.8
v) HBV for Pre-emptive treatment for patient on immunosuppressive therapy with high and moderate risk of hepatitis B reactivation	19.85
vi) Febuxostat for Hyperuricaemia	7.48

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0197)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority (HA) will complete a review of the patient's co-payment mechanism of an assistance programme launched by the Community Care Fund, which provides patients with subsidies for the purchase of ultra-expensive drugs (including those for treating uncommon diseases) and will be extended to subsidise individual patients with special clinical needs in using specific drugs, in the first half of 2018 and propose improvement measures. Please advise this Committee 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: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 8)

Reply:

(a) and (c)

Currently, there is no common definition of rare diseases/ uncommon disorders 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. HA makes use of the recurrent funding from the Government, the Samaritan Fund and the Community Care Fund

(CCF) Medical Assistance Programmes to provide sustainable, affordable and optimal care for all patients, including those with uncommon disorders.

Drug treatment is provided through enzyme replacement therapy (ERT) for suitable patients with specific lysosomal storage disorders (LSDs), including Pompe, Gaucher, Fabry as well as Mucopolysaccharidosis (MPS) Type I, II and VI under HA Drug Formulary (HADF) with designated funding from the Government. Apart from drug treatments, HA also 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.

In November 2017, HA started a special drug programme to provide Elosulfase alfa, an ultra-expensive drug, for a MPS IV patient under the above-said designated funding for LSDs. HA will continue liaising with the concerned drug company for the long-term arrangement for all MPS IV patients and consider listing the drug on the HADF.

Since 1 August 2017, HA has implemented a new CCF Medical Assistance Programme to provide patients with subsidy to purchase ultra-expensive drugs (including those for treating uncommon disorders) with patients' annual maximum contribution capped at $1 million. Eculizumab is currently covered under the new programme for treatment of Paroxysmal Nocturnal Haemoglobinuria (PNH) (since August 2017) and Atypical Haemolytic Uraemic Syndrome (aHUS) (since November 2017).

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. Besides, HA will liaise with the concerned drug companies on special drug programmes in order to facilitate assessment of new drugs for listing on HADF, enable early access by individual patients to new drug treatments, and explore the long-term arrangements for drug provision for all patients with specific uncommon disorders.

HA will continue to expand the scope of the CCF Medical Assistance Programme to provide financial assistance for eligible patients who meet specific clinical criteria to use ultra-expensive drugs (including those for treating uncommon disorders). Nusinersen for treatment of Spinal Muscular Atrophy is a potential candidate being considered for inclusion under the CCF Medical Assistance Programme. HA has also commissioned a consultancy study to review the current means test mechanism under the CCF Medical Assistance Programme. Taking into account findings of the review, HA aims to come up with recommendations in the first half of 2018 for improving the mechanism and providing more and faster help to patients in need. The Government has set aside resources in the 2018-19 Budget for this purpose. Actual use of resources will be subject to the review findings and recommendations.

HA will continue to maintain close contact with patient groups with a view to providing suitable medical services for patients with different diseases.

(b)

As there is no common definition of rare diseases/ uncommon disorders available worldwide, HA is unable to provide the number of rare disease patients currently being treated by HA.

The following table sets out the number of HA patients with LSDs undergoing ERT as at 31 December 2017:

Lysosomal Storage Disorder	**Number of HA patients undergoing ERT**
a) Pompe	10
b) Gaucher	2
c) Fabry	7
d) MPS Type I	1
e) MPS Type II	0
f) MPS Type IV	1
g) MPS Type VI	2
TOTAL	**23**

* A total of 29 HA patients with LSDs have been provided with ERT since 2008-09.

The following table sets out the number of applications approved under the new CCF Medical Assistance Programme to provide subsidy for purchase of ultra-expensive drugs (including those for treating uncommon disorders) for treatment of PNH and aHUS since the implementation of the programme (up to 31 December 2017):

Treatment with Ultra-expensive Drugs	**Number of Applications Approved for CCF Subsidy**
a) PNH	8 #
b) aHUS	0^
TOTAL	**8**

Between 1 August to 31 December 2017

^ Between 25 November to 31 December 2017

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0198)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the tax deduction for the Voluntary Health Insurance Scheme (VHIS), how many people are expected to join the Scheme? Please provide details of the Scheme, the expenditure involved and the timetable for implementation.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 9)

Reply:

VHIS is a policy initiative launched by the Food and Health Bureau (FHB) to regulate individual indemnity hospital insurance products. The scheme is based on voluntary participation by insurance companies and consumers. Under the scheme, the participating insurance companies will offer hospital insurance plans that are certified by FHB (Certified Plans) for consumers to purchase on a voluntary basis.

Having regard to the voluntary nature of VHIS, our independent consultant estimates that about 1 million people will purchase Certified Plans under VHIS within the first two years of implementation. In the third year of implementation, it is estimated that about 1.5 million people will purchase Certified Plans.

Premiums paid by a person for himself/herself and his/her dependants will be allowed for tax deduction. The annual ceiling for tax deduction of premiums paid is $8,000 per insured person. There is no cap on the number of dependants eligible for tax deduction. It is expected that the uptake of Certified Plans will gradually increase. In the third year of VHIS implementation, about 1 million taxpayers and their dependants may enjoy the tax deduction. The concerned tax revenue forgone will be about $800 million.

A funding of $22 million will be allocated to FHB in 2018-19 ($12 million full-year provision from 2022-23) for setting up the VHIS Office and related expenses on publicity and consultancy. The Office is responsible for the implementation and future development of the VHIS.

To provide for the tax deduction under VHIS, we plan to introduce an Amendment Bill to the Inland Revenue Ordinance into the Legislative Council in the second quarter of 2018. After the passage of the Amendment Bill, the VHIS Office will officially receive insurance companies' applications for certification of VHIS plans. Announcement will also be made on the date of scheme implementation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0199)

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) (Ms Elizabeth Tse)

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 institution and nursing school;

b. the number of nurses currently employed at public, private and non-profit-making healthcare facilities, with a breakdown by hospital and by rank (including nurse consultant); and

c. the estimated number of nurses required in public, private and non-profit-making healthcare facilities for the next 5 years, with a breakdown by hospital and by rank.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 10)

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-registration / pre-enrolment nursing programmes accredited by the Nursing Council of Hong Kong by stream and training school (as of February 2018) for the 5 academic years from 2018/2019 to 2022/2023 is set out in the following table –

Nurse Training Schools	Training Places by Academic Year (as of February 2018)																			
	2018/2019				2019/2020				2020/2021				2021/2022				2022/2023			
	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	60#	-	140	-	60#	-	140	-	60#	-	140	-	60#	-	140	-	60#	-	140	-
St. Teresa's Hospital	40#	-	80	-	40#	-	80	-	40#	-	80	-	40#	-	80	-	40#	-	80	-
Union Hospital	-	-	40	-	-	-	40	-	-	-	40	-	-	-	40	-	-	-	40	-
Tung Wah College	225 (First-year) 100 (Senior-year)	-	150	-	225 (First-year) 100 (Senior-year)	-	150	-	225 (First-year) 100 (Senior-year)	-	150	-	225 (First-year) 100 (Senior-year)	-	150	-	225 (First-year) 100 (Senior-year)	-	150	-
HKU School of Professional and Continuing Education	35#	-	-	-	35#	-	-	-	35#	-	-	-	35#	-	-	-	35#	-	-	-
Caritas Institute of Higher Education	200	-	-	-	200	-	-	-	200	-	-	-	200	-	-	-	200	-	-	-
The Open University of Hong Kong	280 270#	125 57#	230	60	280 270#	125 57#	230	60	280 270#	125 57#	230	60	280 270#	125 57#	230	60	280 270#	125 57#	230	60

Nurse Training Schools	Training Places by Academic Year (as of February 2018)																			
	2018/2019				2019/2020				2020/2021				2021/2022				2022/2023			
	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)	200 (First-year) 60 (Senior-year) 77 (Master Prog.)	-	-	-	88 (Master Prog.)	-	-	-	88 (Master Prog.)	-	-	-	88 (Master Prog.)	-	-	-	88 (Master Prog.)	-	-	-
The Hong Kong Polytechnic University (2)	173 (First-year) 40 (Senior-year) 40 (Master Prog.)	70	-	-	40 (Master Prog.)	70	-	-	40 (Master Prog.)	70	-	-	40 (Master Prog.)	70	-	-	40 (Master Prog.)	70	-	-
The University of Hong Kong (3)	190 (First-year) 25 (Senior-year) 35#	-	-	-	35#	-	-	-	35#	-	-	-	35#	-	-	-	35#	-	-	-
The Hospital Authority Nurse Training Schools	300	-	100	-	300	-	100	-	300	-	100	-	300	-	100	-	300	-	100	-

Notes:

# denotes conversion programme for Enrolled Nurse to Registered Nurse.

(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 for the 2016/17 to 2018/19 triennium. 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 for the 2016/17 to 2018/19 triennium. 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 Programme.

(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 triennium. The number of UGC-funded nurse training places after 2018/19 is not yet available. Figures from 2019/20 onwards refer to self-financed Enrolled Nurse to Registered Nurse Conversion Programme

(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 registered midwives, 2015 HMS on enrolled nurses and 2016 HMS on registered nurses, 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
2014	Registered Midwife	4 630*	62.1%	15.3%	4.1%	3.3%	15.1%
2015	Enrolled Nurse	12 309+	40.0%	5.1%	20.1%	0.5%	34.2%
2016	Registered Nurse	38 719+	67.4%	6.7%	4.9%	3.0%	18.0%

Notes：

❖ To tally with the HMS, the number of healthcare personnel is provided as at the respective reference date of the survey.

* 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 31 August of the survey year.

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

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

We do not have information on the number of nurses currently employed at private and non-profit-making healthcare facilities by hospital and by rank. The number of nurses employed in DH and the Hospital Authority ("HA") is set out in the following table –

DH

	as at 1 February 2018
	Strength
Registered Nurse grade	
Principal Nursing Officer	1
Regional Nursing Officer	1
Chief Nursing Officer	3
Senior Nursing Officer	19
Nursing Officer	301
Registered Nurse	913
Sub-total:	**1 238**
Enrolled Nurse grade	
Enrolled Nurse	182
Sub-total:	**182**
Total:	**1 420**

HA

Cluster / Rank Group	as at 31.12.2017							
	HK East	**HK West**	**Kowloon Central**	**Kowloon East**	**Kowloon West**	**NT East**	**NT West**	**Total**
Department Operations Manager / Senior Nursing Officer and above	44	43	76	42	74	59	49	387
Advanced Practice Nurse / Nurse Specialist / Nursing Officer / Ward Manager	525	558	1 049	547	858	819	730	5 086
Registered Nurse	1 829	1 834	3 501	1 887	2 824	2 717	2 307	16 899
Enrolled Nurse / Others	371	452	582	397	469	654	527	3 452
Total	**2 769**	**2 888**	**5 209**	**2 873**	**4 226**	**4 249**	**3 613**	**Around 25 824**

Notes:

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

(2) Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the Kowloon West Cluster (KWC) to Kowloon Central Cluster with effect from 1 December 2016. Reports on services / manpower statistics and financial information were continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement started from 1 April 2017.

(c) We do not have information on the breakdown of estimated number of nurses required in public, private and non-profit-making sectors for the next 5 years by hospital and by rank. Under the Strategic Review of Healthcare Manpower Planning and Professional Development, it is projected that there will be manpower shortage of general nurses in the medium to longer term under the existing service levels and models. The supply of psychiatric nurse is projected to be sufficient to meet the demand in the same periods. The Government will kick-start a new round of manpower projection exercise to update the demand and supply projection of healthcare professions (including nurses).

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0200)

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) (Ms Elizabeth Tse)

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 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 in public, private and non-profit-making healthcare facilities, with a breakdown by hospital and by rank; and

c. the estimated manpower requirement for each allied health grade in public, private and non-profit-making healthcare facilities for the next 5 years, with a breakdown by hospital and by rank.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 11)

Reply:

(a) We do not have information on the number of graduates of each allied health grade for the next 5 years. At present, Hong Kong Polytechnic University ("PolyU") and Tung Wah College ("TWC") offer degree programmes for allied health professionals. PolyU offers University Grants Committee ("UGC")-funded training programmes on Occupational Therapy, Physiotherapy, Medical Laboratory Science, Optometry and Radiography. TWC offers self-financing degree programmes in Occupational Therapy, Medical Laboratory Science and Radiation Therapy. As of February 2018, the number of professionally accredited First-Year-First-Degree training places provided by PolyU and TWC for the 2018/19 academic year is set out in the following tables –

Hong Kong Polytechnic University

Programme	Academic Year
	2018/19
BSc (Hons) Occupational Therapy	100
BSc (Hons) Physiotherapy	130
BSc (Hons) Medical Laboratory Science	54
BSc (Hons) Optometry	40
BSc (Hons) Radiography	110

Tung Wah College

Programme	Academic Year
	2018/19
BSc (Hons) Occupational Therapy	50
BSc (Hons) Medical Laboratory Science	30
BSc (Hons) Radiation Therapy	15

The Government is discussing with UGC to further increase the number of UGC-funded training places for doctors, dentists, nurses and relevant allied health professionals for the 2019/20 to 2021/22 triennium.

(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 professionals practising in Hong Kong. According to the 2014 HMS on the 16 types of healthcare professionals included in the health services functional constituency and the 2017 HMS on occupational therapists, physiotherapists, medical laboratory technologists, optometrists and radiographers, the estimated distribution of allied health professionals who were practising in the respective local healthcare professions among different service sectors is set out in the following tables –

Healthcare Professional	Number of healthcare professional ❖*	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 Professional	Number of registered healthcare professional ❖+	Service Sector				
		Hospital Authority	Government	Subvented Sector	Academic Sector	Private Sector
2017 HMS						
Occupational Therapist	1 908	47.9%	3.1%	33.2%	3.2%	12.6%
Physiotherapist	2 941	37.8%	1.6%	19.3%	3.7%	37.7%
Medical Laboratory Technologist	3 426	49.9%	8.4%	7.0%		34.7%
Optometrist	2 158	2.8%	5.9%			91.3%
Radiographer (Diagnostic)	1 817	47.5%	5.1%			47.5%
Radiographer (Therapeutic)	363	55.8%	-		44.2%	

Notes：

❖ To tally with HMS, the number of healthcare professional is provided as at the respective reference date of the survey.

* Figures refer to number of the healthcare professional employed by the surveyed institutions as at 31 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 31 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 private and non-profit-making sectors by hospital and by rank. The number of allied health grade staff currently employed in DH and the Hospital Authority ("HA") is set out in the following table –

DH

Grade	Rank	Strength as at 1 February 2018
Dental Hygienist	Dental Hygienist	13
Occupational Therapist	Senior Occupational Therapist	1
	Occupational Therapist I	15
Physiotherapist	Senior Physiotherapist	1
	Physiotherapist I	13
Medical Laboratory Technician	Chief Medical Technologist	1
	Senior Medical Technologist	11
	Medical Technologist	90
	Medical Laboratory Technician I	31
	Medical Laboratory Technician II	126
Optometrist	Optometrist	16
Radiographer	Senior Radiographer	3
	Radiographer I	13
	Radiographer II	21
Clinical Psychologist	Senior Clinical Psychologist	2
	Clinical Psychologist	38
Dental Surgery Assistant	Senior Dental Surgery Assistant	51
	Dental Surgery Assistant	296
Dental Technician	Senior Dental Technologist	1
	Dental Technologist	2
	Dental Technician I	29
	Dental Technician II	15
Dental Therapist	Tutor Dental Therapist	1
	Senior Dental Therapist	22
	Dental Therapist	240
Dietitian*	Senior Dietitian	0
	Dietitian	17
Dispenser	Chief Dispenser	2
	Senior Dispenser	20
	Dispenser	52
Orthoptist	Orthoptist I	1
	Orthoptist II	1
Scientific Officer (Medical)	Scientific Officer (Medical)	104
Speech Therapist	Speech Therapist	15
Total:		**1 264**

* Including 1 Dietitian deployed to Food and Environmental Health Department

HA

Grade	Number of staff [Note 1] (as at 31 December 2017)							
	HK East	**HK West**	**Kowloon Central** [Note 2]	**Kowloon East**	**Kowloon West** [Note 2]	**NT East**	**NT West**	**Total**
Occupational Therapist	84	85	152	86	166	147	133	853
Physiotherapist	126	118	239	128	147	173	131	1 062
Medical Laboratory Technologist	121	259	337	144	218	251	170	1 499
Radiographer (Diagnostic Radiographer & Radiation Therapist)	136	141	234	93	187	199	154	1 143
Dispenser	150	130	250	136	231	229	176	1 302
Others [Note 3]	91	123	176	96	140	147	141	915

Note:

1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.
2. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the Kowloon West Cluster ("KWC") to Kowloon Central Cluster with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017.
3. The group of "Others" includes optometrists, audiology technicians, clinical psychologists, dental technicians, dietitians, mould laboratory technicians, orthoptists, physicists, podiatrists, prosthetists & orthotists, scientific officers (medical)-pathology, scientific officers (medical)-audiology, scientific officers (medical)-radiology, scientific officers (medical)-radiotherapy and speech therapists.

(c) We do not have information on the breakdown of estimated manpower requirement for each allied health profession in public, private and non-profit-making sectors for the next 5 years by hospital and by rank. Under the Strategic Review of Healthcare Manpower Planning and Professional Development, it is projected that there is a general shortage of occupational therapists, physiotherapists, medical laboratory technologists, optometrists and radiographers, of which the manpower supply of medical laboratory technologists and radiographers is projected to be in slight shortage but close to equilibrium while there will be sufficient manpower of occupational therapists under the existing service levels and models after taking into account the self-financing training places. The Government will kick-start a new round of manpower projection exercise to update the demand and supply projection of healthcare professions (including allied health professionals).

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0201)

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) (Ms Elizabeth Tse)

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: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 12)

Reply:

The Strategic Review of Healthcare Manpower Planning and Professional Development ("the Strategic Review") primarily covered 13 healthcare professions which are subject to statutory registration, including pharmacists.

The Strategic Review did examine issues relating to the regulation of pharmacists as a profession. Views were divided on whether a separate regulatory body should be established for pharmacists.

Some in the profession considered that pharmacists should be regulated as a profession on par with the statutory arrangement for other healthcare professions such as doctors, dentists and nurses, and that a separate Pharmacy Council should be set up as a long-term goal rather than having pharmacists regulated as of now under the same statutory umbrella for pharmaceutical trade, drugs and poisons. Establishment of a separate regulatory body would contribute positively towards branding of the profession and promoting the use of pharmacy service by the general public.

Some in the profession, however, considered that it was not necessary to set up a Pharmacy Council as they were of the view that the Pharmacy and Poison Board of Hong Kong was effective in regulating the profession and setting up a separate regulatory body was merely one of the many measures to enhance the role and contribution of pharmacists.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0202)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower of the Hospital Authority (HA), please set out the following by hospital and rank:

a. the numbers of nurses who left the HA in the past 3 years and their respective years of service;

b. the numbers of nurses who were promoted in the HA in the past 3 years; and

c. the numbers of nurses who rejoined the HA in the past 3 years and their average years of service.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 13)

Reply:

(a) The table below sets out the number of full-time nursing staff who left the Hospital Authority (HA) in the past three years and their respective years of service and rank groups.

Cluster	Respective years of service	2015-16				2016-17				2017-18 (January-December 2017)			
		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	0	13	7	0	0	20	3	0	0	9	8
	1- 5 years	0	2	53	17	0	1	48	14	0	2	50	11
	6- 10 years	0	2	16	3	0	1	13	2	0	0	14	5
	11-15 years	0	1	2	1	0	1	3	0	0	0	3	0
	16- 20 years	0	3	10	3	0	1	6	0	0	2	3	0
	21- 25 years	2	9	7	4	0	14	12	5	1	17	7	6
	26- 30 years	0	1	2	0	0	0	0	0	0	0	0	0
	>31 years	1	3	1	0	0	2	0	1	0	2	1	0

Cluster	Respective years of service	2015-16				2016-17				2017-18 (January-December 2017)			
		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
HKWC	< 1 year	0	0	15	4	0	0	15	5	0	0	11	5
	1-5 years	0	1	40	20	0	0	66	22	0	0	56	16
	6-10 years	0	0	17	3	0	1	27	0	0	1	24	3
	11-15 years	0	0	0	1	0	2	6	0	0	0	6	0
	16-20 years	0	3	7	1	0	4	7	1	0	3	3	0
	21-25 years	1	9	8	4	1	19	16	2	2	22	18	1
	26-30 years	0	0	1	0	0	0	0	0	0	0	0	0
	31 years or above	0	6	0	2	0	10	6	1	1	12	1	3
KCC	< 1 year	0	0	18	3	0	0	13	4	1	0	12	9
	1-5 years	0	0	47	11	0	0	61	31	0	0	44	20
	6-10 years	0	0	20	0	0	0	22	1	0	1	33	0
	11-15 years	0	0	3	0	0	0	4	0	0	0	5	1
	16-20 years	1	5	11	2	1	4	12	1	0	1	6	0
	21-25 years	1	10	8	11	4	13	15	8	3	22	20	9
	26-30 years	0	0	1	0	0	1	1	0	0	0	0	0
	31 years or above	0	8	3	0	0	9	0	1	1	7	4	3
KEC	< 1 year	0	0	10	9	0	0	9	2	0	0	5	3
	1-5 years	0	1	38	16	0	1	42	34	0	0	36	22
	6-10 years	0	0	19	0	0	1	13	1	0	1	17	1
	11-15 years	0	0	4	0	0	1	0	0	0	2	2	0
	16-20 years	0	2	16	2	0	2	7	0	0	3	10	1
	21-25 years	2	15	3	7	1	13	12	5	2	11	6	4
	26-30 years	0	1	0	0	0	0	0	0	0	0	0	0
	31 years or above	0	0	0	1	1	0	0	0	0	1	0	0
KWC	< 1 year	0	0	26	6	0	0	27	6	0	0	18	4
	1-5 years	0	0	63	32	0	0	93	35	0	1	30	18
	6-10 years	0	0	23	1	0	1	29	3	0	0	21	2
	11-15 years	0	0	9	0	0	0	6	0	0	0	1	0
	16-20 years	1	4	24	2	0	5	10	0	0	3	6	0
	21-25 years	4	23	26	8	4	29	30	7	2	18	15	5
	26-30 years	0	2	0	0	0	0	0	0	0	2	0	0
	31 years or above	0	4	2	2	1	4	1	3	0	11	2	2
NTEC	< 1 year	0	0	18	8	0	0	15	8	0	1	17	6
	1-5 years	0	0	45	17	0	0	70	16	0	0	52	17
	6-10 years	0	0	15	0	0	0	16	2	0	0	35	4
	11-15 years	0	1	5	0	0	1	4	0	0	0	2	0
	16-20 years	0	3	16	1	0	1	11	0	0	2	9	1
	21-25 years	0	4	12	6	2	12	21	9	3	24	22	7
	26-30 years	0	0	0	0	0	0	0	0	0	0	0	0
	31 years or above	1	7	1	2	1	6	2	5	2	7	2	2
NTWC	< 1 year	0	0	18	1	0	0	15	5	0	0	19	5
	1-5 years	0	1	57	15	0	0	39	12	0	1	39	19
	6-10 years	0	0	11	1	0	1	12	1	0	2	16	0
	11-15 years	0	0	0	0	0	0	2	0	0	2	2	0
	16-20 years	2	3	7	1	0	1	9	1	0	1	4	1
	21-25 years	2	13	9	6	3	15	8	11	1	15	10	8
	26-30 years	0	1	1	0	0	0	0	1	0	0	0	1
	31 years or above	0	4	3	4	0	6	1	5	0	3	0	2

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.

(3) Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the Kowloon West Cluster (KWC) to Kowloon Central Cluster (KCC) with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. In the latter's regard, only nine-month data for KCC and KWC under the new clustering arrangement (i.e. 1 April 2017 to 31 December 2017) are available and therefore should not be used to compare with any past statistics which are based on 12-month rolling data.

(b) The table below sets out the number of nurses promoted in HA in the past three years by rank group.

Rank Group	**Number of Nurses Promoted**		
	2015 -16	**2016 -17**	**2017 -18 (April to December 2017)**
DOM/SNO and above	39	41	36
APN/NS/NO/WM	447	448	364

Note:

(1) Manpower on headcount basis includes permanent, contract staff in HA's workforce.

(2) Refers to cases of appointment to higher rank with higher maximum pay point or take home pay. Other staff movement cases such as transfer/appointment to other rank or lower rank are excluded.

(c) The table below sets out the number of rehired nurses with years of services and breakdown by rank group in the past three years.

Rank Group	**Years of Service in Previous HA Employment**						
	< 1 year	**1-5 years**	**6-10 years**	**11-15 years**	**16-20 years**	**21 years or above**	**Total**
2015-16 (as at 31 March 2016)							
DOM/SNO and above	0	0	0	0	0	0	0
APN/NS/NO/WM	0	0	1	0	1	11	13
Registered Nurse	435	168	33	27	41	14	718
Enrolled Nurse/ Others	32	35	1	1	5	4	78
Total	**467**	**203**	**35**	**28**	**47**	**29**	**809**
2016-17 (as at 31 March 2017)							
DOM/SNO and above	0	0	0	0	0	2	2
APN/NS/NO/WM	2	1	0	1	5	22	31
Registered Nurse	558	155	34	25	27	18	817
Enrolled Nurse/ Others	34	28	2	0	1	5	70
Total	**594**	**184**	**36**	**26**	**33**	**47**	**920**

Rank Group	Years of Service in Previous HA Employment						
	< 1 year	**1-5 years**	**6-10 years**	**11-15 years**	**16-20 years**	**21 years or above**	**Total**
2017-18 (as at 31 December 2017)							
DOM/SNO and above	0	0	0	0	0	0	0
APN/NS/NO/WM	11	5	5	8	5	34	68
Registered Nurse	484	167	24	12	18	14	719
Enrolled Nurse/ Others	17	16	1	0	0	2	36
Total	**512**	**188**	**30**	**20**	**23**	**50**	**823**

Note:

(1) Re-appointment refers to ex-staff rejoining HA as permanent or contract staff (on headcount basis) in 2015-16 to 2017-18 with break of service irrespective of terms of employment/rank.

Abbreviations

Rank Group

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

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. 0203)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower of the Hospital Authority (HA), please provide information on the following in the past 3 years by hospital, grade and rank:

a. the number of staff in each allied health grade;

b. the number of allied health staff who left the HA and their years of service;

c. the number of allied health staff promoted in the HA; and

d. the number of re-appointed allied health staff and their average years of service.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 14)

Reply:

(a)
The table below sets out the number of allied health staff in 2015-16, 2016-17 and 2017-18 by major allied health grades in the Hospital Authority (HA):

Grade	Number of staff		
	2015-16 (as at 31 March 2016)	**2016-17 (as at 31 March 2017)**	**2017-18 (as at 31 December 2017)**
Medical Laboratory Technologist	1 406	1 457	1 504
Radiographer (Diagnostic Radiographer & Radiation Therapist)	1 054	1 102	1 144
Social Worker	333	330	344
Occupational Therapist	772	815	854
Physiotherapist	969	1 028	1 063
Pharmacist	609	635	664
Dispenser	1 249	1 289	1 315
Others	876	917	929

Note:

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, orthoptists, physicists, podiatrists, prosthetists & orthotists, scientific officers (medical)-pathology, scientific officers (medical)-audiology, scientific officers (medical)-radiology, scientific officers (medical)-radiotherapy and speech therapists.
3. 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 2015-16, 2016-17 and 2017-18 and their respective years of service by cluster and by major allied health grades:

2015-16

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 or above
HKEC	Medical Laboratory Technologist	1	3	1	0	0	3	0	1
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	3	0	0	0	0	1	1
	Social Worker	0	1	0	0	0	0	0	0
	Occupational Therapist	0	2	1	0	1	0	0	0
	Physiotherapist	1	1	0	0	1	1	0	0
	Pharmacist	0	0	0	0	0	0	0	1
	Dispenser	2	0	0	0	1	2	0	0
	Others	2	0	0	0	1	0	0	0
HKWC	Medical Laboratory Technologist	0	3	0	0	3	4	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	4	1	0	0	0	0	0
	Social Worker	1	2	0	0	0	0	0	0
	Occupational Therapist	1	0	1	0	0	1	0	0
	Physiotherapist	0	2	0	0	0	1	0	0
	Pharmacist	0	0	0	1	0	0	0	0
	Dispenser	2	0	0	0	0	0	0	0
	Others	1	1	0	0	0	4	0	0
KCC	Medical Laboratory Technologist	0	0	1	0	0	2	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	7	0	0	1	3	1	1
	Social Worker	0	1	0	0	0	0	0	0
	Occupational Therapist	1	2	1	0	0	0	0	0
	Physiotherapist	1	8	0	0	1	0	0	0
	Pharmacist	0	1	0	0	0	0	0	1
	Dispenser	0	2	0	0	0	0	0	0
	Others	0	0	0	0	0	1	0	1
KEC	Medical Laboratory Technologist	0	0	0	0	2	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	1	0	0	0	0	0	0
	Social Worker	0	0	0	0	1	1	0	0
	Occupational Therapist	1	2	0	0	4	0	0	0
	Physiotherapist	0	1	1	1	0	0	0	0
	Pharmacist	0	0	0	0	0	0	0	0
	Dispenser	0	2	0	1	1	1	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 or above
	Others	0	2	0	0	1	0	0	0
KWC	Medical Laboratory Technologist	0	1	0	0	1	6	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	5	2	0	0	2	0	0
	Social Worker	4	2	1	0	1	1	0	0
	Occupational Therapist	2	1	1	1	2	0	0	0
	Physiotherapist	0	5	2	0	0	1	0	0
	Pharmacist	0	2	0	0	0	0	0	0
	Dispenser	0	2	0	1	2	4	1	0
	Others	2	3	0	0	0	1	0	0
NTEC	Medical Laboratory Technologist	0	2	0	1	1	1	0	1
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	1	1	0	1	0	0	0
	Social Worker	0	1	0	0	1	0	0	0
	Occupational Therapist	3	1	1	0	1	1	0	0
	Physiotherapist	0	4	0	0	2	0	0	0
	Pharmacist	0	0	0	0	0	0	0	2
	Dispenser	1	1	0	1	0	1	0	0
	Others	0	2	1	0	1	1	0	0
NTWC	Medical Laboratory Technologist	1	0	0	0	0	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	6	0	0	0	1	0	0
	Social Worker	0	0	0	0	0	0	0	0
	Occupational Therapist	0	2	2	1	0	1	0	0
	Physiotherapist	0	1	0	0	0	0	0	1
	Pharmacist	0	1	0	0	0	0	0	0
	Dispenser	0	0	0	3	0	0	0	1
	Others	0	1	0	0	1	0	0	0

2016-17

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 or above
HKEC	Medical Laboratory Technologist	0	0	0	0	0	4	0	1
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	5	0	0	0	4	0	0
	Social Worker	0	2	0	0	0	2	0	0
	Occupational Therapist	0	1	0	0	0	0	0	0
	Physiotherapist	1	1	1	1	1	0	0	0
	Pharmacist	1	0	1	0	0	0	0	0
	Dispenser	1	3	0	0	2	0	0	0
	Others	2	0	0	1	0	0	0	0
HKWC	Medical Laboratory Technologist	0	1	3	0	1	10	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	1	0	0	1	0	1
	Social Worker	0	2	0	0	0	0	0	0
	Occupational Therapist	1	1	0	0	0	0	0	0
	Physiotherapist	1	3	0	0	0	2	0	0
	Pharmacist	0	1	0	0	0	2	0	0
	Dispenser	0	1	0	0	1	0	0	2
	Others	1	4	0	0	1	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 or above
KCC	Medical Laboratory Technologist	1	1	1	0	0	6	0	1
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	0	0	0	0	1	0	3
	Social Worker	0	0	0	0	0	1	0	0
	Occupational Therapist	2	0	0	0	0	3	0	0
	Physiotherapist	1	8	1	0	3	3	0	0
	Pharmacist	0	1	0	0	0	2	0	0
	Dispenser	1	0	0	1	0	1	0	0
	Others	1	0	1	0	0	1	0	0
KEC	Medical Laboratory Technologist	0	1	0	0	0	2	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	1	0	0
	Social Worker	4	2	0	0	0	1	0	0
	Occupational Therapist	0	1	0	0	2	2	0	0
	Physiotherapist	1	1	1	1	0	0	0	0
	Pharmacist	0	0	0	0	0	0	0	0
	Dispenser	1	1	0	1	0	0	1	0
	Others	1	1	1	0	0	0	0	0
KWC	Medical Laboratory Technologist	2	1	1	1	0	5	0	2
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	2	3	1	0	0	0	0	0
	Social Worker	2	3	0	0	0	1	0	0
	Occupational Therapist	2	4	1	0	0	4	0	0
	Physiotherapist	0	4	0	0	0	1	0	0
	Pharmacist	1	1	0	0	0	1	0	0
	Dispenser	1	0	0	4	1	0	0	0
	Others	4	3	0	0	0	2	0	0
NTEC	Medical Laboratory Technologist	1	1	0	0	1	4	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	1	2	0	0	0	0	2
	Social Worker	2	1	2	0	0	0	0	0
	Occupational Therapist	1	6	1	0	0	0	0	0
	Physiotherapist	1	4	1	0	1	2	0	1
	Pharmacist	0	0	1	0	0	0	0	0
	Dispenser	2	1	0	1	0	1	0	0
	Others	2	2	0	0	0	0	0	0
NTWC	Medical Laboratory Technologist	0	1	2	0	0	1	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	2	0	0	1	0	0	1
	Social Worker	0	0	0	0	0	0	0	0
	Occupational Therapist	0	4	3	0	1	0	0	0
	Physiotherapist	1	7	0	0	0	1	0	0
	Pharmacist	0	0	0	0	0	0	0	0
	Dispenser	0	2	0	1	0	1	0	0
	Others	1	5	1	1	1	0	0	0

2017-18 (Rolling period from 1 January 2017 to 31 December 2017)

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 or above
HKEC	Medical Laboratory Technologist	0	0	0	0	0	2	0	1
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	1	0	0	0	1	1	0
	Social Worker	0	1	0	0	0	1	0	0
	Occupational Therapist	2	3	0	0	0	0	0	0
	Physiotherapist	0	0	0	2	1	0	0	0
	Pharmacist	1	0	0	0	0	0	0	0
	Dispenser	0	2	0	0	0	0	0	0
	Others	1	0	0	0	0	1	0	0
HKWC	Medical Laboratory Technologist	1	3	0	0	0	3	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	2	0	1
	Social Worker	0	1	0	0	0	1	0	0
	Occupational Therapist	2	3	1	0	0	0	0	0
	Physiotherapist	0	5	1	0	0	2	0	0
	Pharmacist	0	0	0	1	0	1	0	0
	Dispenser	0	1	0	2	1	0	0	1
	Others	2	2	1	0	1	3	0	2
KCC*	Medical Laboratory Technologist	0	1	0	0	0	2	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	1	0	0	1	3	0	2
	Social Worker	0	1	0	0	0	0	0	0
	Occupational Therapist	0	2	1	0	0	0	0	0
	Physiotherapist	1	14	2	0	1	3	0	0
	Pharmacist	0	4	1	0	0	1	0	0
	Dispenser	0	0	0	1	0	0	2	1
	Others	2	3	1	0	0	2	0	0
KEC	Medical Laboratory Technologist	0	1	0	0	0	1	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	3	0	0	0	2	0	1
	Social Worker	2	0	0	0	1	0	0	0
	Occupational Therapist	1	2	0	0	0	1	0	0
	Physiotherapist	0	7	2	2	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	1	0	0	1	0	0
KWC*	Medical Laboratory Technologist	0	3	0	0	0	3	0	2
	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	2	2	0	0	1	0	0
	Physiotherapist	1	2	1	0	1	1	0	0
	Pharmacist	0	1	0	0	0	3	0	0
	Dispenser	1	3	0	4	0	1	0	0
	Others	1	2	0	0	0	0	0	0
NTEC	Medical Laboratory Technologist	0	0	0	0	0	2	0	2
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	1	0	1
	Social Worker	1	0	0	0	0	0	0	0
	Occupational Therapist	1	2	1	0	1	0	0	0
	Physiotherapist	0	4	0	1	1	8	0	0
	Pharmacist	0	1	1	0	0	2	0	0
	Dispenser	0	1	0	2	0	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 or above
	Others	1	1	0	0	0	3	1	0
NTWC	Medical Laboratory Technologist	0	1	2	0	0	2	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	3	1	0	1	0	0	0
	Social Worker	0	0	0	0	0	0	0	0
	Occupational Therapist	0	4	3	0	0	0	0	0
	Physiotherapist	2	8	1	0	0	1	0	0
	Pharmacist	0	2	0	0	0	0	0	0
	Dispenser	0	2	0	1	0	1	0	1
	Others	2	2	0	0	0	2	0	0

Note:
1. Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.
2. Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.
3. The group of "Others" includes audiology technicians, clinical psychologists, dental technicians, dietitians, mould laboratory technicians, optometrists, orthoptists, physicists, podiatrists, prosthetists & orthotists, scientific officers (medical)-pathology, scientific officers (medical)-audiology, scientific officers (medical)-radiology, scientific officers (medical)-radiotherapy and speech therapists.
4. For social worker, only HA employed social workers are included.

* Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the Kowloon West Cluster (KWC) to Kowloon Central Cluster (KCC) with effect from 1 December 2016. Reports on service / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. In the latter's regard, only nine-month data for KCC and KWC under the new clustering (i.e. 1 April 2017 to 31 December 2017 are available and therefore should not be used to compare with any past statistics which are based on 12-month rolling data.

(c)

The table below sets out the number of allied health staff who were promoted in HA in 2015-16, 2016-17 and 2017-18 by major allied health grades:

Grade	2015-2016	2016-2017	2017-2018 (1 April - 31 December 2017)
Medical Laboratory Technologist	75	47	34
Radiographer (Diagnostic Radiographer & Radiation Therapist)	39	51	33
Social Worker	1	5	3
Occupational Therapist	36	36	24
Physiotherapist	45	50	36
Pharmacist	4	6	3
Dispenser	23	17	11
Others	17	5	3

Note:
1. Manpower on headcount basis includes permanent and contract staff in HA's workforce.
2. Refers to cases of appointment to higher rank with higher maximum pay point or take home pay. Other staff movement cases such as transfer/appointment to other rank or lower rank are excluded.

3. The group of "Others" includes audiology technicians, clinical psychologists, dental technicians, dietitians, mould laboratory technicians, optometrists, orthoptists, physicists, podiatrists, prosthetists & orthotists, scientific officers (medical)-pathology, scientific officers (medical)-audiology, scientific officers (medical)-radiology, scientific officers (medical)-radiotherapy and speech therapists.
4. For social worker, only HA employed social workers are included.

(d)

The tables below set out the number of allied health staff recruited by HA to rejoin its service in 2015-16, 2016-17 and 2017-18 and their years of service by major allied health grades:

2015-16

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	21 years or above
Medical Laboratory Technologist	2	3	0	0	0	0
Radiographer (Diagnostic Radiographer & Radiation Therapist)	3	2	1	0	0	0
Social Worker	3	1	0	0	0	0
Occupational Therapist	3	0	0	0	0	0
Physiotherapist	2	4	1	2	0	0
Pharmacist	21	1	1	0	0	0
Dispenser	2	2	0	0	0	0
Others	12	2	0	0	1	1

2016-17

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	21 years or above
Medical Laboratory Technologist	2	2	0	0	2	2
Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	0	0	0	0	3
Social Worker	1	2	1	0	0	0
Occupational Therapist	4	1	0	1	1	0
Physiotherapist	1	2	0	0	0	2
Pharmacist	30	0	0	0	0	0
Dispenser	3	2	0	0	0	0
Others	8	4	1	0	1	1

2017-18 (1 April - 31 December 2017)

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	21 years or above
Medical Laboratory Technologist	0	3	0	1	0	1
Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	1	0	0	1	1

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**	**21 years or above**
Social Worker	0	3	1	0	0	0
Occupational Therapist	2	0	0	0	0	0
Physiotherapist	2	1	0	1	0	1
Pharmacist	43	4	0	0	0	0
Dispenser	7	5	0	0	0	1
Others	11	3	0	0	0	1

Note:

1. Re-appointment refers to ex-staff rejoining HA as permanent or contract staff (on headcount basis) in 2015-16, 2016-17 and 2017-18 with break of service irrespective of terms of employment/rank.
2. The group of "Others" includes audiology technicians, clinical psychologists, dental technicians, dietitians, mould laboratory technicians, optometrists, orthoptists, physicists, podiatrists, prosthetists & orthotists, scientific officers (medical)-pathology, scientific officers (medical)-audiology, scientific officers (medical)-radiology, scientific officers (medical)-radiotherapy and speech therapists.
3. For social worker, only HA employed social workers are included.

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. 0204)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the nursing manpower of the Hospital Authority (HA), please provide the following figures by hospital and by rank (including nurse consultant) over the past 3 years:

a. the number of HA nurses with a breakdown by rank;

b. the number of part-time nurses recruited by the HA with a breakdown by employment duration (i.e. less than 1 year, 1-3 years and 3 years or more), and the expenditure involved;

c. the average number of time-off hours accumulated by nurses of the HA per year;

d. the ratio of registered nurses to advanced practice nurses of the HA; and

e. the average nurse-to-patient ratio of the HA with a breakdown by hospital and department.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 15)

Reply:

(a) The table below sets out the number of nursing staff working in the Hospital Authority (HA) by rank group in the past three years.

Rank Group	**2015 -16 (as at 31 March 2016)**	**2016 -17 (as at 31 March 2017)**	**2017 -18 (as at 31 December 2017)**
DOM/SNO and above	377	387	395

Rank Group	2015 -16 (as at 31 March 2016)	2016 -17 (as at 31 March 2017)	2017 -18 (as at 31 December 2017)
APN/NS/NO/WM	4 837	4 999	5 116
Registered Nurse (RN)	15 746	15 995	16 905
Enrolled Nurse/Others	3 627	3 599	3 453
Total	**24 587**	**24 980**	**25 869**

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 rounding.

(b) The table below sets out the year of service of part-time nursing staff in the past three years.

Years of Service	2015-16 (as at 31 March 2016)	2016-17 (as at 31 March 2017)	2017-18 (as at 31 December 2017)
<1 year	1 734	1 427	1 755
1-3 years	427	769	436
>3 years	307	390	354

Note:
Manpower on a headcount basis includes permanent, contract and temporary staff in HA's workforce.

The table below sets out the expenditure on salaries of part-time nurses in HA in 2015-16, 2016-17 and 2017-18.

Year	Expenditure on Salaries of Part-time Nurses ($ million)
2015-16	246.2
2016-17	275.0
2017-18 (Full Year Projection)	314.8

Note

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 benefit. The figures for 2017-18 represent full-year projection.

(c) HA does not have records of time off in lieu of nurses.

(d) The ratio of RN to APN (including NO, NS and WM) was:

as at 31 March 2016	3.3:1
as at 31 March 2017	3.2:1
as at 31 December 2017	3.3:1

(e) The tables below set out the number of nurses and nurse-to-patient ratios in 2015-16, 2016-17 and 2017-18 (as at 31 December 2017) 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
2015-16 (as at 31 March 2016)			
HKEC	2 613	22.8	14.1
HKWC	2 788	24.6	13.8
KCC	3 304	25.0	15.5
KEC	2 698	21.2	14.8
KWC	5 730	20.8	14.8
NTEC	4 053	23.3	14.5
NTWC	3 356	23.9	15.5
2016-17 (as at 31 March 2017)			
HKEC	2 679	22.5	14.0
HKWC	2 821	23.7	13.3
KCC	3 333	23.9	14.8
KEC	2 750	20.2	14.0
KWC	5 746	20.4	14.3
NTEC	4 090	22.3	13.5
NTWC	3 514	23.8	15.3
2017-18 (as at 31 December 2017)			
HKEC	2 769	22.9	14.6
HKWC	2 888	23.8	13.3
KCC	5 209	23.2	14.8
KEC	2 873	21.0	14.3
KWC	4 226	20.4	14.3
NTEC	4 249	22.3	13.5
NTWC	3 613	23.6	15.1

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
2015-16 (as at 31 March 2016)			
Medicine	6 756	14.6	9.6
Obstetrics & Gynaecology	1 160	12.4	7.9
Orthopaedics & Traumatology	1 098	11.7	9.6
Paediatrics	1 422	15.4	11.2
Psychiatry	2 393	133.5	132.5
Surgery	2 161	12.1	7.1
2016-17 (as at 31 March 2017)			
Medicine	6 935	14.3	9.4

Specialty	Number of Nurses	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
Obstetrics & Gynaecology	1 189	12.4	8.0
Orthopaedics & Traumatology	1 112	11.5	9.2
Paediatrics	1 471	14.6	10.8
Psychiatry	2 411	132.5	131.5
Surgery	2 198	11.7	6.7
2017-18 (as at 31 December 2017)			
Medicine	7 142	14.2	9.3
Obstetrics & Gynaecology	1 209	13.0	8.3
Orthopaedics & Traumatology	1 170	11.5	9.3
Paediatrics	1 513	15.0	11.2
Psychiatry	2 454	134.6	133.5
Surgery	2 323	11.9	6.9

Note:

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

(2) Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

(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 2017-18, the manpower status as at 31 December 2017 was drawn); whereas the numbers of inpatient and day inpatient discharges and deaths refer to the throughput for the whole financial year. The numbers of inpatient and day inpatient discharges and deaths for 2017-18 are projected figures as of 31 December 2017.

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

(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 one day.

(6) 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.

(7) 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.

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. 0205)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower of psychiatric nurses of the Hospital Authority, please provide the following information for the past 3 years by hospital and department:

a. the number of psychiatric nurses, with a breakdown by rank;

b. the average number of cases handled by each psychiatric nurse; and

c. the psychiatric nurse-to-patient ratio for in-patient psychiatric services.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 16)

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 healthcare professionals providing psychiatric services in HA also support other related psychiatric services, HA does not have ready breakdown on the number of cases handled or to be handled by each psychiatric nurse.

The table below sets out the number of psychiatric nurses by rank in each cluster in the past three years –

Cluster[4]	Rank Group	No. of Psychiatric Nurses [1, 2]		
		2015-16 (as at 31 March 2016)	2016-17 (as at 31 March 2017)	2017-18 (as at 31 December 2017)
HKEC	DOM/SNO and above	4	4	3
	APN/NS/NO/WM	49	52	52
	Registered Nurse	143	147	153
	Enrolled Nurse/Others/Trainees	47	40	39
Total [3]		**243**	**243**	**247**
HKWC	DOM/SNO and above	2	2	2
	APN/NS/NO/WM	32	34	33
	Registered Nurse	55	53	56
	Enrolled Nurse/Others/Trainees	22	24	17
Total [3]		**111**	**113**	**108**
KCC	DOM/SNO and above	3	3	3
	APN/NS/NO/WM	49	50	50
	Registered Nurse	130	129	135
	Enrolled Nurse/Others/Trainees	63	56	55
Total [3]		**245**	**238**	**243**
KEC	DOM/SNO and above	2	2	2
	APN/NS/NO/WM	31	34	36
	Registered Nurse	84	88	91
	Enrolled Nurse/Others/Trainees	25	17	18
Total [3]		**143**	**142**	**148**
KWC	DOM/SNO and above	12	13	14
	APN/NS/NO/WM	165	165	158
	Registered Nurse	333	343	357
	Enrolled Nurse/Others/Trainees	147	139	137
Total [3]		**657**	**660**	**666**
NTEC	DOM/SNO and above	3	3	2
	APN/NS/NO/WM	89	90	94
	Registered Nurse	176	181	200
	Enrolled Nurse/Others/Trainees	102	99	99
Total [3]		**370**	**373**	**395**
NTWC	DOM/SNO and above	6	7	7
	APN/NS/NO/WM	138	147	153
	Registered Nurse	367	379	392
	Enrolled Nurse/Others/Trainees	193	193	183

Cluster[4]	Rank Group	No. of Psychiatric Nurses [1, 2]		
		2015-16 (as at 31 March 2016)	2016-17 (as at 31 March 2017)	2017-18 (as at 31 December 2017)
Total [3]		**705**	**726**	**735**
Overall	DOM/SNO and above	32	34	33
	APN/NS/NO/WM	553	572	576
	Registered Nurse	1 288	1 319	1 384
	Enrolled Nurse/Others/Trainees	599	568	548
Total [3]		**2 472**	**2 493**	**2 541**

Note:

1. The manpower figures above 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.
4. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information were continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement started from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 were therefore not directly comparable.

(c)

The tables below set out the nurse-to-patient ratios in 2015-16, 2016-17 and 2017-18 (as at 31 December 2017) in psychiatry for inpatients and day inpatients in HA –

	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2015-16	133.5	132.5
2016-17	132.5	131.5
2017-18 (as at December 2017)	134.6	133.5

Note:

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

2. For the ratios of manpower per 1 000 inpatient discharges and deaths, the manpower position refers to that as at 31 March of the respective years (except for 2017-18, the manpower status as at 31 December 2017 was drawn); whereas the numbers of inpatient discharges and deaths refer to the throughput for the whole financial year. The numbers of inpatient and day inpatient discharges and deaths for 2017-18 are projected figures as of 31 December 2017.
3. HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, but not by patient headcount as the latter is unable to reflect in full the services (e.g. admission/attendances, discharges, transfers, etc. involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. Therefore, the requested ratio to patients is calculated based on discharges and deaths instead of headcount.
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. Psychiatry specialty includes services for the mentally handicapped.

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. 0206)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding psychiatric services under the Case Management Programme of the Hospital Authority, please provide the following for the past 3 years:

a. the numbers of case managers by grade;

b. the average number of cases handled by each case manager, with a breakdown by grade; and

c. the work progress, expenditure and manpower involved as well as effectiveness of the plans to improve the Case Management Programme as announced in the 2017 Policy Address.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 17)

Reply:

(a) to (c)

Since 2010-11, the Hospital Authority (HA) has launched the Case Management Programme (the Programme) by phases to provide intensive, continuous and personalised support for patients with severe mental illness. By 2014-15, the Programme had been extended to cover all the 18 districts.

The table below sets out the number of case managers with breakdown by rank and the number of cases handled by the Programme from 2015-16 to 2017-18 (as at 31 December 2017):

	Number of case managers recruited	Number of cases handled
2015-16	327 (including 241 psychiatric nurses, 62 occupational therapists, 23 registered social workers and 1 physiotherapist)	15 400
2016-17	325 (including 240 psychiatric nurses, 62 occupational therapists, 22 registered social workers and 1 physiotherapist)	15 300
2017-18 (as at 31 December 2017)	325 (including 241 psychiatric nurses, 62 occupational therapists, 21 registered social workers and 1 physiotherapist)	15 000

The current case manager to patient ratio is about 1 to 46, compared with the initial ratio of 1 to 50. The number of cases handled by each case manager varies from time to time and the caseload is determined by a number of factors including the needs, risks and strengths of each patient and the experience of case managers. On average, each case manager will take care of about 40 to 60 patients. The workload of each case manager is regularly reviewed, so are the progress and needs of the patients they support.

As announced by the Chief Executive in her Policy Address in October 2017, the case manager to patient ratio under the Case Management Programme will be improved. Starting from 2018-19, an additional recurrent allocation of $45 million has been earmarked to HA to further improve the case manager to patient ratio to 1 to 40 by phases, with an addition of 20 case managers in 2018-19.

In 2015-16, HA introduced a peer support element into the Programme to enhance community support for patients. Since then, 15 peer support workers were recruited by phases. In 2018-19, HA will further enhance the Programme by recruiting five additional peer support workers, involving an additional recurrent expenditure of around $1.6 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0207)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding mental health care, psychiatric drugs are of great importance to the recovery of psychiatric patients. In this connection, please provide information on the following:

a. the quantity of psychiatric drugs prescribed by the Hospital Authority and the expenditure involved in the past 3 years.

b. the numbers of patients who have stopped medication by themselves due to the side effects of psychiatric drugs in the past 3 years, and the side effects of those drugs.

c. does the Government have any mechanism to review the side effects and potency of psychiatric drugs, and to replace those with side effects with new ones to improve the efficacy of medication and speed up the recovery of patients? If yes, what are the details? How many drugs have been added or replaced over the past 3 years? If no, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 18)

Reply:

(a)

The table below sets out the expenditure on drugs for psychiatric in-patients and out-patients in the Hospital Authority (HA) in the past three years. HA does not maintain statistics on the quantity of psychiatric drugs prescribed.

	2015-16	2016-17	2017-18 (up to 31 December 2017) [provisional figures]
Expenditure on drugs for psychiatric in-patients	$93 million	$103 million	$90 million
Expenditure on drugs for psychiatric out-patients	$371 million	$402 million	$314 million

(b) & (c)

Prescription of drugs is based on clinical judgment on the condition of the individual patients and in accordance with the clinical treatment protocol. Different psychiatric drugs have different potency and side effect profile. The attending doctor will discuss with the patient concerned for the most appropriate treatment. HA does not maintain statistics on the number of patients who have stopped medication by themselves due to the side effects of psychiatric drugs.

Over the years, HA has taken steps to increase the use of new psychiatric drugs which have proven effectiveness and safety profile, including antipsychotic drugs, antidepressant drugs, and drugs for dementia and attention deficit/hyperactivity disorder. In 2014-15, HA has repositioned the new generation oral antipsychotic drugs (save for Clozapine due to its more complicated side effects) from Special to General drug category in its Drug Formulary so that all these drugs could be prescribed as first-line drugs.

HA has put in place an established mechanism under which experts will examine and review regularly the treatment options and drugs for patients with adjustments made as appropriate, taking into account factors like scientific evidences, clinical risks and treatment efficacy, technological advancement and views of patient groups, etc. HA will continue to closely monitor the latest development of clinical and scientific evidences of new psychiatric drugs. HA will also continue to review and introduce new drugs, and formulate guidelines for clinical use of such drugs in accordance with the established mechanism having regard to the principle of optimising the use of public resources and providing the most appropriate drug treatment for needy patients.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0208)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the measures to attract, motivate and retain staff, what is the current number of Nurse Consultants in the Hospital Authority (HA)? Please provide the number of nurses promoted to Nurse Consultants each year with a breakdown by cluster and specialty. Will the HA continue to create more Nurse Consultant posts? If yes, please provide a breakdown by cluster and specialty. If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 19)

Reply:

The rank of Nurse Consultant (NC) post was first created in 2008-09. Since then, a total of 106 NC posts have been created in the Hospital Authority (HA) as at 2017-18, providing nursing services in the Accident and Emergency, Intensive Care Unit, Medicine, Obstetrics and Gynaecology, Orthopaedics and Traumatology, Paediatrics, Psychiatry, Surgery, and other specialties.

The creation of the NC rank 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. Seven NC posts are planned to be created in 2018-19. In future, the HA will consider creating additional NC posts to dovetail with the strategic priorities in the annual plans of HA for providing better healthcare services.

The table below sets out the breakdown of NC posts created, by hospital cluster and specialty, since 2008-09.

Cluster	No. of Nurse Consultant Post									Cluster Total
	Accident & Emergency (1)	Intensive Care Unit	Medicine (2)	Obstetrics & Gynaecology	Orthopaedics & Traumatology	Paediatrics	Psychiatry	Surgery (3)	Others (4)	
2008-09										
HKEC	0	0	0	0	0	0	0	0	1	1
HKWC	0	0	1	0	0	0	0	0	0	1
KCC	0	0	1	0	0	0	0	0	0	1
KEC	0	0	0	0	0	0	0	0	1	1
KWC	0	0	1	0	0	0	0	0	0	1
NTEC	0	0	1	0	0	0	0	0	0	1
NTWC	0	0	0	0	0	0	1	0	0	1
2011-12										
HKEC	0	1	2	0	1	0	1	0	1	6
HKWC	0	1	1	1	0	2	1	0	1	7
KCC	0	0	1	1	1	0	1	1	2	7
KEC	0	0	2	0	0	1	1	0	2	6
KWC	1	2	2	1	0	0	1	1	5	13
NTEC	1	0	2	1	0	0	1	1	3	9
NTWC	1	0	1	0	1	0	0	2	2	7
2012-13										
HKEC	0	0	0	0	0	0	0	1	1	2
HKWC	0	0	0	0	0	0	0	1	1	2
KCC	1	1	0	0	0	1	0	0	1	4
KEC	0	0	1	0	0	0	0	0	1	2
KWC	0	0	2	0	0	0	1	0	1	4
NTEC	0	0	0	0	0	1	0	1	1	3
NTWC	0	0	2	0	0	0	0	0	1	3
2013-14										
HKEC	0	0	2	0	0	0	0	0	0	2
HKWC	0	0	0	0	0	0	0	2	0	2
KCC	1	0	0	0	0	0	0	1	0	2
KEC	0	0	1	0	0	0	0	0	0	1
KWC	0	0	0	1	0	1	0	0	2	4
NTEC	0	0	1	0	0	0	0	1	1	3
NTWC	0	1	0	1	0	0	0	0	0	2
2015-16										
HKEC	1	0	0	0	0	0	0	0	0	1
HKWC	0	0	0	0	1	0	0	0	0	1
KCC	0	0	1	0	0	0	0	0	0	1
KEC	0	0	0	0	0	0	0	0	1	1
KWC	0	0	1	0	0	0	0	1	0	2
NTEC	0	0	1	0	0	0	0	0	0	1
NTWC	0	0	0	0	0	0	0	0	1	1

Note:

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0209)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the enhancement of the services of nurse clinics, please provide information on the current number of nurse clinics, as well as the manpower, attendance and expenditure of each nurse clinic. Does the Government have any plan to open more nurse clinics? If yes, what are the details? If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 20)

Reply:

To develop a cohesive pathway focusing on timely and effective intervention in the continuum of specialist care and improving on the current model of parallel system of nurse clinics, the Hospital Authority (HA) will implement a pilot programme of the Integrated Model of Specialist Outpatient (SOP) Service through nurse clinics in four specialties/sub-specialties, namely clinical oncology, urology, rheumatology and peri-operative in 2018-19. The provision of nurse clinics in these specialties / sub-specialties aims at alleviating doctors' workload and reducing unnecessary accident and emergency attendance for head and neck cancer patients receiving radiation therapy, improving patients' access to health care and continuity of care in urology/rheumatology SOP services, and preparing patients at an optimal state for anaesthesia and surgery to avoid surgical delays and cancellation on the day of operation.

The estimated expenditure of this pilot programme in 2018-19 is $25 million for service setup and recruitment of additional 24 Advanced Practice Nurse and four Patient Care Assistant II posts. It is expected that the pilot programme in 2018-19 can generate around 15 000 nurse clinic attendance. The pilot programme will be evaluated at the end of 2018. Subject to the outcome of the evaluation, HA will consider further expanding the implementation of this Integrated Model to other specialties / sub-specialties.

HA has over the years established some 230 nurse clinics (Note) under the existing parallel system whereby outpatients will be referred by doctors to nurse clinics after medical consultation based on patients' clinical needs. As services of the nurse clinics are provided

in multi-disciplinary approach and as part and parcel of the continuum of care in parallel in the outpatient setting, separate breakdown on the manpower, attendance and expenditure of each nurse clinic is not available.

Note:
The number of nurse clinics is counted on the basis of service provision in different hospitals/clinics as of 31 December 2017.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0210)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

On improving pharmacy services, will the Government recruit additional pharmacists to strengthen clinical pharmacy services? If yes, what are the details? What will be the expenditure and manpower involved?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 21)

Reply:

The Government will provide additional recurrent funding of $19 million for the Hospital Authority to recruit 25 additional pharmacists to enhance clinical pharmacy services in oncology and paediatrics, implement drug refill services, provide 24-hour pharmacy services in hospitals with Accident and Emergency Department and support new hospital development in 2018-19.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0211)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the putting in place of a structured training mechanism for healthcare professionals by the Hospital Authority, please provide information on the training offered to nurses, including the relevant details, expenditure involved and number of attendances with a breakdown by rank for the past 3 years.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 22)

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. The training has been further enhanced by making use of the three-year time-limited additional government designated fund of $300 million for 2015-16 to 2017-18 allocated to HA after the HA Review. Major measures include enhancing simulation training to build up the competencies of healthcare professionals, sponsoring healthcare professionals for overseas training, organising Registered Nurse and Enrolled Nurse training programmes, 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 nurses in 2015-16, 2016-17 and 2017-18 (as at 31 December 2017), inclusive of both local and overseas training:

Recorded training days and Rank Group of Nurses

	Recorded Training Days		
Rank Group of Nurses	**2015-16**	**2016-17**	**2017-18 (as at 31 December 2017)**
DOM/SNO and above	4 792	4 321	2 885
APN/NS/NO/WM	39 106	42 140	24 594
Registered Nurse	110 351	121 167	66 601
Enrolled Nurse/Others	7 223	7 015	6 816
Total	**161 472**	**174 643**	**100 895**

Note:

(1) The recorded training days are generated from HA's eLearning Centre and Human Resources Payroll System databases.
(2) Training days for on-the-job training are not included.

The mode/design of each training programme is different. For example, some are short lecture sessions, others are on-the-job training, while many programmes are open to various disciplines and professionals. As such, expenditures on nurses exclusively are not available.

Abbreviations

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. 0212)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In augmenting mental health services for severe mental illness, common mental disorder and children and adolescents with mental health needs, please provide by clusters:

a. the categories of psychiatric patients, the number of attendances and the annual average number of attendances, waiting time and expenditure incurred for each category of psychiatric patients in the past 3 years;

b. the categories of children and adolescents with mental health needs, the number of attendances, the annual average number of attendances, waiting time and expenditure incurred for each category of children and adolescents with mental health needs in the past 3 years.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 23)

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 to provide comprehensive and continuous medical services, including in-patient, out-patient, day rehabilitation training and community support services, to patients with mental health problems, depending on their medical conditions and clinical needs.

As a patient may receive different services in the same period, average numbers of attendances may not reflect the actual level of service provision and the relevant information is not readily available.

The table below sets out the total number of psychiatric patients treated and the number of patients diagnosed with schizophrenic spectrum disorder in each hospital cluster under HA from 2015-16 to 2017-18 (projection as of 31 December 2017) –

Cluster[#]	**Total number of psychiatric patients treated** [1] **(including inpatients, patients at specialist outpatient clinics and day hospitals)**	**Number of patients diagnosed with Schizophrenic Spectrum Disorder** [1, 2]
2015-16		
HKEC	20 800	3 500
HKWC	19 400	3 200
KCC	18 000	5 000
KEC	31 500	7 200
KWC	66 800	15 600
NTEC	41 000	7 300
NTWC	36 100	8 400
Overall [3]	**228 700**	**48 200**
2016-17		
HKEC	21 400	3 500
HKWC	20 500	3 200
KCC	18 000	4 900
KEC	34 400	7 300
KWC	70 000	15 900
NTEC	43 600	7 500
NTWC	38 000	8 500
Overall [3]	**240 900**	**49 100**
2017-18 (projection as of 31 December 2017)		
HKEC	21 900	3 500
HKWC	21 400	3 100
KCC	18 100	4 900
KEC	35 600	7 400
KWC	71 700	16 100
NTEC	45 600	7 600
NTWC	39 700	8 600
Overall [3]	**249 100**	**49 500**

Note:

1. Figures are rounded to the nearest hundred.
2. In HA, severe mental illness is generally referred to patients suffering from schizophrenic spectrum disorder. Other severely mentally ill patients suffering from other diagnosis are not included.
3. Sum of clusters may not add up to the total as a patient may be treated in more than one cluster.

The table below sets out the number of psychiatric specialist outpatient (clinical) attendances in each hospital cluster under HA from 2015-16 to 2017-18 (up to 31 December 2017) –

Cluster#	**2015-16**	**2016-17**	**2017-18 (up to 31 December 2017) [provisional figures]**
HKEC	82 104	83 948	63 789
HKWC	62 530	65 240	48 253
KCC	66 591	65 846	49 442
KEC	99 155	108 184	82 116
KWC	234 964	243 093	178 642
NTEC	134 228	138 774	106 424
NTWC	146 019	154 253	120 482
Overall	**825 591**	**859 338**	**649 148**

Note: 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 number of psychiatric specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in each hospital cluster under HA from 2015-16 to 2017-18 (up to 31 December 2017) –

2015-16

Cluster#	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC	319	<1	852	3	2 295	10
HKWC	693	<1	852	3	3 495	76
KCC	95	<1	893	3	1 642	16
KEC	451	<1	1 924	4	4 742	54
KWC	305	<1	628	3	13 196	12
NTEC	1 356	1	2 460	4	5 599	53
NTWC	456	<1	1 778	6	4 231	46

2016-17

Cluster#	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC	321	1	797	3	2 557	16
HKWC	479	1	828	3	3 316	38
KCC	145	<1	789	3	1 482	22
KEC	370	<1	1 650	4	5 504	12
KWC	305	<1	738	3	13 155	12

Cluster[#]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
NTEC	1 206	1	2 601	4	5 447	73
NTWC	539	1	1 686	6	4 283	30

2017-18 (up to 31 December 2017) [Provisional figures]

Cluster[#]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC	295	1	634	3	1 706	23
HKWC	271	1	661	3	1 784	63
KCC	96	1	706	5	1 183	25
KEC	214	<1	1 268	3	4 193	18
KWC	209	<1	595	3	8 959	16
NTEC	848	1	1 868	4	4 658	51
NTWC	356	<1	1 159	4	3 527	34

The table below sets out the number of psychiatric patients aged below 18 treated and diagnosed with autism spectrum disorder, attention-deficit hyperactivity disorder, behavioural and emotional disorders, schizophrenic spectrum disorder or depression / depressive disorders in each hospital cluster under HA from 2015-16 to 2017-18 (projection as of 31 December 2017) –

		Number of psychiatric patients aged below 18[1,2]	**Number of patients aged below 18 diagnosed with**				
			Autism spectrum disorder	**Attention-deficit hyperactivity disorder**	**Behavioural and emotional disorders**	**Schizophrenic spectrum disorder**	**Depression/ Depressive disorders**
2015-16	HKEC	4 900	2 000	2 300	400	<50	100
	HKWC						
	KCC	9 000	2 500	3 400	400	200	100
	KWC						
	KEC	4 300	1 800	1 900	400	100	100
	NTEC	6 400	1 700	1 400	100	<50	100
	NTWC	4 400	1 400	2 100	300	<50	100
	Overall[3]	28 800	9 300	11 100	1 600	400	400
2016-17	HKEC	5 500	2 200	2 600	400	<50	100
	HKWC						
	KCC	10 000	2 800	4 000	400	200	200
	KWC						
	KEC	4 900	1 900	2 000	400	100	100
	NTEC	7 300	2 000	1 800	100	<50	100
	NTWC	4 700	1 600	2 300	300	<50	100

		Number of psychiatric patients aged below 18[1,2]	Number of patients aged below 18 diagnosed with				
			Autism spectrum disorder	Attention-deficit hyperactivity disorder	Behavioural and emotional disorders	Schizophrenic spectrum disorder	Depression/ Depressive disorders
	Overall[3]	32 300	10 400	12 700	1 700	400	600
2017-18 (projection as of 31 December 2017)	HKEC	6 000	2 400	2 900	400	<50	100
	HKWC						
	KCC	10 500	3 000	4 200	400	200	200
	KWC						
	KEC	5 200	1 900	2 100	400	<50	100
	NTEC	7 400	2 300	2 000	100	100	100
	NTWC	4 900	1 700	2 400	300	<50	100
	Overall[3]	33 900	11 300	13 600	1 700	300	700

Note:

1. Refer to age as at 30 June of the respective year.
2. Figures are rounded to the nearest hundred.
3. Sum of clusters may not add up to the total as a patient may be treated in more than one cluster.
4. The majority of the child and adolescent (C&A) psychiatric services in HKEC is supported by the C&A psychiatric specialist team of HKWC.
5. The majority of the C&A psychiatric services in KCC is supported by the C&A psychiatric specialist team of KWC.
6. In HA, severe mental illness is generally referred to patients suffered from schizophrenic spectrum disorder. Other severely mentally ill patients suffered from other diagnosis are excluded.

The table below sets out the number of child and adolescent (C&A) psychiatric specialist outpatient (clinical) attendances in each hospital cluster under HA from 2015-16 to 2017-18 (up to 31 December 2017) –

Cluster[#]	**2015-16**	**2016-17**	**2017-18 (up to 31 December 2017) [provisional figures]**
HKEC	15 293	16 635	12 710
HKWC			
KCC	31 437	30 691	19 788
KWC			
KEC	9 595	11 675	9 766
NTEC	16 979	17 494	13 658
NTWC	19 091	17 186	13 881
Overall	**92 395**	**93 681**	**69 803**

Note:

1. Starting from 2015-16, specialist outpatient (clinical) attendances also include attendances from nurse clinics in specialist outpatient setting for the psychiatry specialty.
2. The majority of the C&A psychiatric services in HKEC is supported by the C&A psychiatric specialist team of HKWC.
3. The majority of the C&A psychiatric services in KCC is supported by the C&A psychiatric specialist team of KWC.

The table below sets out the number of C&A psychiatric specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in each hospital cluster under HA from 2015-16 to 2017-18 (up to 31 December 2017).

2015-16

Cluster[#]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC[1] / HKWC[1]	12	2	84	3	2 711	95
KCC[2] / KWC[2]	38	1	245	4	3 679	41
KEC	32	1	135	5	1 764	83
NTEC	120	1	190	5	1 891	84
NTWC	0	-	261	1	1 427	86

2016-17

Cluster[#]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC[1] / HKWC[1]	21	<1	97	3	2 264	80
KCC[2] / KWC[2]	70	1	264	4	3 574	57
KEC	17	1	158	2	1 407	96
NTEC	159	1	135	3	2 001	133
NTWC	0	-	221	4	1 286	87

2017-18 (up to 31 December 2017) [Provisional figures]

Cluster[#]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC[1] / HKWC[1]	13	1	94	4	1 003	93
KCC[2] / KWC[2]	39	1	153	3	2 375	74
KEC	17	1	117	5	1 122	111
NTEC	65	1	151	5	1 614	119
NTWC	34	1	122	6	1 087	91

Note:

1. The majority of the C&A psychiatric services in HKEC is supported by the C&A psychiatric specialist team of HKWC.

2. The majority of the C&A psychiatric services in KCC is supported by the C&A psychiatric specialist team of KWC.
3. "-" represents not applicable.

The table below sets out the total costs for providing mental health services by cluster from 2015-16 to 2017-18. Cost breakdown for C&A psychiatric services or by category is not available.

Cluster#	**2015-16 ($ million)**	**2016-17 ($ million)**	**2017-18 (Revised Estimate) ($ million)**
HKEC	473	493	516
HKWC	254	273	287
KCC	472	481	519
KEC	296	323	345
KWC	1,074	1,130	1,181
NTEC	749	805	870
NTWC	1,050	1,074	1,152
Total	**4,368**	**4,579**	**4,870**

The 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 service costs vary among different clusters owing to the varying complexity of conditions of patients resulting in 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. 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.

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information were continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement started from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 were therefore not directly comparable.

Abbreviations

HKEC – Hong Kong East Cluster
HKWC – Hong Kong West Cluster
KCC – Kowloon Central Cluster
KEC – Kowloon East Cluster
KWC – Kowloon West Cluster

NTEC – New Territories East Cluster
NTWC – New Territories West Cluster

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0213)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the number of home visits by community nurses, the estimated number for 2018-19 is 860 000, higher than the revised estimate of 855 000 for 2017-18. In this connection, will the Government increase resources and manpower to meet the demand? If yes, what are the details? If no, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 24)

Reply:

To meet the rising demand of the growing and ageing population, the Hospital Authority (HA) will continue to strengthen its healthcare services to the public. The overall recurrent subvention to HA in 2018-19 amounts to $61.5 billion, representing an increase of 10.7% over the 2017-18 revised estimate ($55.5 billion). The number of medical, nursing and allied health professionals in 2018-19 is expected to increase by, on full-time equivalent basis, 230, 830 and 230 respectively when compared to 2017-18. 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 utilisation 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. 0214)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Despite the rising demand for elderly dental services, the numbers of training places for undergraduate students, postgraduate students and student dental hygienists in the Prince Philip Dental Hospital only increase to 375, 90 and 54 respectively in the estimate for the 2018/19 academic year. Has the Government assessed whether the increased training places are sufficient to meet the rising demand? If yes, what are the details? If not, what are the plans to provide additional manpower to cope with the demand for dental services?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 25)

Reply:

According to the manpower projections conducted under the Strategic Review of Healthcare Manpower Planning and Professional Development, the manpower of dentists and dental hygienists will be in shortage in the medium to long term.

To meet the anticipated demand for dental manpower, the Government has increased the annual intake of University Grants Committee ("UGC")-funded training places in dentistry from 53 to 73 by 20 (about 40%) in the 2016/17-2018/19 triennium. The Government is discussing with UGC further increases for the 2019/20-2021/22 triennium.

As for dental hygienists, the Prince Philip Dental Hospital will strive to increase the training places as far as practicable having considered the capacity of current teaching manpower and clinical facilities. A review will be conducted to assess if additional training places can be offered.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3493)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the details of the legislative proposal on the regulatory framework for medical devices, please advise on the work progress and the resources and manpower involved.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 124)

Reply:

The Administration has been taking steps to put in place statutory regulation of the safety, performance and quality of medical devices supplied 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.

DH commissioned an independent consultant from September 2015 to September 2016 to conduct a study on the use control of 20 types of selected medical devices for cosmetic purposes. The Administration reported the outcome of the consultancy study and the latest legislative proposal for regulation of medical devices to the LegCo Panel on Health Services (HS Panel) on 16 January 2017. A special meeting with deputations was arranged by the HS Panel on 13 February 2017 to invite views from relevant stakeholders.

In the past months, the Administration has engaged stakeholders including the beauty industry and medical professionals to listen to their further views on the proposed legislation. The Administration understands that consensus over use control may not be reached soon. As the general public expects that pre-market and post-market control for medical devices can be introduced as soon as practicable, the Administration will focus on the above two areas in the current legislative exercise.

The Administration will continue to communicate with and seek the views of different stakeholders, with the aim of introducing the Medical Devices Bill to the Legislative Council as soon as possible after fine-tuning the legislative proposal.

In 2018-19, a provision of $26.1 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. As at 1 March 2018, the number of staff establishment of the Medical Device Control Office of the DH was 22.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3494)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

With regard to the recommendations proposed in the strategic review on healthcare manpower planning and professional development, please advise on details of their implementation and the resources and manpower involved. As for the shortage of nurses, will the Government review the current methodology of manpower projection to take into account factors such as the international standard nurse-to-patient ratio of 1:6, service enhancement and service mode in calculating the manpower requirement? If yes, what are the details and the schedule? If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 125)

Reply:

The Strategic Review on Healthcare Manpower Planning and Professional Development ("the Strategic Review") proposes 10 recommendations with 5 recommendations on healthcare manpower planning and another 5 on professional development and regulation. The Government will take forward the recommendations of the Strategic Review with a view to planning ahead for the long-term manpower demand as well as fostering professional development –

Healthcare manpower planning

(a) Training for Healthcare Professionals

The Government is discussing with the University Grants Committee ("UGC") to further increasing the number of UGC-funded healthcare training places for doctors, dentists, nurses and relevant allied health professionals in the 2019/20 – 2021/22 triennium.

The Government subsidises over 800 students studying in qualified self-financing healthcare training programmes under the Study Subsidy Scheme for Designated Professions/Sectors in the 2018-19 cohort.

(b) Strengthening the Manpower of Hospital Authority ("HA")

HA will recruit all qualified locally trained medical graduates and provide them with relevant specialist training. There will be over 2 000 medical graduates becoming registered doctors in the coming 5 years. The Government will ensure that HA has adequate resources to employ all local medical graduates.

An additional funding of around $200 million each year will be designated to enhance the healthcare professional training provided by the HA, including clinical practicum, and specialist and higher training.

An additional funding of around $184.4 million each year will be designated to re-engage professional retirees through the Retired and Rehire Scheme to provide service in various pressurised specialties for training and knowledge transfer, and recruiting non-locally trained doctors through limited registration to help alleviate manpower shortage.

(c) Multi-disciplinary Healthcare Team

An additional funding of around $25.4 million each year will be designated to strengthen the services of nurse clinics in specialist outpatient services to alleviate doctors' workload and reduce unnecessary Accident & Emergency ("A&E") attendance by enhancing nurse clinic services for head and neck cancer patients receiving radiation therapy, improve patients' access to health care and continuity of care in urology/rheumatology specialist outpatient services, and prepare patients at an optimal state for anaesthesia and surgical to avoid surgical delays and cancellation on the day of operation by setting up Peri-Operative Nurse Clinic(s).

An additional funding of around $19 million each year will be designated to recruit 25 additional pharmacists to enhance clinical pharmacy services in oncology and paediatrics, drug refill service, provide 24 hours pharmacy service in hospitals with A&E Department, and support new hospital development in 2018-19.

HA will also study how to make better use of resources to improve pharmacy service for elderly persons living in elderly homes.

(d) Non-locally Trained Healthcare Professionals

The Government will actively promote and publicise the registration arrangements overseas to facilitate practice of qualified non-locally trained doctors in Hong Kong.

(e) Updating of Manpower Projection

The Government will kick-start a new round of manpower projection exercise to update the demand and supply projection of healthcare manpower in 2018.

<u>Professional development and regulation</u>

(a) Amendments to the Medical Registration Ordinance

The Government introduced the Medical Registration (Amendment) Bill 2017 ("MR(A)Bill 2017") into the Legislative Council ("LegCo") in June 2017 with a view to increasing lay participation in the Medical Council of Hong Kong ("MCHK"), improving the complaint investigation and disciplinary inquiry mechanism of MCHK, and extending the validity period and renewal period of limited registration from not exceeding 1 year to not exceeding 3 years.

In 2018-19, the Government has earmarked additional funding of $10 million for MCHK Secretariat for creation of civil service posts (8 permanent posts and 9 time-limited posts for clearing the backlog) and other recurrent costs in order to expedite the complaint handling process of MCHK upon the passage of the MR(A)Bill 2017.

(b) Pilot Accredited Registers Scheme for Healthcare Professions

The Government has introduced the Pilot Accredited Registers Scheme for Healthcare Professions ("the AR Scheme") in end 2016 with an aim to improving the society-based regulatory framework in the short term by ensuring the professional standards of healthcare professionals and providing more information for the public to make informed decisions.

The Government is forging ahead with the Scheme and aims to complete the accreditation process by 2018 for speech therapists, clinical psychologists, educational psychologists, audiologists and dietitians to pave the way for setting up a statutory registration regime for these professions. The accreditation process of the speech therapist profession is at its final stage. The accreditation results for the speech therapist profession will be announced in Q2 2018. The accreditation assessment procedures for the other 4 professions will be conducted in phases in 2018, depending on the readiness of each profession.

In 2018-19, $7.4 million is provided for taking forward the AR Scheme including staff and operational costs. Three posts, including 1 Scientific Officer (Medical), 1 Executive Officer I and 1 Assistant Clerical Officer, will be created in 2018-19 under the AR Scheme.

(c) Recommendations requiring proposals from the statutory boards and councils of relevant healthcare professions ("B&C")

The Government will invite relevant B&Cs to submit proposals on how they would implement the recommendations of the Strategic Review (including administrative arrangement of registration for non-locally trained healthcare professionals, lay participation in B&Cs, mandatory continuous professional education and/or development and improvements to complaints investigation and disciplinary inquiry mechanism) in their respective profession.

As for nursing manpower, HA provides various 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 various factors such as the number of patients, patient dependency and nursing activities, etc.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3496)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding rehabilitation and palliative care service attendances, the estimated number for 2018-19 is 94 600, higher than the revised estimate of 92 800 for 2017-18. In this connection, will the Government increase resources and manpower to meet the demand? If yes, what are the details? If no, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 127)

Reply:

The Hospital Authority (HA) will continue to strengthen its healthcare services to the public to meet the rising demand of the growing and ageing population. The overall recurrent subvention to HA in 2018-19 amounts to $61.5 billion, representing an increase of 10.7% over the 2017-18 revised estimate ($55.5 billion). The number of medical, nursing and allied health professionals in 2018-19 is expected to increase by, on full-time equivalent basis, 230, 830 and 230 respectively when compared to 2017-18.

In 2018-19, HA will strengthen rehabilitation and palliative care services provided by multi-disciplinary teams of healthcare professionals at different settings (e.g. inpatient, outpatient, day care and outreach services). These include strengthening of restorative rehabilitation on weekends and public holidays, as well as enhancement of hospital palliative care consultative service, home care service and support for terminally-ill patients living in residential care homes for the elderly.

HA will continue to closely monitor the operation and utilisation of rehabilitation and palliative care services, and flexibly deploy manpower and other resources to meet the service needs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3497)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower of nurses of the Hospital Authority, please provide information on the following:

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 hospice care service to further implement the policy of ageing in place? If yes, what are the details? What are the resources involved? If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 128)

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 2015	**As at 31 December 2016**	**As at 31 December 2017**
Number of nurses serving under PCUs	206	226	226
Number of nurses serving under Oncology Centres	435	448	465

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 counselling to terminally ill patients. Statistics on the utilisation of these services in the past 3 years are set out in the table below.

Palliative Care Service	Number of Attendances		
	2015-16	2016-17	2017-18 (up to 31 December 2017) [Provisional Figures]
Palliative care inpatient service Note 1 (Total number of inpatient / day inpatient discharges and deaths)	7 970	7 968	6 152
Palliative care specialist outpatient service Note 1,2	12 499	13 364	10 107
Palliative home visits by staff Note 3	34 311	40 121	28 346
Palliative day care attendances	12 231	12 519	9 616
Bereavement service	3 436	4 192	2 994

Note:

1. The above figures only include palliative care inpatient and outpatient services that are captured by the designated coding in the computer system.
2. Specialist outpatient (clinical) attendances also include attendances from nurse clinics in specialist outpatient setting.
3. Data definition has been refined since April 2016 for better reflection of workload. Therefore, the statistics are not comparable before and after April 2016.

(c)

In 2015, the Food and Health Bureau commissioned the Chinese University of Hong Kong to conduct a 3-year research study at $9.98 million on the quality of healthcare services for the ageing. As part of the study, the research team will review the healthcare services supporting elderly people with chronic diseases, recommend service models to, among other things, enable elderly to receive care and age in place, and recommend changes including legislation if required and measures to foster a community culture to facilitate the implementation of the recommended service models.

Meanwhile, 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 resource 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 counselling, crisis management, etc., to terminally-ill patients and their caregivers. The additional resource involved is around $12 million per year.

Since 2015-16, HA has strengthened the Community Geriatric Assessment Team (CGAT) service in phases to enhance end-of-life (EOL) care for elderly patients living in residential care homes for the elderly (RCHEs) facing terminal illness. HA has deployed additional resources of around $16.5 million on the enhancement. CGATs are working in partnership with the Palliative Care teams and RCHEs to improve medical and nursing care for those terminally ill patients in RCHEs, and to provide training for RCHE staff. In 2018-19, HA plans to further strengthen EOL care for elderly patients in RCHEs and the additional resource involved is around $5.3 million.

In 2018-19, HA will further enhance palliative care by strengthening palliative care consultative service in hospitals (additional resource involved is around $6.1 million); enhancing palliative care home care service through nurse visits (additional resource involved is around $9.5 million); and strengthening the competency of nursing staff supporting terminally ill patients beyond palliative care setting through training (additional resource involved is around $9.9 million).

HA will regularly review the demand for various medical services, including support for elderly patients facing terminal illness, plan for the development of its services having regard 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.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3498)

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

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

Programme: (2) Subventions: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the $10 billion Public-Private Partnership Endowment Fund, please advise on the details, expenditure and number of attendances in relation to the initiatives implemented in 2018-19. Besides, will the above initiatives be extended to cover services such as pharmaceutical services, optometrist services, chiropractor services, dental services and audiological services to relieve the burden on the public healthcare system? If so, what are the details? If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 129)

Reply:

The estimated annual expenditure for supporting the public-private partnership (PPP) initiatives in the Hospital Authority (HA) for 2018-19 is $306 million, with breakdown by major programmes and the corresponding planned provisions listed in the table below:

Programme	**2018-19 Estimated Annual Expenditure** [Note] **(in $ million)**	**2018-19 Planned Provisions**
CSP	3.5	500 surgeries
HD PPP	67.6	246 places
PEP	26.1	14 000 patients
Radi Collaboration	44.1	20 200 scans
GOPC PPP	89.2	29 926 patients
Infirmary Service PPP	25.4	64 beds
Colon PPP	20.3	1 300 colonoscopies

Note:

The estimated annual expenditure is based on projected financial requirements of the existing PPP programmes in 2017-18 and their committed growth as well as cost estimates derived from assumptions on patient participation rates, contractual price changes and inflation rates. The actual expenditure may fluctuate subject to variations in market conditions and other relevant factors.

HA currently does not have any plans on PPP for providing pharmaceutical services, optometrist services, chiropractor services, dental services and audiological services. However, HA will continue engaging the public and patient groups, and work closely with relevant stakeholders to explore the feasibility of future PPP programmes.

Abbreviations:

CSP: Cataract Surgeries Programme
HD PPP: Haemodialysis Public Private Partnership Programme
PEP: Patient Empowerment Programme
Radi Collaboration: Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector
GOPC PPP: General Outpatient Clinic Public-Private Partnership Programme
Infirmary Service PPP: Provision of Infirmary Service through Public-Private Partnership
Colon PPP: Colon Assessment Public-Private Partnership Programme

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3499)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding specialist out-patient services, please explain why the median waiting times for first appointments for first priority and second priority patients at specialist clinics remain the same, 2 weeks and 8 weeks respectively, in 2019 (target and plan). Will the Government provide more resources and manpower to meet the service needs of patients? If yes, what are the details? If no, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 130)

Reply:

It has been the target of the Hospital Authority (HA) to keep the median waiting time for the first appointment at specialist outpatient clinics (SOPCs) for Priority 1 cases (urgent cases) and Priority 2 cases (semi-urgent cases) to within two weeks and eight weeks respectively. The corresponding figures indicated in the Estimates for 2017-18 and 2018-19 reflect this target. The corresponding figures for 2016-17, 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.

HA has implemented a series of measures as set out below to address the public's concern on waiting time for SOPC consultation.

(i) Triage and prioritisation

HA has implemented and will continue to implement 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 (stable) categories. HA's targets are to maintain the median waiting time for cases in Priority 1 and 2 categories within two weeks and eight 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 positive response generally received from the community, the General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP) will continue to be rolled out to all 18 districts of the territory in phases, with the remaining two districts (namely Yau Tsim Mong and North) to be covered in 2018-19. The service capacities of GOPC so vacated under the GOPC PPP Programme could be utilised by other patients in need. This would help HA cope with the demand for relevant clinical services.

(iv) Enhancing manpower

As at 31 December 2017, HA engaged some 363 part-time doctors, as well as some non-local doctors under "limited registration" to improve manpower strength. HA will continue to provide Special Honorarium Scheme to existing workforce, engage part-time doctors and also rehire retiring doctors to strengthen its medical manpower in SOPC service. In addition, HA has raised the retirement age of new recruits from 60 to 65 since 1 June 2015.

(v) Annual plan programmes to manage SOPC waiting time

In 2018-19, HA will implement programmes to increase SOPC capacity and attendances. In addition, services of nurse clinics in SOPCs will be strengthened. HA will remain vigilant to public demand and continue to identify pressure areas and allocate resources as appropriate for the provision of services in need so as to further improve the waiting time management for SOPC service.

(vi) Reducing 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 Ear, Nose and Throat (ENT), Gynaecology (GYN), Medicine (MED), Ophthalmology (OPH), Orthopaedics & Traumatology (O&T), Paediatrics (PAE), Psychiatry and Surgery (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. 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 application "BookHA" to facilitate patients' choice on cross-cluster new case booking in the specialty of GYN. Upon review, this application was further rolled out to ENT; OPH; Neurosurgery; O&T; Cardiothoracic Surgery; MED; SUR; Obstetrics and PAE.

(vii) Optimising appointment scheduling practices of SOPCs

HA completed a 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 Queen Elizabeth Hospital in Kowloon Central Cluster, aims to facilitate patients to give advance notice to SOPCs of their intention to cancel or reschedule their appointments. With the full implementation of the system in all clusters, cancelled appointments can be better put to effective use and the released quotas can be fully utilised.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3500)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The estimated number of specialist outpatient new attendances is 793 000 for 2018-19, higher than the revised estimate of 768 000 for 2017-18. In this connection, will the Government provide more resources and manpower to meet the service needs of patients? If yes, what are the details? If no, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 131)

Reply:

The Hospital Authority (HA) will continue to strengthen its healthcare services to the public to meet the rising demand of growing and ageing population. The overall recurrent subvention to HA in 2018-19 amounts to $61.5 billion, representing an increase of 10.7% over the 2017-18 revised estimate ($55.5 billion). The number of medical, nursing and allied health staff in 2018-19 is expected to increase, on a full-time equivalent basis, by 230, 830 and 230 respectively when compared to 2017-18. 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. 3501)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The estimated number of general outpatient attendances is 6 059 000 for 2018-19, higher than the revised estimate of 5 988 000 for 2017-18. In this connection, will the Government provide more resources and manpower to meet the service needs of patients? If yes, what are the details? If no, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 132)

Reply:

The Hospital Authority (HA) will continue to strengthen its healthcare services to the public to meet the rising demand of a growing and ageing population. The overall recurrent subvention to HA in 2018-19 amounts to $61.5 billion, representing an increase of 10.7% over the 2017-18 revised estimate ($55.5 billion). The number of medical, nursing and allied health professionals in 2018-19 is expected to increase by, on full-time equivalent basis, 230, 830 and 230 respectively when compared to 2017-18.

In 2018-19, $51.4 million is earmarked for increasing the quota for general outpatient clinics in 5 clusters (namely, Kowloon Central Cluster, Kowloon East Cluster, Kowloon West Cluster, New Territories East Cluster, and New Territories West Cluster).

HA will continue to closely monitor the operation and service utilisation of the general outpatient clinics, and flexibly deploy manpower and other resources to meet the service needs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3502)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the measures on improving the facilities of the Prince Philip Dental Hospital, please provide details of the plan, the expenditure involved and the timetable for implementation.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 133)

Reply:

The Prince Philip Dental Hospital plans to undergo the following projects in 2018-19 to improve the facilities of the hospital:

Projects	**Expenditure ($ Million)**
Building and infrastructure renovation and installations replacement	19.20
Replacement or upgrading of aged machinery, equipment and fittings	3.25
Fulfilment of new requirements on infection control, patient care/services, occupational safety and health	2.11
Development of a comprehensive plan for digitalisation	3.65
Development/enhancement of administrative system	0.45
Total	**28.66**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1883)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please list the numbers of accident and emergency (A&E) attendances and patients, the average waiting time for A&E services in various triage categories and the manpower working at A&E departments by clusters under the Hospital Authority in the past 3 years. In 2018-19, what measures will be introduced by the HA to strengthen the healthcare support at A&E departments?

Asked by: Hon LEE Wai-king, Starry (Member Question No. (LegCo use): 18)

Reply:

The tables below set out the number of Accident & Emergency (A&E) attendances in each hospital cluster under the Hospital Authority (HA) in 2015-16, 2016-17 and 2017-18 (up to 31 December 2017).

2015-16

Cluster	Number of A&E attendances
HKEC	231 837
HKWC	128 503
KCC	195 584
KEC	316 235
KWC	629 419
NTEC	385 614
NTWC	349 264
Overall HA	**2 236 456**

2016-17

Cluster	Number of A&E attendances
HKEC	227 465
HKWC	129 674
KCC	194 648

KEC	316 829
KWC	631 235
NTEC	385 432
NTWC	346 668
Overall HA	**2 231 951**

2017-18 (up to 31 December 2017) [Provisional figures]

Cluster	Number of A&E attendances
HKEC	163 013
HKWC	94 819
KCC	242 948
KEC	225 142
KWC	362 549
NTEC	282 592
NTWC	282 584
Overall HA	**1 653 647**

The tables below set out the average waiting time for A&E services in various triage categories in each cluster of the A&E Departments in 2015-16, 2016-17 and 2017-18 (up to 31 December 2017).

2015-16

Cluster	Average waiting time (minutes) for A&E services				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	0	6	17	99	140
HKWC	0	8	24	104	165
KCC	0	7	30	144	183
KEC	0	8	21	113	166
KWC	0	6	23	100	103
NTEC	0	10	28	97	82
NTWC	0	5	26	126	139
Overall HA	**0**	**7**	**24**	**108**	**129**

2016-17

Cluster	Average waiting time (minutes) for A&E services				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	0	6	16	96	138
HKWC	0	8	24	101	174
KCC	0	7	29	142	180
KEC	0	8	21	122	174
KWC	0	7	22	80	89
NTEC	0	10	30	100	84
NTWC	0	6	27	125	140
Overall HA	**0**	**8**	**24**	**103**	**126**

2017-18 (up to 31 December 2017) [Provisional figures]

Cluster	Average waiting time (minutes) for A&E services				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	0	6	16	94	134
HKWC	0	10	27	105	170
KCC	0	8	35	152	179
KEC	0	8	26	158	216
KWC	0	7	19	77	87
NTEC	0	10	29	121	96
NTWC	0	6	23	122	114
Overall HA	**0**	**8**	**26**	**114**	**127**

The table below sets out the manpower of doctors and nurses in A&E specialty by cluster under HA in 2015-16, 2016-17 and 2017-18 (up to 31 December 2017).

Full-time Equivalent Strength of A&E Doctors and Nurses by Cluster from 2015-16 to 2017-18

Cluster	2015-16 (as at 31 March 2016)		2016-17 (as at 31 March 2017)		2017-18 (as at 31 December 2017)	
	Doctors	Nursing	Doctors	Nursing	Doctors	Nursing
HKEC	55	106	57	115	57	118
HKWC	26	52	30	49	29	51
KCC	48	101	46	117	76	159
KEC	64	140	64	141	66	145
KWC	134	293	135	286	112	244
NTEC	70	214	70	215	69	213
NTWC	66	173	78	192	78	204

Note:

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

2. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

HA will continue to implement the following measures to strengthen the healthcare support at A&E departments in 2018-19:

(a) Implementing A&E Support Session Programme to recruit additional medical and nursing staff to handle semi-urgent and non-urgent cases;

(b) Augmenting doctor manpower through the following:

  (i) 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 five 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; 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) Rehiring retired doctors, nurses, allied health professionals and supporting grades staff, depending on the service needs and funding availability, under the Special Retired and Rehired Scheme to recruit more staff, including those in the A&E specialty, subject to an age limit of 65.

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. 1897)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please set out the average waiting time for first appointment at psychiatric specialist out-patient clinics in the past 5 years by year and hospital cluster; and the estimated increase in the number of attendances of psychiatric service in the coming 5 years by year and hospital.

Asked by: Hon LEE Wai-king, Starry (Member Question No. (LegCo use): 37)

Reply:

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 inpatient care, specialist outpatient (SOP) services, day hospital training and community support services, depending on the severity of the patient's condition. For psychiatric SOP clinics, the numbers of attendances in the past three years in each hospital cluster under HA are set out in the table below. With reference to the past trend, it is estimated that there will be about 1% increase in attendances of psychiatric SOP clinics in HA each year.

Cluster[#]	**2015-16**	**2016-17**	**2017-18 (up to 31 December 2017) [provisional figures]**
HKEC	82 104	83 948	63 789
HKWC	62 530	65 240	48 253
KCC	66 591	65 846	49 442
KEC	99 155	108 184	82 116
KWC	234 964	243 093	178 642
NTEC	134 228	138 774	106 424
NTWC	146 019	154 253	120 482
Overall	**825 591**	**859 338**	**649 148**

Note: Starting from 2015-16, specialist outpatient (clinical) attendances also include attendances from nurse clinics in specialist outpatient setting for the psychiatry specialty.

The tables below set out the number of psychiatric SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in each hospital cluster under HA from 2013-14 to 2017-18 (up to 31 December 2017) –

2013-14

Cluster[#]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC	451	1	869	3	2 127	7
HKWC	178	1	624	3	3 311	14
KCC	241	<1	964	4	1 570	16
KEC	349	1	2 110	4	4 517	48
KWC	396	1	840	4	13 096	17
NTEC	1 470	1	2 285	4	4 878	40
NTWC	547	1	1 888	5	4 399	24

2014-15

Cluster[#]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC	384	1	917	3	2 189	9
HKWC	516	1	875	3	2 812	32
KCC	179	<1	980	3	1 692	16
KEC	359	1	1 892	5	4 621	34
KWC	399	1	560	4	13 306	21
NTEC	1 221	1	2 454	4	5 353	45
NTWC	531	1	1 973	7	4 431	49

2015-16

Cluster[#]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC	319	<1	852	3	2 295	10
HKWC	693	<1	852	3	3 495	76
KCC	95	<1	893	3	1 642	16
KEC	451	<1	1 924	4	4 742	54
KWC	305	<1	628	3	13 196	12
NTEC	1 356	1	2 460	4	5 599	53
NTWC	456	<1	1 778	6	4 231	46

2016-17

Cluster[#]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC	321	1	797	3	2 557	16
HKWC	479	1	828	3	3 316	38
KCC	145	<1	789	3	1 482	22
KEC	370	<1	1 650	4	5 504	12
KWC	305	<1	738	3	13 155	12
NTEC	1 206	1	2 601	4	5 447	73
NTWC	539	1	1 686	6	4 283	30

2017-18 (up to 31 December 2017) [Provisional figures]

Cluster[#]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC	295	1	634	3	1 706	23
HKWC	271	1	661	3	1 784	63
KCC	96	1	706	5	1 183	25
KEC	214	<1	1 268	3	4 193	18
KWC	209	<1	595	3	8 959	16
NTEC	848	1	1 868	4	4 658	51
NTWC	356	<1	1 159	4	3 527	34

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the Kowloon West Cluster (KWC) to Kowloon Central Cluster (KCC) with effect from 1 December 2016. Reports on services / manpower statistics and financial information were continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement started from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 were therefore not directly comparable.

To enhance the support for psychiatric SOP services, additional manpower and resources has been allocated to KWC, KEC and NTEC since 2015-16 by phases. In 2018-19, HA will further allocate additional manpower and resources to strengthen the psychiatric SOP services in NTEC and NTWC. 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. 1899)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Government has established 18 Chinese Medicine Centres for Training and Research (CMCTRs) (1 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 non-governmental organisation (NGO), and a local university. The NGOs are responsible for the day-to-day operation of CMCTRs. In this regard, please:

(1) list the number of Chinese medicine practitioners employed by CMCTRs in 18 districts, expenditure involved and number of attendances; and

(2) of the Chinese medicine practitioners employed by CMCTRs, give the ratio and number of graduates of local Chinese medicine degree programmes.

Asked by: Hon LEE Wai-king, Starry (Member Question No. (LegCo use): 39)

Reply:

(1) In the 2018-19 Estimates, the Government has earmarked $112 million for the operation of the Chinese Medicine Centres for Training and Research (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.

The number of Chinese medicine practitioners (CMPs) engaged by these 18 CMCTRs and the respective attendances are at **Annex**.

(2) Of the 401 CMPs employed at the 18 CMCTRs as at end-December 2017, 258 were graduates of local Chinese medicine degree programmes.

Annex

Number of Chinese Medicine Practitioners (CMPs) Engaged and Attendances at 18 Chinese Medicine Centres for Training and Research

District	Number of CMPs[1] (as at end-December 2017)	Attendances[2] (in 2017)
Central and Western	23	59 630
Tsuen Wan	24	76 575
Tai Po	28	77 815
Wan Chai	27	73 072
Sai Kung	19	61 819
Yuen Long	21	88 362
Tuen Mun	25	67 638
Kwun Tong	24	74 175
Kwai Tsing	22	59 471
Eastern	17	58 198
North	20	80 506
Wong Tai Sin	22	65 301
Sha Tin	23	77 679
Sham Shui Po	24	73 342
Southern	25	63 495
Kowloon City	20	56 762
Yau Tsim Mong	21	58 420
Islands	16	41 143
Total:	**401**	**1 213 403**

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).

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1900)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

What is the current total number of Chinese medicine practitioners ("CMPs") in Hong Kong? What are the numbers of listed CMPs and registered CMPs? What are the tertiary institutions currently running training courses for the Chinese medicines industry and the courses offered in Hong Kong? What are the numbers of enrolment applications, successful enrolments 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?

Asked by: Hon LEE Wai-king, Starry (Member Question No. (LegCo use): 40)

Reply:

The questions are **not** directly relevant to the estimates of expenditure for the Health Branch.

As at 28 February 2018, there were a total of 10 078 Chinese medicine practitioners (CMPs) in Hong Kong. Amongst these CMPs, 7 457 were registered CMPs and 2 621 were listed CMPs.

There are different training courses on Chinese medicines run by tertiary institutions differing in duration, themes and qualifications accredited. We do not have information about these courses. 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 offered by Hong Kong Baptist University). The number of student intake and graduates of the above programme concerned in academic years 2015-16, 2016-17 and 2017-18 are listed below:

Academic year	Student intake	No. of graduates
2015-16	22	27
2016-17	24	16
2017-18 (provisional)	18	Not yet available

We do not have information on the percentage of graduates who have entered the field of Chinese medicines.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1135)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary mentioned in the Budget Speech that the departments concerned had been asked to improve existing dental care services for the elderly.

(a) Please advise on the departments, programme details, directions for improvement, schedules and expenditures involved; and

(b) Please provide the details, numbers of service recipients, waiting times and expenditures of various dental care services for the elderly for the past 3 years.

Asked by: Hon LEUNG Che-cheung (Member Question No. (LegCo use): 4)

Reply:

(a) 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. Apart from oral health promotion and education, the Government 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 in seven public hospitals provide specialist dental treatment to patients with special oral health needs. Nevertheless, the Government recognises the need to provide some essential dental services for people with special needs, especially the elderly with financial difficulties.

In October 2014, the Department of Health (DH) launched a regular programme, the Outreach Dental Care Programme for the Elderly (ODCP), in collaboration with non-governmental organizations (NGOs) to provide free outreach dental services for elders in residential care homes, day care centres and similar facilities. Under the ODCP, apart from basic dental care services like oral examination, scaling and polishing and emergency dental treatments, the scope of treatments also covers fillings, extractions, dentures, etc. DH will continue to work with the Social Welfare

Department (SWD) and NGOs to encourage more residential care homes and day care centres to join the ODCP so that more elders will benefit from the programme.

In September 2012, the Elderly Dental Assistance Programme (EDAP) with funding provided under the Community Care Fund (CCF) was launched for provision of free removable dentures and related dental services (covering X-ray examination, scaling and polishing, fillings and extractions) to low-income elders who are users of the home care service or home help service schemes subvented by the SWD. EDAP was expanded in phases in September 2015, October 2016 and July 2017 to cover elders who are Old Age Living Allowance (OALA) recipients aged 80 or above, 75 or above and 70 or above respectively. The Government will work with the implementing agency of EDAP and over 180 district service units (mainly elderly centres and community centres managed by NGOs) to step up publicity to encourage more eligible elders to join EDAP.

The Elderly Health Care Voucher (EHV) Scheme was launched in 2009 to subsidise eligible elderly persons to use primary care services in the private sector, including dental services. In the 2018-19 Budget, the Government proposed to enhance the EHV Scheme in 2018 by raising, as a regular measure, the accumulation limit of the vouchers from $4,000 to $5,000 to allow greater flexibility to users and providing, on a one-off basis, an additional $1,000 worth of vouchers to eligible elderly persons. The above initiatives will be implemented within a month after the passage of the Appropriation Bill 2018.

The Government will continue its efforts in improving the dental care services for the elderly.

(b) The financial provision for the implementation of ODCP was $44.5 million, $44.8 million and $44.9 million in the 2015-16, 2016-17 and 2017-18 financial years respectively. Around 76 100 elders received annual oral examination and dental treatments under ODCP in the past three years.

$54.2 million, $90.6 million and $121.6 million were spent in the 2015-16, 2016-17 and 2017-18 (up to February 2018) financial years respectively for the implementation of EDAP. In the past three years (from April 2015 to February 2018), around 35 900 elders applied for joining EDAP, in which around 24 100 elders completed the required dental treatments and the remaining 11 800 elders were receiving dental treatments at different stages.

Of the Elderly Health Care Voucher Scheme, about 953 000 elders had made use of vouchers by the end of 2017 to pay for various healthcare services provided by participating service providers. The table below shows the number of voucher claim transactions and the amount of vouchers claimed on dental services in Hong Kong in the past three years from 2015 to 2017:

	2015	2016	2017
Number of voucher claim transactions on dental services	109 840	119 305	168 738
Amount of vouchers claimed on dental services (in $'000)	98,563	105,455	144,331

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)126

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1252)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Tin Shui Wai Hospital (TSWH) has come into operation in the first quarter of 2017. At a meeting of the Panel on Health Services of the Legislative Council in January 2017 when the commissioning of TSWH was discussed, the Bureau said that the accident and emergency service of TSWH would be extended to 12 hours in the fourth quarter of 2017, and to 24 hours by the end of 2018. The hospital also planned to provide 300 inpatient and day beds. However, so far these planned targets have not been met as scheduled. In this connection, will the Government advise this Committee of the following:

(a) the services and the number of beds for each specialty or type of services TSWH originally planned to provide ;

(b) the details of disparity between current services and those originally planned (including the streams of services commissioned, number of beds and strength of healthcare staff);

(c) the utilisation of services commissioned so far by specialty or type of services;

(d) the latest details and schedule with respect to the full operation of TSWH and commissioning of its services;

(e) The Financial Secretary mentioned in the 2018-19 Budget Speech that he would ensure that the Hospital Authority (HA) had adequate resources to employ all local medical graduates. The Bureau earlier said that TSWH was unable to deliver services as scheduled due to manpower issues. Please advise if the HA has been facing problems in resources over the years resulting in manpower shortage that affected the provision of services. If yes, what were the details?

Asked by: Hon LEUNG Che-cheung (Member Question No. (LegCo use): 18)

Reply:
Tin Shui Wai Hospital (TSWH) has a planned capacity of 300 inpatient and day beds. It has commenced its initial phase of patient services on 9 January 2017, providing ambulatory care services including Accident & Emergency (A&E) services, specialist outpatient clinics (medicine and geriatrics, orthopaedic and traumatology, and family medicine), renal dialysis, allied health, diagnostic radiology, pharmacy, and community nursing services.

As planned, the A&E services of TSWH commenced operation on 15 March 2017 to provide eight-hour service from 8:00 am to 4:00 pm daily at the initial stage. TSWH has originally planned for extending its A&E service from eight hours to 12 hours in late 2017, but the extension has been rescheduled for 21 March 2018 so as to enhance the overall capability and performance of the New Territories West Cluster (NTWC) to deal with the service demand during the winter surge. Other services in TSWH have been commissioned in accordance with the planned commissioning schedule. HA is now working on the manpower and resources deployment in order to provide 24-hour A&E services and acute inpatient services with 32 acute beds in the fourth quarter of 2018. So far, NTWC has recruited over 400 additional staff for service commissioning of TSWH. HA will continue to assess various factors, including operation, service demand, patient safety, manpower and other resources in order to commission other services in TSWH in phases.

Regarding the utilisation of services in TSWH in 2016-17 and 2017-18 (up to 31 December 2017), the table below sets out the corresponding:

(i) number of A&E attendances;
(ii) number of specialist outpatient (clinical) attendances; and
(iii) number of allied health (outpatient) attendances.

	2016-17	**2017-18 (up to 31 December 2017) [Provisional figures]**
No. of A&E attendances [1]	2 932	49 037
No. of specialist outpatient (clinical) attendances [2]	339	1 869
No. of allied health (outpatient) attendances [2]	306	19 203

Note

1 A&E services commenced on 15 March 2017 (eight-hour services from 8:00 am to 4:00 pm daily).
2 Specialist outpatient and allied health outpatient services commenced on 9 January 2017.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1253)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

(a) Please list the number of Accident and Emergency (A&E) attendances of Tuen Mun Hospital, Pok Oi Hospital and Tin Shui Wai Hospital in the past 2 years;

(b) Please list the staff establishment of A&E departments of Tuen Mun Hospital, Pok Oi Hospital and Tin Shui Wai Hospital in the past 2 years (please provide details of the changes in the staff establishment of Tuen Mun Hospital and Pok Oi Hospital before and after the commissioning of Tin Shui Wai Hospital);

(c) Please set out in the table below the average waiting time (minute) for A&E services in Tuen Mun Hospital, Pok Oi Hospital and Tin Shui Wai Hospital in the past 2 years:

	Triage I (Critical)	Triage II (Emergency)	Triage III (Urgent)	Triage IV (Semi-urgent)	Triage V (Non-urgent)
Tuen Mun Hospital					
Pok Oi Hospital					
Tin Shui Wai Hospital					

Asked by: Hon LEUNG Che-cheung (Member Question No. (LegCo use): 19)

Reply:

(a)

The table below sets out the number of attendances in Accident & Emergency (A&E) Departments of TMH, POH and TSWH in 2016-17 and 2017-18 (up to 31 December 2017).

Hospital	Number of A&E attendances	
	2016-17	2017-18 (up to 31 December 2017) [Provisional figures]
TMH	219 838	145 371
POH	123 898	88 176
TSWH^	2 932	49 037

(b)

The A&E Departments of New Territories West Cluster (NTWC) provides medical service on a cluster basis. The department deploys clinical staff to the A&E Departments of various hospitals having regard to their service demand and manpower availability. As at 31 March 2016, the A&E Departments of NTWC had 63 doctors and 170 nurses. NTWC had gradually recruited additional staff for commencing A&E services of TSWH on 15 March 2017 by phases, initially with 8-hour A&E service daily. As at 31 March 2017, A&E Departments of NTWC had 77 doctors and 192 nurses.

(c)

The tables below set out the average waiting time for A&E services in various triage categories in the A&E Departments of TMH, POH and TSWH in 2016-17 and 2017-18 (up to 31 December 2017).

2016-17

Hospital	Average waiting time (minutes) for A&E services				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
TMH	0	6	30	133	154
POH	0	5	23	114	126
TSWH^	0	6	17	45	67

2017-18 (up to 31 December 2017) [Provisional figures]

Hospital	Average waiting time (minutes) for A&E services				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
TMH	0	7	26	169	182
POH	0	5	19	101	104
TSWH^	0	5	14	51	59

^ TSWH has commenced its A&E services since March 2017.

Abbreviations
TMH – Tuen Mun Hospital
POH – Pok Oi Hospital
TSWH – Tin Shui Wai Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1483)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please list the number of doctors, nurses and allied health professionals of Tuen Mun Hospital and Pok Oi Hospital by specialty in the past 2 years, and their respective ratios to the overall population and population aged over 65 in the target catchment districts.

Asked by: Hon LEUNG Che-cheung (Member Question No. (LegCo use): 47)

Reply:

The Hospital Authority (HA) organises its services on a cluster basis deploying an integrated and multi-disciplinary approach involving of doctors, nurses and allied health professionals. The adoption of cluster-based approach allows flexible deployment of staff to cope with service needs and operational requirements within and across hospitals in the clusters.

The table below sets out the number of doctors, nurses, allied health professionals and supporting (care-related) (CR) staff in NTWC, and their ratio per 1 000 population and 1 000 persons aged 65 or above in 2016-17 and 2017-18 (as at 31 December 2017).

	Number of doctors, nurses, allied health staff and supporting (CR) staff and ratio per 1 000 population												**Catchment districts**
	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+**	**Supporting (CR)**	**Ratio to overall population**	**Ratio to population aged 65+**	
2016-17	793	0.7	4.8	3 514	3.2	21.3	964	0.9	5.8	2 455	2.2	14.9	Tuen Mun, Yuen Long
2017-18 (as at 31 December 2017)	808	0.7	5.4	3 613	3.1	24.3	1 019	0.9	6.9	2 541	2.2	17.1	

Note:

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

(2) Doctors exclude Interns and Dental Officers.

(3) The manpower to population ratios involve the use of the latest revised mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1556)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Last year, a surgeon left the operating theatre during a liver transplant which was underway in a public hospital for about 3 hours and went to a private hospital to perform a surgery for another patient. The incident has aroused public concern over potential problems regarding the quality of organ transplant surgeons of public hospitals in Hong Kong. In this connection, will the Government inform this Council of the following:

1. What are the manpower deployment and expenditure involved in staff recruitment for the liver transplant specialty of public hospitals in Hong Kong in the past 3 years?

2. Has the Hospital Authority examined any cases of delay in liver transplant surgeries resulting from insufficient resources or shortage of manpower? If yes, what are the details?

3. What are the current rules on the time allowed for engagement in private clinical practice (PCP) by specialists of local universities? Does the Government conduct regular exchanges and reviews with the relevant specialties on the time allowed for engagement in PCP by specialists?

Asked by: Hon LEUNG Mei-fun, Priscilla (Member Question No. (LegCo use): 27)

Reply:

(1)

The Hospital Authority (HA) provides territory-wide liver transplant service at the Queen Mary Hospital (QMH), which is the designated Liver Transplant Centre. Members of the liver transplant team are under the Department of Surgery of QMH. The Department provides a range of surgical services and hence breakdown of the manpower or expenditure specifically related to liver transplant service is not available. Broadly speaking and taking into account honorary clinical staff of QMH who are clinical professors of the University of

Hong Kong (HKU) appointed as clinical staff for practicising medicine on public patients in the teaching hospital, the liver transplant team has about six to seven experienced surgeons.

(2)

There was no record of delay of cases in liver transplant surgeries due to insufficient resources or manpower shortage.

(3)

HA requires clinical professors from the two universities to be appointed as honorary staff before they can practise medicine on public patients in its teaching hospitals. Private patient services offered in HA hospitals are HA services. According to HA's guidelines, both honorary staff from the universities and doctors of HA (specialists) must obtain the formal approval of the head of clinical department and the chief executive of the hospital concerned before engaging in the provision of private patient services. HA has established guidelines to restrict the time that each HA doctor can be engaged in the provision of private specialist outpatient service to an average of only one session (i.e. four hours) per week. HA also requires the participating specialists to appropriately record their engagement in private clinical practice in writing during the process, and will monitor provision of private services in HA.

HA understands that HKU and the Chinese University of Hong Kong have respectively implemented stringent internal control measures to govern the engagement in private patient services by their clinical professors.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1561)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 141 of the Budget Speech that in the light of an increasing demand for healthcare services, the Government has invited the Hospital Authority to start planning the second ten-year hospital development plan. In this connection, please inform this Committee of the following:

1. as at the end of 2017, the details of the implementation of the first ten-year hospital development plan and the expenditure involved;

2. over the past 3 years, the details of the construction or expansion of public healthcare facilities by the Government in various districts and the expenditure involved; and

3. over the past 3 years, the respective numbers of additional beds and other additional facilities provided by the Government and the expenditure involved.

Asked by: Hon LEUNG Mei-fun, Priscilla (Member Question No. (LegCo use): 56)

Reply:

(1)

To cater for the growing healthcare service demand arising from ageing population and to improve existing services, $200 billion has been earmarked for the implementation of the first ten-year Hospital Development Plan (HDP). The HDP is funded under the Capital Works Reserve Fund and is outside the scope of the Estimates being examined.

Funding approval for 6 projects under the first ten-year HDP was obtained from the Finance Committee (FC) of the Legislative Council in 2016-17 and 2017-18:

(i) The substructure and utilities diversion works for the extension of the Operating Theatre Block for Tuen Mun Hospital (TMH) project was approved at $167.2 million

in money-of-the-day (MOD) prices and the main works for the project was approved at $2,729.7 million in MOD prices;

(ii) The Phase 1 of the redevelopment of Kwai Chung Hospital (KCH) project was approved at $750.8 million in MOD prices;

(iii) The demolition and substructure works for Phase 1 of the redevelopment of Kwong Wah Hospital (KWH) project was approved at $654.8 million in MOD prices;

(iv) The expansion of Haven of Hope Hospital (HHH) project was approved at $2,073.0 million in MOD prices;

(v) The preparatory works for the New Acute Hospital (NAH) at Kai Tak Development Area project was approved at $769.3 million in MOD prices; and

(vi) The preparatory works for the redevelopment of Prince of Wales Hospital, Phase 2 (Stage 1) was approved at $1,231.1 million in MOD prices.

Funding approval for 5 projects under the first ten-year HDP is planned to be obtained from the FC this year. They include the superstructure and associated works for Phase 1 of the redevelopment of KWH; the foundation, excavation and lateral support, and basement excavation works for the NAH at Kai Tak Development; the preparatory works for Phase 1 of the redevelopment of Grantham Hospital; the preparatory works for the redevelopment of Our Lady of Maryknoll Hospital; and the main works for Phase 1 of the redevelopment of Queen Mary Hospital.

For the remaining 7 HDP projects, HA and relevant government departments 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 and cost estimate for individual projects.

(2)

In the past 3 years from 2015-16 to 2017-18, the redevelopment of Yan Chai Hospital, the phase 2 redevelopment of Caritas Medical Centre, the construction of Tin Shui Wai Hospital and the reprovisioning of Yaumatei Specialist Clinic at Queen Elizabeth Hospital were completed, while the construction of Hong Kong Children's Hospital and the preparatory works for phase 1 redevelopment of Queen Mary Hospital were substantially completed. Funding approval by the FC has been obtained on the following projects, including the refurbishment of Hong Kong Buddhist Hospital; the expansion of the Hong Kong Red Cross Blood Transfusion Service Headquarters; the demolition and substructure works for the expansion of United Christian Hospital (UCH); the extension of the Operating Theatre Block for TMH; Phase 1 of the redevelopment of KCH; the demolition and substructure works for Phase 1 of the redevelopment of KWH; the expansion of HHH; the preparatory works for the NAH at Kai Tak Development Area; and the redevelopment of PWH, Phase 2 (Stage 1).

The total expenditure for these projects, as well as those approved previously, amounted to $13,854.7 million in 2015-16 and $17,673.9 million in 2016-17. The total expenditure in 2017-18 is not yet available.

In the past 3 years, 6 DH clinics were set up or reprovisioned with expansion. The total approved project cost is $55.2 million (excluding the cost funded by the HA).

(3)

HA has earmarked over $320 million, over $235 million and $267 million for the opening of 250, 231 and 229 beds in 2015-16, 2016-17 and 2017-18 respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1563)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in this year's Estimates that $500 million will be set aside for the Community Care Fund to provide eligible patients with subsidies for the purchase of ultra-expensive drugs, including those for treating rare diseases. Currently, there is no common definition of rare diseases available worldwide. Regarding the support for patients with rare diseases and cancers in Hong Kong, can the Government advise this Committee of the following?

1. Will the Government consider introducing an enhanced mechanism in collaboration with the Hospital Authority to provide a specific definition of rare diseases, and setting up a comprehensive database to provide such patients with systematic support? If yes, what are the details? If not, what are the reasons?

2. What are the Government expenditures on the introduction of drugs for treating cancers and rare diseases in the past 3 years?

3. Will the Government provide additional resources in the coming 2 years to improve healthcare professionals' knowledge of rare diseases and cancers? If yes, what are the details? If not, what are the reasons?

4. Will the Government provide additional resources to render adequate support to carers of patients with rare diseases and cancers (including home managers) through multiple means? If yes, what are details? If not, what are the reasons?

Asked by: Hon LEUNG Mei-fun, Priscilla (Member Question No. (LegCo use): 30)

Reply:

(1)

Currently, there is no internationally agreed definition of uncommon disorders. The definition varies among countries/regions depending on their own healthcare system and situation. Under the current healthcare policy, we strive to ensure that all patients, whether they are patients with uncommon disorders or those suffering from other general illnesses, will not be denied appropriate treatment due to lack of means. Healthcare support provided by the Hospital Authority (HA) covers patients with uncommon disorders and those suffering from other diseases, and the mechanism in place also addresses the needs of all patients, including those with uncommon disorders. HA will continue to review and enhance its existing mechanisms and supporting arrangements to strengthen its services and support.

(2)

The following table sets out HA's drug consumption expenditure on treatment of cancers from 2015-16 to 2017-18 (up to 31 December 2017):

	2015-16 (in $ million)	2016-17 (in $ million)	2017-18 (up to December 2017) (in $ million)
HA's drug consumption expenditure on treatment of cancers	586.3	593.1	424.5

Note:
A drug may have different therapeutic indications and the above drug consumption expenditure covers all therapeutic uses of the concerned drugs including treatment of cancers.

As there is no common definition of rare diseases/ uncommon disorders available worldwide, HA is unable to provide figure on drug consumption expenditure for treatment of uncommon disorders. The following table sets out HA's expenditure on providing enzyme replacement therapy for treatment of lysosomal storage disorders (LSDs, including Pompe, Gaucher, Fabry, Mucopolysaccharidosis Type I, II, IV and VI) from 2015-16 to 2017-18 (up to 31 December 2017):

	2015-16 (in $ million)	2016-17 (in $ million)	2017-18 (up to December 2017) (in $ million)
HA's drug consumption expenditure for treatment of LSDs	48.3	52.8	40.0

Since 1 August 2017, HA has implemented a new Community Care Fund (CCF) Medical Assistance Programme to provide subsidy for eligible patients to purchase ultra-expensive

drugs (including drugs for uncommon disorders). Paroxysmal Nocturnal Haemoglobinuria and Atypical Hemolytic Uremic Syndrome have been covered under this programme since August and November 2017 respectively. The total amount of subsidy approved was $31.4 million.

(3)

HA provides various corporate training programmes, such as corporate scholarship programmes for overseas training and local commissioned training programmes, for doctors, nurses and allied health professionals to acquire relevant knowledge and skills in treatment/management of uncommon diseases and cancers. Cluster/hospital- based training activities are also organised to enhance the competency or update of specialised knowledge of staff members in the delivery of quality service including psychosocial support to patients and families.

(4)

HA has been providing multi-disciplinary care for patients to cater for their clinical, physical and psychosocial needs, including rehabilitative care, clinical psychology service and medical social service. Referral will be made to the Social Welfare Department for support to families for different community services and resources, if required.

HA has implemented the cancer case manager programme in phases since 2010-11 for patients with complex breast cancer or colorectal cancer. Under the programme, the cancer case managers act as the single contact persons between these patients and their doctors. They help streamline patients' care pathway, settle logistical issues and coordinate service provision across multidisciplinary teams. Case managers also address patients' needs for education, psychosocial support and access to resources. The programme was extended to all clusters in 2014-15.

HA has also partnered with the Hong Kong Cancer Fund to establish Cancer Patient Resource Centres (CPRCs) in the six oncology centres of HA and in the United Christian Hospital. The CPRCs provide free resources and services for cancer patients, including a cancer information library, professional counselling services, rehabilitation workshops, peer support activities, services which seek to provide information and assistance to newly-diagnosed patients, as well as rehabilitation or palliative support for those who are going through other stages of the cancer journey.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2531)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Development of legislative options for regulating health products for advanced therapies is included under the Matters Requiring Special Attention in 2018-19 in the 2018-19 Controlling Officer's Report.

In recent years, quite a number of institutions have been promoting alternative treatment, such as naturopathy and homeopathy which are popular overseas, through face-to-face counselling and sale of health food products. With efficacy and safety not yet verified, alternative treatment may not only cause health hazards and economic costs, but also hinder patients from receiving safety treatment with proven efficacy. Since the health food products concerned do not fall within the definition of pharmaceutical product, alternative treatment has not been subject to statutory control. Furthermore, "anti-vaccination" message advocated by these institutions has aroused extensive discussion in the community. Will the Government advise this Committee on:

1. whether the Government conducted any studies on alternative treatment in the past 3 years? If yes, what were the details? If no, what were the reasons?

2. whether the Government will allocate more manpower and resources to study popular alternative treatment in the next 3 years so as to bring it under regulation, and carry out public education work for protecting the rights of the patients? If yes, what are the details? If no, what are the reasons?

Asked by: Hon LEUNG Mei-fun, Priscilla (Member Question No. (LegCo use): 46)

Reply:

Under the existing legislation, 13 types of healthcare professionals including doctors, dentists, dental hygienists, nurses, midwives, Chinese medicine practitioners, pharmacists, occupational therapists, physiotherapists, medical laboratory technologists, optometrists, radiographers and chiropractors are required to be registered with their respective Boards or Councils before they are allowed to practise in Hong Kong, and their professional practices

are regulated by respective Boards or Councils under relevant Ordinances. Examples of these Ordinances include but are not limited to the Medical Registration Ordinance (Cap. 161), Dentists Registration Ordinance (Cap. 156), Nurses Registration Ordinance (Cap. 164), Chinese Medicine Ordinance (Cap. 549) and the Supplementary Medical Professions Ordinance (Cap. 359). It would be an offence if people other than registered healthcare professionals conduct related professional practices on their own in the absence of relevant authorisation.

There is no international standard on the definition of and regulation for "health products". The Government has imposed specific control by adopting a multi-pronged approach to regulate through a series of legislation based on the nature, composition, content of claims made, method of usage, dosage and packing specification, etc. of individual products. To protect public health, we have also adopted various targeted measures to monitor the products in the market with a view to ensuring their safety and that their functional claims and composition are true. The related measures include regulating products that fall within the definition of pharmaceutical product, proprietary Chinese medicine or food under the Pharmacy and Poisons Ordinance (Cap. 138), the Chinese Medicine Ordinance (Cap. 549), the Public Health and Municipal Services Ordinance (Cap. 132) respectively. To protect the public from being induced by advertisements or health claims and thereby seeking improper self-medication that may result in delay in seeking medical treatment, the Government also regulates the labels and advertisement of products through the Undesirable Medical Advertisements Ordinance (Cap. 231) and the Trade Descriptions Ordinance (Cap. 362). In addition, the claims of health products are subject to regulation by relevant provisions or codes under the Broadcasting Ordinance (Cap. 562) and the Broadcasting (Miscellaneous Provisions) Ordinance (Cap. 391).

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2552)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in paragraph 154 of the Budget Speech that the Government will set aside $500 million to support future improvement measures on the patient's co-payment mechanism under the Community Care Fund, with a view to providing patients including those suffering from uncommon diseases with more subsidies to cover drug expenses. In this regard, will the Government inform this Committee of the following:

1. the criteria adopted in setting the amount of provision at $500 million and the anticipated results;

2. when will the $500 million funding be put to use to benefit patients in need?

3. apart from providing assistance through the Community Care Fund, are there any other public expenditure items on enhancing support for patients with uncommon diseases and their families? If yes, what are the details?

Asked by: Hon LIAO Cheung-kong, Martin (Member Question No. (LegCo use): 37)

Reply:

(1) and (2)

The Hospital Authority (HA) has commissioned a consultancy study to review the current means test mechanism under the Community Care Fund (CCF) Medical Assistance Programme. Taking into account findings of the review, the HA aims to come up with recommendations in the first half of 2018 for improving the mechanism and providing more and faster help to patients in need. The Government has set aside resources in the 2018-19 Budget for this purpose. Actual use of resources will be subject to the review findings and recommendations.

(3)

The 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. HA makes use of the recurrent funding from the Government, the Samaritan Fund and the CCF Medical Assistance Programmes to provide sustainable, affordable and optimal care for all patients, including those with uncommon disorders.

Drug treatment is provided through enzyme replacement therapy (ERT) for suitable patients with specific lysosomal storage disorders (LSDs), including Pompe, Gaucher, Fabry as well as Mucopolysaccharidosis (MPS) Type I, II, IV and VI with designated funding from the Government. As at 31 December 2017, a total of 23 patients were undergoing ERT treatment for LSDs. The total expenditure incurred in 2017-18 (up to 31 December 2017) was $40 million. Apart from drug treatments, HA also 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.

Since 1 August 2017, HA has implemented a new CCF Medical Assistance Programme to provide patients with subsidy to purchase ultra-expensive drugs (including those for treating uncommon disorders) with patients' annual maximum contribution capped at $1 million. Paroxysmal Nocturnal Haemoglobinuria (PNH) and Atypical Haemolytic Uraemic Syndrome (aHUS) have been covered under this programme since August and November 2017 respectively. A total of eight applications have been approved since programme launch up to 31 December 2017 and the total amount of subsidy approved was $31.4 million.

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. Besides, HA will liaise with the concerned drug companies on special drug programmes in order to facilitate assessment of new drugs for listing on HA Drug Formulary, enable early access by individual patients to new drug treatments, and explore the long-term arrangements for drug provision for all patients with specific uncommon disorders.

HA will continue to expand the scope of the CCF Medical Assistance Programme to provide financial assistance for eligible patients who meet specific clinical criteria to use ultra-expensive drugs (including those for treating uncommon disorders). HA is now actively negotiating with the concerned drug company for a special drug programme for treatment of Spinal Muscular Atrophy (SMA). Subject to mutual agreement between HA and the drug company and final approval by the Commission on Poverty, the drug treatment will be provided for eligible SMA patients under the new CCF programme.

HA will continue to maintain close contact with patient groups with a view to providing suitable medical services for patients with different diseases.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3279)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in paragraph 143 of the Budget Speech that the Government is discussing with the University Grants Committee further increase in publicly-funded training places for doctors, dentists, nurses and relevant allied health professionals in the coming 3 years, and the educational institutions concerned have been invited to actively consider further enhancing and increasing teaching facilities. In this connection, will the Government inform this Committee 1. whether it has assessed the additional expenditure required for increasing publicly-funded training places for health professionals. If yes, what is the amount? 2. It is mentioned in paragraph 144 of the Budget Speech that the Government has set aside a sum of $300 billion to support the second 10-year hospital development plan, including upgrading and increasing healthcare teaching facilities. Please set out the estimated expenditure on upgrading and increasing healthcare teaching facilities.

Asked by: Hon LIAO Cheung-kong, Martin (Member Question No. (LegCo use): 38)

Reply:

The Government is discussing with the University Grants Committee ("UGC") further increases in publicly-funded training places for doctors, dentists, nurses and relevant allied health professionals in the 2019/20-2021/22 triennium. According to the existing mechanism, UGC will allocate funding to UGC-funded 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.

The Government has set aside a sum of $300 billion as an initial provision to support the second ten-year hospital development plan, improve the clinic facilities in the Department of Health, as well as upgrade and increase healthcare teaching facilities in the universities. The Government has invited relevant universities to submit proposals on upgrading and increasing their healthcare teaching facilities, and will discuss with them on the financial resources required.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3281)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Under "Matters Requiring Special Attention in 2018-19", it is mentioned that the Food and Health Bureau will "pursue the recommendations of the strategic review on healthcare manpower planning and professional development". With the Chief Executive encouraging Hong Kong people and enterprises to develop and offer medical services in the Guangdong-Hong Kong-Macao Bay Area, would the Government advise this Committee of the following:

1. Has the Government assessed the number of Hong Kong medical professionals who will advance their careers in the Bay Area in the next 3 years? What are the expenditures thus incurred for training local medical staff in all disciplines to replace the attrition?

2. Has the Government assessed the service development of Hong Kong medical institutions in the Bay Area in the next 3 years, and its impact on local medical services? If yes, what are the details?

Asked by: Hon LIAO Cheung-kong, Martin (Member Question No. (LegCo use): 39)

Reply:

The Government notes that the participation of local healthcare professionals, healthcare service providers and professional institutions in provision of healthcare services and training exchanges in the Bay Area is on the rise. Provided that the provision of healthcare services in Hong Kong will not be compromised, the Government welcomes the efforts made by these parties to provide healthcare services and enhance training exchanges for healthcare professionals between Hong Kong and the Mainland through various means.

The Government is exploring how to facilitate private practice of local healthcare professionals in the Bay Area; facilitate training exchanges for healthcare professionals between Hong Kong and the Bay Area; and foster close co-operation in quality medical and healthcare resources in the region.

In light of the general manpower shortage of healthcare professionals in Hong Kong, the Government is discussing with the University Grants Committee further increases in publicly-funded training places for doctors, dentists, nurses and relevant allied health professionals in the 2019/20-2021/22 triennium. The Government also encourages self-financing training institutions to offer more healthcare training places with the support of the Study Subsidy Scheme for Designated Professions/Sectors ("SSSDP"). The Government subsidises over 800 students studying in qualified self-financing healthcare training programmes under SSSDP in the 2018-19 cohort.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0850)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary has announced that $500 million would be set aside to provide eligible patients with subsidies for the purchase of ultra-expensive drugs. The scope of assistance will also be extended to subsidise individual patients with special clinical needs in using specific drugs. In this connection, please advise on:

(1) the accumulative total number of applications approved, total amount of subsidies granted and success rate of applications of various drug subsidy schemes under the Hospital Authority in each of the past 3 financial years; and

(2) whether the Hospital Authority has drawn up a timetable for review of the relevant drug formulary and enhancement of various drug subsidy schemes as soon as possible; if so, the details; if not, the reasons for that.

Asked by: Hon LO Wai-kwok (Member Question No. (LegCo use): 38)

Reply:

(1)

The tables below set out the number of approved applications and the amount of subsidies granted in respect of Self-financed drugs covered by Samaritan Fund and the Community Care Fund (CCF) Medical Assistance Programmes in 2015-16, 2016-17 and 2017-18 (up to 31 December 2017).

Samaritan Fund

Financial Year	No. of applications received[#]	No. of applications approved[#]	Amount of subsidies granted ($ million)
2015-16	2 237	2 237	317.5
2016-17	2 555	2 555	332.4
2017-18 (Up to 31 December 2017)	1 767	1 767	252.6

CCF Medical Assistance Programme (First Phase Programme – Cancer Drugs)

Financial Year	No. of applications received[#]	No. of applications approved[#]	Amount of subsidies granted ($ million)
2015-16	1 678	1 678	156.8
2016-17	1 832	1 831	160.4
2017-18 (Up to 31 December 2017)	1 485	1 485	130.5

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

In addition, a new CCF assistance programme has been launched since 1 August 2017 to provide subsidy for needy patients of Hospital Authority (HA) who are in financial difficulty and meet specific clinical criteria to purchase ultra-expensive drugs (including those for treating uncommon disorders) for early treatment. As at 31 December 2017, eight applications were received and approved, with $31.4 million subsidies granted.

(2)

The HA has commenced a consultancy study to review the current Community Care Fund Medical Assistance Programme means test mechanism. Taking into account findings of the review, the HA aims to come up with recommendations in the first half of 2018 for improving the mechanism and providing more and faster help to patients in need. The Government has set aside resources in the 2018-19 Budget for this purpose. Actual use of resources will be subject to the review findings and recommendations.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0400)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the healthcare personnel of public hospitals, please set out:

(a) the average salaries, median salaries and total payroll costs of doctors, nursing staff, allied health professionals and care-related support staff in the past 5 financial years by hospital cluster; and

(b) the numbers of full-time and part-time doctors, nursing staff, allied health professionals and care-related support staff, as well as their intake and attrition numbers in the past 5 financial years by hospital cluster.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. (LegCo use): 19)

Reply:

(a)

The tables below provide the median salary, average salary and total salary expenditure of "doctors", "nursing", "allied health professionals" and "care-related support staff" of the Hospital Authority (HA) in each cluster in 2013-14, 2014-15, 2015-16, 2016-17 and 2017-18:

2013-14

Cluster	Staff Group	Median Salary	Average Salary	Total Salary Expenditure
		($)	($ million)	($ million)
HKEC	Doctors	92,770	1.7	987
	Nursing	34,315	0.6	1,360
	Allied Health Professionals	37,625	0.7	489
	Care-related Support Staff	12,754	0.2	241
HKWC	Doctors	89,565	1.7	1,012
	Nursing	39,345	0.6	1,499
	Allied Health Professionals	39,345	0.7	584
	Care-related Support Staff	13,400	0.2	221
KCC	Doctors	92,770	1.8	1,190
	Nursing	39,345	0.6	1,849
	Allied Health Professionals	37,625	0.7	658
	Care-related Support Staff	12,090	0.2	285
KEC	Doctors	89,565	1.7	1,044
	Nursing	39,345	0.6	1,392
	Allied Health Professionals	37,625	0.6	428
	Care-related Support Staff	13,400	0.2	221
KWC	Doctors	92,770	1.7	2,153
	Nursing	39,345	0.6	3,180
	Allied Health Professionals	37,625	0.7	969
	Care-related Support Staff	13,073	0.2	454
NTEC	Doctors	89,565	1.7	1,469
	Nursing	39,345	0.6	2,136
	Allied Health Professionals	39,345	0.7	704
	Care-related Support Staff	12,754	0.2	377
NTWC	Doctors	89,565	1.7	1,164
	Nursing	35,930	0.6	1,763
	Allied Health Professionals	37,625	0.6	501
	Care-related Support Staff	11,428	0.2	348

2014-15

Cluster	Staff Group	Median Salary	Average Salary	Total Salary Expenditure
		($)	($ million)	($ million)
HKEC	Doctors	98,300	1.8	1,065
	Nursing	37,620	0.6	1,513
	Allied Health Professionals	39,395	0.7	535
	Care-related Support Staff	13,689	0.2	308
HKWC	Doctors	94,905	1.8	1,075
	Nursing	41,200	0.6	1,614
	Allied Health Professionals	41,200	0.7	640
	Care-related Support Staff	14,382	0.2	281
KCC	Doctors	98,300	1.8	1,265
	Nursing	41,200	0.6	1,998
	Allied Health Professionals	39,395	0.7	712
	Care-related Support Staff	13,210	0.2	371
KEC	Doctors	98,300	1.8	1,149
	Nursing	37,620	0.6	1,527
	Allied Health Professionals	39,395	0.7	473
	Care-related Support Staff	14,395	0.2	303
KWC	Doctors	98,300	1.8	2,367
	Nursing	41,200	0.6	3,478
	Allied Health Professionals	39,395	0.7	1,069
	Care-related Support Staff	14,031	0.2	579
NTEC	Doctors	98,300	1.8	1,599
	Nursing	39,395	0.6	2,324
	Allied Health Professionals	39,395	0.7	767
	Care-related Support Staff	13,689	0.2	480
NTWC	Doctors	94,905	1.7	1,265
	Nursing	37,620	0.6	1,946
	Allied Health Professionals	38,508	0.7	553
	Care-related Support Staff	12,285	0.2	422

2015-16

Cluster	Staff Group	Median Salary	Average Salary	Total Salary Expenditure
		($)	($ million)	($ million)
HKEC	Doctors	105,260	1.9	1,151
	Nursing	37,590	0.6	1,636
	Allied Health Professionals	41,215	0.7	565
	Care-related Support Staff	14,321	0.2	320
HKWC	Doctors	101,620	1.9	1,189
	Nursing	41,215	0.6	1,747
	Allied Health Professionals	43,105	0.8	688
	Care-related Support Staff	15,046	0.2	306
KCC	Doctors	105,260	1.9	1,383
	Nursing	43,105	0.6	2,113
	Allied Health Professionals	41,215	0.7	756
	Care-related Support Staff	13,852	0.2	397
KEC	Doctors	105,260	1.9	1,263
	Nursing	39,360	0.6	1,640
	Allied Health Professionals	41,215	0.7	515
	Care-related Support Staff	15,046	0.2	320
KWC	Doctors	105,260	1.9	2,580
	Nursing	43,105	0.6	3,712
	Allied Health Professionals	41,215	0.7	1,164
	Care-related Support Staff	14,321	0.2	624
NTEC	Doctors	105,260	1.9	1,764
	Nursing	39,360	0.6	2,513
	Allied Health Professionals	41,215	0.7	836
	Care-related Support Staff	13,972	0.2	512
NTWC	Doctors	105,260	1.9	1,396
	Nursing	39,360	0.6	2,110
	Allied Health Professionals	41,215	0.7	611
	Care-related Support Staff	13,852	0.2	462

2016-17

Cluster	Staff Group	Median Salary	Average Salary	Total Salary Expenditure
		($)	($ million)	($ million)
HKEC	Doctors	109,670	2.0	1,195
	Nursing	37,570	0.7	1,754
	Allied Health Professionals	43,145	0.8	604
	Care-related Support Staff	14,992	0.2	339
HKWC	Doctors	109,670	1.9	1,255
	Nursing	41,200	0.7	1,856
	Allied Health Professionals	45,120	0.8	732
	Care-related Support Staff	15,775	0.2	326
KCC	Doctors	109,670	2.0	1,454
	Nursing	45,120	0.7	2,228
	Allied Health Professionals	43,145	0.8	800
	Care-related Support Staff	14,500	0.2	431
KEC	Doctors	109,670	2.0	1,339
	Nursing	39,350	0.6	1,771
	Allied Health Professionals	43,145	0.7	562
	Care-related Support Staff	15,366	0.2	352
KWC	Doctors	109,670	2.0	2,683
	Nursing	45,120	0.7	3,950
	Allied Health Professionals	43,145	0.7	1,252
	Care-related Support Staff	14,992	0.2	667
NTEC	Doctors	109,670	1.9	1,834
	Nursing	41,200	0.7	2,691
	Allied Health Professionals	43,145	0.7	907
	Care-related Support Staff	14,992	0.2	559
NTWC	Doctors	109,670	1.9	1,505
	Nursing	41,200	0.7	2,306
	Allied Health Professionals	43,145	0.7	683
	Care-related Support Staff	14,500	0.2	508

2017-18

Cluster	Staff Group	Median Salary	Average Salary	Total Salary Expenditure
		($)	($ million)	($ million)
HKEC	Doctors	111,730	2.0	1,213
	Nursing	40,505	0.7	1,864
	Allied Health Professionals	46,445	0.8	637
	Care-related Support Staff	15,819	0.2	351
HKWC	Doctors	111,730	2.0	1,284
	Nursing	40,505	0.7	1,917
	Allied Health Professionals	46,445	0.8	760
	Care-related Support Staff	16,561	0.2	331
KCC	Doctors	111,730	2.0	2,314
	Nursing	46,445	0.7	3,608
	Allied Health Professionals	44,415	0.8	1,231
	Care-related Support Staff	15,056	0.2	664
KEC	Doctors	111,730	2.0	1,371
	Nursing	40,505	0.7	1,880
	Allied Health Professionals	44,415	0.8	594
	Care-related Support Staff	15,819	0.2	376
KWC	Doctors	111,730	2.0	1,983
	Nursing	46,445	0.7	2,925
	Allied Health Professionals	44,415	0.8	948
	Care-related Support Staff	15,819	0.2	498
NTEC	Doctors	111,730	2.0	1,902
	Nursing	42,410	0.7	2,850
	Allied Health Professionals	44,415	0.7	958
	Care-related Support Staff	15,819	0.2	594
NTWC	Doctors	111,730	1.9	1,547
	Nursing	42,410	0.7	2,455
	Allied Health Professionals	42,410	0.7	738
	Care-related Support Staff	15,056	0.2	545

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" 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 total salary expenditure 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 2017-18 represent full-year projection.

(b)

The tables below provide the number of staff, intake and attrition (wastage) numbers of "doctors", "nursing", "allied health professionals" and "care-related support staff" of HA in each cluster in 2013-14, 2014-15, 2015-16, 2016-17 and 2017-18:

2013-14

Cluster	Staff Group	No. of Staff (as at 31 March 2014) (include both FT and PT)	Intake No. (include both FT and PT)	Attrition (Wastage) No.	
				FT	PT
HKEC	Doctors	575	34	27	5
	Nursing	2 443	228	116	0
	Allied Health Professionals	746	54	21	1
	Care-related Support Staff	1 341	323	199	0
HKWC	Doctors	602	40	30	0
	Nursing	2 553	304	135	1
	Allied Health Professionals	838	65	36	2
	Care-related Support Staff	1 231	278	216	0
KCC	Doctors	679	41	26	8
	Nursing	3 175	273	162	1
	Allied Health Professionals	978	64	36	1
	Care-related Support Staff	1 748	534	343	0
KEC	Doctors	627	45	25	4
	Nursing	2 474	276	125	2
	Allied Health Professionals	685	56	19	0
	Care-related Support Staff	1 211	230	140	0
KWC	Doctors	1 300	87	36	6
	Nursing	5 337	426	211	0
	Allied Health Professionals	1 479	135	36	4
	Care-related Support Staff	2 478	452	317	0
NTEC	Doctors	879	58	34	7
	Nursing	3 707	281	135	0
	Allied Health Professionals	1 018	76	36	0
	Care-related Support Staff	2 099	398	263	0
NTWC	Doctors	702	74	29	6
	Nursing	3 027	309	136	0
	Allied Health Professionals	797	75	30	0
	Care-related Support Staff	2 028	560	339	0

2014-15

Cluster	Staff Group	No. of Staff (as at 31 March 2015) (include both FT and PT)	Intake No. (include both FT and PT)	Attrition (Wastage) No.	
				FT	PT
HKEC	Doctors	584	43	24	7
	Nursing	2 517	244	126	4
	Allied Health Professionals	762	48	22	1
	Care-related Support Staff	1 485	211	187	0
HKWC	Doctors	608	50	36	5
	Nursing	2 679	238	144	15
	Allied Health Professionals	883	82	29	1
	Care-related Support Staff	1 422	423	310	0
KCC	Doctors	703	62	35	5
	Nursing	3 275	257	138	2
	Allied Health Professionals	989	60	48	0
	Care-related Support Staff	1 968	469	355	0
KEC	Doctors	644	50	19	4
	Nursing	2 613	212	139	1
	Allied Health Professionals	706	52	24	2
	Care-related Support Staff	1 436	189	159	0
KWC	Doctors	1 318	85	54	12
	Nursing	5 608	428	215	1
	Allied Health Professionals	1 566	151	51	4
	Care-related Support Staff	2 831	398	319	0
NTEC	Doctors	881	65	37	14
	Nursing	3 897	274	161	1
	Allied Health Professionals	1 081	94	47	0
	Care-related Support Staff	2 358	369	296	0
NTWC	Doctors	723	62	26	11
	Nursing	3 163	262	135	1
	Allied Health Professionals	831	66	32	0
	Care-related Support Staff	2 216	383	283	2

2015-16

Cluster	Staff Group	No. of Staff (as at 31 March 2016) (include both FT and PT)	Intake No. (include both FT and PT)	Attrition (Wastage) No.	
				FT	PT
HKEC	Doctors	595	48	22	7
	Nursing	2 613	264	163	1
	Allied Health Professionals	791	76	32	1
	Care-related Support Staff	1 507	258	237	0
HKWC	Doctors	624	61	44	0
	Nursing	2 788	247	143	8
	Allied Health Professionals	913	68	34	5
	Care-related Support Staff	1 489	376	294	0
KCC	Doctors	731	60	26	3
	Nursing	3 304	258	163	2
	Allied Health Professionals	1 028	79	37	0
	Care-related Support Staff	2 044	387	303	0
KEC	Doctors	676	55	30	8
	Nursing	2 698	225	146	1
	Allied Health Professionals	750	73	23	1
	Care-related Support Staff	1 491	234	195	0
KWC	Doctors	1 352	108	63	11
	Nursing	5 730	403	262	0
	Allied Health Professionals	1 646	140	59	2
	Care-related Support Staff	2 950	433	358	0
NTEC	Doctors	921	84	20	9
	Nursing	4 053	326	162	0
	Allied Health Professionals	1 179	109	35	0
	Care-related Support Staff	2 427	387	342	0
NTWC	Doctors	748	72	35	14
	Nursing	3 356	318	160	0
	Allied Health Professionals	889	69	23	0
	Care-related Support Staff	2 358	401	283	0

2016-17

Cluster	Staff Group	No. of Staff (as at 31 March 2017) (include both FT and PT)	Intake No. (include both FT and PT)	Attrition (Wastage) No.	
				FT	PT
HKEC	Doctors	594	47	41	8
	Nursing	2 679	212	147	0
	Allied Health Professionals	799	45	35	0
	Care-related Support Staff	1 536	276	250	0
HKWC	Doctors	646	64	33	6
	Nursing	2 821	206	211	10
	Allied Health Professionals	960	91	43	1
	Care-related Support Staff	1 450	212	243	0
KCC	Doctors	740	54	30	5
	Nursing	3 333	241	206	0
	Allied Health Professionals	1 065	83	46	1
	Care-related Support Staff	2 125	405	323	0
KEC	Doctors	682	44	39	2
	Nursing	2 750	190	145	5
	Allied Health Professionals	782	58	27	5
	Care-related Support Staff	1 584	269	191	0
KWC	Doctors	1 375	97	70	10
	Nursing	5 746	370	294	0
	Allied Health Professionals	1 696	111	58	3
	Care-related Support Staff	2 991	382	366	1
NTEC	Doctors	941	79	45	9
	Nursing	4 090	245	202	0
	Allied Health Professionals	1 231	98	45	1
	Care-related Support Staff	2 554	539	435	1
NTWC	Doctors	793	82	27	11
	Nursing	3 514	293	148	0
	Allied Health Professionals	964	101	38	0
	Care-related Support Staff	2 455	382	301	0

2017-18

Cluster	Staff Group	No. of Staff (as at 31 December 2017) (include both FT and PT)	Intake No. (April – December 2017) (include both FT and PT)	Attrition (Wastage) No. (January – December 2017)	
				FT	PT
HKEC	Doctors	610	50	38	12
	Nursing	2 769	213	141	5
	Allied Health Professionals	834	51	21	0
	Care-related Support Staff	1 522	184	258	0
HKWC	Doctors	652	56	50	9
	Nursing	2 888	214	188	10
	Allied Health Professionals	975	52	44	4
	Care-related Support Staff	1 430	178	235	0
KCC*	Doctors	1 170	80	49	9
	Nursing	5 209	364	202	2
	Allied Health Professionals	1 579	101	54	1
	Care-related Support Staff	3 048	382	319	0
KEC	Doctors	687	57	45	11
	Nursing	2 873	195	127	3
	Allied Health Professionals	790	48	35	5
	Care-related Support Staff	1 598	186	237	1
KWC*	Doctors	993	67	42	13
	Nursing	4 226	324	161	2
	Allied Health Professionals	1 261	93	39	2
	Care-related Support Staff	2 209	233	187	0
NTEC	Doctors	972	79	48	11
	Nursing	4 249	321	215	0
	Allied Health Professionals	1 283	77	39	0
	Care-related Support Staff	2 570	363	433	1
NTWC	Doctors	808	70	42	20
	Nursing	3 613	214	151	0
	Allied Health Professionals	1 019	76	42	0
	Care-related Support Staff	2 541	334	345	1

Note:

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

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

(3) Intake number of doctors includes number of interns appointed as residents.

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

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

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable. For attrition information in 2017-18, only nine-month data for KCC and KWC under the new clustering arrangement (i.e. 1 April 2017 to 31 December 2017) are available and therefore should not be used to compare with any past statistics which are based on 12-month rolling data.

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. 0401)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following data on each of the hospital clusters in the past 5 financial years:

(1) the percentage of persons aged 65 or above in the total population of the clusters and the annual growth rate of the population aged 65 or above; and

(2) the respective ratios of doctors, nursing staff, allied health staff and care-related support staff to the overall population and population aged 65 or above (ratio per 1 000 geographical population) of the catchment districts.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. (LegCo use): No. 20)

Reply:

(1) The tables below set out the population and the population aged 65 or above in respect of each cluster of the Hospital Authority (HA) in the past five years:

Population Estimates in 2013 (as at mid-2013)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	775 400	131 600
Central & Western, Southern	HKWC	530 800	80 300
Kowloon City, Yau Tsim	KCC	508 100	85 400
Kwun Tong, Sai Kung	KEC	1 088 100	151 700
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 930 200	303 900
Sha Tin, Tai Po, North	NTEC	1 257 000	152 500
Tuen Mun, Yuen Long	NTWC	1 088 100	114 400
Overall Hong Kong		**7 178 900**	**1 019 900**

Population Estimates in 2014 (as at mid-2014)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	769 100	134 400
Central & Western, Southern	HKWC	527 600	83 000
Kowloon City, Yau Tsim	KCC	534 000	89 800
Kwun Tong, Sai Kung	KEC	1 097 100	157 700
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 938 300	316 600
Sha Tin, Tai Po, North	NTEC	1 264 300	160 700
Tuen Mun, Yuen Long	NTWC	1 098 100	121 600
Overall Hong Kong		**7 229 500**	**1 063 800**

Population Estimates in 2015 (as at mid-2015)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	763 800	140 500
Central & Western, Southern	HKWC	523 800	86 600
Kowloon City, Yau Tsim	KCC	540 000	94 100
Kwun Tong, Sai Kung	KEC	1 107 000	164 500
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 951 500	328 000
Sha Tin, Tai Po, North	NTEC	1 287 000	170 900
Tuen Mun, Yuen Long	NTWC	1 116 900	129 900
Overall Hong Kong		**7 291 300**	**1 114 600**

Population Estimates in 2016 (as at mid-2016)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	767 600	128 700
Central & Western, Southern	HKWC	518 300	84 500
Kowloon City, Yau Tsim	KCC	561 100	85 200
Kwun Tong, Sai Kung	KEC	1 110 400	179 000
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 995 500	319 700
Sha Tin, Tai Po, North	NTEC	1 279 000	200 800
Tuen Mun, Yuen Long	NTWC	1 103 500	165 100
Overall Hong Kong		**7 336 600**	**1 163 200**

Projected Population in 2017 (as at mid-2017)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	762 900	153 400
Central & Western, Southern	HKWC	521 200	94 800
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 159 700	220 000
Kwun Tong, Sai Kung	KEC	1 138 100	177 600
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 350 400	234 400
Sha Tin, Tai Po, North	NTEC	1 328 000	194 400
Tuen Mun, Yuen Long	NTWC	1 150 300	148 600
Overall Hong Kong		**7 411 300**	**1 223 400**

The tables below set out the percentage of population aged 65 or above in respect of each cluster of HA in the past five years:

Districts	Corresponding Hospital Cluster	Percentage of Population aged 65+				
		2013	2014	2015	2016	2017
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	17.0	17.5	18.4	16.8	20.1
Central & Western, Southern	HKWC	15.1	15.7	16.5	16.3	18.2
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	16.8	16.8	17.4	15.2	19.0
Kwun Tong, Sai Kung	KEC	13.9	14.4	14.9	16.1	15.6
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	15.7	16.3	16.8	16.0	17.4
Sha Tin, Tai Po, North	NTEC	12.1	12.7	13.3	15.7	14.6
Tuen Mun, Yuen Long	NTWC	10.5	11.1	11.6	15.0	12.9
Overall Hong Kong		**14.2**	**14.7**	**15.3**	**15.9**	**16.5**

(2)

The tables below set out the number of doctors, nurses, allied health professionals and supporting (care-related) (CR) staff in each cluster, together with their respective ratios to overall population as well as population aged 65 or above in 2013-14 to 2017-18 (as at 31 December 2017).

2013-14

Cluster	Number of doctors, nurses, allied health staff and supporting (CR) and ratio per 1 000 population												Catchment districts
	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+	Supporting (CR)	Ratio to overall population	Ratio to population aged 65+	
HKEC	575	0.7	4.4	2 443	3.2	18.6	746	1.0	5.7	1 341	1.7	10.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	602	1.1	7.5	2 553	4.8	31.8	838	1.6	10.4	1 231	2.3	15.3	Central & Western, Southern
KCC	679	1.3	7.9	3 175	6.2	37.2	978	1.9	11.4	1 748	3.4	20.5	Kowloon City, Yau Tsim
KEC	627	0.6	4.1	2 474	2.3	16.3	685	0.6	4.5	1 211	1.1	8.0	Kwun Tong, Sai Kung
KWC	1 300	0.7	4.3	5 337	2.8	17.6	1 479	0.8	4.9	2 478	1.3	8.2	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	879	0.7	5.8	3 707	2.9	24.3	1 018	0.8	6.7	2 099	1.7	13.8	Sha Tin, Tai Po, North
NTWC	702	0.6	6.1	3 027	2.8	26.5	797	0.7	7.0	2 028	1.9	17.7	Tuen Mun, Yuen Long
Cluster Total	**5 365**	**0.7**	**5.3**	**22 716**	**3.2**	**22.3**	**6 541**	**0.9**	**6.4**	**12 136**	**1.7**	**11.9**	

2014-15

Cluster	Number of doctors, nurses, allied health staff and supporting (CR) and ratio per 1 000 population												Catchment districts
	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+	Supporting (CR)	Ratio to overall population	Ratio to population aged 65+	
HKEC	584	0.8	4.3	2 517	3.3	18.7	762	1.0	5.7	1 485	1.9	11	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	608	1.2	7.3	2 679	5.1	32.3	883	1.7	10.6	1 422	2.7	17.1	Central & Western, Southern
KCC	703	1.3	7.8	3 275	6.1	36.5	989	1.9	11	1 968	3.7	21.9	Kowloon City, Yau Tsim
KEC	644	0.6	4.1	2 613	2.4	16.6	706	0.6	4.5	1 436	1.3	9.1	Kwun Tong, Sai Kung
KWC	1 318	0.7	4.2	5 608	2.9	17.7	1 566	0.8	4.9	2 831	1.5	8.9	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	881	0.7	5.5	3 897	3.1	24.3	1 081	0.9	6.7	2 358	1.9	14.7	Sha Tin, Tai Po, North
NTWC	723	0.7	5.9	3 163	2.9	26.0	831	0.8	6.8	2 216	2.0	18.2	Tuen Mun, Yuen Long
Cluster Total	**5 462**	**0.8**	**5.1**	**23 751**	**3.3**	**22.3**	**6 818**	**0.9**	**6.4**	**13 715**	**1.9**	**12.9**	

2015-16

Cluster	Number of doctors, nurses, allied health staff and supporting (CR) and ratio per 1 000 population												Catchment districts
	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+	Supporting (CR)	Ratio to overall population	Ratio to population aged 65+	
HKEC	595	0.8	4.2	2 613	3.4	18.6	791	1.0	5.6	1 507	2.0	10.7	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	624	1.2	7.2	2 788	5.3	32.2	913	1.7	10.5	1 489	2.8	17.2	Central & Western, Southern
KCC	731	1.4	7.8	3 304	6.1	35.1	1 028	1.9	10.9	2 044	3.8	21.7	Kowloon City, Yau Tsim
KEC	676	0.6	4.1	2 698	2.4	16.4	750	0.7	4.6	1 491	1.3	9.1	Kwun Tong, Sai Kung
KWC	1 352	0.7	4.1	5 730	2.9	17.5	1 646	0.8	5.0	2 950	1.5	9.0	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	921	0.7	5.4	4 053	3.1	23.7	1 179	0.9	6.9	2 427	1.9	14.2	Sha Tin, Tai Po, North
NTWC	748	0.7	5.8	3 356	3.0	25.8	889	0.8	6.8	2 358	2.1	18.2	Tuen Mun, Yuen Long
Cluster Total	**5 648**	**0.8**	**5.1**	**24 542**	**3.4**	**22.0**	**7 195**	**1.0**	**6.5**	**14 266**	**2.0**	**12.8**	

2016-17

Cluster	Number of doctors, nurses, allied health staff and supporting (CR) and ratio per 1 000 population												Catchment districts
	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+	Supporting (CR)	Ratio to overall population	Ratio to population aged 65+	
HKEC	594	0.8	4.6	2 679	3.5	20.8	799	1.0	6.2	1 536	2.0	11.9	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	646	1.2	7.6	2 821	5.4	33.4	960	1.9	11.4	1 450	2.8	17.2	Central & Western, Southern
KCC	740	1.3	8.7	3 333	5.9	39.1	1 065	1.9	12.5	2 125	3.8	24.9	Kowloon City, Yau Tsim
KEC	682	0.6	3.8	2 750	2.5	15.4	782	0.7	4.4	1 584	1.4	8.9	Kwun Tong, Sai Kung
KWC	1 375	0.7	4.3	5 746	2.9	18.0	1 696	0.9	5.3	2 991	1.5	9.4	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	941	0.7	4.7	4 090	3.2	20.4	1 231	1.0	6.1	2 554	2.0	12.7	Sha Tin, Tai Po, North
NTWC	793	0.7	4.8	3 514	3.2	21.3	964	0.9	5.8	2 455	2.2	14.9	Tuen Mun, Yuen Long
Cluster Total	**5 770**	**0.8**	**5.0**	**24 933**	**3.4**	**21.4**	**7 497**	**1.0**	**6.4**	**14 696**	**2.0**	**12.6**	

2017-18 (as at 31 December 2017)

Cluster	Number of doctors, nurses, allied health staff and supporting (CR) and ratio per 1 000 population												Catchment districts
	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+	Supporting (CR)	Ratio to overall population	Ratio to population aged 65+	
HKEC	610	0.8	4.0	2 769	3.6	18.1	834	1.1	5.4	1 522	2.0	9.9	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	652	1.3	6.9	2 888	5.5	30.5	975	1.9	10.3	1 430	2.7	15.1	Central & Western, Southern
KCC	1 170	1.0	5.3	5 209	4.5	23.7	1 579	1.4	7.2	3 048	2.6	13.9	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	687	0.6	3.9	2 873	2.5	16.2	790	0.7	4.4	1 598	1.4	9.0	Kwun Tong, Sai Kung
KWC	993	0.7	4.2	4 226	3.1	18.0	1 261	0.9	5.4	2 209	1.6	9.4	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	972	0.7	5.0	4 249	3.2	21.9	1 283	1.0	6.6	2 570	1.9	13.2	Sha Tin, Tai Po, North
NTWC	808	0.7	5.4	3 613	3.1	24.3	1 019	0.9	6.9	2 541	2.2	17.1	Tuen Mun, Yuen Long
Cluster Total	**5 894**	**0.8**	**4.8**	**25 827**	**3.5**	**21.1**	**7 742**	**1.0**	**6.3**	**14 918**	**2.0**	**12.2**	

Note:

(1) Individual figures may not add up to the total due to rounding and inclusion of marine population.

(2) The population figures provided are not directly comparable over the years because the availability of population information is different:

(a) figures for intercensal years (i.e. 2013 to 2015) are compiled based on the population estimates from Census and Statistics Department and population distribution from Planning Department in respective years;

(b) figures for 2016 are compiled based on the results of the 2016 Population By-census from Census and Statistics Department; and

(c) figures for 2017 are compiled based on "Projections of Population Distribution 2015-2024" (2014-based) from Planning Department since population estimates by age at district level for 2017 is not yet available.

(3) Because of (2) above, the annual growth rate of population aged 65 or above cannot be provided.

(4) 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.

(5) Doctors exclude Interns and Dental Officers.

(6) It should be noted that the ratios of doctors, nurses, allied health professionals and supporting (CR) staff 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.

(7) The manpower to population ratios involve the use of the latest revised mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

(8) Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0402)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the following items in respect of each hospital cluster in the past 5 financial years:

(a) the total service costs incurred by the total population and the population aged 65 or above; and

(b) the average service costs of various healthcare services, and the numbers of such service users out of the total population and the population aged 65 or above.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. (LegCo use): 21)

Reply:

(a)

The table below sets out the total operating expenditure of each hospital cluster of Hospital Authority (HA) in the past 5 years.

	Total Expenditure ($billion)				
Cluster	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18 (Projection as of 31 December 2017)**
HKEC	4.91	5.46	5.81	6.15	6.43
HKWC	5.57	5.99	6.51	6.93	7.15
KCC	6.30	6.85	7.26	7.73	11.88
KEC	4.68	5.20	5.59	6.03	6.33
KWC	10.25	11.27	12.08	12.81	9.84
NTEC	7.45	8.07	8.77	9.39	9.89
NTWC	5.85	6.44	7.04	7.69	8.31
Cluster Total	**45.01**	**49.28**	**53.06**	**56.73**	**59.83**

The operating expenditure as shown in the table above represents the resources utilised by hospitals to meet clusters' daily operational needs, such as staff costs, 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.

The operating expenditure of a cluster depends not only on the size and demographics of the population residing within its catchment districts, but also on other factors such as service demand generated from cross-cluster movement of patients and the provision of designated services (such as liver transplantation). As such, the scope of hospital facilities and expertise available in different clusters also vary. Therefore, operating expenditure of individual clusters is not directly comparable.

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 cluster in the past 5 years.

	2013-14	**2014-15**	**2015-16**	**2016-17**	**2017-18 (Revised Estimate)**
HKEC	53.3%	53.8%	53.5%	53.3%	54.9%
HKWC	43.4%	43.3%	44.1%	43.8%	45.4%
KCC	49.8%	49.9%	49.5%	50.0%	51.2%
KEC	49.3%	49.5%	48.9%	49.1%	50.8%
KWC	47.4%	47.4%	46.7%	47.0%	47.5%
NTEC	43.2%	43.4%	44.2%	44.0%	45.5%
NTWC	36.9%	37.8%	38.3%	38.7%	40.0%
HA Overall	**46.0%**	**46.2%**	**46.9%**	**47.1%**	**48.6%**

The percentages in 2013-14 to 2016-17 are based on 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 2017-18 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.

(b)

The tables below set out the actual and projected unit costs of the following services by cluster from 2013-14 to 2017-18:

(i) inpatient services;

(ii) specialist outpatient (SOP) services;

(iii) general outpatient (GOP) services; and

(iv) Accident & Emergency (A&E) services

Year	Average Cost per Patient Day (General (acute & convalescent)) ($)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
2013-14	4,470	5,180	4,110	4,350	4,240	4,180	4,060	**4,330**
2014-15	4,690	5,410	4,330	4,610	4,550	4,490	4,370	**4,600**
2015-16	4,960	5,810	4,560	4,760	4,780	4,740	4,480	**4,830**
2016-17	5,080	6,120	4,760	4,820	4,860	4,770	4,560	**4,950**
2017-18 (Revised Estimate)	5,320	6,380	5,120	5,170	5,310	4,990	4,970	**5,270**

Year	Average Cost per SOP Attendance ($)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
2013-14	1,070	1,250	1,030	945	1,050	1,150	1,070	**1,080**
2014-15	1,120	1,290	1,090	1,020	1,110	1,210	1,110	**1,130**
2015-16	1,160	1,340	1,170	1,090	1,170	1,230	1,170	**1,190**
2016-17	1,190	1,380	1,210	1,080	1,190	1,290	1,140	**1,210**
2017-18 (Revised Estimate)	1,270	1,460	1,290	1,160	1,320	1,380	1,280	**1,310**

Year	Average Cost per GOP Attendance ($)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
2013-14	410	395	400	365	405	370	355	**385**
2014-15	435	425	415	390	440	400	370	**410**
2015-16	465	460	440	430	470	430	395	**445**
2016-17	475	475	455	415	485	455	400	**450**
2017-18 (Revised Estimate)	525	505	515	445	530	475	440	**490**

Year	Average Cost per A&E Attendance ($)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
2013-14	1,020	1,010	1,050	1,010	1,100	1,090	925	**1,040**
2014-15	1,150	1,010	1,140	1,130	1,190	1,210	1,020	**1,140**
2015-16	1,240	1,110	1,260	1,200	1,260	1,320	1,100	**1,230**
2016-17	1,340	1,240	1,240	1,260	1,310	1,420	1,240	**1,300**
2017-18 (Revised Estimate)	1,440	1,320	1,310	1,330	1,410	1,500	1,530	**1,420**

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 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), as appropriate. The average cost of individual service represents an average computed with reference to its total service costs divided by the corresponding activities (in terms of patient day and attendance) provided.

It should be noted that the average costs of these services 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 average costs of these services 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 average costs of these services cannot be directly compared among clusters.

The tables below set out the relevant numbers of patient days and attendances in each hospital cluster under the HA, as well as their respective percentages of services to patients aged 65 or above in the past 5 years.

2013-14

		HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**
Patient days * [General (acute & convalescent)]	Total number (all ages)	624 865	707 005	968 299	681 761	1 486 923	1 097 641	773 733
	% of services to patients aged 65 or above	63%	49%	61%	61%	59%	54%	51%
SOP (clinical) attendances	Total number (all ages)	792 008	844 024	1 016 873	766 997	1 634 502	1 099 139	887 340
	% of services to patients aged 65 or above	41%	33%	36%	34%	35%	29%	26%
GOP attendances	Total number (all ages)	587 953	390 097	565 425	921 662	1 603 082	941 614	803 873
	% of services to patients aged 65 or above	40%	43%	39%	36%	41%	35%	28%
A&E attendances	Total number (all ages)	243 850	131 577	195 280	323 703	595 085	394 271	357 240
	% of services to patients aged 65 or above	31%	33%	35%	30%	27%	25%	22%

2014-15

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Patient days* [General (acute & convalescent)]	Total number (all ages)	642 082	732 389	1 002 237	706 339	1 509 771	1 112 026	804 164
	% of services to patients aged 65 or above	63%	49%	60%	61%	59%	53%	51%
Specialist outpatient (clinical) attendances	Total number (all ages)	806 737	851 826	1 026 591	795 801	1 674 173	1 121 589	915 063
	% of services to patients aged 65 or above	42%	33%	36%	34%	35%	30%	27%
General outpatient attendances	Total number (all ages)	587 882	389 451	570 648	944 950	1 656 204	946 315	809 812
	% of services to patients aged 65 or above	41%	43%	39%	36%	40%	36%	29%
A&E attendances	Total number (all ages)	236 747	128 855	190 391	320 071	621 547	380 042	345 248
	% of services to patients aged 65 or above	31%	34%	35%	30%	26%	26%	23%

2015-16

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Patient days* [General (acute & convalescent)]	Total number (all ages)	656140	745 826	999 921	741 722	1 533 566	1 150 783	873 642
	% of services to patients aged 65 or above	63%	50%	60%	61%	59%	55%	52%
Specialist outpatient (clinical) attendances	Total number (all ages)	807 962	872 166	1 021 610	820 458	1 706 539	1 141 679	939 918
	% of services to patients aged 65 or above	43%	34%	37%	35%	36%	31%	29%
General outpatient attendances	Total number (all ages)	580 978	388 650	570 417	969 190	1 692 916	963 338	819 087
	% of services to patients aged 65 or above	42%	44%	40%	37%	40%	37%	29%
A&E attendances	Total number (all ages)	231 837	128 503	195 584	316 235	629 419	385 614	349 264
	% of services to patients aged 65 or above	32%	35%	35%	31%	27%	26%	23%

2016-17

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Patient days* [General (acute & convalescent)]	Total number (all ages)	673 052	771 379	1 020 998	781 524	1 596 214	1 222 214	915 761
	% of services to patients aged 65 or above	63%	49%	60%	61%	59%	55%	52%
Specialist outpatient (clinical) attendances	Total number (all ages)	827 500	891 261	1 035 508	869 710	1 761 030	1 197 841	1 018 293
	% of services to patients aged 65 or above	44%	35%	38%	35%	37%	32%	30%
General outpatient attendances	Total number (all ages)	607 799	395 348	579 645	997 733	1 716 077	972 454	851 943
	% of services to patients aged 65 or above	42%	45%	41%	38%	41%	39%	32%
A&E attendances	Total number (all ages)	227 465	129 674	194 648	316 829	631 235	385 432	346 668
	% of services to patients aged 65 or above	33%	36%	35%	32%	27%	27%	24%

2017-18 (up to 31 December 2017 provisional figures)

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Patient days* [General (acute & convalescent)]	Total number (all ages)	514 538	590 478	1 189 672	619 584	841 714	954 795	741 958
	% of services to patients aged 65 or above	64%	51%	61%	62%	61%	55%	53%
Specialist outpatient (clinical) attendances	Total number (all ages)	626 206	674 376	1 102 602	663 081	1 008 921	922 245	787 827
	% of services to patients aged 65 or above	45%	36%	38%	36%	39%	34%	32%
General outpatient attendances	Total number (all ages)	456 565	295 907	893 943	730 348	814 093	726 889	645 379
	% of services to patients aged 65 or above	43%	46%	43%	40%	42%	41%	35%
A&E attendances	Total number (all ages)	163 013	94 819	242 948	225 142	362 549	282 592	282 584
	% of services to patients aged 65 or above	35%	37%	33%	34%	28%	29%	23%

* Patient days include inpatient patient days and day inpatient discharges & deaths. In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via A&E Department or those who have stayed for more than one day. The calculation of the number of patient days includes that of both inpatients and day inpatients.

Note

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the 2016-17 financial

year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on/after 1 April 2017 are therefore not directly comparable.

Abbreviations

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

- 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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the estimated expenditure for the coming year increases substantially by 46.1%. The increased provision will be mainly made available for the Health and Medical Research Fund (HMRF), supporting the pilot District Health Centre in Kwai Tsing District and establishing a Chinese Medicine Development Fund to support the development of Chinese medicine.

(a) Please list, by grade, the posts to be created in the coming year for the HMRF and the Chinese Medicine Development Fund, the work description and the estimated remuneration.

(b) Please list the major work plan (including the details and the tentative timetable) of the two funds in the coming year and the estimated expenditure involved.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. (LegCo use): 53)

Reply:

(a) No new post will be created for the Health and Medical Research Fund (HMRF) in the coming year. The Chinese Medicine Unit to be set up by the Food and Health Bureau will be responsible for the co-ordination work of the Chinese Medicine Development Fund. The breakdown of staff establishment of the Chinese Medicine Unit is appended below:

Rank	**No. of Posts**
Administrative Officer Staff Grade C	1
Senior Administrative Officer	1
Consultant Chinese Medicine Practitioner	1
Chemist	1
Senior Executive Officer	3
Executive Officer II	3

Rank	No. of Posts
Personal Secretary I	1
Assistant Clerical Officer	3
Total:	**14**

The financial provision for the Chinese Medicine Unit in 2018-19 is about $11.5 million.

(b) Health and Medical Research Fund (HMRF)

The HMRF provides funding for investigator-initiated research projects, health care and promotion projects, research fellowship and government-commissioned research programmes. Details of the funding schemes and approved projects are available from the Research Fund Secretariat website at http://rfs.fhb.gov.hk. In 2018-19, the estimated expenditure is $225 million to meet the increased cash flow requirement for supporting the approved projects.

Work plan of the HMRF in the coming year is as follows:

Major activities	Tentative timeline
(a) 2017 Open Call for Investigator-initiated Research Projects *(announced in December 2017)*	
(i) Review of applications	April to October 2018
(ii) Announcement of results	November 2018
(b) 2018 Open Call for Health Care and Promotion Scheme	
(i) Announcement of open call	April 2018
(ii) Review of applications	August to October 2018
(iii) Announcement of results	November 2018
(c) Announcement of 2018 Combined Open Call for Investigator-initiated Research Projects and Health Care and Promotion Scheme	December 2018
(d) Research Fellowship Scheme	
2017 Open Call *(announced in October 2017)*	
(i) Review of applications	February to June 2018
(ii) Announcement of results	July 2018
2018 Open Call	
(i) Announcement of open call	October 2018
(ii) Review of applications	February – June 2019

In addition, several specific studies/programmes are being commissioned. Grant proposals of local cohorts and follow-up studies, review of growth charts for children, study on vitamin D status of infants, young children and pregnant women, and the

extended study on the framework of healthcare professions will be reviewed from April to May 2018 with announcement of results in June 2018.

Chinese Medicine Development Fund

In response to the suggestion of the Chinese medicine sector, the Government has decided to set up a $500 million fund to drive the development of Chinese medicine in Hong Kong which aims to benefit Chinese medicine practitioners and the Chinese medicines industry. Support will be provided in areas including but not limited to applied research, Chinese medicine specialisation, knowledge exchange and cross-market co-operation, and helping local Chinese medicines traders with the production and registration of Chinese proprietary medicines. The Government is currently mapping out details of the operation of the fund and support schemes in consultation with the Chinese Medicine Development Committee and the industry. The estimated expenditure of the fund in 2018-19 is $25 million.

- 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: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the treatment of seasonal influenza, please provide the following information:

(a) the total number of deaths with principal diagnosis of influenza and the respective figure for elderly people aged 65 or above in each of the past 5 years;
(b) the number of admissions to public hospitals with principal diagnosis of influenza by age group and the average patient days in each of the past 5 years; and
(c) the number of additional beds provided in each cluster during peak influenza seasons and the medical expenses involved in each of the past 3 years.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. (LegCo use): 55)

Reply:

(a) The table below sets out the number of deaths with principal diagnosis of influenza among hospitalised patients in the Hospital Authority (HA) in the past five years:

Year	Number of deaths with principal diagnosis of influenza	Number of deaths with principal diagnosis of influenza, aged 65 years old or above
2013	25	18
2014	75	58
2015	232	223
2016	92	76
2017	170	159

(b) The table below sets out the number of hospital admissions and average length of stay with principal diagnosis of influenza in HA, with breakdowns by age group, in the past five years:

Year	Age Group	Number of admissions with principal diagnosis of influenza*	Average length of stay of admissions with principal diagnosis of influenza (days)
2013	<18 years old	1 263	2.4
	18-64 years old	760	3.7
	65 years old or above	1 034	5.3
	All ages	3 057	3.7
2014	<18 years old	1 927	2.5
	18-64 years old	1 365	4.2
	65 years old or above	1 977	5.7
	All ages	5 270	4.2
2015	<18 years old	1 928	2.3
	18-64 years old	1 726	3.3
	65 years old or above	6 090	5.4
	All ages	9 744	4.5
2016	<18 years old	3 282	2.6
	18-64 years old	1 698	4.8
	65 years old or above	2 672	5.7
	All ages	7 653	4.2
2017	<18 years old	3 898	2.5
	18-64 years old	2 612	3.3
	65 years old or above	6 021	5.2
	All ages	12 531	4.0

* The sum of breakdowns may not equal to the total number of admissions for all ages due to cases with unknown date of birth.

Note:

1. The annual variation in the number of deaths and admissions with principal diagnosis of influenza may be related to multiple factors, for example, the predominance of different circulating strains of influenza viruses which affects different age groups, and the effectiveness of the seasonal influenza vaccines.

2. The length of stay may not be directly related to the principal diagnosis but subject to other clinical conditions requiring hospitalisation.

(c) To meet the rising demand from the growing and ageing population, HA has earmarked over $320 million, over $235 million and $267 million for the opening of 250, 231 and 229 beds in 2015-16, 2016-17 and 2017-18 respectively. Opening of these new beds is crucial in alleviating hospitals' pressure especially during the service demand surge. The table below sets out the respective number of hospital beds opened in each hospital cluster in 2015-16, 2016-17 and 2017-18.

Cluster	Number of hospital beds opened		
	2015-16	**2016-17**	**2017-18**
HKEC	21	20	20
HKWC	–	–	–
KCC	–	24	26
KEC	36	16	58
KWC	–	–	8
NTEC	71	62	58
NTWC	122	109	59
Total	**250**	**231**	**229**

In addition, cluster hospitals have opened time-limited beds and temporary beds during influenza peak season to cope with increased demand as required. For example, in January 2018, the number of time-limited beds opened was around 550 while the number of temporary beds ranged from around 800 to 1 200.

Note:

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2426)

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

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

Programme: (-) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the ward services of public hospitals, please provide:

(a) a breakdown of the bed occupancy rates and average patient days of general and major specialties in various hospital clusters for surge periods, non-surge periods and the whole year in the past 3 years; and

(b) a breakdown of the numbers of additional beds and additional healthcare manpower deployment (including doctors, nurses and care-related support staff) in general and major specialist wards in various hospital clusters and the expenditure involved in the past 3 years.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. (LegCo use): 57)
Reply:

(a)
The tables below set out the inpatient (IP) bed occupancy rate and inpatient average length of stay (ALOS) in each hospital cluster for general (acute & convalescent) and major specialties under the Hospital Authority (HA) by quarter and full year from 2015-16 to 2017-18 (up to 31 December 2017).

2015-16 (April – June 2015)

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescent) Specialties								
IP bed occupancy rate	87%	76%	93%	92%	87%	91%	100%	89%
IP ALOS (days)	5.2	5.8	7.6	5.4	5.2	6.1	5.5	5.8
Major specialties								
Gynaecology								
IP bed occupancy rate	92%	60%	89%	56%	87%	76%	108%	77%
IP ALOS (days)	2.0	2.6	2.2	2.4	1.8	2.0	1.7	2.1
Medicine								
IP bed occupancy rate	91%	88%	109%	100%	98%	106%	108%	100%
IP ALOS (days)	5.2	5.6	8.4	5.7	5.9	7.1	6.8	6.3
Obstetrics								
IP bed occupancy rate	82%	55%	67%	63%	63%	58%	86%	66%
IP ALOS (days)	3.8	2.9	3.4	3.0	3.0	2.8	2.8	3.0
Orthopaedics & Traumatology								
IP bed occupancy rate	92%	74%	107%	102%	91%	89%	92%	92%
IP ALOS (days)	5.1	7.8	11.7	6.0	6.3	8.5	9.7	7.6
Paediatrics								
IP bed occupancy rate	82%	65%	71%	77%	72%	83%	97%	76%
IP ALOS (days)	3.2	6.1	5.4	2.5	2.8	3.3	3.3	3.5
Surgery								
IP bed occupancy rate	81%	71%	94%	88%	72%	94%	92%	82%
IP ALOS (days)	3.6	5.4	4.7	3.9	3.6	5.3	4.2	4.3

2015-16 (July – September 2015)

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescent) Specialties								
IP bed occupancy rate	87%	75%	87%	90%	87%	87%	100%	87%
IP ALOS (days)	5.2	5.9	7.1	5.4	5.2	6.6	5.7	5.8
Major specialties								
Gynaecology								
IP bed occupancy rate	104%	60%	96%	61%	89%	75%	114%	80%
IP ALOS (days)	2.4	2.8	2.4	2.6	2.0	2.1	1.9	2.2
Medicine								
IP bed occupancy rate	91%	87%	100%	97%	97%	99%	107%	97%
IP ALOS (days)	5.3	6.2	7.8	5.9	6.1	7.0	7.0	6.4
Obstetrics								
IP bed occupancy rate	84%	64%	69%	62%	67%	62%	97%	70%
IP ALOS (days)	4.0	3.0	3.1	2.7	2.8	2.9	2.8	3.0
Orthopaedics & Traumatology								
IP bed occupancy rate	89%	71%	99%	101%	86%	85%	92%	88%
IP ALOS (days)	5.3	7.4	11.1	5.9	6.1	8.0	9.1	7.3
Paediatrics								
IP bed occupancy rate	82%	64%	68%	68%	66%	73%	88%	71%
IP ALOS (days)	3.5	5.4	4.0	2.4	2.8	3.4	3.8	3.4
Surgery								
IP bed occupancy rate	82%	71%	96%	88%	79%	95%	98%	85%
IP ALOS (days)	3.7	5.2	4.7	4.0	3.6	5.7	4.7	4.4

2015-16 (October – December 2015)

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescent) Specialties								
IP bed occupancy rate	85%	75%	88%	87%	86%	87%	100%	87%
IP ALOS (days)	5.4	5.9	6.9	5.4	5.1	5.9	5.8	5.7
Major specialties								
Gynaecology								
IP bed occupancy rate	88%	57%	94%	54%	81%	74%	95%	73%
IP ALOS (days)	2.2	2.6	2.2	2.4	1.9	2.2	1.6	2.1
Medicine								
IP bed occupancy rate	89%	85%	99%	93%	94%	94%	105%	94%
IP ALOS (days)	5.4	5.8	7.6	6.0	5.9	6.6	7.3	6.3
Obstetrics								
IP bed occupancy rate	89%	65%	76%	63%	71%	69%	97%	74%
IP ALOS (days)	3.6	3.0	3.2	2.8	2.7	3.0	2.9	2.9
Orthopaedics & Traumatology								
IP bed occupancy rate	85%	73%	104%	94%	90%	82%	91%	88%
IP ALOS (days)	5.0	8.2	11.1	6.2	6.2	8.1	8.8	7.4
Paediatrics								
IP bed occupancy rate	79%	68%	68%	78%	69%	83%	99%	76%
IP ALOS (days)	3.8	5.9	4.4	2.6	2.8	3.6	3.5	3.5
Surgery								
IP bed occupancy rate	80%	71%	95%	89%	79%	99%	98%	86%
IP ALOS (days)	3.9	5.1	4.6	4.0	3.7	5.5	4.6	4.4

2015-16 (January – March 2016)

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescent) Specialties								
IP bed occupancy rate	91%	78%	93%	95%	92%	94%	105%	92%
IP ALOS (days)	5.3	5.6	7.1	5.4	5.4	6.4	5.9	5.8
Major specialties								
Gynaecology								
IP bed occupancy rate	82%	61%	82%	47%	77%	75%	98%	70%
IP ALOS (days)	2.3	2.8	2.3	2.3	1.9	2.4	1.7	2.1
Medicine								
IP bed occupancy rate	99%	90%	106%	106%	104%	108%	114%	105%
IP ALOS (days)	5.4	5.5	7.7	6.0	6.1	7.0	7.2	6.4
Obstetrics								
IP bed occupancy rate	80%	64%	75%	62%	69%	66%	99%	72%
IP ALOS (days)	3.7	2.9	3.4	2.9	2.8	3.0	2.9	3.0
Orthopaedics & Traumatology								
IP bed occupancy rate	95%	75%	105%	103%	102%	91%	97%	95%
IP ALOS (days)	5.0	7.8	11.0	6.1	6.8	8.7	9.8	7.7
Paediatrics								
IP bed occupancy rate	98%	67%	73%	93%	80%	96%	113%	86%
IP ALOS (days)	3.1	4.5	3.3	2.6	2.8	3.9	3.4	3.2
Surgery								
IP bed occupancy rate	74%	72%	96%	85%	75%	98%	95%	83%
IP ALOS (days)	3.7	5.0	5.0	4.0	3.9	5.9	4.6	4.5

2015-16

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescent) Specialties								
IP bed occupancy rate	87%	76%	90%	91%	88%	89%	101%	89%
IP ALOS (days)	5.3	5.8	7.2	5.4	5.2	6.3	5.7	5.8
Major specialties								
Gynaecology								
IP bed occupancy rate	92%	59%	90%	55%	83%	75%	104%	75%
IP ALOS (days)	2.2	2.7	2.2	2.4	1.9	2.2	1.7	2.1
Medicine								
IP bed occupancy rate	93%	88%	103%	99%	98%	102%	109%	99%
IP ALOS (days)	5.3	5.7	7.9	5.9	6.0	6.9	7.1	6.4
Obstetrics								
IP bed occupancy rate	84%	62%	72%	62%	67%	64%	94%	70%
IP ALOS (days)	3.7	3.0	3.2	2.9	2.8	2.9	2.8	3.0
Orthopaedics & Traumatology								
IP bed occupancy rate	90%	73%	104%	100%	92%	87%	93%	91%
IP ALOS (days)	5.1	7.8	11.2	6.0	6.4	8.3	9.3	7.5
Paediatrics								
IP bed occupancy rate	85%	66%	70%	79%	72%	84%	100%	77%
IP ALOS (days)	3.4	5.4	4.2	2.5	2.8	3.5	3.5	3.4
Surgery								
IP bed occupancy rate	79%	71%	95%	87%	76%	96%	96%	84%
IP ALOS (days)	3.7	5.2	4.8	4.0	3.7	5.6	4.5	4.4

2016-17 (April – June 2016)

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescent) Specialties								
IP bed occupancy rate	91%	80%	94%	95%	93%	94%	104%	93%
IP ALOS (days)	5.5	5.7	7.2	5.5	5.3	6.2	5.8	5.8
Major specialties								
Gynaecology								
IP bed occupancy rate	89%	63%	99%	53%	85%	74%	109%	77%
IP ALOS (days)	2.1	2.7	2.3	2.2	1.9	2.0	1.7	2.1
Medicine								
IP bed occupancy rate	96%	91%	107%	103%	103%	108%	112%	103%
IP ALOS (days)	5.3	5.7	7.8	6.1	6.1	7.1	7.1	6.4
Obstetrics								
IP bed occupancy rate	82%	63%	73%	61%	69%	67%	94%	71%
IP ALOS (days)	3.8	2.9	3.3	2.9	2.9	2.9	2.9	3.0
Orthopaedics & Traumatology								
IP bed occupancy rate	95%	75%	107%	105%	94%	90%	95%	94%
IP ALOS (days)	5.6	7.7	11.8	6.5	6.5	8.6	10.0	7.9
Paediatrics								
IP bed occupancy rate	101%	75%	78%	98%	86%	97%	120%	91%
IP ALOS (days)	3.2	4.3	3.8	3.2	2.9	3.8	3.8	3.4
Surgery								
IP bed occupancy rate	88%	76%	99%	86%	80%	99%	94%	87%
IP ALOS (days)	4.0	5.3	4.9	4.0	3.8	5.5	4.5	4.5

2016-17 (July – September 2016)

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescent) Specialties								
IP bed occupancy rate	87%	77%	89%	93%	89%	91%	101%	90%
IP ALOS (days)	5.4	5.9	7.0	5.4	5.3	6.1	5.8	5.8
Major specialties								
Gynaecology								
IP bed occupancy rate	99%	58%	101%	52%	81%	77%	108%	76%
IP ALOS (days)	2.3	2.5	2.3	2.2	2.0	2.2	1.8	2.1
Medicine								
IP bed occupancy rate	88%	85%	99%	99%	97%	102%	109%	98%
IP ALOS (days)	5.2	5.7	7.6	5.8	6.1	7.2	7.2	6.4
Obstetrics								
IP bed occupancy rate	86%	67%	73%	65%	73%	72%	97%	75%
IP ALOS (days)	3.8	2.9	3.3	2.9	2.9	3.0	2.8	3.0
Orthopaedics & Traumatology								
IP bed occupancy rate	89%	77%	103%	103%	93%	81%	87%	89%
IP ALOS (days)	5.0	8.1	11.0	5.9	6.3	7.9	9.3	7.4
Paediatrics								
IP bed occupancy rate	91%	69%	70%	88%	78%	83%	116%	82%
IP ALOS (days)	3.7	4.6	3.7	3.1	3.3	3.8	4.1	3.6
Surgery								
IP bed occupancy rate	88%	77%	98%	93%	79%	104%	94%	89%
IP ALOS (days)	3.9	5.8	4.8	4.0	3.8	5.2	4.3	4.4

2016-17 (October – December 2016)

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescent) Specialties								
IP bed occupancy rate	87%	75%	89%	93%	87%	91%	99%	89%
IP ALOS (days)	5.4	5.7	6.8	5.3	5.3	6.1	5.7	5.7
Major specialties								
Gynaecology								
IP bed occupancy rate	89%	63%	109%	49%	75%	74%	114%	75%
IP ALOS (days)	2.3	2.5	2.4	2.3	2.0	2.2	1.9	2.2
Medicine								
IP bed occupancy rate	90%	85%	98%	98%	94%	104%	106%	97%
IP ALOS (days)	5.2	5.4	7.3	5.9	6.0	7.1	7.4	6.3
Obstetrics								
IP bed occupancy rate	97%	66%	81%	67%	74%	73%	100%	78%
IP ALOS (days)	3.9	2.9	3.2	2.9	2.8	2.8	2.8	3.0
Orthopaedics & Traumatology								
IP bed occupancy rate	86%	74%	99%	101%	92%	80%	81%	87%
IP ALOS (days)	5.0	8.3	11.8	5.9	6.1	7.7	8.7	7.3
Paediatrics								
IP bed occupancy rate	93%	72%	72%	87%	79%	90%	113%	84%
IP ALOS (days)	2.9	6.4	3.9	2.3	2.9	3.7	3.5	3.4
Surgery								
IP bed occupancy rate	80%	71%	98%	94%	79%	100%	94%	86%
IP ALOS (days)	3.8	5.1	4.8	3.9	3.8	5.8	4.3	4.4

2016-17 (January – March 2017)

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescent) Specialties								
IP bed occupancy rate	88%	78%	89%	95%	89%	90%	101%	90%
IP ALOS (days)	5.1	5.5	6.8	5.4	5.3	6.2	5.7	5.7
Major specialties								
Gynaecology								
IP bed occupancy rate	95%	59%	98%	54%	80%	72%	109%	75%
IP ALOS (days)	2.3	2.6	2.7	2.3	2.0	2.1	1.8	2.2
Medicine								
IP bed occupancy rate	91%	93%	100%	102%	99%	103%	108%	100%
IP ALOS (days)	4.4	5.4	7.3	5.8	5.9	7.2	7.5	6.2
Obstetrics								
IP bed occupancy rate	82%	69%	73%	62%	65%	67%	98%	72%
IP ALOS (days)	4.0	3.0	3.3	2.9	2.9	3.0	2.8	3.0
Orthopaedics & Traumatology								
IP bed occupancy rate	96%	71%	96%	107%	94%	85%	94%	91%
IP ALOS (days)	4.9	7.4	10.4	6.7	6.4	8.2	8.1	7.3
Paediatrics								
IP bed occupancy rate	80%	66%	71%	84%	80%	78%	118%	81%
IP ALOS (days)	3.5	5.0	3.4	3.0	3.6	3.3	3.8	3.6
Surgery								
IP bed occupancy rate	81%	71%	92%	94%	77%	96%	92%	85%
IP ALOS (days)	3.6	5.0	4.7	4.1	3.6	5.5	4.2	4.3

2016-17

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescent) Specialties								
IP bed occupancy rate	89%	78%	90%	94%	89%	92%	101%	90%
IP ALOS (days)	5.4	5.7	7.0	5.4	5.3	6.2	5.7	5.8
Major specialties								
Gynaecology								
IP bed occupancy rate	93%	61%	102%	52%	80%	74%	110%	76%
IP ALOS (days)	2.3	2.6	2.4	2.3	2.0	2.1	1.8	2.2
Medicine								
IP bed occupancy rate	91%	89%	101%	101%	98%	104%	109%	99%
IP ALOS (days)	5.0	5.6	7.5	5.9	6.0	7.1	7.3	6.3
Obstetrics								
IP bed occupancy rate	87%	66%	75%	64%	70%	70%	97%	74%
IP ALOS (days)	3.9	2.9	3.3	2.9	2.9	2.9	2.8	3.0
Orthopaedics & Traumatology								
IP bed occupancy rate	91%	74%	101%	104%	93%	84%	89%	90%
IP ALOS (days)	5.1	7.9	11.2	6.3	6.3	8.1	9.0	7.5
Paediatrics								
IP bed occupancy rate	92%	70%	73%	89%	80%	87%	117%	84%
IP ALOS (days)	3.3	5.0	3.7	2.9	3.1	3.6	3.8	3.5
Surgery								
IP bed occupancy rate	84%	74%	97%	92%	79%	100%	94%	87%
IP ALOS (days)	3.8	5.3	4.8	4.0	3.7	5.5	4.3	4.4

2017-18 (April – June 2017)

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescent) Specialties								
IP bed occupancy rate	91%	78%	89%	99%	95%	93%	108%	93%
IP ALOS (days)	5.2	5.6	6.6	5.5	5.0	6.2	5.8	5.8
Major specialties								
Gynaecology								
IP bed occupancy rate	121%	59%	84%	55%	99%	81%	120%	81%
IP ALOS (days)	2.5	2.5	2.2	2.3	1.9	2.1	1.8	2.1
Medicine								
IP bed occupancy rate	94%	94%	99%	108%	105%	106%	116%	103%
IP ALOS (days)	5.2	5.4	7.0	6.2	5.7	7.2	7.2	6.3
Obstetrics								
IP bed occupancy rate	85%	64%	65%	56%	72%	65%	95%	69%
IP ALOS (days)	3.9	2.9	3.2	2.8	2.8	3.1	3.0	3.0
Orthopaedics & Traumatology								
IP bed occupancy rate	94%	71%	100%	108%	95%	90%	98%	94%
IP ALOS (days)	5.0	7.5	8.7	6.8	6.0	8.0	9.3	7.4
Paediatrics								
IP bed occupancy rate	96%	77%	77%	93%	85%	91%	136%	90%
IP ALOS (days)	3.1	5.7	3.7	2.5	3.5	3.8	3.4	3.6
Surgery								
IP bed occupancy rate	90%	73%	84%	96%	94%	98%	101%	90%
IP ALOS (days)	4.0	4.9	4.6	4.2	3.8	5.5	4.4	4.5

2017-18 (July – September 2017)

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescent) Specialties								
IP bed occupancy rate	90%	79%	90%	97%	92%	93%	106%	92%
IP ALOS (days)	5.3	5.8	6.6	5.6	5.1	6.0	6.0	5.8
Major specialties								
Gynaecology								
IP bed occupancy rate	101%	58%	84%	59%	86%	76%	113%	77%
IP ALOS (days)	2.7	2.5	2.3	2.5	1.8	2.0	1.8	2.2
Medicine								
IP bed occupancy rate	95%	94%	101%	106%	99%	106%	115%	103%
IP ALOS (days)	5.3	5.7	6.9	6.2	5.9	6.9	7.6	6.4
Obstetrics								
IP bed occupancy rate	80%	66%	65%	62%	69%	70%	94%	70%
IP ALOS (days)	3.7	3.0	3.1	2.8	2.6	3.1	2.9	3.0
Orthopaedics & Traumatology								
IP bed occupancy rate	89%	74%	106%	106%	94%	86%	93%	93%
IP ALOS (days)	5.0	7.9	9.1	6.9	6.4	7.9	9.0	7.5
Paediatrics								
IP bed occupancy rate	90%	73%	78%	83%	74%	85%	123%	83%
IP ALOS (days)	3.3	4.6	3.1	2.7	2.8	3.5	3.5	3.3
Surgery								
IP bed occupancy rate	88%	72%	86%	94%	90%	99%	101%	89%
IP ALOS (days)	4.0	5.0	4.8	4.2	3.8	5.2	4.6	4.5

2017-18 (October – December 2017)

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescent) Specialties								
IP bed occupancy rate	89%	78%	90%	96%	94%	91%	106%	92%
IP ALOS (days)	5.3	6.1	6.6	5.6	5.0	6.1	5.8	5.8
Major specialties								
Gynaecology								
IP bed occupancy rate	97%	58%	80%	64%	87%	73%	102%	77%
IP ALOS (days)	2.4	2.7	2.3	2.4	1.7	2.1	1.7	2.2
Medicine								
IP bed occupancy rate	92%	92%	100%	108%	100%	103%	115%	102%
IP ALOS (days)	5.2	6.4	7.0	6.3	5.6	7.2	7.6	6.5
Obstetrics								
IP bed occupancy rate	88%	67%	68%	63%	78%	72%	97%	74%
IP ALOS (days)	3.9	2.8	3.1	2.9	2.8	3.2	2.7	3.0
Orthopaedics & Traumatology								
IP bed occupancy rate	98%	71%	107%	101%	98%	84%	97%	94%
IP ALOS (days)	5.1	7.2	9.2	6.6	6.1	7.3	9.1	7.3
Paediatrics								
IP bed occupancy rate	80%	75%	81%	80%	70%	83%	113%	81%
IP ALOS (days)	3.3	5.5	4.8	2.4	3.1	3.4	3.4	3.6
Surgery								
IP bed occupancy rate	82%	70%	86%	86%	96%	95%	99%	87%
IP ALOS (days)	3.9	5.3	4.5	4.2	3.9	5.3	4.4	4.5

2017-18 (up to 31 December 2017) [Provisional figures]

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescent) Specialties								
IP bed occupancy rate	90%	78%	90%	97%	94%	92%	107%	92%
IP ALOS (days)	5.3	5.8	6.6	5.6	5.1	6.1	5.9	5.8
Major specialties								
Gynaecology								
IP bed occupancy rate	106%	58%	83%	59%	91%	76%	112%	78%
IP ALOS (days)	2.5	2.6	2.2	2.4	1.8	2.1	1.8	2.2
Medicine								
IP bed occupancy rate	94%	93%	100%	107%	101%	105%	116%	103%
IP ALOS (days)	5.2	5.8	7.0	6.2	5.7	7.1	7.4	6.4
Obstetrics								
IP bed occupancy rate	84%	65%	66%	60%	73%	69%	95%	71%
IP ALOS (days)	3.8	2.9	3.1	2.8	2.7	3.1	2.9	3.0
Orthopaedics & Traumatology								
IP bed occupancy rate	94%	72%	104%	105%	96%	87%	96%	93%
IP ALOS (days)	5.0	7.5	9.0	6.8	6.2	7.7	9.1	7.4
Paediatrics								
IP bed occupancy rate	89%	75%	79%	85%	76%	87%	124%	85%
IP ALOS (days)	3.3	5.3	3.9	2.5	3.2	3.6	3.4	3.5
Surgery								
IP bed occupancy rate	87%	72%	85%	91%	94%	97%	100%	89%
IP ALOS (days)	4.0	5.0	4.6	4.2	3.9	5.3	4.5	4.5

Note:

(1) 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 and 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 IP ALOS and IP bed occupancy rate, on the other hand, does not include that of day inpatients.

(2) It should be noted that IP ALOS varies among different cases within and between different specialties owing to the varying complexity of the conditions of patients who may require different diagnostic services and treatments. 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.

(3) 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 IP bed occupancy rate and IP ALOS should be interpreted at cluster level.

(b)

HA has earmarked over $320 million, $235 million and $267 million for the opening of beds in 2015-16, 2016-17 and 2017-18 respectively. The number of medical, nursing and allied health staff in 2017-18 is expected to increase, on a full-time equivalent basis, by 216, 823 and 272 respectively when compared to 2016-17.

The tables below set out the respective number of the hospital beds opened in each hospital cluster in 2015-16, 2016-17 and 2017-18.

2015-16

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

2016-17

Cluster	Number of hospital beds opened			
	Acute General	**Convalescent/ Rehabilitation**	**Mentally handicapped**	**Total**
HKEC	20	–	–	**20**
HKWC	–	–	–	**–**
KCC	24	–	–	**24**
KEC	16	–	–	**16**
KWC	–	–	–	**–**
NTEC	42	20	–	**62**
NTWC	14	75	20	**109**
HA Overall	**116**	**95**	**20**	**231**

2017-18

Cluster	Number of hospital beds opened		
	Acute General	**Convalescent/ Rehabilitation**	**Total**
HKEC	20	–	**20**
KCC	26	–	**26**
KEC	38	20	**58**
KWC	8	–	**8**
NTEC	38	20	**58**
NTWC	29	30	**59**
HA Overall	**159**	**70**	**229**

Note:

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on/after 1 April 2017 are therefore not directly comparable.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2428)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the healthcare manpower of public hospitals, please provide:

(1) by hospital cluster the numbers of doctors, nurses and other allied health professionals who returned to work in hospitals through the said measure and the expenditure on emoluments involved for each of the past 3 years;

(2) by grade the maximum and median salaries of serving (not yet retired) healthcare professionals and those employed through the Special Retired and Rehire Scheme in public hospitals under the Hospital Authority (HA) for each of the past 3 years; and

(3) the total amount of allocated provision, percentage of the allocated provision in the block grant for the HA, and annual growth rate of provision of each hospital cluster for the past 5 years.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. (LegCo use): 60)

Reply:

(1)

The Hospital Authority (HA) has implemented the Special Retired and Rehire Scheme since 2015-16 to rehire suitable clinical doctors, nurses and allied health staff upon their retirement or completion of contract at / beyond their normal retirement age in order to retain suitable expertise for training and knowledge transfer, and to help alleviate manpower issues. Breakdown on the number of retired / retiring clinical doctors, nurses, and allied health staff rehired / to be rehired under the Scheme in the past three years by cluster as at 31 December 2017 is as follows:

Year	Grade	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Total
2015-16	Doctors	1	4	3	4	6	1	8	27
	Nurses	5	3	2	3	5	3	4	25
	Allied Health Professionals	0	0	1	0	1	0	0	2
2016-17	Doctors	4	5	5	7	6	4	3	34
	Nurses	2	2	3	1	4	6	2	20
	Allied Health Professionals	0	3	2	0	0	1	0	6
2017-18	Doctors	3	2	5	4	3	5	7	29
	Nurses	8	11	6	3	4	9	3	44
	Allied Health Professionals	0	3	1	0	1	0	0	5

The total salary expenditure involved was $38.3 million in 2015-16, $144.8 million in 2016-17 and $234.5 million in 2017-18 (full-year projection).

Note:
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 benefit.

(2)

The table below sets out the maximum and median salaries of serving healthcare professionals (who have not yet retired) currently employed in HA in the past three years.

		Monthly Basic Salary ($)	
Year	Grade	Maximum	Median
2015-16 (as at 31 March 2016)	Doctors	210,650	105,260
	Nurses	95,215	41,215
	Allied Health Professionals	117,080	41,215
2016-17 (as at 31 March 2017)	Doctors	219,500	109,670
	Nurses	99,205	41,200
	Allied Health Professionals	121,985	43,145
2017-18 (as at 31 December 2017)	Doctors	223,650	111,730
	Nurses	101,070	42,410
	Allied Health Professionals	124,280	44,415

The table below sets out the maximum and median salaries of retired healthcare professionals re-employed by HA on contract basis under the Scheme in past three years.

		Monthly Basic Salary ($)	
Year	Grade	Maximum	Median
2015-16 (as at 31 March 2016)	Doctors	210,650	164,450
	Nurses	63,095	54,288
	Allied Health Professionals	95,215	95,215
2016-17 (as at 31 March 2017)	Doctors	219,500	171,350
	Nurses	65,740	59,425
	Allied Health Professionals	99,205	65,740
2017-18 (as at 31 December 2017)	Doctors	223,650	174,550
	Nurses	67,270	67,270
	Allied Health Professionals	101,070	67,270

(3)

Internal resources allocation within HA are generally determined by HA. The table below sets out the recurrent budget allocation for each cluster of HA, its respective percentages in HA's recurrent subvention as well as the annual growth rate of each cluster's budget allocation in the past five years from 2013-14 to 2017-18. The information on 2017-18 has incorporated the impact of the re-delineation of cluster boundary between KWC and KCC.

Year		**HKEC**	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**
2013-14	Budget Allocation ($ billion)	4.63	4.80	5.84	4.49	9.72	6.91	5.56
	% of HA's Recurrent Subvention	10.1%	10.5%	12.8%	9.8%	21.3%	15.1%	12.2%
	Annual Growth Rate	5.5%	6.0%	6.8%	9.0%	8.0%	6.5%	6.9%
2014-15	Budget Allocation ($ billion)	5.01	5.17	6.25	4.94	10.65	7.44	6.08
	% of HA's Recurrent Subvention	10.2%	10.5%	12.7%	10.1%	21.7%	15.2%	12.4%
	Annual Growth Rate	8.2%	7.7%	7.0%	10.0%	9.6%	7.7%	9.4%

Year		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
2015-16	Budget Allocation ($ billion)	5.37	5.56	6.65	5.28	11.46	8.13	6.71
	% of HA's Recurrent Subvention	10.6%	10.9%	13.1%	10.4%	22.6%	16.0%	13.2%
	Annual Growth Rate	7.2%	7.5%	6.4%	6.9%	7.6%	9.3%	10.4%
2016-17	Budget Allocation ($ billion)	5.63	5.89	7.10	5.66	12.05	8.62	7.27
	% of HA's Recurrent Subvention	10.7%	11.2%	13.5%	10.8%	22.9%	16.4%	13.8%
	Annual Growth Rate	4.8%	5.9%	6.8%	7.2%	5.1%	6.0%	8.3%
2017-18 (projection as of 31 December 2017)	Budget Allocation ($ billion)	5.85	6.21	11.17	5.97	9.21	9.14	7.91
	% of HA's Recurrent Subvention	10.5%	11.2%	20.1%	10.8%	16.6%	16.5%	14.2%
	Annual Growth Rate	3.9%	5.4%	57.3%	5.5%	-23.6%	6.0%	8.8%

The recurrent budget allocation as shown in the table above represents the funding allocated to clusters for supporting their daily operational needs, such as staff costs, drugs expenditure, medical supplies and utilities charges, etc. On top of the recurrent budget allocation, each cluster has other incomes, such as fees and charges collected from patients for healthcare services rendered, which will also contribute to supporting the cluster's day-to-day operation. The above does not include capital budget allocation such as those for capital works projects, major equipment acquisition, and corporate-wide information technology development projects, etc.

The resource needs of a cluster depends not only on the size and demographics of the population residing within its catchment districts, but also on other factors such as service demand generated from cross-cluster movement of patients and the provision of designated services (such as liver transplantation). As such, the scope of hospital facilities and expertise available in different clusters also vary. Therefore, budget allocation to individual clusters is not directly comparable.

Note for part (1) and (3):
Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the KWC to KCC with effect from 1 December 2016. Reports on

services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2429)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the healthcare services for the ethnic minorities,

(a) please set out the numbers of calls for interpretation services relating to Accident & Emergency, inpatient and general outpatient services in each hospital cluster and the expenditures involved for each of the past 5 years;

(b) for the calls for interpretation services mentioned in (a) above, please set out the average waiting times for various interpretation services for each of the past 5 years; and

(c) please indicate whether there were cases of unanswered calls for interpretation services (such as overly long waiting time or no service support for the language concerned) in each hospital cluster in the past 5 years; and if so, the relevant details and figures.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. (LegCo use): 61)

Reply:

(a)

The table below sets out the statistics of interpretation services provided by the Hospital Authority (HA) in general out-patient clinics (GOPCs), specialist out-patient clinics (SOPCs), Accident and Emergency Departments (AED) and inpatient settings:-

	Interpretation Services (number of cases)				
Year	**GOPCs**	**SOPCs**	**AEDs**	**Inpatients**	**Total**
2013-14	197	3 850	32	1 938	6 017
2014-15	256	5 009	84	2 600	7 949[#]
2015-16	366	6 548	97	3 436	10 447[#]
2016-17	449	7 896	84	3 964	12 393
2017-18 (April to November 2017)	387	6 569	57	3 207	10 220

	Interpretation Services (number of cases)				
Year	**GOPCs**	**SOPCs**	**AEDs**	**Inpatients**	**Total**
Total case:	**1 655**	**29 872**	**354**	**15 145**	**47 026[#1]**

Not including the two cases of interpretation services provided in HA Head Office.
#[1] Not including the total of four cases of interpretation services provided in HA Head Office in 2014-15 and 2015-16.

The table below sets out the expenditure for the provision of interpretation services in HA for the past five years:-

Year	**Expenditure ($ million)**
2013-14	3.0
2014-15	4.6
2015-16	6.2
2016-17	7.3
2017-18 (April to November 2017)	5.8

(b) & (c)

For scheduled service (such as medical appointment at general and specialist out-patient clinics), patients may request the hospital or clinic concerned to arrange interpretation services in advance. In such cases, interpreters were able to arrive on time.

For non-scheduled service, such as hospital admission during emergency, hospital staff will make immediate arrangements where necessary or at the request of patients, so that telephone interpretation service or on-site interpretation service can be delivered as soon as possible. The staff may also use response cue cards, which are available in 18 languages, to communicate with the patients to ensure timely provision of medical treatment.

Over the past five years, HA provided emergency interpretation service for 2 719 times. On average, an interpreter was able to arrive within an hour to provide interpretation for the ethnic minority service users. For urgently arranged telephone interpretation services, the waiting time ranged from about a few minutes to less than half an hour and the average waiting time was 20 minutes.

HA does not have record of failure cases of interpretation services. To cater for the needs of ethnic minorities, interpretation services are arranged for those who are in need of such services in public hospitals and clinics of HA through various channels, including a service contractor, part-time court interpreters and consulate offices. The interpretation services provided by the service contractor cover 18 languages, including Urdu, Hindi, Punjabi, Nepali, Bahasa Indonesia, Vietnamese, Thai, Korean, Bengali, Japanese, Tagalog, German,

French, Sinhala, Spanish, Arabic, Malay and Portuguese. Apart from providing interpretation services, HA also prepares response cue cards and patient consent forms in 18 languages to enhance communication between staff and ethnic minority patients in the registration process and provision of services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2712)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the health care services for the ethnic minorities, will the Government inform this Committee of the following:

(1) the number of ethnic minority attendances (on headcount basis) in each hospital cluster in the past 5 years;

(2) the number of calls for interpretation services in each hospital and each hospital cluster and the expenditure involved in the past 5 years; and

(3) whether the Government will consider running a pilot scheme to establish teams of translators and interpreters to provide translation and interpretation services on a hospital cluster basis in order to improve the existing translation and interpretation measures, so that ethnic minorities are provided with more appropriate and precise public health services.

Asked by: Hon MO Claudia (Member Question No. (LegCo use): 21)

Reply:

(1)

The Hospital Authority (HA) does not maintain record of the patients' race and is therefore unable to provide figures on the number of ethnic minorities seeking medical consultation.

(2)

Statistics on interpretation services provided by HA in its public hospitals and clinics, and the expenditure in the past five years are set out in the table below:

Year	Interpretation Services (number of cases)	Expenditure ($ million)
2013 - 14	6 017	3.0
2014 - 15	7 951	4.6
2015 - 16	10 449	6.2
2016 - 17	12 393	7.3
2017 -18 (April to November 2017)	10 220	5.8

(3)

Currently, HA's interpretation service contractor has a total of 108 interpreters deployed in cluster-based mobile teams to provide interpretation services for ethnic minorities patients attending HA's hospitals and clinics. Through cluster-based mobile teams, flexible deployment of interpreters and adequate number of interpreters with the appropriate language skills are available for meeting the service demand. Regular review of service requests by the clusters is conducted for projecting future service demand and the number of interpreters required for each cluster.

The allocation of interpreters in each cluster-based mobile team is adjusted quarterly having regard to the trend of needs in each cluster. Deployment of interpreters by clusters as of 31 December 2017 is set out below:

HA Cluster	Number of deployed interpreters in the cluster-based mobile team (as of 31 December 2017)
Hong Kong East Cluster	10
Hong Kong West Cluster	7
Kowloon Central Cluster	23
Kowloon East Cluster	12
Kowloon West Cluster	27
New Territories East Cluster	7
New Territories West Cluster	22
Total	**108**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1524)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 143 of the 2018-19 Budget Speech that the Government is discussing with the University Grants Committee further increase in publicly-funded training places for doctors, dentists, nurses and relevant allied health professionals in the coming 3 years. Will the Government inform this Committee of the respective numbers of publicly-funded training places for doctors, dentists, nurses and relevant allied health professionals in Hong Kong in the past 3 years?

Asked by: Hon OR Chong-shing, Wilson (Member Question No. (LegCo use): 35)

Reply:

The number of first-year-first degree University Grants Committee-funded training places for doctors, dentists, nurses and relevant allied health professionals in the 2015/16-2017/18 academic years is set out in the following table -

Healthcare Professions	**No. of training places in an academic year**		
	2015/16	**2016/17**	**2017/18**
Doctors	420	470	470
Dentists	53	73	73
Nurses	630	630	630
Occupational Therapists	90	100	100
Physiotherapists	110	130	130
Medical Laboratory Technologists	44	54	54
Optometrists	35	40	40
Radiographers	98	110	110

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1529)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in paragraph 146 of the 2018-19 Budget Speech that the Government will strengthen medical and rehabilitation services in the community, thereby reducing unwarranted use of hospital services. In this connection, will the Government inform this Committee of the following:

(1) Are there any measures to ensure adequate medical and rehabilitation services are available in the community, so that unwarranted use of hospital services can be minimised?

(2) As mentioned in the Budget Speech, the first district health centre will be set up in Kwai Tsing District in the third quarter of next year. Will the Government provide the planning details and implementation progress of this initiative?

Asked by: Hon OR Chong-shing, Wilson (Member Question No. (LegCo use): 57)

Reply:

(1) The Government will set up the pilot District Health Centre (DHC) in Kwai Tsing District in the third quarter of next year, with a brand new operation mode and funding from the Government. The DHC will make use of the local network to procure services from organisations and healthcare personnel serving the district so that the public can receive necessary care in the community. Through enhancing public awareness of disease prevention and their capability in self-management of health and facilitating chronic disease management in the community, we aim to reduce unwarranted use of hospital services.

(2) The Steering Committee and the Working Group on the DHC Pilot Project in Kwai Tsing District have yet to decide on the operation model and scope of service for the pilot project. With the experience gained from the pilot scheme, we will progressively set up DHCs in other districts. The timetable is not available at this stage.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0481)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information concerning the supporting staff of public hospitals (including but not limited to Patient Care Assistant (in-patient service), Operating Theatre Assistant and Non-emergency Ambulance Transfer Service Worker) in all clusters under the Hospital Authority in 2014-15, 2015-16 and 2016-17 respectively:

(a) the establishment and strength of full-time, part-time, contract and temporary staff;

(b) intake (as a share of the total number of applicant) and attrition (wastage);

(c) average monthly expenditure on emolument by post;

(d) average monthly working hour by post;

(e) average total of overtime hour worked per month by post;

(f) average time-off day accumulated by post;

(g) average monthly expenditure on overtime allowance by post.

Asked by: Hon POON Siu-Ping (Member Question No. (LegCo use): 21)
Reply:

(a)

The table below sets out the numbers of "care-related support staff" of Hospital Authority (HA) in each cluster in 2014-15, 2015-16 and 2016-17:

Cluster	2014-15 (as at 31 March 2015)	2015-16 (as at 31 March 2016)	2016-17 (as at 31 March 2017)
HKEC	1 485	1 507	1 536
HKWC	1 422	1 489	1 450
KCC	1 968	2 044	2 125
KEC	1 436	1 491	1 584
KWC	2 831	2 950	2 991
NTEC	2 358	2 427	2 554
NTWC	2 216	2 358	2 455

Notes:
(1) The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
(2) "Care-related support staff" includes health care assistants, ward attendants, patient care assistants, etc.

(b)

The tables below set out the intake and attrition (wastage) numbers of "care-related support staff" of HA in each cluster in 2014-15, 2015-16 and 2016-17:

2014-15

Cluster	Intake No.	Attrition (Wastage) No.	
		Full-time	Part-time
HKEC	211	187	0
HKWC	423	310	0
KCC	469	355	0
KEC	189	159	0
KWC	398	319	0
NTEC	369	296	0
NTWC	383	283	2

2015-16

Cluster	Intake No.	Attrition (Wastage) No.	
		Full-time	Part-time
HKEC	258	237	0
HKWC	376	294	0
KCC	387	303	0
KEC	234	195	0
KWC	433	358	0
NTEC	387	342	0
NTWC	401	283	0

2016-17

Cluster	Intake No.	Attrition (Wastage) No.	
		Full-time	Part-time
HKEC	276	250	0
HKWC	212	243	0
KCC	405	323	0
KEC	269	191	0
KWC	382	366	1
NTEC	539	435	1
NTWC	382	301	0

Notes:

(1) Intake refers to total number of permanent and contract staff (both full-time and part-time) joining HA on headcount basis during the period. The share in respect of the total numbers of applicants is not available.

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

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

(c)

The table below sets out the average monthly salary expenditure per "care-related support staff" of HA in each cluster in 2014-15, 2015-16 and 2016-17.

Cluster	2014-15 Average Monthly Salary Expenditure ($ thousand)	2015-16 Average Monthly Salary Expenditure ($ thousand)	2016-17 Average Monthly Salary Expenditure ($ thousand)
HKEC	17.3	17.7	18.4
HKWC	16.5	17.1	18.7
KCC	15.7	16.2	16.9
KEC	17.6	17.9	18.5
KWC	17.0	17.6	18.6
NTEC	17.0	17.6	18.2
NTWC	15.9	16.3	17.2

Note:

The salary expenditure includes basic salary, allowance, gratuity and other on cost such as provision of home loan interest subsidy benefit and death & disability benefit.

(d)

According to HA's prevailing human resources policy, conditioned hours of work of HA employees are expressed in terms of weekly basis. The conditioned hours of work of all HA employees including "care-related support staff" are 44 hours gross per week.

(e) & (f)

Approved overtime work is either compensated by time off in lieu or overtime allowance. Under normal circumstances, overtime must be authorised in advance by the head of department. No employee will otherwise be compensated for working overtime without prior approval. Calculation of overtime hours worked has to follow the principle laid down in relevant human resources policy.

Records on overtime hours worked are maintained by individual departments manually. There is no central depository of such information readily available.

(g)

The table below sets out the total expenditure on overtime allowance of "care-related support staff" of HA in each cluster in 2014-15, 2015-16 and 2016-17.

Cluster	**2014-15 Total Expenditure on Overtime Allowance ($ million)**	**2015-16 Total Expenditure on Overtime Allowance ($ million)**	**2016-17 Total Expenditure on Overtime Allowance ($ million)**
HKEC	4.5	5.0	4.9
HKWC	4.5	3.5	3.1
KCC	4.0	3.2	3.0
KEC	4.9	5.7	5.4
KWC	4.3	4.8	5.4
NTEC	5.4	7.0	7.4
NTWC	4.8	5.7	2.5

Note:
Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017.

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. 0482)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In order to have a better understanding of the mixed staff situation of the Hospital Authority, will the Government please provide the following figures:

(a) the number of non-civil service contract staff in 2017-18 and the estimated figure for 2018-19; and

(b) the number of staff engaged through outsourced service providers in 2017-18 and the estimated figure for 2018-19.

Asked by: Hon POON Siu-ping (Member Question No. (LegCo use): 22)

Reply:

(a)

Non-Civil Service Contract (NCSC) staff are applicable to the civil service only. Hence, the Hospital Authority (HA), which is a statutory non-government organization, does not have any NCSC staff. As at 31 December 2017, HA has 76 663 employees, including all full-time equivalent permanent, contract and temporary staff in HA.

(b)

To meet operational needs of public hospital services within available resources, HA adopts a flexible resourcing strategy to recruit staff for the delivery of core hospital services, while at the same time engage external service providers where appropriate for the provision of daily support services (such as cleansing and portering, security, patient food and laundry services), as well as for expertise and manpower required on a project basis (such as information technology projects). Support services for isolation wards and other critical / high risk clinical areas will not be outsourced in order to ensure service standards and stable manpower supply for emergency situations such as outbreak of infectious diseases. The outsourcing arrangements, and the related number of outsourced workers involved, are

subject to review of operational needs and renewal of terms with relevant service providers. There are around 4 000 outsourced workers in HA in 2017-18.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3170)

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) (Ms Elizabeth Tse)

Director of Bureau: Not Specified

Question:

It is stated in Matters Requiring Special Attention in 2018-19 that the Government will establish a Chinese Medicine Development Fund to support and promote the development of Chinese medicine in Hong Kong. What will be the expenditure involved and what are the target beneficiaries?

Asked by: Hon QUAT Elizabeth (Member Question No. (LegCo use): 56)

Reply:

In response to the suggestion of the Chinese medicine sector, the Government has decided to set up a $500 million fund to drive the development of Chinese medicine in Hong Kong which aims to benefit Chinese medicine practitioners and the Chinese medicines industry. Support will be provided in areas including but not limited to applied research, Chinese medicine specialisation, knowledge exchange and cross-market co-operation, and helping local Chinese medicines traders with the production and registration of Chinese proprietary medicines. The Government is currently mapping out details of the operation of the fund and support schemes in consultation with the Chinese Medicine Development Committee and the industry. The estimated expenditure of the fund in 2018-19 is $25 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0098)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the setting up of a District Health Centre and provision of primary healthcare services in Kwai Tsing District, please inform this Committee of the following:

1. Please list the types of services to be provided by the District Health Centre in Kwai Tsing District. Will the following services be covered? If yes, what are the estimated expenditure and staff establishment involved?

	Estimated expenditure	Staff establishment
Health promotion		
Prevention of acute and chronic diseases		
Health risk assessment and disease identification		
Treatment and care for acute and chronic diseases		
Self-management support		
Rehabilitative, supportive and palliative care for disability or end-stage diseases		

2. Please list the estimated number of healthcare personnel of the District Health Centre to be set up in Kwai Tsing District and the maximum capacity per day.

3. Will primary healthcare services be provided in liaison with social workers or family doctors in the district concerned? Will the Government consider setting up a relevant database? If yes, what will be the expenditure involved? If not, what are the reasons?

4. Concerning the extension of District Health Centre to all 18 districts in the future, will consideration be given to the provision of 24-hour general out-patient service to alleviate the problem of long waiting time for accident and emergency services? If yes, what are the details and the expenditure to be incurred? If not, what are the reasons?

Asked by: Hon SHEK Lai-him, Abraham (Member Question No. (LegCo use): 37)

Reply:

(1) & (2)

The Steering Committee on Primary Healthcare Development and the Working Group on the District Health Centre (DHC) Pilot Project in Kwai Tsing District have yet to decide on the operation model and scope of service for the pilot project.

The details sought are not yet available.

(3)
To promote medical-social collaboration and public-private partnership, the pilot DHC should work with non-governmental organisations and healthcare service providers in the district. Further details, including development of any database, are to be worked out.

(4)
The objective of the proposed DHC is to enhance public awareness of disease prevention and their capability in self-management of health, and facilitate chronic disease management in the community, instead of providing general out-patient service.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3116)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

What were the numbers of doctors and nurses engaged in Comprehensive Child Development Service in various clusters of the Hospital Authority in the past 3 years? Among the children cases handled in each cluster, what were the numbers of cases where the parents were suspected substance abusers?

2015-16

	No. of doctors	No. of nurses	No. of cases where the parents are suspected substance abusers
HKEC			
HKWC			
KCC			
KEC			
KWC			
NTEC			
NTWC			

2016-17

	No. of doctors	No. of nurses	No. of cases where the parents are suspected substance abusers
HKEC			
HKWC			
KCC			
KEC			
KWC			
NTEC			
NTWC			

2017-18

	No. of doctors	No. of nurses	No. of cases where the parents are suspected substance abusers
HKEC			
HKWC			
KCC			
KEC			
KWC			
NTEC			
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

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 138)

Reply:

The Comprehensive Child Development Service (CCDS) was launched as a joint initiative led by Labour and Welfare Bureau with support from Department of Health (DH), Hospital Authority (HA), Education Bureau and Social Welfare Department, aiming to identify, at an early stage, various health and social needs of children (aged 0 to 5) and their families as well as to provide the necessary services so as to foster the healthy development of children.

The service is premised on the principle that early identification and intervention, and multi-disciplinary (Paediatrics, Psychiatry, Obstetrics & Gynaecology, Social Work and Clinical Psychology) collaboration are conductive to the protection and development of children. The service model makes use of HA service units, Maternal and Child Health Centres of DH and other service units to identify and intervene at early stage at-risk pregnant women, mothers with postnatal depression, families with psychological needs and pre-primary children with physical, developmental and behavioral problems.

In each HA cluster, CCDS service is provided by a multi-disciplinary team of healthcare providers comprising Paediatricians, Psychiatrist, Registered Nurse in Midwifery, Nurses in Psychiatry. In addition, two Clinical Psychologists are providing support to the whole programme. The HA CCDS team aims to achieve early identification of at-risk pregnant women / mothers (teenage pregnancy, mental illness and substance abuse), to provide follow-up services to them and their children, and to refer them to other appropriate health and social service providers under CCDS as necessary.

The tables below set out the number of doctors and nurses engaged in CCDS in each hospital cluster under HA in 2015-16, 2016-17, and 2017-18.

2015-16

Cluster	Number of paediatricians	Number of psychiatrists	Number of midwives	Number of psychiatric nurses
HKEC	1	1	1	2
HKWC	1	1	1	2
KCC	1	1	1	2
KEC	1	1	1	2
KWC	2	2	1	4
NTEC	1	1	1	2
NTWC	1	1	1	2
Total	**8**	**8**	**7**	**16**

2016-17

Cluster	Number of paediatricians	Number of psychiatrists	Number of midwives	Number of psychiatric nurses
HKEC	1	1	1	2
HKWC	1	1	1	2
KCC	2	1	1	2
KEC	1	1	1	2
KWC	1	2	1	4
NTEC	1	1	1	2
NTWC	1	1	1	2
Total	**8**	**8**	**7**	**16**

2017-18

Cluster	Number of paediatricians	Number of psychiatrists	Number of midwives	Number of psychiatric nurses
HKEC	1	1	1	2
HKWC	1	1	1	2
KCC	2	1	1	2
KEC	1	1	1	2
KWC	1	2	1	4
NTEC	1	1	1	2
NTWC	1	1	1	2
Total	**8**	**8**	**7**	**16**

Note:

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017.

In 2015-16, 2016-17 and 2017-18 (up to 31 December 2017), there were 2 311, 2 533 and 1 826 at-risk pregnant women identified respectively which were followed up under HA CCDS. Among them, 287, 339 and 258 in 2015-16, 2016-17 and 2017-18 (up to 31 December 2017) respectively were identified with history of substance abuse.

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. 2031)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Health Branch states that it will establish a Chinese Medicine Development Fund to support and promote the development of Chinese medicine in Hong Kong during 2018-19. What are the details of the plan, indicators and estimated expenditure?

Asked by: Hon SHIU Ka-fai (Member Question No. (LegCo use): 42)

Reply:

In response to the suggestion of the Chinese medicine sector, the Government has decided to set up a $500 million fund to drive the development of Chinese medicine in Hong Kong which aims to benefit Chinese medicine practitioners and the Chinese medicines industry. Support will be provided in areas including but not limited to applied research, Chinese medicine specialisation, knowledge exchange and cross-market co-operation, and helping local Chinese medicines traders with the production and registration of Chinese proprietary medicines. The Government is currently mapping out details of the operation of the fund and support schemes in consultation with the Chinese Medicine Development Committee and the industry. The estimated expenditure of the fund in 2018-19 is $25 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2032)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Health Branch has indicated that it will finalise legislative proposals for the regime on the regulation of medical devices. What are the details and timetable of the plan?

Asked by: Hon SHIU Ka-fai (Member Question No. (LegCo use): 43)

Reply:

The Administration has been taking steps to put in place statutory regulation of the safety, performance and quality of medical devices supplied in Hong Kong. To this end, a voluntary Medical Device Administrative Control System 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.

The DH commissioned an independent consultant from September 2015 to September 2016 to conduct a study on the use control of 20 types of selected medical devices for cosmetic purposes. The Administration reported the outcome of the consultancy study and the latest legislative proposal for regulation of medical devices to the LegCo Panel on Health Services (HS Panel) on 16 January 2017. A special meeting with deputations was arranged by the HS Panel on 13 February 2017 to invite views from relevant stakeholders.

In the past months, the Administration has engaged stakeholders including the beauty industry and medical professionals to listen to their further views on the proposed legislation. The Administration understands that consensus over use control may not be reached soon. As the general public expects that pre-market and post-market control for medical devices can be introduced as soon as practicable, the Administration will focus on the above two areas in the current legislative exercise.

The Administration will continue to communicate with and seek the views of different stakeholders, with the aim of introducing the Medical Devices Bill to the Legislative Council as soon as possible after fine-tuning the legislative proposal.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1117)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the development of Chinese medicine, will the Bureau please inform this Committee of the following:

(a) the expenditure involved in the setting up of the Chinese Medicine Unit and the anticipated expenditure required every year thereafter; and

(b) details of ways to help local Chinese medicine traders with the production and registration of Chinese proprietary medicines and the relevant expenditure?

Asked by: Hon TIEN Puk-sun, Michael (Member Question No. (LegCo use): 36)

Reply:

(a) As the expenditures of setting up the Chinese Medicine Unit have been absorbed within the overall provision of the Food and Health Bureau, separate breakdown of expenditures for setting up the Chinese Medicine Unit is not available. The breakdown of the proposed staff establishment of the Chinese Medicine Unit is appended below:

Rank	**No. of Posts**
Administrative Officer Staff Grade C	1
Senior Administrative Officer	1
Consultant Chinese Medicine Practitioner	1
Chemist	1
Senior Executive Officer	3
Executive Officer II	3
Personal Secretary I	1
Assistant Clerical Officer	3
Total:	**14**

The financial provision for the Chinese Medicine Unit in 2018-19 is about $11.5 million.

(b) In response to the suggestion of the Chinese medicine sector, the Government has decided to set up a $500 million fund to drive the development of Chinese medicine in Hong Kong which aims to benefit Chinese medicine practitioners and the Chinese medicines industry. Support will be provided in areas including but not limited to applied research, Chinese medicine specialisation, knowledge exchange and cross-market co-operation, and helping local Chinese medicines traders with the production and registration of Chinese proprietary medicines. The Government is currently mapping out details of the operation of the fund and support schemes in consultation with the Chinese Medicine Development Committee and the industry. The estimated expenditure of the fund in 2018-19 is $25 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1118)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Voluntary Health Insurance Scheme (VHIS), will the Bureau please inform this Committee of the following:

(a) the estimated subsidies involved in tax deduction; and

(b) the amount of funds to be injected into the high risk pool by the Government and the additional injection to be made every year thereafter?

Asked by: Hon TIEN Puk-sun, Michael (Member Question No. (LegCo use): 37)

Reply:

VHIS is a policy initiative launched by the Food and Health Bureau (FHB) to regulate individual indemnity hospital insurance products. The scheme is based on voluntary participation by insurance companies and consumers. Under the scheme, the participating insurance companies will offer hospital insurance plans that are certified by FHB (Certified Plans) for consumers to purchase on a voluntary basis.

Premiums paid by a person for himself/herself and his/her dependants will be allowed for tax deduction. The annual ceiling for tax deduction of premiums paid is $8,000 per insured person. There is no cap on the number of dependants eligible for tax deduction. It is expected that the uptake of Certified Plans will gradually increase. In the third year of VHIS implementation, about 1 million taxpayers and their dependants may enjoy the tax deduction. The concerned tax revenue forgone will be about $800 million.

A funding of $22 million will be allocated to FHB in 2018-19 ($12 million full-year provision from 2022-23) for setting up the VHIS Office and related expenses on publicity and consultancy. The Office is responsible for the implementation and future development of the VHIS.

To provide for the tax deduction under VHIS, we plan to introduce an Amendment Bill to

the Inland Revenue Ordinance into the Legislative Council in the second quarter of 2018. After the passage of the Amendment Bill, the VHIS Office will officially receive insurance companies' applications for certification of VHIS plans. Announcement will also be made on the date of scheme implementation.

As revealed by the public consultation on VHIS in 2014-15, there were divergent views over the proposed establishment of the High Risk Pool (HRP). Some respondents questioned the concept of using public money to help high-risk individuals to purchase private hospital insurance, and the financial sustainability of the proposed HRP in general. Given the public's diverse views on HRP, we consider that a more prudent approach is to separate the consideration of HRP from the other proposed requirements which have received broad support in the public consultation exercise. In order not to delay the implementation of the VHIS, a phased approach is adopted by launching VHIS first and re-examining the HRP proposal at a later stage, taking into account, among others, the experience of actual implementation of VHIS.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3512)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

(1) Please list the initiatives launched under the Hospital Authority (HA)'s public health promotion and disease prevention programmes for children and parents, adolescents, men, women and elders and advise on the objectives, details, age cohorts and number of beneficiaries of these initiatives in the past 5 years.

(2) Please set out the details, objectives and expenditures of the services provided by the HA for the low-income and disadvantaged groups in the past 5 years.

(3) Please provide the number of beneficiaries and the expenditure of the Outreach Dental Care Programme for the Elderly in the past 5 years. Please give a brief account of all the public-private partnership programmes (PPP programmes) (including the General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP), the Tin Shui Wai Primary Care Partnership Project, the Haemodialysis Public-Private Partnership Programme and the Cataract Surgeries Programme) and their objectives. Please also provide the respective number of beneficiaries of the above programmes and the Patient Empowerment Programme (PEP), as well as the total expenditure of the PPP programmes in the past 5 years.

(4) Please give a brief description of the primary care services, including the expenditure involved and their percentage share in the total healthcare expenditure in each of the past 5 years.

(5) Please briefly describe the PEP. Which non-governmental organisations have been invited for collaboration? Please provide a breakdown of the number of patients who participated in the PEP in the past 5 years by gender and age group (0-15, 16-24, 25-34, 35-44, 45-54, 55-64, $\geqq$65). Please also provide a breakdown of the number of patients who participated in the PEP in the past 5 years by household income.

(6) Please provide a breakdown of the number of patients who participated in the GOPC PPP in the past 5 years by gender, age group (0-15, 16-24, 25-34, 35-44, 45-54,

55-64, ≧65), level of household income and number of consultations. How many private doctors enrolled in the GOPC PPP in the past 5 years? How many private doctors are there in Hong Kong?

(7) Please list the number of patients who participated in the Tin Shui Wai Primary Care Partnership Project by gender, age group (0-15, 16-24, 25-34, 35-44, 45-54, 55-64, ≧65) and level of household income in the past 5 years.

(8) Please provide the number of people in Hong Kong suffering from chronic diseases (including hypertension, high cholesterol, diabetes mellitus, heart disease, cancer, asthma and stroke) in the past 5 years and their proportion in the total population. Please also list the number of people suffering from chronic diseases by age group (0-15, 16-24, 25-34, 35-44, 45-54, 55-64, ≧65) and their percentages in the respective age groups.

(9) Please provide the number of people in Hong Kong suffering from hypertension, high cholesterol, diabetes mellitus, heart disease, cancer, asthma and stroke and their proportion in the total population. Please also list the number of people suffering from these chronic diseases (hypertension, high cholesterol, diabetes mellitus, heart disease, cancer, asthma and stroke) by age group (0-15, 16-24, 25-34, 35-44, 45-54, 55-64, ≧65) and their percentages in the respective age groups in Hong Kong.

(10) Please list the number of people in Hong Kong suffering from chronic diseases (including hypertension, high cholesterol, diabetes mellitus, heart disease, cancer, asthma and stroke) by household income (0-4,999, 5,000-9,999, 10,000-14,999, 15,000-19,999, 20,000-24,999, 25,000-29,999, 30,000-39,999, 40,000-49,999, 50,000-59,999, 60,000-69,999, 70,000-79,999, ≧80,000) in the past 5 years. Please also list the number of people suffering from chronic diseases (including hypertension, high cholesterol, diabetes mellitus, heart disease, cancer, asthma and stroke) by mode of attendance (visiting only public hospitals or clinics, visiting only private hospitals or clinics, or visiting both public and private hospitals or clinics) in the past 5 years.

(11) Please provide the number of hospital beds in public and private hospitals in each of the past 5 years and the occupancy rates of hospital beds in various departments (general, infirmary, mentally ill and mentally handicapped) in the past 5 years with a breakdown by department and the 18 districts.

(12) Please provide the number of hospital beds in the hospitals under the HA in each of the past 5 years and the occupancy rates of hospital beds in various departments with a breakdown by department and the 7 clusters under the HA (Hong Kong East, Hong Kong West, Kowloon Central, Kowloon East, New Territories East and New Territories West).

Please provide the number of public and private hospitals and clinics in Hong Kong with a breakdown by the 18 districts.

Asked by: Hon TIEN Puk-sun, Michael (Member Question No. (LegCo use): 62)

Reply:

(1)
The Hospital Authority (HA) mainly serves to provide public hospital and related services in Hong Kong. Other than in the context of provision of medical care and treatment to patients, HA does not provide specific health promotion and prevention programmes per se, though it will support the programmes of Department of Health (DH) where appropriate.

For instance, HA participates in the Government Vaccination Programme (GVP) led by DH to provide free seasonal influenza vaccination and pneumococcal vaccination at its hospitals and clinics to eligible persons.

The table below sets out the number of seasonal influenza vaccination and pneumococcal vaccination administered by HA under GVP 2013-14, 2014-15, 2015-16, 2016-17 and 2017-18:

Year	No. of seasonal influenza vaccination administered in HA (dose)	No. of pneumococcal vaccination administered in HA (dose)
2013-14	150 852	10 549
2014-15	169 136	12 312
2015-16	297 315	18 137
2016-17	318 049	24 040
2017-18	374 641	31 918

Notes:
For seasonal influenza, the number of vaccines administrated is as of the end date of GVP; whereas for pneumococcal, the number of vaccines administered refers to the period from the start date of GVP until the next GVP begins, i.e. 3 November 2016 to 24 October 2017 for the year of 2016-17. Figures for GVP 2017-18 are as of 19 March 2018 as the programme is still on-going.

(2)
In line with the Government's health care policy to ensure that no one will be denied adequate medical care due to lack of means, recipients of the Comprehensive Social Security Assistance (CSSA) are waived from payment of their public health care expenses. In July 2017, the medical fee waiver of public healthcare services was extended to cover the Old Age Living Allowance (OALA) recipients aged 75 or above with assets not exceeding $144,000 for elderly singletons and $218,000 for elderly couples. For other patients who cannot afford medical expenses at the public sector can also apply for a medical fee waiver at the Medical Social Services Units of public hospitals and clinics or the Integrated Family Services Centres/Family & Child Protective Services Units of the Social Welfare Department.

The amount of medical fee waived in HA in the last 5 years is set out below:

Year	Amount of medical fee waived (notes 1 & 2) ($ million)
2013-14	462.1
2014-15	453.4
2015-16	444.3
2016-17	445.4
2017-18 (Up to 31 December 2017)	527.1

Notes:

1. The amount waived represents the waiver cases approved during the year.
2. The amount waived represents the medical fee waived for CSSA recipients and non-CSSA recipients who are Eligible Persons (EP). According to the Gazette (G.N. 5708 issued on 27 September 2013), patients falling into the following categories are eligible for the rates of charges applicable to EP:
   (i) holders of Hong Kong Identity Card issued under the Registration of Persons Ordinance (Chapter 177), except those who obtained their Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to them and such permission has expired or ceased to be valid;
   (ii) children who are Hong Kong residents and under 11 years of age; or
   (iii) other persons approved by the Chief Executive of HA.

(3)

The Outreach Dental Care Programme for the Elderly (ODCP) was implemented since October 2014. From October 2014 up to end-January 2018, the number of attendances under ODCP was about 159 500. The financial provision for implementing the ODCP was $25.1 million in 2014-15, $44.5 million in 2015-16, $44.8 million in 2016-17, $44.9 million each in 2017-18 and 2018-19.

In line with the Government's healthcare reform proposals, the HA has launched a number of clinical Public-Private Partnership (PPP) initiatives since 2008, including:

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

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. With the full-scale roll-out of the General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP) to all the 18 districts in 2018-19, the TSW PPP will end on 31 March 2018 and migrate to the GOPC PPP on 1 April 2018.

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

Clinically suitable end stage renal disease patients may receive HD treatment in one of the 6 partner community HD centres of their choice.

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

Suitable primary care chronic disease patients, mainly suffering from diabetes and hypertension, are referred by HA to attend empowerment sessions procured from 4 non-governmental organisations in the community.

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

Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) services are purchased from the private sector for clinically eligible patients from selected cancer groups that are in need of CT/MRI examinations for sequential clinical management.

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

The GOPC PPP was launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts on a pilot basis. Clinically stable patients having hypertension and/or diabetes mellitus (with or without hyperlipidemia), currently taken care of by HA GOPCs are invited to participate voluntarily.

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.

The Programme will be rolled out to all the 18 districts of the territory in 2018-19.

(vii) Provision of Infirmary Service through Public-Private Partnership (Infirmary Service PPP) (launched in 2016)

The Infirmary Service PPP was implemented on a pilot basis in September 2016, through contracting with a non-government organisation (NGO) to operate infirmary services at the Wong Chuk Hang Hospital with a maximum capacity of 64 beds for 3 years and possible extension by 2 years subject to evaluation.

(viii) Colon Assessment Public-Private Partnership Programme (Colon PPP) (launched in 2016)

Under the Colon PPP, which was launched by HA in December 2016, patients on HA's colonoscopy waiting lists who are assessed as clinically suitable for receiving colonoscopy in an ambulatory setting and fit for home bowel preparation would be invited to receive specialist care and colonoscopy in the private sector and subsidised for the service package. Participating patients are also required to pay a co-payment in order to receive the service.

HA will also procure histopathology and CT colonography services separately for such referred patients when needed.

Service provisions of these PPP programmes in the past 5 years are set out below:

Programme	2013-14	2014-15	2015-16	2016-17	2017-18 (planned provisions)
CSP (2008) (No. of surgeries)	700	999	538	400	450
TSW PPP (No. of patients enrolled)	1 618	1 618	1 618	1 618	1 500
HD PPP (No. of places)	168	188	188	204	225
PEP (No. of patients)	20 210	17 083	17 534	17 807	14 000
Radi Collaboration (No. of scans)	5 465	10 475	14 985	19 078	19 590
GOPC PPP (No. of participating patients)	-	3 647	7 609	12 156	19 131
Infirmary Service PPP (No. of beds)	-	-	-	64	64
Colon PPP (No. of colonoscopies)	-	-	-	625	1 130

The estimated expenditure incurred for supporting the above-mentioned PPP programmes in the past 5 years (2013-14 to 2017-18) is around $730 million.

(4)
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 expenditure on primary care services cannot be separately identified. The latest progress and work plan of the major primary care initiatives under PCO are as follows:

(i) 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 is in progress while the promulgation of the existing reference frameworks to healthcare professionals through Continuous Medical Education seminars continues. Public seminars were also conducted to deliver child health messages.

(ii) Primary Care Directory (PCD)

The website and mobile website of the sub-directories for doctors, dentists and Chinese medicine practitioners have been launched. We will continue to promote the PCD to the

public for searching primary care providers as well as to primary care service providers for enrolment.

(iii) Community Health Centres (CHCs)

3 purpose-built CHCs were established under the management of HA. The first CHC located in Tin Shui Wai North was commissioned in February 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 September 2013 and March 2015 respectively. PCO would provide professional advice to the Food and Health Bureau in their planning and implementation of the pilot district health centre in Kwai Tsing.

(iv) Publicity Activities

Apart from PCO, other divisions of the DH have been implementing projects and initiatives seeking to enhance primary care in Hong Kong such as health promotion and education, prevention of non-communicable diseases, the Vaccination Subsidy Scheme, Government Vaccination Programme, Elderly Health Care Voucher Scheme, Colorectal Cancer Screening Pilot Programme and ODCP.

Furthermore, HA provides community-based primary care services through a wide range of services and activities delivered by general outpatient clinics (GOPCs). Patients under the care of GOPCs can be broadly divided into 2 main categories, namely chronic disease patients with stable conditions (e.g. diabetes mellitus, hypertension) and episodic disease patients with relatively mild symptoms (e.g. influenza, colds).

The table below sets out the number of general outpatient attendances in the past 5 years.

2013-14 (Actual)	**2014-15 (Actual)**	**2015-16 (Actual)**	**2016-17 (Actual)**	**2017-18 (Revised Estimate)**
5 813 706	5 905 262	5 984 576	6 120 999	5 988 000

The table below sets out the total costs of GOPC services in the past 5 years.

2013-14 (Actual) ($ million)	**2014-15 (Actual) ($ million)**	**2015-16 (Actual) ($ million)**	**2016-17 (Actual) ($ million)**	**2017-18 (Revised Estimate) ($ million)**
2,236	2,431	2,651	2,765	2,928

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

HA has also developed and implemented various initiatives to enhance primary healthcare and support for patients suffering from chronic diseases such as diabetes mellitus and hypertension. These programmes include Risk Factor Assessment and Management Programme, and Nurse and Allied Health Clinics, etc.

(5)
The Patient Empowerment Programme (PEP) mentioned above was launched in March 2010 and extended to the 7 clusters in 2010-11. Over 133 000 patients are expected to benefit from the programme by the end of 2017-18. The numbers of PEP participants with breakdown by gender and age group in the past 5 years are set out in the table below.

Age Range	**2013 - 2014**		**2014 - 2015**		**2015 - 2016**		**2016-2017**		**2017 - 2018 (Rolling 12 months from 1 January 2017 to 31 December 2017)**	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-15	0	0	0	0	0	0	0	0	**0**	**0**
16-24	3	2	1	1	4	4	1	0	**3**	**1**
25-34	25	23	31	26	29	30	25	20	**27**	**29**
35-44	265	293	227	261	257	284	183	165	**215**	**226**
45-54	1 346	2 070	1 052	1 632	1 150	1 751	753	1 112	**882**	**1 306**
55-64	2 935	4 421	2 538	3 790	2 665	3 971	2 372	3 472	**2 620**	**3 814**
≧65	4 003	4 827	3 414	4 110	3 414	3 975	4 293	5 411	**4 436**	**5 410**

HA does not collect information on the household income of the PEP participants.

(6)
Up to 31 December 2017, 21 353 patients have participated in the GOPC PPP since the programme was launched in 2014. Breakdown of patient profile by gender and age group is tabulated below:

Gender	**No. of Patients**
Male	8 649
Female	12 704
Total	**21 353**

Age range	No. of patients*
0-15	0
16-24	0
25-34	19
35-44	309
45-54	2 167
55-64	7 402
≥65	11 456
Total	**21 353**

* Based on data on date of birth of patients

HA does not collect information on the household income of the participants. Under the programme, each participating patient may receive up to 10 subsidised consultations from a participating service provider in a year. There is no readily available statistics on attendance records of individual patient attendances.

Up to 31 December 2017, 362 private doctors have participated in the GOPC PPP.

According to the 2012 and 2015 Health Manpower Surveys (HMS) conducted by DH, the estimated distribution of registered doctors who were practising among the different service sectors in Hong Kong is set out in the following table –

Survey Year	Number of registered doctors	Service Sector				
		Hospital Authority	Government	Subvented Sector	Academic Sector	Private Sector
2012	12 176*	42.0%	6.0%	0.6%	2.8%	48.5%
2015	12 982†	41.9%	5.2%	0.7%	3.1%	49.1%

Notes:

* Figure refers to the number of registered doctors fully registered with the Medical Council of Hong Kong on the resident list under the Medical Registration Ordinance (Chapter 161) as at 31.8.2012.

† Figure refers to the number of registered doctors fully registered with the Medical Council of Hong Kong on the resident list under the Medical Registration Ordinance (Chapter 161) as at 31.8.2015.

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

(7)

Up to 31 December 2017, 1 618 patients have participated in the Tin Shui Wai Primary Care Partnership Project since the programme was launched in 2008. Breakdown of patient profile by gender and age group is tabulated below:

Gender	No. of Patients
Male	672
Female	946
Total	**1 618**

Age range	No. of patients*
0-15	0
16-24	0
25-34	2
35-44	17
45-54	154
55-64	457
≥65	988
Total	**1 618**

* Based on data on date of birth of patients

HA does not collect information on the household income of TSW PPP participants.

(8) to (10)

DH conducted the Population Health Survey 2014-15 (PHS) to collect data on population health status between December 2014 and August 2016. The PHS is a territory-wide survey comprising a household survey and a health examination with physical and biochemical measurements. The estimations given in the tables below are compiled from self-reported information provided by respondents and, where applicable, health examination results. Please refer to the report of PHS (https://www.chp.gov.hk/en/static/51256.html) for details.

The table below sets out the estimated number of persons aged 15 or above who had self-reported to have one or more of selected chronic diseases (including hypertension, high cholesterol, diabetes mellitus, coronary heart disease, cancer, asthma and stroke) diagnosed by Western medicine practitioners by age group and the rate in the respective age groups.

Age group	Estimated no. of persons[#]	Rate (%)*
15 - 24	30 400	3.8%
25 - 34	48 000	5.0%
35 - 44	130 400	12.8%
45 - 54	288 200	24.4%
55 - 64	464 300	43.6%
≥ 65	711 900	68.0%
Overall[‡]	**1 673 300**	**27.5%**

Notes:

The table above covers respondents aged 15 or above in the land-based non-institutional population, excluding foreign domestic helpers and visitors, in Hong Kong.

* The rates are expressed as percentage of all persons in the respective age groups. For example, among all persons aged 15-24 in the survey, 3.8% self-reported having 1 or more of the selected chronic health conditions as diagnosed by practitioners of Western medicine.

‡ The overall value is calculated based on sum of unrounded figures for each individual group.

Figures may not add up to respective total due to rounding.

The table below sets out the estimated number of persons aged 15-84 who had hypertension, high cholesterol and diabetes mellitus, including both self-reported previously diagnosed diseases and previously undiagnosed conditions identified by physical or biochemical measurements in health examination, by chronic condition by age group and the rate in the respective age groups.

Selected chronic diseases^	Age group	Estimated no. of persons#	Rate (%)*
Hypertension~	15 - 24	35 700	4.5%
	25 - 34	53 900	5.6%
	35 - 44	154 900	15.2%
	45 - 54	315 900	26.7%
	55 - 64	494 700	46.4%
	65 - 84	593 600	64.8%
	15 - 84§	**1 648 700**	**27.7%**
High cholesterol†	15 - 24	125 900	15.7%
	25 - 34	264 300	27.5%
	35 - 44	424 200	41.5%
	45 - 54	735 400	62.2%
	55 - 64	767 000	72.0%
	65 - 84	629 500	68.7%
	15 - 84§	**2 946 300**	**49.5%**
Diabetes mellitus‡	15 - 24	1 800	0.2%
	25 - 34	4 400	0.5%
	35 - 44	39 500	3.9%
	45 - 54	86 900	7.3%
	55 - 64	131 400	12.3%
	65 - 84	233 200	25.4%
	15 - 84§	**497 100**	**8.4%**

Notes:

^ A person may have more than 1 chronic condition.

The table above covers respondents aged 15-84 who had participated in health examination in the land-based non-institutional population, excluding foreign domestic helpers and visitors, in Hong Kong.

* The rates are expressed as percentage of all persons in the respective age groups. For example, among all persons aged 15-24 in the survey, 4.5% had hypertension.

~ Figures include self-reported hypertension previously diagnosed by doctor and previously undiagnosed hypertension but with measured systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mmHg.

† Figures include self-reported hypercholesterolaemia previously diagnosed by doctor and previously undiagnosed high cholesterol but had blood test result of total cholesterol ≥ 5.2 mmol/L.

‡ Figures include self-reported diabetes mellitus previously diagnosed by doctor and previously undiagnosed high blood glucose but had blood test result of fasting blood glucose ≥ 7.0 mmol/L or glycated haemoglobin (HbA1c) ≥ 6.5% or both.

§ The overall value for age group 15-84 is calculated based on sum of unrounded figures for each individual group.

Figures may not add up to respective totals due to rounding.

The table below sets out the estimated number of persons aged 15 or above who had self-reported to have coronary heart disease, cancers, asthma and stroke diagnosed by Western medicine practitioners by chronic condition by age group and the rate in the respective age groups.

Selected chronic diseases^	Age group	Estimated no. of persons[#]	Rate (%)*
Coronary heart disease	15 - 24	-	-
	25 - 34	-	-
	35 - 44	2 100	0.2%
	45 - 54	11 200	0.9%
	55 - 64	31 300	2.9%
	≥ 65	82 000	7.8%
	Total[§]	**126 600**	**2.1%**
Cancer[++]	15 - 24	400	0.1%
	25 - 34	1 000	0.1%
	35 - 44	4 500	0.4%
	45 - 54	14 400	1.2%
	55 - 64	29 000	2.7%
	≥ 65	41 000	3.9%
	Total[§]	**90 400**	**1.5%**
Asthma	15 - 24	20 800	2.6%
	25 - 34	19 700	2.1%
	35 - 44	20 600	2.0%
	45 - 54	14 700	1.2%
	55 - 64	9 900	0.9%
	≥ 65	23 500	2.2%
	Total[§]	**109 200**	**1.8%**
Stroke	15 - 24	-	-
	25 - 34	-	-
	35 - 44	1 900	0.2%
	45 - 54	5 800	0.5%
	55 - 64	15 900	1.5%
	≥ 65	61 100	5.8%
	Total[§]	**84 800**	**1.4%**

Notes:

^ A person may have more than 1 chronic condition.

The table above covers respondents aged 15 or above in the land-based non-institutional population, excluding foreign domestic helpers and visitors, in Hong Kong.

* The rates are expressed as percentage of all persons in the respective age groups. For example, among all persons aged 15-24 in the survey, 2.6% self-reported doctor-diagnosed asthma.

++ Referring to primary cancers but not secondary metastases.

§ The overall value is calculated based on sum of unrounded figures for each individual group.

Figures may not add up to respective totals due to rounding.

The table below sets out the estimated number of persons aged 15 or above who had self-reported to have 1 or more of selected chronic diseases (including hypertension, high cholesterol, diabetes mellitus, coronary heart disease, cancer, asthma and stroke) diagnosed by Western medicine practitioners by monthly household income.

Monthly household income (HK$)	Estimated no. of persons[#]
0 – 4,999	254 200
5,000 – 9,999	160 200
10,000 – 14,999	149 500
15,000 – 19,999	128 700
20,000 – 24,999	169 500
25,000 – 29,999	124 700
30,000 – 39,999	226 700
40,000 – 49,999	161 800
≥ 50,000	292 700
Total	**1 667 900**

Notes:

The table above covers respondents aged 15 or above who had provided information on monthly household income in the land-based non-institutional population, excluding foreign domestic helpers and visitors, in Hong Kong.

Figures may not add up to total due to rounding.

The table below sets out the estimated number of persons aged 15 or above who had self-reported to have 1 or more of selected chronic diseases (including hypertension, high cholesterol, diabetes mellitus, coronary heart disease, cancer, asthma and stroke) diagnosed by Western medicine practitioners by type of health service provider usually visited.

Type of health service providers usually visited	Estimated no. of persons[#]
Private clinics or hospitals	1 174 000
Public clinics or hospitals (including Hospital Authority and Department of Health)	431 700
Non-profit organisations or universities	7 400
Total	**1 613 100**

Notes:

The table above covers respondents aged 15 or above who would see Western medicine practitioners or both Chinese and Western medicine practitioners (i.e. excluding those who would see Chinese medicine practitioners only when they were sick), in the land-based non-institutional population, excluding foreign domestic helpers and visitors, in Hong Kong.

Figures may not add up to total due to rounding.

(11) to (13)

The table below sets out the number of hospital beds under HA in 2013-14, 2014-15, 2015-16, 2016-17 and 2017-18.

	Number of hospital beds under HA
2013-14 (as at 31 March 2014)	27 440
2014-15 (as at 31 March 2015)	27 645
2015-16 (as at 31 March 2016)	27 895
2016-17 (as at 31 March 2017)	28 126
2017-18 (as at 31 December 2017)	28 329

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 district.

The table below sets out the number of hospital beds and inpatient bed occupancy rate in each hospital cluster by general, infirmary, mentally ill and mentally handicapped services under the HA in 2013-14, 2014-15, 2015-16, 2016-17 and 2017-18 (up to 31 December 2017).

2013-14

	Cluster							**HA Overall**
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
General (acute and convalescent)								
Number of hospital beds[#]	2 004	2 860	3 005	2 291	5 221	3 477	2 274	21 132
Inpatient bed occupancy rate	87%	73%	89%	88%	86%	90%	98%	87%
Infirmary								
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 ill								
Number of hospital beds[#]	400	82	425	80	920	524	1 176	3 607
Inpatient bed occupancy rate	79%	72%	83%	83%	77%	71%	68%	74%

Mentally handicapped*								
Number of hospital beds#	–	–	–	–	160	–	500	660
Inpatient bed occupancy rate	–	–	–	–	57%	–	96%	87%

Hospital beds as at 31 March 2014
* Mentally handicapped beds are provided in KWC and NTWC only.

2014-15

	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
General (acute and convalescent)								
Number of hospital beds#	2 044	2 860	3 029	2 295	5 244	3 539	2 326	21 337
Inpatient bed occupancy rate	87%	75%	92%	88%	86%	89%	97%	88%
Infirmary								
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%
Mentally ill								
Number of hospital beds#	400	82	425	80	920	524	1 176	3 607
Inpatient bed occupancy rate	69%	74%	79%	82%	74%	74%	65%	71%
Mentally handicapped*								
Number of hospital beds#	–	–	–	–	160	–	500	660
Inpatient bed occupancy rate	–	–	–	–	47%	–	96%	85%

Hospital beds as at 31 March 2015
* Mentally handicapped beds are provided in KWC and NTWC only.

2015-16

	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	87%	76%	90%	91%	88%	89%	101%	89%
Infirmary								
Number of hospital beds#	627	200	118	116	328	517	135	2 041

Inpatient bed occupancy rate	86%	81%	89%	88%	97%	83%	95%	88%
Mentally ill								
Number of hospital beds#	400	82	425	80	920	524	1 176	3 607
Inpatient bed occupancy rate	66%	71%	79%	84%	73%	76%	66%	71%
Mentally handicapped*								
Number of hospital beds#	–	–	–	–	160	–	500	660
Inpatient bed occupancy rate	–	–	–	–	42%	–	95%	82%

Hospital beds as at 31 March 2016

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

2016-17

	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
General (acute and convalescent)								
Number of hospital beds#	2 085	2 860	3 053	2 347	5 244	3 672	2 537	21 798
Inpatient bed occupancy rate	89%	78%	90%	94%	89%	92%	101%	90%
Infirmary								
Number of hospital beds#	627	200	118	116	328	517	135	2 041
Inpatient bed occupancy rate	88%	77%	92%	88%	97%	86%	95%	88%
Mentally ill								
Number of hospital beds#	400	82	425	80	920	524	1 176	3 607
Inpatient bed occupancy rate	72%	63%	72%	86%	76%	78%	65%	72%
Mentally handicapped*								
Number of hospital beds#	–	–	–	–	160	–	520	680
Inpatient bed occupancy rate	–	–	–	–	40%	–	93%	80%

Hospital beds as at 31 March 2017

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

2017-18 (up to 31 December 2017) [Provisional figures]

	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
General (acute and convalescent)								
Number of hospital beds#	2 105	2 860	4 874	2 405	3 431	3 730	2 596	22 001
Inpatient bed occupancy rate	90%	78%	90%	97%	94%	92%	107%	92%
Infirmary								
Number of hospital beds#	627	200	250	116	196	517	135	2 041
Inpatient bed occupancy rate	90%	78%	89%	89%	98%	84%	90%	88%
Mentally ill								
Number of hospital beds#	400	82	425	80	920	524	1 176	3 607
Inpatient bed occupancy rate	76%	72%	70%	80%	72%	79%	63%	71%
Mentally handicapped*								
Number of hospital beds#	–	–	–	–	160	–	520	680
Inpatient bed occupancy rate	–	–	–	–	40%	–	89%	77%

Hospital beds as at 31 December 2017

* 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 departments or those who have stayed for more than 1 day. The calculation of the number of hospital beds includes that of both inpatients and day inpatients. The calculation of inpatient bed occupancy rate, on the other hand, does not include that of day inpatients.

The table below sets out the number of hospitals/institutions, specialist outpatient clinics (SOPCs) and GOPCs in HA as at 31 December 2017.

Cluster	No. of hospitals/ institutions	No. of SOPCs	No. of GOPCs
HKEC	7	7	12
HKWC	7	8	6
KCC	8	9	13
KEC	3	4	8
KWC	5	8	16
NTEC	7	7	10
NTWC	5	5	8
Total	**42**	**48**	**73**

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

Notes:
Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

The corresponding catchment districts of HA's clusters are listed below:

For reporting up to 31 March 2017:
- HKEC – Eastern, Wan Chai, Islands (excluding Lantau Island)
- HKWC – Central & Western, Southern
- KCC – Kowloon City, Yau Tsim Mong
- KEC – Kwun Tong, Sai Kung
- KWC – Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
- NTEC – Sha Tin, Tai Po, North
- NTWC – Tuen Mun, Yuen Long

For reporting from 1 April 2017:
- HKEC – Eastern, Wan Chai, Islands (excluding Lantau Island)
- HKWC – Central & Western, Southern
- KCC – Kowloon City, Yau Tsim Mong, Wong Tai Sin
- KEC – Kwun Tong, Sai Kung
- KWC – Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
- NTEC – Sha Tin, Tai Po, North
- NTWC – Tuen Mun, Yuen Long

The table below sets out the number and average bed occupancy rate of beds provided by the private hospitals in Hong Kong in the past 5 years:

	2013	2014	2015	2016	2017
Number of beds:	3 882	3 906	4 014	4 226	4 644
Bed occupancy rate:	61.3%	62.9%	61.7%	62.0%	not yet available

DH registers private hospitals, maternity homes and nursing homes under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Chapter 165) and medical clinics under the Medical Clinics Ordinance (Chapter 343). As at 31 December 2017, a total of 12 private hospitals (including 17 satellite clinics) were registered under Chapter 165 and 91 medical clinics were registered under Chapter 343.

The number of clinics of DH by region (position as at 1 January 2018) is appended below:-

Region	No. of Clinics
Hong Kong Island	51
Kowloon	63
New Territories East	44
New Territories West	41
Total	**199**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2056)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 143 that the Government is discussing with the University Grants Committee increase in publicly-funded training places for doctors, dentists, nurses and relevant allied health professionals, as well as the enhancement of teaching facilities. It is also mentioned in paragraph 145 that the Financial Secretary will ensure that the Hospital Authority has adequate resources to employ all medical graduates. Nevertheless, the wastage of government-trained healthcare staff is serious. A concrete example is the successful poaching of a number of locally-trained top ophthalmologists from the public hospital system by a newly listed enterprise which is keenly developing the eye hospital market in the Mainland. Given the huge Mainland market, such cases may continue to occur. While the Government is allocating more resources for the training of healthcare staff, are there any measures in place against attrition during training lest the manpower shortage in hospitals could not be eased?

Asked by: Hon TSE Wai-chun, Paul (Member Question No. (LegCo use): 1)

Reply:

The Hospital Authority ("HA") has put in place various measures to attract and retain healthcare professionals, which 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 will 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 since 2015-16 to retain suitable expertise for training and knowledge transfer, and to help alleviate manpower shortage.

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.

To further boost staff morale and retain staff, HA will restore the annual increment mechanism for all serving employees who have joined HA on or after 15 June 2002 and new recruits, all with effect from 1 April 2018.

In 2018-19, HA plans to recruit about 500 doctors and 2 230 nurses in order to address manpower shortage, maintain existing service provision and implement service enhancement initiatives. HA will continue to implement various measures to retain staff in the medical and nursing grades in 2018-19, and review the effectiveness of the above initiatives and explore further enhancement measures to attract and retain staff.

In light of the general manpower shortage of healthcare professionals in Hong Kong, the Government is discussing with the University Grants Committee further increases in publicly-funded training places for doctors, dentists, nurses and relevant allied health professionals in the 2019/20-2021/22 triennium. The Government also encourages self-financing training institutions to offer more healthcare training places with the support of the Study Subsidy Scheme for Designated Professions/Sectors.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2327)

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) (Ms Elizabeth Tse)

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 in different hospital clusters in each of the past 5 years (from 2013 to 2017) and oncology patients' average waiting time for first appointment; and
- the 20 most common cancers, number of new cases, number of death cases and average waiting time for first check-up in the past 5 years (from 2013 to 2017) in table form as shown below.

The 20 most common cancers	Number of new cases	Number of registered deaths	Average waiting time for first check-up
Cancer (1)			
…			
Cancer (20)			

Asked by: Hon WONG Kwok-kin (Member Question No. (LegCo use): 28)

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 2013-14 to 2017-18 (up to 31 December 2017).

Cluster	2013-14		2014-15		2015-16		2016-17		2017-18 (up to 31 December 2017) [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)	Number of new cases	Median Waiting Time (weeks)
HKEC	2 804	1	2 872	<1	3 008	1	2 986	<1	2 345	1
HKWC	2 710	1	2 686	<1	2 909	1	3 029	1	2 594	1
KCC	6 226	1	6 353	1	6 260	1	6 476	1	5 063	1
KEC*	489	2	562	1	1 051	1	1 097	2	817	3
KWC	2 964	3	3 111	3	3 605	3	4 009	3	2 951	3
NTEC	4 861	1	4 945	1	5 107	1	5 593	2	4 344	2
NTWC	3 388	1	3 356	1	3 343	1	3 786	1	2 939	1

*KEC commenced limited onsite oncology service since 2009-10.

Note:
Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

(2) The table below sets out the numbers of cancer new cases and registered cancer deaths from 2013 to 2015 in Hong Kong. Statistics from 2016 onwards are not yet available.

Ranking* (2015)	Cancer Site	Number of new cases			Number of registered deaths		
		2013	2014	2015	2013	2014	2015
1	Lung	4 631	4 674	4 748	3 867	3 866	4 031
2	Colorectum	4 769	4 979	5 036	1 981	2 034	2 073
3	Liver	1 852	1 847	1 791	1 524	1585	1 571
4	Pancreas	608	655	766	584	576	691
5	Stomach	1 100	1 146	1 167	625	657	669
6	Breast	3 544	3 883	3 920	600	610	637
7	Prostate	1 655	1 709	1 831	372	398	404
8	Non-Hodgkin lymphoma	877	918	976	352	352	358
9	Leukaemia	547	540	560	302	316	341
10	Nasopharynx	841	834	876	312	308	327
11	Oesophagus	429	409	426	329	327	299
12	Kidney and other urinary organs except bladder	566	653	636	180	200	218
13	Lip, oral cavity and pharynx except nasopharynx	647	590	628	184	213	217
14	Ovary etc.	526	576	578	212	179	214
15	Bladder	425	409	415	172	211	204
16	Cervix	503	472	500	142	131	169

Ranking* (2015)	Cancer Site	Number of new cases			Number of registered deaths		
		2013	2014	2015	2013	2014	2015
17	Multiple myeloma	240	232	240	120	137	150
18	Gallbladder and extrahepatic bile duct	393	393	420	187	188	141
19	Bone and soft tissue	255	276	264	114	116	126
20	Brain and nervous system	240	231	201	101	114	111
	Others	4 288	4 192	4 339	1 329	1 285	1 365
	All sites	**28 936**	**29 618**	**30 318**	**13 589**	**13 803**	**14 316**

*Ranking according to number of registered deaths in 2015.

Detailed statistics on waiting time per types of cancer site are not available. In providing treatment and care services for cancer patients, HA adopts a multidisciplinary 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 out-patient 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 service 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. 2334)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the accident and emergency (A&E) services provided by public hospitals, please list:

(a) the total number of doctors working in the A&E department of each public hospital, the total number of doctors recruited under the A&E Support Session Programme and the expenditure on allowances so incurred in each of the past 5 years; and

(b) the average waiting time and longest waiting time for A&E services in Triage IV (semi-urgent) and Triage V (non-urgent) categories at each public hospital in each of the past 5 years.

Asked by: Hon WONG Kwok-kin (Member Question No. (LegCo use): 58)

Reply:

(a)

The table below sets out the manpower of Accident & Emergency (A&E) doctors in each A&E department of the Hospital Authority (HA) in 2013-14, 2014-15, 2015-16, 2016-17 and 2017-18 (up to 31 December 2017).

A&E Specialty		Number of Doctors [Note 1]				
Cluster	**Hospital**	**2013-14** (as at 31 March 2014)	**2014-15** (as at 31 March 2015)	**2015-16** (as at 31 March 2016)	**2016-17** (as at 31 March 2017)	**2017-18** (as at 31 December 2017)
HKEC	PYNEH	34	33	32	33	34
	RH	17	17	18	19	20
	SJH	4	5	5	5	4
HKWC	QMH	29	26	26	30	29
KCC	KWH [Note 2]	N/A	N/A	N/A	N/A	28
	QEH	40	41	48	46	49
KEC	TKOH	23	21	26	23	25
	UCH	36	37	38	41	41
KWC	CMC	23	27	25	27	28
	KWH [Note 2]	27	26	28	25	N/A
	NLTH	15	22	23	23	21
	PMH	30	31	30	31	34
	YCH	31	28	29	29	30
NTEC	AHNH	24	24	24	24	22
	NDH	20	20	20	17	21
	PWH	23	22	26	28	26
NTWC	POH	24	25	24	22	21
	TMH	39	41	41	42	40
	TSWH [Note 3]	N/A	N/A	N/A	13	16

As at 31 December 2017, around 700 doctors, on a headcount basis, had enrolled in the A&E Support Session Programme. In 2017-18, HA has earmarked around $22 million for the Programme.

(b)

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 2013-14, 2014-15, 2015-16, 2016-17 and 2017-18 (up to 31 December 2017). Statistics of longest waiting time at each A&E department are not readily available.

2013-14

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

Cluster	Hospital	Average waiting time (minutes) for A&E services	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	119	156
	RH	77	134
	SJH	23	28
HKWC	QMH	104	165
KCC	QEH	144	183
KEC	TKOH	81	89
	UCH	147	217
KWC	CMC	64	63
	KWH	187	213
	NLTH	28	44
	PMH	97	138
	YCH	136	164
NTEC	AHNH	29	32
	NDH	98	137
	PWH	184	178
NTWC	POH	113	125
	TMH	135	151
Overall HA		**108**	**129**

2016-17

Cluster	Hospital	Average waiting time (minutes) for A&E services	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	111	142
	RH	82	138
	SJH	26	32
HKWC	QMH	101	174
KCC	QEH	142	180
KEC	TKOH	112	119
	UCH	131	197
KWC	CMC	56	53
	KWH	116	127
	NLTH	32	52
	PMH	93	132
	YCH	113	143
NTEC	AHNH	36	39
	NDH	104	145
	PWH	177	180
NTWC	POH	114	126
	TMH	133	154
	TSWH	45	67
Overall HA		**103**	**126**

2017-18 (up to 31 December 2017) [Provisional figures]

Cluster	Hospital	Average waiting time (minutes) for A&E services	
		Triage 4 (Semi-urgent)	**Triage 5 (Non-urgent)**
HKEC	PYNEH	107	134
	RH	83	138
	SJH	25	30
HKWC	QMH	105	170
KCC	KWH	134	141
	QEH	167	203
KEC	TKOH	145	153
	UCH	168	228
KWC	CMC	59	55
	NLTH	29	46
	PMH	100	135
	YCH	122	154
NTEC	AHNH	52	56
	NDH	106	149
	PWH	209	193
NTWC	POH	101	104
	TMH	169	182
	TSWH	51	59
Overall HA		**114**	**127**

Note:

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

2. KWH, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

3. TSWH has commenced its A&E services since March 2017.

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
KWH – Kwong Wah Hospital
QEH – Queen Elizabeth Hospital
TKOH – Tseung Kwan O Hospital
UCH – United Christian Hospital
CMC – Caritas Medical Centre
NLTH – North Lantau Hospital
PMH – Princess Margaret Hospital
YCH – Yan Chai Hospital
AHNH – Alice Ho Miu Ling Nethersole Hospital
NDH – North District Hospital
PWH – Prince of Wales Hospital
POH – Pok Oi Hospital
TMH – Tuen Mun Hospital
TSWH – Tin Shui Wai Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2443)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding community health centres (CHCs),

(1) please list the numbers of attendances by patients with episodic illnesses, numbers of attendances for health risk assessments and numbers of healthcare staff by healthcare discipline of all existing CHCs in the past 3 financial years; and

(2) the Government has mentioned the development of CHCs in Mong Kok, Shek Kip Mei and North District. What is the progress of these projects? What are the timetables for service commission and numbers of service recipients? Will the construction of additional CHCs be included in the second 10-year hospital development plan? If yes, what are the details? If not, what are the reasons?

Asked by: Hon WONG Kwok-kin (Member Question No. (LegCo use): 55)

Reply:

(1)

The Tin Shui Wai (Tin Yip Road) Community Health Centre (CHC), the North Lantau CHC and Kwun Tong CHC 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 CHCs mainly comprise two categories: chronic disease patients with stable medical conditions (such as patients with diabetes mellitus or hypertension); and episodic disease patients with relatively mild symptoms (such as those suffering from influenza, cold, fever, gastroenteritis, etc.).

The number of attendances in the Tin Shui Wai (Tin Yip Road) CHC, North Lantau CHC and Kwun Tong CHC in the past 3 years is set out in the table below.

CHC	2015-16	2016-17	2017-18 (up to 31 December 2017) [Provisional figures]
Tin Shui Wai (Tin Yip Road) CHC	82 431	99 944	82 276
North Lantau CHC	64 826	68 326	50 054
Kwun Tong CHC	235 505	244 972	176 340

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. As these healthcare staff work in a multi-disciplinary manner, across different service programmes and in multiple service sites, estimated medical manpower by professional grade of individual CHC cannot be separately identified.

(2)

The Government plans to develop 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 three projects are currently at the initial planning stage, their target timelines for service commencement are subject to detailed planning and design.

In light of an increasing demand for healthcare services, the Government has invited Hospital Authority to start planning the second ten-year Hospital Development Plan. At this stage, information on the number of CHCs to be provided is not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1388)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. In 2018-19, the recurrent subvention for the Hospital Authority (HA) will be raised by nearly $6 billion to increase hospital beds, operating theatre sessions, quotas for general outpatient and specialist outpatient clinics, and the manpower involved. Please list by each hospital/infirmary the number of additional hospital beds, the details of additional operating theatre sessions, the additional quotas for general outpatient clinics, specialist outpatient clinics and each specialist service, and the relevant healthcare manpower involved.

2. With the increase of quotas, what is the expected waiting time for first appointment for each specialist service in each hospital cluster? Please provide the information in table form.

Asked by: Hon WONG Pik-wan, Helena (Member Question No. (LegCo use): 1)
Reply:

(1)

The overall recurrent subvention to the Hospital Authority (HA) in 2018-19 amounts to $61.5 billion, representing an increase of 10.7% over the 2017-18 revised estimate ($55.5 billion). With the additional financial provision of the Government, HA will implement new initiatives and enhance various types of services including the following key measures :

(a) increasing 574 public hospital beds. The table below sets out the breakdown of the 574 hospital beds by cluster to be opened by HA in 2018-19:

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

(b) re-engaging healthcare professional retirees to provide service in various pressurised specialties for training and knowledge transfer, and recruiting non-locally trained doctors through limited registration subject to the approval by the Medical Council of Hong Kong to help alleviate manpower shortage;

(c) supporting healthcare training (including clinical practicum, specialty and higher training) and enhancing proficiency of healthcare professionals; and

(d) enhancing psychiatric services; palliative care services; services of nurse clinics in specialist outpatient services; pharmacy services, etc.

The number of medical, nursing and allied health staff in 2018-19 is expected to increase by, on a full-time equivalent basis, 230, 830 and 230 respectively when compared to 2017-18. HA will deploy existing staff and recruit additional staff to cope with the implementation of the initiatives. The detailed arrangement for manpower deployment is being worked out and is not yet available.

(2)

HA has implemented the triage system for new specialist outpatient clinics (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 (stable) categories. HA's targets are to maintain the median waiting time for cases in Priority 1 and 2 categories within two weeks and eight 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.

In addition, HA has implemented a series of measures to manage SOPC waiting time, for example, enhancing public primary care service and public-private partnership; strengthening manpower; implementing SOPC annual plan programmes; reducing the disparity in waiting time at SOPCs in different clusters; optimising appointment scheduling practices of SOPCs; etc.

Note**:**
Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on/after 1 April 2017 are therefore not directly comparable.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1389)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In his Budget Speech, the Financial Secretary said that the Government would also plan for other public healthcare facilities such as community health centres and ambulatory care centres, and improve the clinic facilities under the Department of Health (DH) by phases. Please advise on the following:

1. the distribution of community health centres and ambulatory care centres; and

2. the details of the phase-by-phase improvement planned for the clinic facilities under the DH and the expenditure involved.

Asked by: Hon WONG Pik-wan, Helena (Member Question No. (LegCo use): 2)

Reply:

(1)

Under the ten-year Hospital Development Plan (HDP) with a total provision of $200 billion earmarked in 2016, eight ambulatory care centres and three community health centres (CHCs), among other facilities, will be developed.

Generally, ambulatory care centres will accommodate outpatient clinics, day hospital, day surgery / procedure centre, day rehabilitation centre, and renal dialysis centre, etc. Each of the above-mentioned eight ambulatory care centres will be part of a wider hospital project.

The three CHCs in Mong Kok, Shek Kip Mei and North District are currently at the planning stage.

(2)

Many clinic premises under the Department of Health (DH) were completed over several decades ago. DH is in the process of scrutinizing the scope of improvement works of clinic facilities involved, in consultation with relevant departments, in order to work out the resources required and the works schedule.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1390)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. The Financial Secretary said that the Government was conducting a comprehensive review of the planning for primary healthcare services, and that he would set aside necessary resources to fully support this initiative. How much has the Government earmarked for future primary healthcare services? How much will be allocated for this purpose in each of the next 3 years?

Asked by: Hon WONG Pik-wan, Helena (Member Question No. (LegCo use): 3)

Reply:

For a comprehensive review of the planning for primary healthcare services with a view to drawing up a blueprint, the Steering Committee on Primary Healthcare Development (Steering Committee) is considering various aspects such as manpower and infrastructure planning, collaboration model, community engagement as well as planning and evaluation framework. The Steering Committee and the Working Group on the District Health Centre Pilot Project in Kwai Tsing District also have yet to decide on the operation model and scope of service for the pilot project.

The details sought are not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1407)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. It is mentioned that the Hospital Authority will continue to enhance accident and emergency, surgical, endoscopic and diagnostic imaging services, improve pharmacy services, as well as extend and enhance the services of nurse clinics. What are the specific measures involved?

Asked by: Hon WONG Pik-wan, Helena (Member Question No. (LegCo use): 21)

Reply:

(1) The overall recurrent subvention to the Hospital Authority (HA) in 2018-19 amounts to $61.5 billion, representing an increase of 10.7% over the 2017-18 revised estimate ($55.5 billion). With the additional financial provision of the Government, HA will implement new initiatives and enhance various types of services including the following key measures :

(a) increasing 574 public hospital beds;

(b) re-engaging healthcare professional retirees to provide service in various pressurised specialties for training and knowledge transfer, and recruiting non-locally trained doctors through limited registration subject to the approval by the Medical Council of Hong Kong to help alleviate manpower shortage;

(c) supporting healthcare training (including clinical practicum, specialty and higher training) and enhancing proficiency of healthcare professionals; and

(d) enhancing psychiatric services; palliative care services; services of nurse clinics in specialist outpatient services; pharmacy services, etc.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1408)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding the enhancement of the treatment and management of cancers, stroke, cardiac and renal diseases, what are the details of the enhancement?

Asked by: Hon WONG Pik-wan, Helena (Member Question No. (LegCo use): 22)

Reply:

Hospital Authority (HA) will enhance the treatment and management of cancer, stroke, cardiac and renal diseases in 2018-19. The details of the enhancements are as follows:

(a) On cancer services, HA will open 10 additional Clinical Oncology inpatient beds in Pamela Youde Nethersole Eastern Hospital; increase the capacity of specialist outpatient service of Clinical Oncology in New Territories East Cluster (NTEC) and in Kowloon Central Cluster (KCC) and Medical Oncology service in Hong Kong West Cluster; and enhance the capacity of day chemotherapy service in New Territories West Cluster (NTWC). HA will also continue to enhance radiotherapy service by replacing the linear accelerators as planned; and modernise the chemotherapy service by expanding the coverage and use of chemotherapeutic drugs in the HA Drug Formulary;

(b) On stroke services, 24-hour Intra-venous thrombolytic service will be extended to NTEC and NTWC;

(c) On cardiac services, HA will set up 24-hour Primary Percutaneous Coronary Intervention service for ST-segment Elevation Myocardial Infarction patients in KCC; provide two additional cardiac care unit beds each in Caritas Medical Centre (CMC), North District Hospital and Queen Elizabeth Hospital; and enhance the capacity of cardiac catheterisation laboratory service in CMC to provide 100 additional cardiac interventions in 2018-19; and

(d) On renal services, HA will enhance haemodialysis (HD) service for patients with end-stage renal disease by providing a total of 51 additional hospital HD places in all hospital clusters; and 21 additional places under the HD Public-Private Partnership Programme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1419)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. According to the Government, there are currently 480 community nurses and the number of home visits by them in 2017 is 855 000, which is estimated to increase to 860 000 in 2018. In a word, even if all community nurses work 365 days a year, the average number of home visits per day is almost 5. Please advise on the average length of each home visit by community nurses.
2. At present, there are 141 community psychiatric nurses. What are the actual and estimated numbers of home visits by them in 2016, 2017 and 2018 respectively? What is the average number of home visits per day by each community psychiatric nurse? What is the average length of each home visit?
3. What are the estimated shortfalls in manpower of community nurses and community psychiatric nurses? In what way can the number of community nurses be increased?

Asked by: Hon WONG Pik-wan, Helena (Member Question No. (LegCo use): 64)

Reply:

(1)

The number of cases handled by each community nurse in the Hospital Authority (HA) varies, and the number and duration of visits of each case also differ. Relevant factors include, among others, the complexity of the cases, the needs, risks and self-care abilities of the patients. Generally speaking, about 7 to 9 home visits are conducted on average for each case while the duration of each visit is from 21 to 52 minutes.

(2)

As regards community psychiatric nurses (CPNs), patients in need of community psychiatric services are currently followed up by the multi-disciplinary community psychiatric teams in various HA clusters. The teams, which comprise healthcare

professionals such as psychiatric doctors, psychiatric nurses (including CPNs), clinical psychologists, occupational therapists, medical social workers and peer support workers, etc., provide necessary community support services for patients with mental health needs residing in the community.

The table below sets out the number of psychiatric outreach attendances in HA from 2016-17 to 2018-19 –

	Number of psychiatric outreach attendances
2016-17	290 185
2017-18 (Revised Estimate)	290 100
2018-19 (Estimate)	290 300

Also, HA has launched the Case Management Programme (the Programme) since 2010-11 by phases to provide intensive, continuous and personalised support for patients with severe mental illness. Since 2014-15, the Programme has extended to cover all the 18 districts. As at 31 December 2017, HA has recruited a total of 325 case managers to provide personalised and intensive community support for around 15 000 patients under the Programme.

The number of cases handled by a healthcare professional in community psychiatric services (including CPN) varies, depending on a number of factors such as patients' conditions and clinical needs as well as experience of the staff. The number and duration of visits also vary from case to case. On average, each case manager takes care of about 40 to 60 patients at any one time on average. The requested information on average number of visits or duration in respect of community psychiatric services is not readily available.

(3)

HA deploys nursing manpower flexibly among specialties according to service demands. In planning for the provision of services, HA takes into account a number of factors, including population growth and demographic changes, advancement in medical technology, manpower provision, organisation of services of clusters and hospitals, and service demand in each district. HA will conduct reviews regularly to assess the workload of community nurses and CPNs as well as service demands.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1420)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Government will introduce a new arrangement starting from 2018-19 by undertaking to increase the recurrent provision for the Hospital Authority progressively on a triennium basis, having regard to population growth and demographic changes. What are the estimated annual recurrent provisions for the coming 3 years?

Asked by: Hon WONG Pik-wan, Helena (Member Question No. (LegCo use): 65)

Reply:

The Government will increase the recurrent funding for the Hospital Authority (HA) progressively on a triennium basis having regard to population growth and demographic changes. The additional full-year recurrent provision will be $10,830 million with effect from 2020-21. The Government will continue to take into account various factors (e.g. the need for service enhancement, the demand for public health care services) in its overall consideration of the funding for HA.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1432)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding the augmentation of mental health services for severe mental illness, common mental disorder and children and adolescents with mental health needs, what are the relevant measures?

Asked by: Hon WONG Pik-wan, Helena (Member Question No. (LegCo use): 23)

Reply:

The Hospital Authority (HA) will further enhance psychiatric services for patients with common mental disorders and severe mental illness as well as children and adolescents with mental health needs in 2018-19, as follows –

(a) enhancing community psychiatric services for patients with severe mental illness by recruiting additional case managers in HKEC, KCC, KWC and NTWC and additional peer support workers in KEC, KWC, NTEC and NTWC respectively;

(b) strengthening psychiatric specialist outpatient ("SOP") services in NTEC and NTWC to provide support for patients with common mental disorders;

(c) opening 40 gazetted psychiatric beds in the Kowloon Psychiatric Observation Unit in the light of the growing demand in inpatient psychiatric services in KCC and KEC and enhancing the psychiatric community services;

(d) expanding the Student Mental Health Support Pilot Scheme (the Pilot Scheme) from 17 schools to around 40, to provide support services to additional schools located in the catchment areas of HKWC, NTEC and NTWC through the school-based multi-disciplinary platforms for students with mental health needs, and enhancing the multidisciplinary teams for child and adolescent psychiatric services in all clusters with Child and Adolescent Psychiatric Services to provide better support for the school-based multi-disciplinary platform under the Scheme; and

(e) optimising psychiatric SOP services in NTEC through strengthening of manpower and hardware.

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 2018-19 Reply Serial No.

FHB(H)170

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1433)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding the setting up of a District Health Centre in Kwai Tsing District, what is the estimated overall expenditure of the Centre?

2. What is the number of healthcare personnel in place during its initial stage of operation?

Asked by: Hon WONG Pik-wan, Helena (Member Question No. (LegCo use): 24)

Reply:

The Steering Committee on Primary Healthcare Development and the Working Group on the District Health Centre Pilot Project in Kwai Tsing District have yet to decide on the operation model and scope of service for the pilot project.

The details sought are not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1139)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The estimated expenditure of the Hospital Authority in 2018-19 reaches $62.3 billion, representing an increase of $6 billion or 10.6% over the revised expenditure in 2017-18. What are the specific details of the additional expenditure? With the additional expenditure, what is the estimated additional number of quotas for various services?

Asked by: Hon WONG Ting-kwong (Member Question No. (LegCo use): 28)

Reply:

With the additional financial provision of the Government, the Hospital Authority (HA) will implement new initiatives and enhance various types of services including the following key measures :

(a) increasing 574 public hospital beds;

(b) re-engaging healthcare professional retirees to provide service in various pressurised specialties for training and knowledge transfer, and recruiting non-locally trained doctors through limited registration subject to the approval by the Medical Council of Hong Kong to help alleviate manpower shortage;

(c) supporting healthcare training (including clinical practicum, specialty and higher training) and enhancing proficiency of healthcare professionals; and

(d) enhancing psychiatric services; palliative care services; services of nurse clinics in specialist outpatient services; pharmacy services, etc.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)172

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0117)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the ten-year Hospital Development Plan (HDP), it is mentioned in paragraph 14 of the Medium Range Forecast (MRF) in the Appendices to the Budget last year that "of the $200 billion needed for the ten-year HDP, about $90 billion has been reflected as expenditure within the MRF period, leaving a balance of $110 billion to be charged against the fiscal reserves". However, relevant figures are not included in the MRF of the Budget this year. Besides, it is mentioned in this year's Budget that $300 billion has also been set aside for the second HDP.

1. What are the details of the $90 billion allocation that was included in the MRF last year? Please provide the details with a breakdown by the projects under the HDP.

2. Whether the Government has updated the above figures this year? If yes, what are the details?

3. Whether the Government has assessed the adequacy of the earmarked allocation of $200 billion in completing all the projects under the HDP and whether such projects can be commenced within 10 years as planned? If yes, what are the details (such as funding estimates and commencement dates of the projects, etc.)?

4. Whether the Government has made any forecast on the expenditure of the second HDP? If yes, what are the details (such as hospital/clinic facilities to be included and commencement dates and estimated expenditure of the projects, etc.)?

Asked by: Hon WU Chi-Wai (Member Question No. (LegCo use): 3)

Reply:

(1), (2) & (3)

Projects under the ten-year Hospital Development Plan (HDP) will be completed as planned and the estimated total project costs will be within the Government's dedicated provision of $200 billion for the HDP. The HDP is funded under the Capital Works Reserve Fund and is outside the scope of the Estimates being examined.

Funding approval for 6 projects under the ten-year HDP was obtained from the Finance Committee (FC) of the Legislative Council in 2016-17 and 2017-18:

(i) The substructure and utilities diversion works for the extension of the Operating Theatre Block for Tuen Mun Hospital project was approved at $167.2 million in money-of-the-day (MOD) prices and the works commenced in May 2016. The main works for the project was approved at $2,729.7 million in MOD prices and commenced in September 2017 for completion of the whole project in 2021;

(ii) The redevelopment of Kwai Chung Hospital (Phase 1) project was approved at $750.8 million in MOD prices and the works commenced in May 2016 for completion in 2018;

(iii) The demolition and substructure works for Phase 1 of the redevelopment of Kwong Wah Hospital (KWH) project was approved at $654.8 million in MOD prices and the works commenced in June 2016. Subject to funding approval by the FC on the remaining works, the whole redevelopment project is planned for completion in 2025;

(iv) The expansion of Haven of Hope Hospital project was approved at $2,073 million in MOD prices and the works commenced in July 2016 for completion in 2021;

(v) The preparatory works for the New Acute Hospital (NAH) at Kai Tak Development Area project was approved at $769.3 million in MOD prices and the preparatory works commenced in September 2017. Subject to funding approval by the FC on the remaining works, the whole project is planned for completion in 2024; and

(vi) The preparatory works for the redevelopment of Prince of Wales Hospital, Phase 2 (Stage 1) was approved at $1,231.1 million in MOD prices on 19 July 2017 and the preparatory works commenced in September 2017. Subject to funding approval by the FC on the remaining works, the whole project is planned for completion in 2027.

We plan to seek funding approval from FC this year for 5 projects under the first ten-year HDP. They include the superstructure and associated works for Phase 1 of the redevelopment of KWH; the foundation, excavation and lateral support, and basement excavation works for the NAH at Kai Tak Development; the preparatory works for Phase 1 of the redevelopment of Grantham Hospital; the preparatory works for the redevelopment of Our Lady of Maryknoll Hospital; and the main works for Phase 1 of the redevelopment of Queen Mary Hospital.

For the remaining 7 HDP projects, Hospital Authority (HA) and relevant government departments 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 and cost estimate for individual projects.

(4)

In the light of an increasing demand for healthcare services, the Government has invited HA to start planning the second ten-year HDP instead of waiting for the mid-term review of the first ten-year HDP to be conducted in 2021. HA will take into account the projected service demands, the physical conditions of existing hospitals, and the planned service models, etc. in the formulation of the second HDP. At this stage, information on the implementation timetable and the estimated expenditure involved is not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0118)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

One of the *Matters Requiring Special Attention* under the Programme is to "oversee the smooth and timely implementation of capital works projects under the $200 billion ten-year Hospital Development Plan". Regarding the ten-year Hospital Development Plan, please inform this Committee of the following:

1. For projects that have submitted funding applications to the Legislative Council as scheduled, please advise on (a) the nature of the funding application, (b) the date on which the application was submitted, (c) the amount of funding sought, (d) the commencement date of the works, and (e) the anticipated completion date of the works;

2. As mentioned in last year's Budget, about $90 billion was reflected as expenditure within the Medium Range Forecast period. What projects were covered? What is the latest medium range expenditure forecast?

3. For projects that have not submitted funding applications, please advise on (a) when will the funding be sought and (b) the estimated amount of funding sought;

4. As the redevelopment of Kwong Wah Hospital and the construction work of a hospital in Kai Tak cost more than the original estimates, what is the current estimated total expenditure of all the projects? If the total costs exceed $200 billion, what will the Government do?

Asked by: Hon WU Chi-Wai (Member Question No. (LegCo use): 4)

Reply:

(1) and (2)

Funding approval for 6 projects under the ten-year Hospital Development Plan (HDP) was obtained from the Finance Committee (FC) of the Legislative Council (LegCo) in 2016-17 and 2017-18:

(i) The substructure and utilities diversion works for the extension of the Operating Theatre Block for Tuen Mun Hospital project was approved at $167.2 million in money-of-the-day (MOD) prices on 22 April 2016 and the works commenced in May 2016. The main works for the project was approved at $2,729.7 million in MOD prices on 19 July 2017 and commenced in September 2017 for completion of the whole project in 2021;

(ii) The redevelopment of Kwai Chung Hospital (Phase 1) project was approved at $750.8 million in MOD prices on 29 April 2016 and the works commenced in May 2016 for completion in 2018;

(iii) The demolition and substructure works for Phase 1 of the redevelopment of Kwong Wah Hospital (KWH) project was approved at $654.8 million in MOD prices on 29 April 2016 and the works commenced in June 2016. Subject to funding approval by the FC for the remaining works, the whole redevelopment project is planned for completion in 2025;

(iv) The expansion of Haven of Hope Hospital project was approved at $2,073 million in MOD prices on 29 April 2016 and the works commenced in July 2016 for completion in 2021;

(v) The preparatory works for the New Acute Hospital (NAH) at Kai Tak Development Area project was approved at $769.3 million in MOD prices on 19 July 2017 and the preparatory works commenced in September 2017. Subject to funding approval by the FC for the remaining works, the whole project is planned for completion in 2024; and

(vi) The preparatory works for the redevelopment of Prince of Wales Hospital, Phase 2 (Stage 1) was approved at $1,231.1 million in MOD prices on 19 July 2017 and the preparatory works commenced in September 2017. Subject to funding approval by the FC for the remaining works, the whole project is planned for completion in 2027.

The HDP is funded under the Capital Works Reserve Fund and is outside the scope of the Estimates being examined.

(3)

We plan to seek funding approval from FC this year for 5 projects under the ten-year HDP. They include the redevelopment of KWH - superstructure and associated works for Phase 1; the NAH at Kai Tak Development - foundation, excavation and lateral support, and basement excavation works; the redevelopment of Grantham Hospital, Phase 1 - preparatory

works; the redevelopment of Our Lady of Maryknoll Hospital - preparatory works; and the redevelopment of Queen Mary Hospital, Phase 1 - main works.

For the other HDP projects, Hospital Authority (HA) and relevant government departments 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 and cost estimate for individual projects.

(4)

There is reasonable contingency provision allowed in the $200 billion funding earmarked for the ten-year HDP, which will enable all its projects to be completed as planned. We will closely monitor the projects to ensure they are delivered within the allocated budget.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0119)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The estimated Government subvention to the Hospital Authority (HA) in 2018-19 will increase by 10.6% to $62.39 billion. It is mentioned in the Budget Speech that the funding will be used to increase the number of hospital beds, operating theatre sessions, the quota for general out-patient and specialist out-patient services and the manpower required.

1. Are there any details of the services to be improved, for example, the number of hospital beds or operating theatre sessions to be increased?

2. Apart from the above items, how much of the funding will be allocated for the procurement of drugs in the coming year? What are the changes in the funds allocated for the procurement of drugs as compared to those of the past 3 years?

3. Will the HA use the funding to incorporate more drugs into the Drug Formulary or enhance drug management in hospitals in response to the issues raised in Report No. 67 of the Director of Audit? If yes, what are the details?

Asked by: Hon WU Chi-wai (Member Question No. 5)

Reply:

(1)

The overall recurrent subvention to the Hospital Authority (HA) in 2018-19 amounts to $61.5 billion, representing an increase of 10.7% over the 2017-18 revised estimate ($55.5 billion). With the additional financial provision of the Government, HA will implement new initiatives and enhance various types of services including the following key measures :

(a) increasing 574 public hospital beds;

(b) re-engaging healthcare professional retirees to provide service in various pressurised specialties for training and knowledge transfer, and recruiting non-locally trained doctors through limited registration subject to the approval by the Medical Council of Hong Kong to help alleviate manpower shortage;

(c) supporting healthcare training (including clinical practicum, specialty and higher training) and enhancing proficiency of healthcare professionals; and

(d) enhancing psychiatric services; palliative care services; services of nurse clinics in specialist outpatient services; pharmacy services, etc.

(2) & (3)

The overall budget allocation for 2018-19 is being worked out by HA. Hence, the breakdown in respect of the provision for drug expenditure is not yet available.

In 2018-19, with additional recurrent funding from the Government of $62.34 million, HA will reposition two self-financed drugs as Special drugs in the HA Drug Formulary (HADF) and extend the therapeutic applications of six special drugs/ drug classes in the HADF for managing chronic obstructive pulmonary disease, diabetes mellitus and inflammatory, oncology, cardiovascular and infectious diseases so as to improve the drug treatment for patients in public hospitals.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0120)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in paragraph 154 of the Budget Speech that "the HA will complete a review of the patient's co-payment mechanism under the CCF's programme in the first half of this year and propose improvement measures. I will set aside $500 million for this purpose."

1. When does the Government plan to launch the new co-payment mechanism upon completion of the review by the HA?

2. For that sum of $500 million, what are the expected policy objectives, the operation incurred and its effectiveness?

3. Does the Government or the HA have any approaches in mind? For instance, should the principle of the existing co-payment mechanism be changed from "those with means pay" to "those with means pay reasonably more"?

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 6)

Reply:

The Hospital Authority has commissioned a consultancy study to review the current Community Care Fund Medical Assistance Programme means test mechanism. Taking into account findings of the review, the HA aims to come up with recommendations in the first half of 2018 for improving the mechanism and providing more and faster help to patients in need. The Government has set aside resources in the 2018-19 Budget for this purpose. Actual use of resources will be subject to the review findings and recommendations.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0381)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Age-related Macular Degeneration (AMD) is a common disease for the elderly. According to the data of the Hospital Authority (HA) in 2010, there are 3 000 new cases of the wet form of AMD in Hong Kong each year. In spite of the launch of the special drug programme for wet AMD patients and other relevant subsidy schemes for these patients, the actual effectiveness is limited. In this connection, will the Government inform this Council of the following:

1. Has the HA or the Department of Health compiled any statistics on the number of elderly people suffering from the AMD in Hong Kong?

2. With an ageing population, has any projection been made on the number of people who will suffer from the AMD in the next 5 years?

3. Will the HA consider putting in place any plan to subsidise the treatment of this disease?

4. Will the Government put in place any plan to subsidise or enhance the existing services of elderly health centres so as to encourage members of the public, in particular the elderly, to have regular eye check-up?

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 10)

Reply:

(1) & (2)

The Department of Health (DH) and the Hospital Authority (HA) do not maintain statistics on the number of elderly people suffering from Age-related Macular Degeneration (AMD) in Hong Kong, and has not made any projection in this regard as well.

(3)

AMD is an eye disease caused by degeneration of retina due to old age. In the wet form of AMD, loss of vision is caused by abnormal growth of blood vessels in macula. Treatment options for wet AMD are still evolving and ophthalmologists have been using a group of drugs named vascular endothelial growth factor inhibitors in the past few years to alleviate the condition of the patients. However, the optimal treatment regimen of the drugs is not yet clear and their long term safety, efficacy and cost-effectiveness in treating wet AMD still require further accumulation of established clinical data to prove.

At the moment, the drugs are self-financed items in the HA Drug Formulary for wet AMD patients. Nonetheless, HA has already put in place a plan to address the need for treatment of wet AMD through a special drug programme since 2012 to sponsor needy patients under specific clinical conditions. The special drug programme is on-going, and HA will continue to review the programme and evaluate the plan when appropriate.

(4)

The 18 Elderly Health Centres (EHCs) established under DH provide integrated primary health care services including health assessment, health counselling, medical treatment and health education for elderly members aged 65 or above. The clinical services include eye and vision assessment as well as provision of relevant health advice. EHCs will refer elderly members with eye problems to specialist outpatient clinics of HA for follow-up as necessary. DH has established a new clinical team in 2017-18 and will establish another clinical team in 2018-19 to enhance the service capacity of EHCs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0382)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding Matters Requiring Special Attention, in which it is mentioned that the Hospital Authority (HA) will "continue to make use of investment returns generated from the $10 billion Public-Private Partnership (PPP) Endowment Fund allocated to the Hospital Authority to operate clinical PPP programmes", please advise on the following:

1. What are the details of the PPP initiatives since the setting up of the Fund? Please provide the estimated expenditure, actual expenditure, anticipated number of participating service providers and number of participating patients of each initiative.

2. Is there any plan for other PPP initiatives? If yes, what are the details?

3. What is the financial position of the Fund since its setting up in mid-2016? Please provide information on the opening balance, revenue, expenditure, closing balance and rate of investment returns, with a breakdown by year.

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 11)

Reply:

1.

In 2016, the Hospital Authority (HA) was allocated $10 billion as endowment fund to generate investment returns for regularising and enhancing ongoing clinical Public-Private Partnership (PPP) programmes, as well as developing new clinical PPP initiatives. HA has implemented 8 PPP programmes, namely the Cataract Surgeries Programme (CSP), Tin Shui Wai Primary Care Partnership Project (TSW PPP), Haemodialysis Public-Private Partnership Programme (HD PPP), Patient Empowerment Programme (PEP), Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (Radi Collaboration), General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP), Provision of Infirmary Service through Public-Private Partnership (Infirmary Service PPP) and Colon Assessment Public-Private Partnership Programme (Colon PPP).

Since the establishment of the HA PPP Fund in 2016, the total estimated expenditure for supporting the PPP programmes up to 31 March 2018 is around $422 million. Expenditure by major programmes and the corresponding service provision are listed in the table below:

Programme	**2016-17 Actual up to 31 March 2017**	**2017-18 Planned Provisions**	**Estimated expenditure* (from 2016-17 to 2017-18) ($ million)**
CSP (surgeries)	400	450	5
TSW PPP** (patients enrolled)	1 618	1 500	8
HD PPP (places)	204 ^	225	98
PEP (patients)	17 807	14 000	46
Radi Collaboration (scans)	19 078	19 590	81
GOPC PPP (participating patients)	12 156	19 131	78
Infirmary Service PPP (beds)	64 @	64	34
Colon PPP (colonoscopies)	625	1 130	30

^ Benefited 365 patients since programme launch and 236 patients in 2016-17.

@ The admission phase of the Programme rolled out in September 2016 for 32 beds and full operation phase commenced in December 2016 for 64 beds. With the service commencement in September 2016, 122 applicants on Central Infirmary Waiting List (CIWL) agreed to join the Programme by end of March 2017. As at end of March 2017, placements were offered to 75 applicants on CIWL in which 61 applicants have been admitted to Service Unit of the Programme.

*Excluding expenditures on technology and administration

** The TSW PPP would end on 31 March 2018 and migrate to the GOPC PPP on 1 April 2018.

The number of participating service providers of each PPP programme is listed in the table below:

Programme	**No. of Participating Service Providers (as at end December 2017)**
CSP	94
TSW PPP	11
HD PPP	5 (with 6 community HD centres)
PEP	4
Radi Collaboration	6
GOPC PPP	310
Infirmary Service PPP	1
Colon PPP	143

2.
In general, PPP seeks to provide more choices for patients, promote collaboration among healthcare providers and make better use of resources in both the public and private sectors. HA will continue engaging the public and patient groups, and work closely with relevant stakeholders to explore the feasibility of future PPP programmes.

3.
The $10 billion endowment fund has been placed with the Exchange Fund of the Hong Kong Monetary Authority since July 2016 for an initial period of 6 years. Based on the existing scope of services and planned provisions of the PPP programmes, details of the financial position of the HA PPP Fund are as follows:

	2016-17 (Actual) ($ million)	**2017-18 (Projected) ($ million)**
Beginning balance	**10,442**	**10,504**
Income	244	339
Expenditure	(182)	(240)
Closing balance	**10,504**	**10,603**
Investment yield	**2.3%**	**3.2%**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0754)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

One of the major tasks under Programme 1 is to "prevent and treat illness and disease". In view of the ageing population in Hong Kong, please advise on:

1. whether the Department of Health (DH), which has statistics on the top ten leading causes of death in Hong Kong, or Hospital Authority (HA) has compiled similar statistics for the elderly; if so, the details;

2. whether the DH or HA has conducted/will conduct screening tests for diseases prevalent among elderly persons; if so, the details; and

3. apart from the Colorectal Cancer Screening Pilot Programme launched in recent years, whether the DH or HA has plans to conduct similar screening programmes for prevention of diseases and early identification of patients or persons at high risk; if so, the details.

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 12)

Reply:

(1) The Department of Health (DH) maintains statistics regarding the number of registered deaths with details, including causes of death and age of the deceased. In 2016, 10 leading causes of death are shown in the table below:

Rank	Disease Group	Number of Registered Deaths
1	Malignant neoplasms	14 209
2	Pneumonia	8 292
3	Diseases of heart	6 201
4	Cerebrovascular diseases	3 224
5	External causes of morbidity and	1 813

	mortality	
6	Nephritis, nephrotic syndrome and nephrosis	1 706
7	Chronic lower respiratory diseases	1 639
8	Dementia	1 371
9	Septicaemia	970
10	Diabetes mellitus	498
	Other causes	6 739
	All causes	**46 662**

(2) & (3)

In 2004, the DH launched the Cervical Screening Programme to encourage women to receive regular screening to reduce incidence and mortality from cervical cancer. In September 2016, subsidised colorectal cancer (CRC) screening was introduced as a pilot programme for asymptomatic Hong Kong residents born in the years 1946 to 1955. In 2018-19, the DH will prepare for regularisation of the CRC screening programme which will eventually cover persons aged between 50 and 75 in phases.

The DH has in parallel developed reference frameworks to facilitate healthcare professionals, particularly those practising 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 settings, are relevant to the ageing population.

The DH will keep in view the latest evidence of the effectiveness of screening that may be relevant to the public health of local population.

The Hospital Authority (HA) mainly serves to provide public hospital and related services in Hong Kong. HA specialises in the provision of medical care and treatment to patients, and does not carry out specific survey on the leading causes of death for senior citizens nor preventive screening programmes for different diseases.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3216)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

As stated in the 2008-09 Budget Speech, the Government "would increase the share of public health care expenditure to 17% of government recurrent expenditure in the next few years". Subsequently, the budgetary expenditure on health services has progressively increased to around 16-17% in recent years. It is mentioned in paragraph 140 of this year's Budget Speech that "the Government will progressively increase the recurrent provision for the Hospital Authority (HA) on a triennium basis, having regard to population growth and demographic changes". For this year, the percentage share of spending on health services in the overall public expenditure even increases beyond 17% to 17.5% for the first time.

1. Please advise on the details of the recurrent provision "on a triennium basis" as announced in the Budget Speech, for example, whether the provision for the HA will be subject to population growth and demographic changes only and will not be affected by changes in government revenues or expenditure on other items.

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 93)

Reply:

The Government will increase the recurrent funding for the Hospital Authority (HA) progressively on a triennium basis having regard to population growth and demographic changes. Under the new triennium funding arrangement, the model adopted by the Government and HA in estimating the overall operating expenditure of HA and the funding required is based on the population of Hong Kong, taking into account factors such as the overall demographic and age distribution, and the increase in service costs as a result of changes in the modes of service delivery with the introduction of new medical technology.

In determining the level of subvention for HA, the Government will take into account a number of factors including the population growth and ageing in Hong Kong, the demand for public healthcare services, the need for service enhancement and the Government's overall fiscal position. The Government will continue to maintain close liaison with HA in its overall consideration of the provision of subvention to HA.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3545)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please tabulate by hospital cluster the additional quotas for consultation at general outpatient clinics and accident and emergency (A&E) departments, the average waiting times for outpatient and A&E services as well as the expenditures involved in 2015-16, 2016-17 and 2017-18.

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 83)
Reply:
Hospital Authority (HA) provides community-based primary care services through a wide range of services and activities delivered by general outpatient clinics (GOPCs). Patients under the care of GOPCs can be broadly divided into two main categories, namely chronic disease patients with stable conditions (e.g. diabetes mellitus, hypertension) and episodic disease patients with relatively mild symptoms (e.g. influenza, colds). For GOPCs, consultation 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 general outpatient services.

For accident and emergency (A&E) services, a triage system is in place to ensure that patient in A&E departments (AEDs) are prioritised and attended to according to their clinical conditions or seriousness of their injuries. Patients are classified under five categories: critical patients under Category I, emergency patients under Category II, urgent patients under Category III, semi-urgent patients under Category IV, and non-urgent patients under Category V. HA is able to achieve the target for Category I critical patients i.e. 100% seen within zero minute, and Category II emergency patients i.e. 95% seen within 15 minutes.

The average waiting time for A&E services in various triage categories in each hospital cluster in 2015-16, 2016-17 and 2017-18 (up to 31 December 2017) are set out in the tables below.

2015-16

Cluster	Average waiting time (in minutes) for A&E services				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	0	6	17	99	140
HKWC	0	8	24	104	165
KCC	0	7	30	144	183
KEC	0	8	21	113	166
KWC	0	6	23	100	103
NTEC	0	10	28	97	82
NTWC	0	5	26	126	139
Overall HA	**0**	**7**	**24**	**108**	**129**

2016-17

Cluster	Average waiting time (in minutes) for A&E services				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	0	6	16	96	138
HKWC	0	8	24	101	174
KCC	0	7	29	142	180
KEC	0	8	21	122	174
KWC	0	7	22	80	89
NTEC	0	10	30	100	84
NTWC	0	6	27	125	140
Overall HA	**0**	**8**	**24**	**103**	**126**

2017-18 (up to 31 December 2017) [Provisional figures]

Cluster	Average waiting time (in minutes) for A&E services				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	0	6	16	94	134
HKWC	0	10	27	105	170
KCC	0	8	35	152	179
KEC	0	8	26	158	216
KWC	0	7	19	77	87
NTEC	0	10	29	121	96
NTWC	0	6	23	122	114
Overall HA	**0**	**8**	**26**	**114**	**127**

Note:

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on/after 1 April 2017 are therefore not directly comparable.

HA has introduced various measures to deal with the heavy workload of AEDs. They include the A&E Support Session Programme where additional medical and nursing staff, including those from and outside AEDs, are recruited to work extra hours on a voluntary basis with payment of special honorarium. The extra manpower are deployed to manage semi-urgent and non-urgent cases so that the pressure and workload of A&E staff can be reduced, thus allowing them to focus their effort on more urgent cases. The Programme was first implemented in seven AEDs in February 2013, later extended to 12 AEDs in March/April 2013 and subsequently extended to 17 AEDs in November 2015.

HA has earmarked a total of $45 million, $43 million and $48.5 million respectively in 2015-16, 2016-17 and 2017-18 to enhance the GOPC and A&E services as set out in the table below :

	2015-16	**2016-17**	**2017-18**
Number of additional general outpatient attendances	55 000 (KCC, KEC, KWC, NTEC & NTWC)	27 000 (HKWC, KEC, KWC, NTEC & NTWC)	**(Target)** 27 500 (NTEC & NTWC)
Total number of A&E support sessions (equivalent to number of 4-hour sessions)	around 4 000 (HKEC, HKWC, KCC, KEC, KWC, NTEC & NTWC)	around 4 400 (HKEC, HKWC, KCC, KEC, KWC, NTEC & NTWC)	**(up to 31 December 2017)** around 3 400 (HKEC, HKWC, KCC, KEC, KWC, NTEC & 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. 3546)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the waiting time for specialist outpatient services provided by different clusters, please inform this Committee of the following:

1) the number of new cases triaged as priority 1, priority 2 and routine categories (with a breakdown by cluster and specialty); and

2) the median waiting time of new cases triaged as priority 1, priority 2 and routine categories (with a breakdown by cluster and specialty).

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 84)

Reply:

The table below sets out the number of specialist outpatient new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases; and their respective median (50^{th} percentile) waiting time in each hospital cluster of the Hospital Authority for 2017-18 (up to 31 December 2017).

2017-18 (up to 31 December 2017) [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	528	<1	1 983	4	4 889	30
	MED	1 325	1	3 076	6	6 259	24
	GYN	543	<1	784	2	2 924	47
	OPH	4 447	<1	1 558	7	5 300	34
	ORT	1 083	1	1 413	5	5 521	63
	PAE	102	1	698	5	174	10
	PSY	295	1	634	3	1 706	23
	SUR	986	1	3 146	7	7 408	54
HKWC	ENT	435	<1	1 646	6	4 256	26
	MED	1 446	<1	1 277	4	7 309	34
	GYN	1 234	<1	675	5	3 835	41
	OPH	2 703	<1	1 367	5	3 039	45
	ORT	760	<1	1 193	4	5 652	21
	PAE	275	<1	507	3	1 068	11
	PSY	271	1	661	3	1 784	63
	SUR	1 726	<1	2 305	6	7 723	19
KCC	ENT	1 336	<1	1 465	5	10 597	34
	MED	1 289	1	2 406	5	14 806	80
	GYN	807	<1	2 742	5	5 770	28
	OPH	6 729	<1	4 448	2	9 358	92
	ORT	1 662	1	1 629	5	9 448	58
	PAE	767	<1	537	3	2 082	10
	PSY	96	1	706	5	1 183	25
	SUR	2 651	1	4 726	5	18 516	51
KEC	ENT	1 373	<1	2 152	3	4 933	72
	MED	1 412	1	3 932	6	11 607	86
	GYN	1 126	1	653	5	4 996	57
	OPH	4 414	<1	221	6	9 020	13
	ORT	2 838	1	3 074	7	6 938	106
	PAE	965	<1	600	4	1 857	11
	PSY	214	<1	1 268	3	4 193	18
	SUR	1 697	1	5 383	7	13 234	23

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	2 466	<1	2 556	6	7 321	61
	MED	1 705	1	4 341	5	9 300	52
	GYN	217	<1	1 034	6	5 367	53
	OPH	4 778	<1	4 706	<1	6 962	56
	ORT	1 329	1	2 713	6	7 468	59
	PAE	1 864	<1	724	6	2 181	14
	PSY	209	<1	595	3	8 959	16
	SUR	1 899	1	4 597	6	13 578	27
NTEC	ENT	2 815	<1	3 557	3	8 069	59
	MED	2 281	<1	2 710	7	15 708	66
	GYN	1 881	<1	690	6	6 325	57
	OPH	5 696	<1	3 080	4	9 437	26
	ORT	4 072	<1	1 634	5	12 043	107
	PAE	178	1	438	4	2 806	12
	PSY	848	1	1 868	4	4 658	51
	SUR	1 470	<1	2 973	5	17 215	34
NTWC	ENT	2 538	<1	1 479	4	7 552	44
	MED	1 089	1	3 100	4	8 248	69
	GYN	797	1	75	3	4 701	30
	OPH	6 348	<1	2 127	4	7 861	50
	ORT	1 362	1	1 504	5	8 847	74
	PAE	74	1	533	7	1 495	28
	PSY	356	<1	1 159	4	3 527	34
	SUR	1 633	1	2 949	5	15 757	61

Note:
Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

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. 3556)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please list the following data of different clusters under the Hospital Authority in the past 3 years:

1) The total population and the population of persons aged 65 or above served by different clusters.

2) The waiting time and manpower of accident and emergency departments of different clusters.

3) The number of doctors, nurses, allied health professionals and general hospital beds per 1 000 population.

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 100)

Reply:

(1)

The tables below set out the population and the population aged 65 or above in respect of each cluster of the Hospital Authority (HA) in 2015, 2016 and 2017.

Population Estimates in 2015 (as at mid-2015)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	763 800	140 500
Central & Western, Southern	HKWC	523 800	86 600
Kowloon City, Yau Tsim	KCC	540 000	94 100
Kwun Tong, Sai Kung	KEC	1 107 000	164 500
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 951 500	328 000
Sha Tin, Tai Po, North	NTEC	1 287 000	170 900
Tuen Mun, Yuen Long	NTWC	1 116 900	129 900
Overall Hong Kong		**7 291 300**	**1 114 600**

Population Estimates in 2016 (as at mid-2016)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	767 600	128 700
Central & Western, Southern	HKWC	518 300	84 500
Kowloon City, Yau Tsim	KCC	561 100	85 200
Kwun Tong, Sai Kung	KEC	1 110 400	179 000
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 995 500	319 700
Sha Tin, Tai Po, North	NTEC	1 279 000	200 800
Tuen Mun, Yuen Long	NTWC	1 103 500	165 100
Overall Hong Kong		**7 336 600**	**1 163 200**

Projected Population in 2017 (as at mid-2017)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	762 900	153 400
Central & Western, Southern	HKWC	521 200	94 800
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 159 700	220 000
Kwun Tong, Sai Kung	KEC	1 138 100	177 600
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 350 400	234 400
Sha Tin, Tai Po, North	NTEC	1 328 000	194 400
Tuen Mun, Yuen Long	NTWC	1 150 300	148 600
Overall Hong Kong		**7 411 300**	**1 223 400**

(2)

The tables below set out the average waiting time for Accident and Emergency (A&E) services in various triage categories in each hospital cluster under HA in 2015-16, 2016-17 and 2017-18 (up to 31 December 2017).

2015-16

Cluster	Average waiting time (in minutes) for A&E services				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	0	6	17	99	140
HKWC	0	8	24	104	165
KCC	0	7	30	144	183
KEC	0	8	21	113	166
KWC	0	6	23	100	103
NTEC	0	10	28	97	82
NTWC	0	5	26	126	139
Overall HA	**0**	**7**	**24**	**108**	**129**

2016-17

Cluster	Average waiting time (in minutes) for A&E services				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	0	6	16	96	138
HKWC	0	8	24	101	174
KCC	0	7	29	142	180
KEC	0	8	21	122	174
KWC	0	7	22	80	89
NTEC	0	10	30	100	84
NTWC	0	6	27	125	140
Overall HA	**0**	**8**	**24**	**103**	**126**

2017-18 (up to 31 December 2017) [Provisional figures]

Cluster	Average waiting time (in minutes) for A&E services				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	0	6	16	94	134
HKWC	0	10	27	105	170
KCC	0	8	35	152	179
KEC	0	8	26	158	216
KWC	0	7	19	77	87
NTEC	0	10	29	121	96
NTWC	0	6	23	122	114
Overall HA	**0**	**8**	**26**	**114**	**127**

The table below sets out the manpower of doctors and nurses in the A&E specialty by cluster under HA in 2015-16, 2016-17 and 2017-18 (up to 31 December 2017).

Full-time Equivalent Strength of A&E Doctors and Nurses by Cluster from 2015-16 to 2017-18

Cluster	2015-16 (as at 31 March 2016)		2016-17 (as at 31 March 2017)		2017-18 (as at 31 December 2017)	
	Doctors	Nursing	Doctors	Nursing	Doctors	Nursing
HKEC	55	106	57	115	57	118
HKWC	26	52	30	49	29	51
KCC	48	101	46	117	76	159
KEC	64	140	64	141	66	145
KWC	134	293	135	286	112	244
NTEC	70	214	70	215	69	213
NTWC	66	173	78	192	78	204

(3)

The tables below set out the number of doctors, nurses, allied health professionals, and general beds in HA by cluster in 2015-16, 2016-17 and 2017-18, together with their respective ratios to overall population:

2015-16

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 population								Catchment districts
	Doctors	Ratio to overall population	Nurses	Ratio to overall population	Allied Health Staff	Ratio to overall population	General Bed	Ratio to overall population	
HKEC	595	0.8	2 613	3.4	791	1.0	2 065	2.7	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	624	1.2	2 788	5.3	913	1.7	2 860	5.5	Central & Western, Southern
KCC	731	1.4	3 304	6.1	1 028	1.9	3 029	5.6	Kowloon City, Yau Tsim
KEC	676	0.6	2 698	2.4	750	0.7	2 331	2.1	Kwun Tong, Sai Kung
KWC	1 352	0.7	5 730	2.9	1 646	0.8	5 244	2.7	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	921	0.7	4 053	3.1	1 179	0.9	3 610	2.8	Sha Tin, Tai Po, North
NTWC	748	0.7	3 356	3.0	889	0.8	2 448	2.2	Tuen Mun, Yuen Long
Cluster Total	**5 648**	**0.8**	**24 542**	**3.4**	**7 195**	**1.0**	**21 587**	**3.0**	

2016-17

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 population								Catchment districts
	Doctors	Ratio to overall population	Nurses	Ratio to overall population	Allied Health Staff	Ratio to overall population	General Bed	Ratio to overall population	
HKEC	594	0.8	2 679	3.5	799	1.0	2 085	2.7	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	646	1.2	2 821	5.4	960	1.9	2 860	5.5	Central & Western, Southern
KCC	740	1.3	3 333	5.9	1 065	1.9	3 053	5.4	Kowloon City, Yau Tsim
KEC	682	0.6	2 750	2.5	782	0.7	2 347	2.1	Kwun Tong, Sai Kung
KWC	1 375	0.7	5 746	2.9	1 696	0.9	5 244	2.6	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	941	0.7	4 090	3.2	1 231	1.0	3 672	2.9	Sha Tin, Tai Po, North
NTWC	793	0.7	3 514	3.2	964	0.9	2 537	2.3	Tuen Mun, Yuen Long
Cluster Total	**5 770**	**0.8**	**24 933**	**3.4**	**7 497**	**1.0**	**21 798**	**3.0**	

2017-18 (As at 31 December 2017)

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 population								Catchment districts
	Doctors	Ratio to overall population	Nurses	Ratio to overall population	Allied Health Staff	Ratio to overall population	General Bed	Ratio to overall population	
HKEC	610	0.8	2 769	3.6	834	1.1	2 105	2.8	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	652	1.3	2 888	5.5	975	1.9	2 860	5.5	Central & Western, Southern
KCC	1 170	1.0	5 209	4.5	1 579	1.4	4 874	4.2	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	687	0.6	2 873	2.5	790	0.7	2 405	2.1	Kwun Tong, Sai Kung
KWC	993	0.7	4 226	3.1	1 261	0.9	3 431	2.5	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	972	0.7	4 249	3.2	1 283	1.0	3 730	2.8	Sha Tin, Tai Po, North
NTWC	808	0.7	3 613	3.1	1 019	0.9	2 596	2.3	Tuen Mun, Yuen Long
Cluster Total	**5 894**	**0.8**	**25 827**	**3.5**	**7 742**	**1.0**	**22 001**	**3.0**	

Notes:

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

2. 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.

3. 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.

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

5. The number of "doctors" does not include interns and dental officers.

6. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3557)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the psychiatric services of the Hospital Authority (HA), please advise this Committee of the following:

1) Please tabulate the provisions for various psychiatric centres under the HA in 2015-16, 2016-17 and 2017-18.

2) Please list 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.

3) Please provide the number of hospital admissions of new and follow-up patients via the psychiatric consultation-liaison services in accident and emergency departments from 2012-13 to 2016-17.

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 101)

Reply:

(1)

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 by HA from 2015-16 to 2017-18. Cost breakdown for individual clinic/unit is not available.

	Costs of Mental Health Service ($ million)
2015-16	4,368
2016-17	4,579
2017-18 (Revised Estimate)	4,870

The mental health 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).

(2)

The table below sets out the waiting time of specialist outpatient clinic new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases for the psychiatric specialty from 2015-16 to 2017-18 (up to 31 December 2017) –

Year	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	75th	90th		25th	50th	75th	90th		25th	50th	75th	90th
		percentile					percentile					percentile			
2015-16	3 675	<1	<1	1	1	9 387	2	4	6	7	35 200	5	22	69	98
2016-17	3 365	<1	1	1	2	9 089	2	4	7	7	35 744	4	20	61	97
2017-18 (up to 31 December 2017) [provisional figures]	2 289	<1	1	1	2	6 891	2	4	6	7	26 010	8	28	71	99

(3)

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 2012-13 to 2016-17 –

Year	Number of hospital admissions to Psychiatry specialty via A&E Department
2012-13	7 437
2013-14	7 769
2014-15	7 360
2015-16	7 666
2016-17	7 539

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3558)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please advise this Committee of the following:

1) Please set out the number of specialist outpatient (SOP) new cases triaged as Priority1, Priority 2 and Routine cases and the number as a percentage of the total number of SOP new cases in 2017-18.

2) Please set out the respective average, median, 10th percentile, 25th percentile, 75th percentile and 90th percentile waiting time of these three categories of new cases, with a breakdown by specialty and hospital cluster.

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 102)

Reply:

The table below sets out the number of specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases; their respective percentages in the total number of SOP new cases; and their respective lower quartile (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 2017-18 (up to 31 December 2017).

2017-18 (up to 31 December 2017) [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	528	7%	<1	<1	<1	<1	1 983	27%	1	4	7	7	4 889	66%	10	30	38	51
	MED	1 325	12%	<1	1	1	2	3 076	29%	3	6	7	8	6 259	59%	14	24	77	89
	GYN	543	13%	<1	<1	<1	1	784	18%	2	2	6	7	2 924	69%	18	47	69	74
	OPH	4 447	39%	<1	<1	1	1	1 558	14%	4	7	8	8	5 300	47%	12	34	58	61
	ORT	1 083	14%	<1	1	1	1	1 413	18%	3	5	7	7	5 521	69%	16	63	92	94
	PAE	102	10%	<1	1	1	1	698	72%	4	5	6	7	174	18%	9	10	14	20
	PSY	295	11%	<1	1	1	2	634	24%	2	3	4	6	1 706	65%	11	23	41	43
	SUR	986	9%	<1	1	1	2	3 146	27%	5	7	7	8	7 408	64%	20	54	68	79
HKWC	ENT	435	7%	<1	<1	<1	1	1 646	26%	4	6	7	7	4 256	67%	<1	26	40	47
	MED	1 446	14%	<1	<1	1	1	1 277	13%	2	4	6	7	7 309	73%	15	34	59	94
	GYN	1 234	21%	<1	<1	1	1	675	12%	3	5	7	8	3 835	67%	11	41	50	78
	OPH	2 703	38%	<1	<1	1	2	1 367	19%	4	5	7	8	3 039	43%	42	45	46	48
	ORT	760	10%	<1	<1	1	1	1 193	16%	3	4	6	7	5 652	74%	11	21	76	82
	PAE	275	15%	<1	<1	1	1	507	27%	1	3	6	7	1 068	58%	8	11	13	15
	PSY	271	10%	<1	1	1	2	661	24%	2	3	5	7	1 784	66%	23	63	100	126
	SUR	1 726	15%	<1	<1	1	1	2 305	20%	4	6	7	7	7 723	66%	7	19	53	75
KCC	ENT	1 336	10%	<1	<1	1	1	1 465	11%	3	5	7	7	10 597	79%	17	34	54	72
	MED	1 289	7%	<1	1	1	1	2 406	13%	4	5	6	7	14 806	80%	33	80	95	102
	GYN	807	9%	<1	<1	1	1	2 742	29%	4	5	7	7	5 770	62%	12	28	31	51
	OPH	6 729	33%	<1	<1	<1	1	4 448	22%	1	2	4	5	9 358	46%	69	92	94	97
	ORT	1 662	13%	<1	1	1	1	1 629	13%	3	5	6	7	9 448	74%	22	58	88	144
	PAE	767	23%	<1	<1	1	1	537	16%	2	3	4	5	2 082	61%	8	10	20	22
	PSY	96	5%	<1	1	1	1	706	36%	2	5	7	7	1 183	60%	16	25	37	78
	SUR	2 651	10%	<1	1	1	2	4 726	18%	3	5	6	7	18 516	72%	19	51	57	65
KEC	ENT	1 373	16%	<1	<1	<1	1	2 152	25%	1	3	4	6	4 933	58%	22	72	75	77
	MED	1 412	8%	<1	1	1	2	3 932	23%	4	6	7	7	11 607	68%	20	86	96	102
	GYN	1 126	17%	<1	1	1	1	653	10%	3	5	7	7	4 996	74%	14	57	66	68
	OPH	4 414	32%	<1	<1	<1	1	221	2%	3	6	7	7	9 020	66%	11	13	140	157
	ORT	2 838	22%	<1	1	1	1	3 074	24%	5	7	7	8	6 938	54%	20	106	113	115
	PAE	965	28%	<1	<1	<1	1	600	18%	2	4	6	7	1 857	54%	9	11	23	29
	PSY	214	4%	<1	<1	1	2	1 268	22%	2	3	6	7	4 193	73%	4	18	60	115
	SUR	1 697	8%	<1	1	1	1	5 383	26%	6	7	7	8	13 234	65%	14	23	70	89
KWC	ENT	2 466	20%	<1	<1	1	1	2 556	21%	4	6	7	8	7 321	59%	15	61	66	71
	MED	1 705	11%	<1	1	1	2	4 341	27%	4	5	7	8	9 300	58%	23	52	71	84
	GYN	217	3%	<1	<1	1	1	1 034	15%	4	6	7	7	5 367	80%	21	53	64	68
	OPH	4 778	29%	<1	<1	<1	<1	4 706	29%	<1	<1	1	1	6 962	42%	2	56	62	67
	ORT	1 329	11%	<1	1	1	2	2 713	23%	3	6	8	8	7 468	64%	34	59	85	105
	PAE	1 864	38%	<1	<1	<1	1	724	15%	3	6	7	7	2 181	45%	9	14	19	23

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			
	PSY	209	2%	<1	<1	1	1	595	6%	1	3	5	7	8 959	92%	2	16	57	79
	SUR	1 899	9%	<1	1	1	2	4 597	23%	4	6	7	7	13 578	68%	12	27	44	51
NTEC	ENT	2 815	19%	<1	<1	1	1	3 557	25%	3	3	5	7	8 069	56%	14	59	80	95
	MED	2 281	11%	<1	<1	1	1	2 710	13%	4	7	7	8	15 708	75%	22	66	92	103
	GYN	1 881	19%	<1	<1	1	2	690	7%	4	6	7	8	6 325	65%	21	57	73	87
	OPH	5 696	31%	<1	<1	1	1	3 080	17%	3	4	5	8	9 437	52%	15	26	65	67
	ORT	4 072	23%	<1	<1	<1	1	1 634	9%	3	5	6	7	12 043	68%	24	107	121	177
	PAE	178	5%	<1	1	1	2	438	13%	3	4	5	7	2 806	82%	7	12	17	37
	PSY	848	11%	<1	1	1	2	1 868	25%	3	4	7	8	4 658	63%	16	51	99	134
	SUR	1 470	7%	<1	<1	1	2	2 973	13%	4	5	7	8	17 215	77%	17	34	74	93
NTWC	ENT	2 538	22%	<1	<1	<1	1	1 479	13%	3	4	5	7	7 552	65%	17	44	79	82
	MED	1 089	9%	<1	1	1	2	3 100	25%	2	4	6	7	8 248	66%	24	69	81	90
	GYN	797	14%	<1	1	1	1	75	1%	2	3	6	7	4 701	84%	16	30	128	132
	OPH	6 348	39%	<1	<1	<1	1	2 127	13%	3	4	6	8	7 861	48%	15	50	57	62
	ORT	1 362	12%	<1	1	1	2	1 504	13%	3	5	6	7	8 847	75%	52	74	79	97
	PAE	74	4%	1	1	1	2	533	25%	5	7	7	7	1 495	71%	26	28	31	31
	PSY	356	7%	<1	<1	1	2	1 159	23%	3	4	6	7	3 527	70%	15	34	77	94
	SUR	1 633	8%	<1	1	1	2	2 949	14%	4	5	7	7	15 757	77%	24	61	73	86
Overall HA	ENT	11 491	16%	<1	<1	1	1	14 838	20%	3	4	6	7	47 617	64%	14	39	67	79
	MED	10 547	10%	<1	<1	1	2	20 842	20%	3	5	7	8	73 237	69%	21	64	89	100
	GYN	6 605	14%	<1	<1	1	1	6 653	14%	3	5	7	7	33 918	71%	16	34	66	82
	OPH	35 115	34%	<1	<1	<1	1	17 507	17%	1	3	5	7	50 977	49%	12	51	66	95
	ORT	13 106	16%	<1	<1	1	1	13 160	16%	3	5	7	8	55 917	68%	20	73	104	121
	PAE	4 225	21%	<1	<1	1	1	4 037	20%	3	5	6	7	11 663	58%	9	13	21	30
	PSY	2 289	6%	<1	1	1	2	6 891	20%	2	4	6	7	26 010	74%	8	28	71	99
	SUR	12 062	9%	<1	1	1	2	26 079	20%	4	6	7	8	93 431	71%	14	38	63	80

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.

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

Specialties:
ENT – Ear, Nose & Throat
MED – Medicine
GYN – Gynaecology
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology
PAE – Paediatrics
PSY – Psychiatry
SUR – Surgery

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1382)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

To alleviate the pressure of healthcare professionals in public hospitals, the Government will increase the expenditure by $500 million in this year's Estimates. What are the detailed arrangements for it? Will there be any longer-term solutions in the future?

Asked by: Hon YIU Si-wing (Member Question No. (LegCo use): 36)

Reply:

To meet the service demand during the winter surge, the Government announced an additional one-off allocation of $500 million to the Hospital Authority (HA). With this injection, HA has been implementing the following additional measures from 12 February to 31 May 2018 to alleviate the manpower shortage and pressure, besides strengthening the 2017-18 winter surge response plan:

(a) extending the use of the Special Honorarium Scheme (SHS) to provide extra manpower of clerical and supporting staff to support healthcare staff;

(b) further relaxing and streamlining the approval for SHS to a minimum operation need of one hour to cover all grades of staff;

(c) providing SHS at Advanced Practice Nurse level to work on night-shift duties at acute general, convalescent and rehabilitation wards/services;

(d) relaxing the criteria for implementation of Continuous Night Shift Scheme so as to increase flexibility in manpower deployment; and

(e) adjusting the rate of SHS allowance by a 10% increase as a special one-off arrangement for the aforementioned period to encourage more staff to work during the surge period.

Besides the measures in the winter surge response plan, HA has been adopting a multi-faceted approach to attract and retain staff, and managed to achieve steady growth of manpower including doctor, nurses and allied health professionals in the past years. In

addition to efforts to recruit as many new graduates as possible every year, HA has been trying to recruit part-time and temporary staff and rehire retired staff.

In addition, through the Annual Planning process every year, HA will continue to increase the number of hospital beds in existing and new hospitals. In 2018-19, HA will open a total of 574 additional beds to meet the growing demand arising from growing and ageing population.

For long-term planning in response to increasing demand for healthcare services, there will be new arrangement to increase the recurrent funding for the HA progressively on a triennium basis, having regard to population growth rates and demographic changes. On the supporting infrastructure, the Government earmarked $200 billion in 2016 for implementation of various hospital projects under the ten-year hospital development plan (HDP). In light of the increasing demand for healthcare services, the Government has invited HA to start planning the second ten-year HDP instead of waiting for the mid-term review of the first ten-year HDP to be conducted in 2021.

Over the past ten years, the Government has substantially increased the number of University Grants Committee (UGC)-funded healthcare training places by about 60% (from about 1 150 to about 1 800). The Government is discussing with UGC to further increase publicly-funded training places for doctors, dentists, nurses and relevant allied health professionals in the 2019-20 to 2021-22 triennium.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2764)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:
According to the Policy Address delivered in October 2017, the Government will introduce a new arrangement starting from 2018-19 by undertaking to increase the recurrent funding for the Hospital Authority (HA) progressively on a triennium basis, having regard to population growth rates and demographic changes. In this connection, please advise on the following:

1. The Bureau will provide a funding of over $6 billion to the HA in 2018-19, an increase of more than 10% over 2017-18. What measures will the funding be mainly used on? What are the details, manpower and expenditure of the respective measures?

2. With the additional resources for the HA in 2018-19, what will be the respective numbers of additional staff (including doctors, nurses, allied health professionals and patient care assistants) and additional beds to be provided in each hospital? How will the additional resources shorten the average waiting time for accident and emergency services, specialist outpatient services, rehabilitation and geriatric services, and psychiatric services in each hospital?

3. Has the Bureau set any target and make any initial estimate for the increased recurrent funding for the HA for the first triennium (i.e. 2018 to 2021)? If yes, what are the details?

Asked by: Hon YUNG Hoi-yan (Member Question No. (LegCo use): 62)
Reply:
(1)

The overall recurrent subvention to the Hospital Authority (HA) in 2018-19 amounts to $61.5 billion, representing an increase of 10.7% over the 2017-18 revised estimate ($55.5 billion). With the additional financial provision of the Government, HA will implement new initiatives and enhance various types of services in HA including the following key measures :

(a) increasing 574 public hospital beds;

(b) re-engaging healthcare professional retirees to provide service in various pressurised specialties for training and knowledge transfer, and recruiting non-locally trained doctors through limited registration subject to the approval by the Medical Council of Hong Kong to help alleviate manpower shortage;

(c) supporting healthcare training (including clinical practicum, specialty and higher training) and enhancing proficiency of healthcare professionals; and

(d) enhancing psychiatric services; palliative care services; services of nurse clinics in specialist outpatient services; pharmacy services; etc.

(2)

The table below sets out the breakdown of the 574 hospital beds by cluster to be opened by HA in 2018-19:

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

The number of medical, nursing and allied health staff in 2018-19 is expected to increase by, on a full-time equivalent basis, 230, 830 and 230 respectively when compared to 2017-18. HA will deploy existing staff and recruit additional staff to cope with the implementation of the initiatives. The detailed arrangement for manpower deployment is being worked out and is not yet available.

HA will continue various measures to manage waiting time of its services to cope with the rising demand. In respect of Accident and Emergency (A&E) services, A&E departments adopt a triage system to ensure that patients are prioritised and attended to, according to their clinical conditions or seriousness of their injuries. Patients are classified into five categories, namely critical, emergency, urgent, semi-urgent and non-urgent.

The table below sets out HA's target waiting time for Categories I to III cases.

Triage Category	**HA's Target Waiting Time**	
	Waiting time from registration to treatment (minutes)	**Percentage of A&E patients seen within target waiting time**

Triage Category	HA's Target Waiting Time	
	Waiting time from registration to treatment (minutes)	**Percentage of A&E patients seen within target waiting time**
I (Critical)	0	100%
II (Emergency)	15	95%
III (Urgent)	30	90%

While HA is able to meet the waiting time targets for Category I (critical) and Category II (emergency), HA will continue to implement the following measures for shortening of A&E waiting time in overall:

(a) strengthening medical, nursing and supporting staff manpower;

(b) re-engineering the work process for Category III (urgent) patients; and

(c) stepping up publicity to the public to avoid using A&E services in non-emergency situations.

As regards specialist outpatient clinics (SOPC), HA has also implemented triage system for new referrals to ensure that patients with urgent conditions requiring early intervention are treated with priority. 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 (stable) categories. HA's targets are to maintain the median waiting time for cases in Priority 1 and 2 categories within two weeks and eight 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.

In addition, HA has implemented a series of measures to manage SOPC waiting time, for example, enhancing public primary care service and public-private partnership; strengthening manpower; implementing SOPC annual plan programmes; reducing the disparity in waiting time at SOPCs in different clusters; optimising appointment scheduling practices of SOPCs, etc.

(3)

The Government will increase the recurrent funding for HA progressively on a triennium basis having regard to population growth and demographic changes. The additional full-year recurrent provision will be $10,830 million with effect from 2020-21.

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. 2765)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The priority areas the Hospital Authority will focus on in 2018-19 include illnesses that entail high cost, advanced technology and multi-disciplinary professional team work in their treatment. Regarding the support for patients with rare diseases, please inform this Committee of the following:

(1) The expenditure involved and effectiveness of the compassionate use programmes implemented so far, including the number of beneficiaries, types of rare diseases subsidised, as well as details of the work of the Government and estimated expenditure in 2018-19.

(2) According to the Government, $500 million will be set aside for the Community Care Fund to provide eligible patients with subsidies for the purchase of ultra-expensive drugs (including those for treating rare diseases). What is the scope of coverage of subsidies with respect to drugs for rare diseases?

(3) Will the Government consider providing dedicated funding to support research work on rare diseases, including setting up a central database of rare diseases and assisting departments concerned in service planning and expediting the introduction of relevant drugs?

Asked by: Hon YUNG Hoi-yan (Member Question No. (LegCo use): 59)

Reply:

(1)

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. HA makes use of the recurrent funding from the Government, the Samaritan Fund and the Community Care Fund (CCF) Medical Assistance Programmes to provide sustainable, affordable and optimal care for all patients, including those with uncommon disorders.

To facilitate assessment of new drugs for listing on the HA Drug Formulary, enable early access by individual patients to new drug treatments, and explore long-term arrangements for drug provision for patients with specific uncommon disorders, HA may liaise with individual drug companies on provision of special drug programmes on specific diseases, including uncommon disorders.

Currently, HA provides two special drug programmes for management of uncommon disorders, namely, provision of enzyme replacement therapy (ERT) for lysosomal storage disorders (LSDs) under a designated funding from the Government and financial assistance for patients to purchase ultra-expensive drug treatments (including those for uncommon disorders) under the CCF Medical Assistance Programme.

Since 2008-09, the Government has been providing designated funding to HA for managing the increasing service demand and sustaining the provision of ERT for seven types of LSDs, namely, Pompe, Gaucher, Fabry as well as Mucopolysaccharidosis Type I, II, IV and VI. As at 31 December 2017, a total of 23 patients were undergoing ERT treatment for LSDs. The total expenditure incurred in 2017-18 (up to 31 December 2017) was $40 million.

Since 1 August 2017, HA has implemented a new CCF Medical Assistance Programme to provide patients with subsidy to purchase ultra-expensive drugs (including drugs for uncommon disorders). Paroxysmal Nocturnal Haemoglobinuria (PNH) and Atypical Hemolytic Uremic Syndrome (aHUS) have been covered under this programme since August and November 2017 respectively. A total of eight applications have been approved since programme launch up to 31 December 2017 and the total amount of subsidy approved was $31.4 million. HA is now actively negotiating with the concerned drug company for a special drug programme for treatment of Spinal Muscular Atrophy (SMA). Subject to mutual agreement between HA and the drug company and final approval by the Commission on Poverty, the drug treatment will be provided for eligible patients with SMA under the new CCF programme.

The HA Expert Panels on the respective drugs under the special programmes will assess the clinical benefits of the drug treatments on a case-by-case basis according to the specific patients' clinical conditions and established treatment guidelines. HA is unable to project the expenditure on the above-said two programmes for 2018-19.

(2)

The HA has commissioned a consultancy study to review the current CCF Medical Assistance Programme means test mechanism. Taking into account findings of the consultancy study, HA aims to come up with recommendations in the first half of 2018 for improving the mechanism and providing more and faster help to patients in need. The Government has set aside resources in the 2018-19 Budget for this purpose. Actual use of resources will be subject to the review findings and recommendations. HA will continue liaise with the Commission on Poverty to implement suitable new programmes under the CCF Medical Assistance Programme to provide financial assistance for eligible patients

who meet specific clinical criteria to use ultra-expensive drugs (including those for treating uncommon disorders).

(3)

Currently, there is no common definition of rare diseases/ uncommon disorders available worldwide and the interpretation varies among countries with different characteristics of the respective health systems and situations. The Government's policy is to strive to ensure appropriate treatment for all patients, including those with uncommon disorders.

With the advancement of technology, new treatment options, including drugs, surgery and invasive treatment, are being developed. In assessing the treatment options for various disorders, including uncommon ones, HA would take into consideration the following factors:

i. Newly developed treatment options, having only preliminary medical evidence in safety and efficacy, may vary significantly in terms of treatment responses among different patients;

ii. Due to the small number of cases or patient groups for conducting scientific research at the initial stage, and the brief duration of research conducted, it is not easy to ensure the completeness of the clinical data; and

iii. The ultra-high cost of such options in the market is unaffordable for average patients.

Under the current healthcare policy, the Government and HA strive to ensure that all patients, whether they are patients with uncommon disorders or those suffering from other general illnesses, will not be denied appropriate treatment due to lack of means. The healthcare support provided by HA covers patients with uncommon disorders and those suffering from other diseases, and the mechanism in place also addresses the needs of all patients, including those with uncommon disorders. We will continue to review and enhance the existing mechanisms and supporting arrangements to strengthen HA’s services and support. HA maintains data on different types of disorders, which can facilitate research and policy formulation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1628)

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 development and regulation of the Chinese medicine industry, please provide the following information:

(a) in table form, the number of applications for registration of proprietary Chinese medicines (pCm) received by the Chinese Medicine Council of Hong Kong, the number of successful applications, the number of rejected applications, the average time needed from submission of an application to successful registration, and the reasons for applications being rejected in 2017; and

(b) whether cases associated with adverse reactions of patients after consumption of registered pCm and warranting medical consultation were reported in 2017; if so, the number of cases and the details; and whether follow-up actions were taken accordingly and the expenditure involved.

Asked by: Hon CHAN Han-pan (Member Question No. (LegCo use): 25)

Reply:

(a) 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 might 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 supported by 3 acceptable basic test reports (i.e. on heavy metals and toxic element, pesticide residues and microbial limit) and have met the requirements for transitional registration. For applications supported by the aforementioned 3 basic test reports submitted on or before 31 March 2010 but cannot meet the requirements for 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.

From 1 January 2017 to 31 December 2017, the CMB has received 23 new applications for registration of pCms. During the aforementioned period, 392 pCms have been issued with HKC, and 456 applications were rejected for registration as they had failed to provide the required documents and reports or had been withdrawn by the applicants. The statistics are summarised in the table below:

From 1 January 2017 to 31 December 2017	
No. of new application received	23
No. of HKC issued	392
No. of application rejected/withdrawn	456

As at 1 March 2018, the CMB has received a total of 18 134 applications for registration of pCms, of which 14 172 applications have also applied for transitional registration. The CMB had issued 1 350 HKC, 7 064 HKP and 130 HKNT. A total of 9 103 applications were rejected.

By virtue of the CMO, the CMB is tasked with the approving authority for pCm registration applications with professional support by the Department of Health (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 the CMB to applicant to resubmit reports during appeal process, etc.

(b) In 2017, the DH received 1 notification from the Hospital Authority of a poisoning case with history of consumption of a registered pCm. Epidemiological investigation carried out could not ascribe the clinical features to the pCm concerned. Manpower and expenditure are met from DH's overall provision for prevention and control of non-communicable diseases, therefore cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1632)

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 tobacco control work, please provide:

(a) in table form, the numbers of complaints against illegal smoking received, verbal and written warnings issued and prosecutions by summonses, as well as the manpower and expenditure involved in 2017-18;

(b) in table form, the number of hours of patrol and outdoor duties performed by tobacco control personnel during daytime from Monday to Sunday by month in 2017-18;

(c) in table form, the number of hours of patrol and outdoor duties performed by tobacco control personnel during evening and nighttime from Monday to Sunday by month in 2017-18;

(d) the details of work with regard to the promotion of smoke-free culture as well as the manpower and expenditure involved in 2017-18; and

(e) the details of the work in tobacco control targeted at young people as well as the manpower and expenditure involved in 2017-18.

Asked by: Hon CHAN Han-pan (Member Question No. (LegCo use): 29)

Reply:

(a)

The Tobacco Control Office (TCO) of the Department of Health (DH) conducts inspections at venues concerned in response to smoking complaints. The numbers of complaints received, inspections conducted, warning letters issued and fixed penalty notices (FPNs) / summonses issued by TCO in 2017 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:

Complaints received		18 354
Inspections conducted		33 159
Warning letters issued		9
FPNs issued (for smoking offences)		9 711
Summonses issued	for smoking offences	149
	for other offences (such as wilful obstruction and failure to produce identity document)	78

In general, the TCO will prosecute smoking offenders without prior warning. The TCO will only consider issuing warning letters if the smoking offenders are found to be persons under 15 years old.

The expenditures and staff establishment of the TCO in 2017-18 are at **Annexes 1 and 2** respectively.

(b)&(c)

The number of operations for inspecting statutory no smoking areas conducted by the TCO during 2017 are tabulated as follows:

Month of 2017	Day Operation[1]	Night Operation[2]
January	124	41
February	114	42
March	124	45
April	114	36
May	123	42
June	118	45
July	117	41
August	127	44
September	114	45
October	119	41
November	121	47
December	140	73

[1] "Day operation" includes "morning and afternoon shift" covering the period 0630-1830.

[2] "Night operation" includes "afternoon and evening shift", "evening shift" and "overnight shift" covering the periods 1200-2300, 1800-2300, and 2000-0600 respectively.

To address the increasing demand for enforcement duties, in 2017, the TCO has redeployed and injected resources including setting up a task force with retired policemen to strengthen enforcement action against smoking offences in venues with serious smoking problems, especially at the night time and public holidays. As a result, the number of night

operations has increased from 442 in 2016 to 542 in 2017.

(d)&(e)

Over the years, the DH has been actively promoting a smoke-free environment through publicity on smoking prevention and cessation services. To leverage community effort, the DH has collaborated with the Hong Kong Council on Smoking and Health (COSH), non-governmental organisations (NGOs) and health care professions to promote smoking cessation, provide smoking cessation services and carry out publicity programmes on smoking prevention.

Smoking cessation is an integral part of the Government's tobacco control measures to protect public health. The DH operates a Smoking Cessation Hotline to handle general enquiries and provide professional counselling and information 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 the DH, the Hospital Authority (HA) and NGOs. The DH operates a total of 6 smoking cessation clinics (5 for civil servants, and 1 open to members of the public). The HA has been providing smoking cessation service since 2002. It now operates 15 full-time and 52 part-time centres. Apart from smoking cessation clinics/centres of the DH and the HA, the DH collaborates with NGOs in providing a range of community-based smoking cessation services including counselling and consultations by doctors or Chinese medicine practitioners, targeted services to smokers among ethnic minorities and new immigrants, as well as in workplace. For young smokers, the DH collaborates with the University of Hong Kong to operate a hotline to provide counselling service tailored for young smokers over the phone. The DH has launched a 2-year Pilot Public-Private Partnership Programme on Smoking Cessation in December 2017, to engage family doctors to help smoker patients to quit smoking.

Targeting at preventing children and youth from picking up the smoking habit, the DH subvents the COSH to carry out publicity and education programmes in schools through production of guidelines and exhibition boards, health talks, theatre programmes, etc., to educate students on the hazards of smoking and to garner support for a smoke-free Hong Kong. The DH also 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 skills to resist picking up the smoking habit because of peer pressure.

The expenditures and staff establishment of the TCO in 2017-18 are at **Annexes 1 and 2** respectively. For the HA, the smoking cessation services form an integral part of the HA's overall services provision, and therefore such expenditure could not be separately identified.

Annex 1

Expenditures of the Department of Health's Tobacco Control Office

	2017-18 Revised Estimate ($ million)
Enforcement	
Programme 1: Statutory Functions	60.3
Health Education and Smoking Cessation	
Programme 3: Health Promotion	128.6
(a) General health education and promotion of smoking cessation	
TCO	*53.7*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*23.6*
Sub-total	***77.3***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations	
Subvention to Tung Wah Group of Hospitals	*34.0*
Subvention to Pok Oi Hospital	*7.2*
Subvention to Po Leung Kuk	*1.5*
Subvention to Lok Sin Tong	*2.7*
Subvention to United Christian Nethersole Community Health Service	*2.9*
Subvention to Life Education Activity Programme	*2.4*
Subvention to The University of Hong Kong	*0.6*
Sub-total	***51.3***
Total	**188.9**

Annex 2

Staff Establishment of the Department of Health's Tobacco Control Office

Rank	2017-18
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**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1635)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In relation to the prevention of the spread of communicable diseases, please advise on:

(a) the details of the promotional work on the prevention of the spread of communicable diseases in schools, residential care homes for the elderly (RCHEs) and the community; its effectiveness (including the numbers of participating schools and RCHEs as well as their participation rates); and the expenditure involved in 2017-18; and

(b) the details of the preventive measures implemented by the Government in response to the winter and summer influenza seasons, as well as the manpower and expenditures involved in the past 3 years.

Asked by: Hon CHAN Han-pan (Member Question No. (LegCo use): 32)

Reply:

(a) The Department of Health (DH) achieves effective prevention and control of infectious diseases through coordinating and implementing public health programmes covering surveillance, outbreak management, health promotion, risk communication, emergency preparedness and contingency planning, infection control, vaccinations as well as training and research as follows-

Surveillance

For surveillance of communicable diseases, the Centre for Health Protection (CHP) of DH 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.

Outbreak Management

Regarding outbreaks of infectious diseases in institutions and schools, CHP conducts prompt epidemiological investigations, implements necessary public health control measures and provides appropriate health advice to the institutions concerned. From

April 2017 to February 2018, CHP had conducted 982 field visits to 960 schools and institutions for investigation of outbreaks.

Health Promotion

CHP carries out publicity and health education activities to promulgate advice on personal and environmental hygiene, and to remind the community to stay vigilant against infectious diseases. CHP has produced a variety of health education materials on the prevention of various infectious diseases. Various publicity and health education channels have been deployed for promulgation of health advice. Targeting at ethnic minorities, relevant health education materials in Bahasa Indonesia, Hindi, Nepali, Thai, Urdu and Tagalog have been published and distributed to non-governmental organisations providing services to them.

Risk Communication

CHP also keeps relevant stakeholders (such as Government bureaux and departments, healthcare sector, education sector, District Councils, etc.) updated of the latest situation of infectious diseases and preventive measures, and solicits their collaboration and support to strengthen dissemination of related health messages.

CHP provides and promulgates guidelines on infection control and prevention of communicable diseases for schools/ kindergartens/ kindergartens-cum-child care centres/ child care centres, residential care homes for the elderly (RCHEs) and residential care homes for persons with disabilities, with the assistance of the Education Bureau and the Social Welfare Department.

When there is upsurge in disease activity, CHP issues letters to schools and residential care homes to inform them of the latest situation and remind them to take appropriate prevention measures.

Training

The Visiting Health Teams (VHTs) of the Elderly Health Service (EHS) provide outreach training on elderly care to staff of all RCHEs in Hong Kong. Annual assessment is conducted for each RCHE on staff's infection control knowledge and practices, with targeted training provided to those identified with deficiencies. In 2017, over 800 sessions of such training, with around 8 900 attendances, on infection control have been conducted. In addition, VHTs also delivered health talks to the residents and carers of RCHEs to raise their awareness on various communicable diseases, including influenza. In 2017, 1 400 health talks on communicable diseases, with 24 000 attendances, were delivered. In addition, the Infection Control Branch of CHP had organised 10 sessions of infection prevention and control training for RCHEs with about 1 800 attendees.

Emergency Preparedness and Contingency Planning

Contingency plan for infectious diseases are in place. CHP conducts public health exercises on a regular basis to test interdepartmental co-ordination and public health response measures for infectious diseases of public health concern such as dengue fever, Middle East Respiratory Syndrome, Ebola and avian influenza.

Vaccination

The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under CHP reviews and develops strategies for public health management of vaccine-preventable infections in the light of changing epidemiology and advances in medical science. In respect of seasonal influenza, SCVPD regularly reviews the local epidemiology scientific evidence and makes recommendations on seasonal influenza vaccination.

CHP does not have breakdown of the expenditure by different protective measures which are integral parts of its disease surveillance, prevention and control functions.

(b) Hong Kong usually experiences 2 influenza seasons every year. The winter influenza season normally occurs between January and March/April, and the summer influenza season between July and August. The DH has taken a series of measures in prevention and control of seasonal influenza.

The Government has all along been advising the public to receive vaccination for personal protection. It also provides free or subsidised seasonal influenza vaccination through the Government Vaccination Programme (GVP) and the Vaccination Subsidy Scheme respectively to eligible groups which are generally at a higher risk of severe complications or even death caused by influenza, or spreading the infection to those at high risk. During the implementation of the influenza vaccination programmes each year, the EHS will enhance its efforts in promoting influenza prevention, which include encouraging the elderly in the community, members of Elderly Health Centres and carers in elderly homes to receive influenza vaccination. The quantities of seasonal influenza vaccines (SIV) procured by the Government under the GVP in the past 3 years is shown in the following table:

Year	**The number of doses of SIV procured**	**Amount ($ million)**
2015-16	400 000	21.0
2016-17	430 000	23.3
2017-18	527 000	28.0

CHP operates a surveillance system to monitor influenza-like illness (ILI) through a network of general out-patient clinics (GOPCs), clinics of private general practitioners (GPs), Accident and Emergency Departments, clinics of Chinese medicine practitioners, elderly homes and child care centres. Besides, CHP monitors admission rates and deaths with discharge diagnosis of influenza in public hospitals. It has set up a case-based reporting system to enhance surveillance for paediatric influenza-associated severe complications and deaths among paediatric patients aged below 18. CHP will investigate each reported case and arrange risk communication. For adult patients, CHP monitors laboratory confirmed influenza cases among patients aged 18 or above who were admitted to intensive care unit or had died in the same hospital admission.

CHP disseminates information in a transparent and timely manner to ensure that the most up-to-date information is made available to the public and healthcare

professionals. Influenza surveillance data are summarised in the weekly on-line publication "Flu Express" and uploaded to CHP's website every week.

During influenza seasons, CHP steps up publicity and health education activities to disseminate advice on personal and environmental hygiene, and to remind the community to stay vigilant against influenza. It also requests schools to actively check the body temperature of all students every day when they arrive at school in order to identify those with fever. CHP also conducts epidemiological investigation and implements control measures for reported institutional ILI outbreaks. For residential care homes with confirmed influenza outbreaks, CHP provides Tamiflu post-exposure chemoprophylaxis to asymptomatic residents if necessary.

DH has been stockpiling antiviral drugs in accordance with the Government's "Preparedness Plan for Influenza Pandemic". The types and quantity of drugs procured by DH and the expenditure involved in the past 3 years are shown in the following table:

Year	**Type**	**Quantity (doses)**	**Expenditure ($ million)**
2015-16	Tamiflu oral suspension Tamiflu capsule 30mg Tamiflu capsule 45mg	100 100 486 400 276 000	$1.6 $3.6 $3.1
2016-17	Tamiflu oral suspension Tamiflu capsule 30mg	100 100 483 600	$1.6 $3.6
2017-18	Tamiflu oral suspension	200 200	$3.4

CHP does not have breakdown of the expenditure by different protective measures which form an integral part of its disease surveillance, prevention and control functions.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1636)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As regards termination of pregnancy provided by the Family Planning Association of Hong Kong, please advise on:

(a) the respective numbers of service recipients, numbers of women who had attended follow-up consultations, successful rates of termination of pregnancy, numbers of repeated surgeries and expenditures involved for the two services of surgical and medical termination of pregnancy in the past 3 years; and

(b) the respective numbers of women who had undergone ultrasound scanning during follow-up consultations and expenditures involved for the two services of surgical and medical termination of pregnancy in the past 3 years.

Asked by: Hon CHAN Han-pan (Member Question No. (LegCo use): 33)

Reply:

(a) The figures for Medical Abortions (MA) and Surgical Termination of Early Pregnancy (STOP) performed by the Family Planning Association of Hong Kong in 2015, 2016 and 2017 are set out below:

	2015		2016		2017	
	MA	STOP	MA	STOP	MA	STOP
Number of MA / STOP Performed	1 223	2 202	1 136	1 974	991	1 870
Number of Dilation and Curettage Performed for Incomplete Abortions	33	14	28	6	32	13
Complete Abortion Rate	97.3%	99.4%	97.5%	99.7%	96.8%	99.3%
No. of MA & STOP Follow-ups	3 355		3 325		2 999	

The actual expenditure for MA and STOP in 2014-15, 2015-16 and 2016-17 was as follows:

Financial Year	Expenditure ($ million)
2014-15	14.2
2015-16	13.9
2016-17	13.3

(b) Ultrasound examinations will be performed for patients when medically indicated, and the findings are recorded in patients' individual clinical records. There is no aggregate statistics on the number of ultrasound examinations performed in relation to MA and STOP.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1847)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As regards promoting the health of pregnant women and newborn babies, will the Government please advise on:

(a) the numbers of examinations conducted, numbers of attendances and expenditures involved in respect of the nuchal measurement by ultrasound examination for local pregnant women in the past 3 years;

(b) the numbers of tests conducted, numbers of attendances and expenditures involved in respect of the measurement of levels of PAPP-A, AFP, hCG, uE3 and Inhibin A in maternal serum for local pregnant women in the past 3 years;

(c) the estimated number of tests to be conducted, number of attendances and expenditure involved in respect of non-invasive prenatal testing of foetal DNA if such testing is provided for local pregnant women from 2018-19 onwards; and

(d) whether the Government would consider adopting non-invasive prenatal testing of foetal DNA to replace the existing technique with lower accuracy and higher risk?

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

Reply:

The Maternal and Child Health Centres (MCHCs) of the Department of Health, in collaboration with the Department of Obstetrics and Gynaecology of hospitals under the Hospital Authority (HA) provide an antenatal shared care programme to pregnant women.

Under the antenatal shared care programme, pregnant women attending MCHCs are referred to the Department of Obstetrics and Gynaecology of HA for Down Syndrome Screening which includes ultrasound examination and checking of relevant biochemical markers. MCHCs do not provide prenatal screening and diagnosis for Down Syndrome.

Currently, HA does not provide non-invasive prenatal testing of foetal DNA for pregnant women, and it is exploring the facilities required for the introduction of non-invasive

prenatal testing as a second-tier prenatal screening test for Down Syndrome in Hong Kong Children's Hospital.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)193

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2154)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the Elderly Health Care Voucher (EHV) Scheme, please provide details of the following in 2015, 2016 and 2017:

(a) the amount of EHVs claimed by various healthcare disciplines and the total amount of claims;

(b) the number of persons who have used EHVs, the number of eligible persons and the percentage of eligible persons who have used EHVs;

(c) the percentage and number of eligible persons who have used EHVs 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 EHVs 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 EHV Scheme by discipline.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 71)

Reply:

(a)
The table below shows the amount of vouchers claimed in the past 3 years from 2015 to 2017:

Amount of Vouchers Claimed (in $'000)

	2015	2016	2017
Medical Practitioners	611,860	638,006	774,088
Chinese Medicine Practitioners	142,265	171,599	256,563
Dentists	98,563	105,455	144,331
Occupational Therapists	230	271	2,506
Physiotherapists	6,381	7,007	8,344
Medical Laboratory Technologists	3,820	9,905	11,256
Radiographers	2,365	3,197	5,447
Nurses	1,389	3,335	5,122
Chiropractors	1,825	1,913	2,303
Optometrists	37,092	128,399	288,582
Sub-total (Hong Kong):	905,790	1,069,087	1,498,542
University of Hong Kong - Shenzhen Hospital [Note 1]	537	1,471	1,855
Total:	906,327	1,070,558	1,500,397

Note 1: The Pilot Scheme for use of vouchers at the University of Hong Kong - Shenzhen Hospital was launched on 6 October 2015.

(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 2015, 2016 and 2017, broken down by gender and age group:

	2015		**2016**		**2017**	
	Number of elders	**% of eligible elders**	**Number of elders**	**% of eligible elders**	**Number of elders**	**% of eligible elders**
(1) Number of eligible elders (i.e. elders aged 65/70[Note 2] or above)*	760 000	-	775 000	-	1 221 000	-
(2) Cumulative number of elders who had made use of vouchers up to the end of the year	600 000	79%	649 000	84%	953 000	78%
(i) By gender						
- Male	266 000	77%	290 000	83%	430 000	75%
- Female	334 000	80%	359 000	85%	523 000	80%
(ii) By age group						
- 65 – 69[Note 2]	-	-	-	-	239 000	58%
- 70 – 75	192 000	75%	214 000	81%	259 000	91%
- 76 – 80	169 000	83%	175 000	86%	176 000	87%
- Above 80	239 000	80%	260 000	84%	279 000	87%

Note 2: The eligibility age for the Elderly Health Care Voucher (EHV) Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

*Source: Hong Kong Population Projections 2015 – 2064 and Hong Kong Population Projections 2017 – 2066, Census and Statistics Department

We have not kept statistics on the use of vouchers by residence of elders.

(d)
The table below shows the average cumulative amount of vouchers in monetary value used per person up to end 2015, 2016 and 2017 since the EHV Scheme was launched in 2009, broken down by gender and age group:

	Average cumulative amount of vouchers ($) used since the EHV Scheme was launched in 2009		
	Up to 31.12.2015	**Up to 31.12.2016**	**Up to 31.12.2017**
(i) By gender			
- Male	3,277	4,483	4,431
- Female	3,481	4,743	4,696
(ii) By age group			
- 65 – 69 Note 3	-	-	1,167
- 70 – 75	2,867	3,722	4,228
- 76 – 80	3,799	5,287	6,789
- Above 80	3,523	4,927	6,424

Note 3: The eligibility age for the EHV Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

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 EHV Scheme as at end 2015, 2016 and 2017, broken down by types of healthcare professionals:

	As at 31.12.2015	**As at 31.12.2016**	**As at 31.12.2017**
Medical Practitioners	1 936	2 126	2 387
Chinese Medicine Practitioners	1 826	2 047	2 424
Dentists	646	770	895
Occupational Therapists	45	51	69
Physiotherapists	312	344	396
Medical Laboratory Technologists	30	35	48
Radiographers	21	24	40
Nurses	124	148	182
Chiropractors	54	66	71
Optometrists	265	533	641
Sub-total (Hong Kong)	5 259	6 144	7 153
University of Hong Kong - Shenzhen Hospital Note 4	1	1	1
Total:	5 260	6 145	7 154

Note 4: 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. 2114)

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 promotion of breastfeeding, will the Government inform this Committee of the following:

1. what was the quantity of formula milk imported into Hong Kong in each of the past 3 years;

2. does the Government know the amount and ranking of advertising expenditure on "formula milk powder for infants and children" in each of the past 3 years; and

3. at the meeting of the Legislative Council on 31 May 2017, the Government, in response to a written question, said that an additional funding of $5 million, $5 million and $6 million were provided for the Family Health Service (FHS) of the Department of Health (DH) in 2015-16, 2016-17 and 2017-18 respectively to further strengthen promotional efforts for breastfeeding and to implement the recommendations of the Committee on Promotion of Breastfeeding. Please provide a detailed breakdown of the expenditures spent under such additional fundings as well as a detailed breakdown of the estimated expenditure for 2018-19 of the FSH of the DH.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 16)

Reply:

1.

According to information from the Census and Statistics Department, the quantity of formula milk powder for infants and children imported into Hong Kong in the past 3 years is as follows:

Year	Quantity of imported formula milk powder (kg)
2015	54 477 777
2016	59 041 791
2017	55 979 744

2.

According to a local advertising database, the amount and ranking of the advertising expenditures on formula milk products for infants and children in the past 3 years are set in the table below.

Year	Advertising expenditures on formula milk products for infants and children*	
	Amount ($ billion)	Ranking
2015	3.1	3rd
2016	2.5	4th
2017	2.6	4th

*Includes advertising expenditures on formula milk products targeting at infants and young children aged below 3 and formula milk products for children aged 3 or above.

Of the advertising expenditures on formula milk products for infants and children, the amount targeting at infants and young children aged below 3 were $2.9 billion, $2.3 billion and $1.2 billion in 2015, 2016 and 2017 respectively.

3.

A provision of $5.0 million per annum was allocated to the Family Health Service (FHS) in the financial years 2015-16 and 2016-17 to further strengthen the promotional efforts and to implement the recommendations proposed by the Committee on Promotion of Breastfeeding. In 2017-18, a sum of $6.0 million was allocated to FHS to further step up publicity on breastfeeding. Breakdown of the expenditures for 2015-16, 2016-17 and 2017-18 are as follows:

Items	**Expenditures ($ million)**		
	2015-16	**2016-17**	**2017-18**
Publicity (e.g. celebrating events, broadcasting of promotional video and health messages, health talks and briefings)	2.1	1.9	2.4
Production of a series of video to strengthen the promotion of breastfeeding, infant and young child nutrition	1.2	0.6	1.8
Production and dissemination of health education resources and guidelines for establishing “Breastfeeding Friendly	0.9	1.2	1.0

Workplace Policy", "Breastfeeding Friendly Premises Policy" and Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infant & Young Children (HK Code)			
Research and studies on breastfeeding and child nutrition	0.5	0.9	0.3
Implementation of a programme on peer support for lactating mothers	0.3	0.4	0.5

In 2018-19, $6.0 million has been earmarked for enhancing the effort for promotion of breastfeeding. DH will continue to promote and support breastfeeding through strengthening publicity and education on breastfeeding; encouraging the adoption of "Breastfeeding Friendly Workplace Policy" to support working mothers to continue breastfeeding after returning to work; promoting breastfeeding in public places through implementing the "Breastfeeding Friendly Premises Policy" and provision of babycare facilities so that the breastfeeding mothers can breastfeed their children or express milk anytime, anywhere; promulgating and evaluating the effectiveness of the HK Code; and strengthening the surveillance on local breastfeeding situation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2115)

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:

Will the Government please inform this Committee of:

1. the number of new cases of cervical cancer in each of the past 3 years (please tabulate the figures by age group);

2. the number of deaths from cervical cancer in each of the past 3 years; and

3. the numbers of new attendances, follow-up attendances and referrals to specialists for further treatment in respect of cervical cancer screening conducted at Maternal and Child Health Centres in each of the past 3 years.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 17)

Reply:

1. The number of new cases with breakdown by age groups of cervical cancer from 2013 to 2015 are shown below:

Age group	2013	2014	2015
29 or below	10	4	8
30 – 39	58	64	73
40 – 49	136	136	118
50 – 59	116	106	114
60 – 69	82	79	94
70 or above	101	83	93
Total	**503**	**472**	**500**

Figures for 2016 and 2017 are not yet available.

2. The number of deaths from cervical cancer from 2014 to 2016 are shown below:

Year	Number of deaths
2014	131
2015	169
2016	151

The figure for 2017 is not yet available.

3. Maternal and Child Health Centres (MCHCs) under the Family Health Service (FHS) of the Department of Health provide cervical screening service. In 2015, 2016 and 2017, the number of attendance for cervical screening service provided at MCHCs were 97 000, 102 000 and 103 000 respectively. A total of 4 911, 5 179, and 5 256 referrals to specialists were made for further management in the corresponding years. The FHS does not keep statistics on breakdown by new and revisit cases.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2116)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that the Government will regularise the Colorectal Cancer Screening Pilot Programme (the Pilot Programme) and progressively extend it to cover individuals aged between 50 and 75, and that this initiative will incur a total expenditure of $940 million over the coming 5 years. As regards the details of the Pilot Programme and its regularisation, will the Government please inform this Committee of:

1. the respective numbers of eligible persons and participants in the first and second phases of the Pilot Programme;

2. the expenditure and manpower involved in each financial year since the launch of the Pilot Pragramme as well as the expenditure and manpower to be involved in 2018-19;

3. the number of eligible persons and the estimated number of participants after the regularisation of the Pilot Programme, broken down by age group;

4. a detailed breakdown of the expenditure involved as mentioned in the Budget Speech that "this initiative will incur a total expenditure of $940 million over the coming 5 years"; and

5. the proposed increase of manpower in the Department of Health to cope with the workload after the regularisation of the Pilot Programme.?

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 18)

Reply:

(1) Launched in September 2016, the Colorectal Cancer (CRC) Screening Pilot Programme (the Pilot Programme) provides subsidised screening to asymptomatic Hong Kong residents born from 1946 to 1955. Assuming that 30% of eligible persons who are users of electronic Health Record Sharing System will enrol in the three-year Pilot Programme, the Department of Health (DH) expects some 300 000 numbers of participations. The details of participation as at end of February 2018 are listed in the table below.

Phase	Launching Date	Year of Birth of Participants included/added	Estimated Population size	Number of participants
1	28 September 2016	1946 – 1948	190 000	24 400
2	27 February 2017	1949 – 1951	250 000	24 300
3	27 November 2017	1952 – 1955	380 000	16 300
			Total	65 000

(2) The revised estimates in 2016-17 and 2017-18 are $51.7 million and $119.3 million respectively. The provision for 2018-19 is $152.7 million. The civil service posts involved in the programme for the 3 years 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**

(3), (4) & (5)

In 2018-19, DH will prepare for regularisation of the screening programme which will eventually cover around 2.39 million eligible persons aged between 50 and 75 in phases. The DH will make reference to the participation rates in the Pilot Programme in projecting participation response and step up publicity and educational activities to promote screening. DH is in the process of working out the implementation details and will make announcements in due course. This initiative will incur a total expenditure of $940 million over the coming 5 years.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2121)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the "Outreach Dental Care Programme for the Elderly", will the Government inform this Committee of:

1. the annual expenditure, manpower needs and attendances after regularisation of the Programme as well as the estimated expenditure, staff establishment and attendances in 2018-19;

2. the amounts of subsidies received by the organisations subvented under the Programme in the past 3 years and to be received by them in the coming year as well as the attendances of the elderly in the past 3 years and the coming year;

3. the non-governmental organisations (NGOs) participating in the Programme and the numbers of outreach dental teams of each NGO (broken down by the administrative district of the Social Welfare Department (SWD)); and

4. the percentages of residential care homes and day care centres for the elderly in different districts participating in the Programme (broken down by the administrative district of the SWD)?

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 24)

Reply:

1.&2. A breakdown of the financial provision for implementing the Outreach Dental Care Programme for the Elderly (ODCP) is as follows:

Breakdown	Financial Provision ($ million)			
	2015-16	2016-17	2017-18	2018-19
(a) Subvention to non-governmental organisations for operating outreach dental teams	39.9	39.9	39.9	39.9
(b) Administrative costs	4.6	4.9	5.0	5.0
Total:	44.5	44.8	44.9	44.9

6 civil service posts have been provided for implementing the ODCP. The number of attendances under ODCP was about 138 400 between October 2014 and September 2017, and about 21 100 between October 2017 and January 2018.

3. Starting from October 2017, a total of 23 outreach dental teams from 10 NGOs have been set up under the ODCP. Distribution of the outreach dental teams and the respective NGOs by administrative districts of the Social Welfare Department (SWD) is at **Annex A**.

4. The distribution of the participating residential care homes for the elderly (RCHEs) and day care centres (DEs) by administrative districts of the SWD under the ODCP is at **Annex B**.

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 Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
	香港醫藥援助會 Project Concern Hong Kong	1
	東華三院 Tung Wah Group of Hospitals	1
Eastern and Wan Chai	志蓮淨苑 Chi Lin Nunnery	1
	香港防癆心臟及胸病協會 Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
	東華三院 Tung Wah Group of Hospitals	1
	仁濟醫院 Yan Chai Hospital	1
Kwun Tong	基督教家庭服務中心 Christian Family Service Centre	1
	志蓮淨苑 Chi Lin Nunnery	1
	基督教靈實協會 Haven of Hope Christian Service	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
	仁愛堂 Yan Oi Tong	1
Wong Tai Sin and Sai Kung	基督教家庭服務中心 Christian Family Service Centre	1
	志蓮淨苑 Chi Lin Nunnery	1
	基督教靈實協會 Haven of Hope Christian Service	1
	博愛醫院 Pok Oi Hospital	1
	仁愛堂 Yan Oi Tong	1
Kowloon City and Yau Tsim Mong	志蓮淨苑 Chi Lin Nunnery	1
	香港醫藥援助會 Project Concern Hong Kong	1
	東華三院 Tung Wah Group of Hospitals	1
	仁愛堂 Yan Oi Tong	2
Sham Shui Po	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	香港醫藥援助會 Project Concern Hong Kong	1
	博愛醫院 Pok Oi Hospital	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
	東華三院 Tung Wah Group of Hospitals	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tsuen Wan and Kwai Tsing	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	博愛醫院 Pok Oi Hospital	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tuen Mun	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	博愛醫院 Pok Oi Hospital	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
Yuen Long	明愛牙科診所 Caritas Dental Clinics	1
	博愛醫院 Pok Oi Hospital	1
	仁愛堂 Yan Oi Tong	1
Sha Tin	明愛牙科診所 Caritas Dental Clinics	1
	基督教靈實協會 Haven of Hope Christian Service	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tai Po and North	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	東華三院 Tung Wah Group of Hospitals	1
	仁愛堂 Yan Oi Tong	2

*Note : Some outreach dental teams under ODCP have been assigned to serve more than 1 administrative district.

Annex B

Distribution of the participating RCHEs and DEs
by Administrative District of the Social Welfare Department

	2017-19 Service Year of ODCP [Note 1] (position as at 31 January 2018)		
	(a)	**(b)**	**(a)/(b) %**
Central, Western, Southern and Islands	13	104	13%
Eastern and Wan Chai	22	107	21%
Kwun Tong	26	67	39%
Wong Tai Sin and Sai Kung	34	67	51%
Kowloon City and Yau Tsim Mong	81	136	60%
Sham Shui Po	35	93	38%
Tsuen Wan and Kwai Tsing	65	116	56%
Tuen Mun	44	57	77%
Yuen Long	43	59	73%
Sha Tin	38	63	60%
Tai Po and North	64	93	69%
Total:	**465**	**962**	**48%** [Note 2]

Note 1: 2017-19 Service Year refers to the period from 1 October 2017 to 31 March 2019.

Note 2: This figure represents the participation rate of the first 4 months of 2017-19 Service Year, and this rate will be increased gradually throughout the Service Year. The participation rate for 2016-17 Service Year (from October 2016 to September 2017) was 84%.

(a): No. of Participating RCHEs and DEs

(b): Total no. of RCHEs and Des

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2122)

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 Dandelion Oral Care Action (the Dandelion Programme), will the Government inform this Committee:

1. of the numbers of Oral Health Trainers, parents and children with intellectual disability being trained up in the past 3 years; and

2. whether the Government knows why 3 schools did not join the Dandelion Programme last year (as stated in last year's written reply FHB(H)363, 28 out of 31 special schools in Hong Kong for children with mild to moderate intellectual disability participated in the Dandelion Programme), as well as whether there are schools newly joined or not joining again this year?

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 25)

Reply:

1. The numbers of oral health trainers, parents and students with intellectual disabilities trained through the Dandelion Oral Care Action in the past 3 years are as follows:

School Year	Oral Health Trainers (OHTs)	Parents	Students with intellectual disabilities
2014/2015	23	146	4 556
2015/2016	24	128	4 485
2016/2017	24	159	4 345

2. Every year, the Oral Health Education Unit (OHEU) of Department of Health invites all 31 special schools serving the students with mild and moderate intellectual disabilities to join the Dandelion Oral Care Action. The programme is implemented in a train-the-trainer approach whereby the OHEU trains at least 1 school nurse or teacher from each school to be the OHTs. The OHTs equipped with certain basic oral care knowledge techniques will in turn train all the teachers in the school in the same manner. They also conduct workshops together with the OHEU to train the parents, who are

expected to brush twice a day and floss once daily for their children at home using the same techniques.

A total of 28 out of these 31 schools have joined the programme in 2017/2018 school year. Of the 3 schools which have declined to join, one of them reflected that their students would be taken care by maids or carers for life and so they did not need this programme, whereas the other 2 schools did not give reason for their non-participation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2123)

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 11 government dental clinics with general public sessions under the Department of Health, will the Government inform this Committee of:

1. the service sessions and the maximum numbers of discs available in each session of each dental clinic in the past 3 years and the coming year; and

2. the numbers of attendances, broken down by age group, and the overall utilisation rates of service sessions at each dental clinic in the past 3 years.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 26)

Reply:

1. The service sessions and the maximum numbers of disc allocated per general public session (GP session) in the 11 government dental clinics in the past 3 years and the next year are as follows –

Dental clinics with GP sessions	Service session	Max. no. of discs allocated per session
Kowloon City Dental Clinic	Monday (AM)	84
	Thursday (AM)	42
Kwun Tong Dental Clinic*	Wednesday (AM)	84
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84
	Friday (AM)	84
Fanling Health Centre Dental Clinic	Tuesday (AM)	50
Mona Fong Dental Clinic	Thursday (PM)	42
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42

Dental clinics with GP sessions	Service session	Max. no. of discs allocated per session
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

* Kwun Tong Jockey Club Dental Clinic was renamed as Kwun Tong Dental Clinic with effect from January 2015.

\# Tsuen Wan Dental Clinics (TWDC) was temporarily closed for renovation and the GP session was relocated to Tsuen Wan Government Offices Dental Clinic with effect from 1 September 2015. GP session was resumed in TWDC in January 2017 after the completion of renovation.

2. The breakdown by age group of the number of attendances in GP sessions for each dental clinic in the financial years 2015-16, 2016-17 and 2017-18 (up to 31 January 2018) are as follows –

Dental clinic with GP sessions	Age group	Attendance in 2015-16	Attendance in 2016-17	Attendance in 2017-18 (up to 31 January 2018)
Kowloon City Dental Clinic	0-18	158	96	88
	19-42	719	770	686
	43-60	1 336	1 474	1 195
	61 or above	2 964	2 989	2 585
Kwun Tong Dental Clinic*	0-18	88	77	66
	19-42	398	621	514
	43-60	942	1 188	896
	61 or above	2 600	2 409	1 938
Kennedy Town Community Complex Dental Clinic	0-18	112	124	110
	19-42	1 190	998	866
	43-60	1 578	1 909	1 507
	61 or above	3 025	3 872	3 260
Fanling Health Centre Dental Clinic	0-18	45	42	38
	19-42	287	340	294
	43-60	698	652	513
	61 or above	1 188	1 322	1 109
Mona Fong Dental Clinic	0-18	57	34	31
	19-42	249	276	242
	43-60	605	528	421
	61 or above	1 041	1 071	911

Dental clinic with GP sessions	Age group	Attendance in 2015-16	Attendance in 2016-17	Attendance in 2017-18 (up to 31 January 2018)
Tai Po Wong Siu Ching Dental Clinic	0-18	34	37	33
	19-42	261	293	256
	43-60	608	560	446
	61 or above	1 075	1 136	965
Tsuen Wan Dental Clinic#	0-18	123	136	129
	19-42	896	1 094	1 015
	43-60	1 916	2 093	1 766
	61 or above	4 258	4 244	3 822
Yan Oi Dental Clinic	0-18	24	39	32
	19-42	287	311	256
	43-60	519	595	445
	61 or above	1 241	1 207	963
Yuen Long Jockey Club Dental Clinic	0-18	77	72	64
	19-42	566	578	501
	43-60	1 221	1 106	872
	61 or above	1 905	2 243	1 886
Tai O Dental Clinic	0-18	1	2	2
	19-42	22	14	12
	43-60	23	26	21
	61 or above	51	53	46
Cheung Chau Dental Clinic	0-18	7	3	3
	19-42	35	22	27
	43-60	44	42	47
	61 or above	106	85	100

* Kwun Tong Jockey Club Dental Clinic was renamed as Kwun Tong Dental Clinic with effect from January 2015.

Tsuen Wan Dental Clinics (TWDC) was temporarily closed for renovation and the GP session was relocated to Tsuen Wan Government Offices Dental Clinic with effect from 1 September 2015. GP session was resumed in TWDC in January 2017 after the completion of renovation.

The overall utilisation rate for each dental clinic in the financial years 2015-16, 2016-17 and 2017-18 (up to 31 January 2018) are as follows –

Dental clinic with GP sessions	Overall utilisation rate in %		
	2015-16	2016-17	2017-18 (up to 31 January 2018)
Kowloon City Dental Clinic	85.1	88.8	90.1

Dental clinic with GP sessions	Overall utilisation rate in %		
	2015-16	2016-17	2017-18 (up to 31 January 2018)
Kwun Tong Dental Clinic*	95.6	98.2	97.1
Kennedy Town Community Complex Dental Clinic	74.8	85.6	84.6
Fanling Health Centre Dental Clinic	88.5	96.3	95.6
Mona Fong Dental Clinic	91.1	89.4	90.8
Tai Po Wong Siu Ching Dental Clinic	92.4	94.6	96.4
Tsuen Wan Dental Clinic#	88.3	90.5	96.6
Yan Oi Dental Clinic	98.5	98.4	96.4
Yuen Long Jockey Club Dental Clinic	92.4	96.1	95.5
Tai O Dental Clinic	25.3	24.7	25.3
Cheung Chau Dental Clinic	50.0	39.6	55.3

* Kwun Tong Jockey Club Dental Clinic was renamed as Kwun Tong Dental Clinic with effect from January 2015.

Tsuen Wan Dental Clinics (TWDC) was temporarily closed for renovation and the GP session was relocated to Tsuen Wan Government Offices Dental Clinic with effect from 1 September 2015. GP session was resumed in TWDC in January 2017 after the completion of renovation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2125)

Head: (37) Department of Health

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

Programme: (1)Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the tobacco control work of the Department of Health, will the Government please inform this Committee:

1. in table form, of the numbers of smoking complaints received, inspections, warning letters issued, fixed penalty notices issued and summonses issued in the past 3 years respectively;

2. of the expenditures and staff establishments of the Tobacco Control Office in the past 3 years and in the coming year;

3. of the measures taken to keep relevant stakeholders and the public informed of the new statutory requirements when the 6-month adaptation period under the Smoking (Public Health) (Notices) (Amendment) Order 2017 is coming to an end; and

4. of the expenditures for the implementation of smoking cessation programmes and details of work in the past 3 years and in the coming year.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 28)

Reply:

1. The numbers of complaints received, inspections conducted, warning letters issued and fixed penalty notices (FPNs)/summonses issued by the Tobacco Control Office (TCO) of Department of Health (DH) for the period from 2015 to 2017 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:

		2015	2016	2017
Complaints received		17 875	22 939	18 354
Inspections conducted		29 324	30 395	33 159
Warning letters issued		20	6	9
FPNs issued (for smoking offences)		7 693	8 650	9 711
Summonses issued	for smoking offences	163	207	149
	for other offences (such as wilful obstruction and failure to produce identity document)	80	79	78

In general, the TCO will prosecute smoking offenders without prior warning. The TCO will only consider issuing warning letters if the smoking offenders are found to be persons under 15 years old.

2. The expenditures/provisions and staff establishment of the TCO from 2015-16 to 2018-19 are at **Annexes 1 and 2** respectively.

3. The Smoking (Public Health) (Notices) (Amendment) Order 2017 (the Amendment Order) came into effect on 21 December 2017. An adaptation period of 6 months from 21 December 2017 to 20 June 2018 was provided during which compliance with either the old or new requirements on the health warnings would be taken to be in compliance with the Amendment Order. Starting from 21 June 2018, all tobacco products for sale in Hong Kong need to meet the new requirements. To facilitate the trade to understand the requirements and comply with the Amendment Order, the TCO has prepared and posted a set of guidelines and a digital versatile disc (DVD) that contains the graphical files of the health warnings to the stakeholders, especially the tobacco traders, in June 2017. In addition, the TCO has issued a letter in December 2017 to remind the stakeholders including the retailers the commencement of the Amendment Order and the new measures. The TCO will issue another reminder letter to the stakeholders in the second quarter of 2018 to remind them that the current adaptation period will end on 20 June 2018.

4. The DH operates a Smoking Cessation Hotline to answer general enquiry and provide 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 the DH, the Hospital Authority (HA) and non-governmental organisations (NGOs). The DH operates a total of 6 smoking cessation clinics (5 are for civil servants, and 1 is open to members of the public). The HA has provided smoking cessation service since 2002 and operates 15 full time and 52 part-time centres. The DH also collaborates with NGOs in providing a range of community-based smoking cessation services including counselling and consultations by doctors or Chinese medicine practitioners, targeted services to smokers among ethnic minorities, new immigrants and workplace, as well as the hotline to provide counselling service tailored for young smokers over the phone. The DH has launched a 2-year Pilot Public-Private Partnership Programme on Smoking

Cessation in December 2017, to engage family doctors to help smoker patients to quit smoking.

The expenditures/provisions related to health promotion activities and smoking cessation services by the TCO and its subvented organisations from 2015-16 to 2018-19 are at **Annex 1**. For the HA, the smoking cessation services form an integral part of its overall service provision; and therefore such expenditure could not be separately identified.

Annex 1

Expenditures/Provisions of the Department of Health's Tobacco Control Office

	2015-16 ($ million)	2016-17 ($ million)	2017-18 Revised Estimate ($ million)	2018-19 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	51.5	54.5	60.3	64.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	127.2	130.0	128.6	128.8
(a) General health education and promotion of smoking cessation				
TCO	*46.7*	*46.8*	*53.7*	*53.0*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*22.4*	*22.9*	*23.6*	*23.4*
Sub-total	***69.1***	***69.7***	***77.3***	***76.4***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations				
Subvention to Tung Wah Group of Hospitals	*39.1*	*41.5*	*34.0*	*34.0*
Subvention to Pok Oi Hospital	*7.3*	*7.6*	*7.2*	*7.3*
Subvention to Po Leung Kuk	*2.2*	*2.0*	*1.5*	*1.4*
Subvention to Lok Sin Tong	*2.3*	*2.4*	*2.7*	*2.7*
Subvention to United Christian Nethersole Community Health Service	*2.6*	*2.6*	*2.9*	*2.9*
Subvention to Life Education Activity Programme	*2.3*	*2.3*	*2.4*	*2.4*
Subvention to The University of Hong Kong	*2.3*	*1.9*	*0.6*	*1.7*
Sub-total	***58.1***	***60.3***	***51.3***	***52.4***
Total	**178.7**	**184.5**	**188.9**	**193.4**

Annex 2

Staff Establishment of the Department of Health's Tobacco Control Office

Rank	2015-16	2016-17	2017-18	2018-19
Head, TCO				
Principal Medical & Health Officer	1	1	1	1
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	1	1	1	1
Land Surveyor	1	1	1	1
Police Officer	5	5	5	5
Overseer/ Senior Foreman/ Foreman	89	89	89	89
Senior Executive Officer/ Executive Officer	9	9	9	9
Sub-total	***106***	***106***	***106***	***106***
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	1	1	1	1
Scientific Officer (Medical)	2	2	2	2
Nursing Officer/ Registered Nurse	3	3	3	3
Hospital Administrator II	4	4	4	4
Sub-total	***11***	***11***	***11***	***11***
Administrative and General Support				
Senior Executive Officer/ Executive Officer	4	4	4	4
Clerical and support staff	17	17	17	17
Motor Driver	1	1	1	1
Sub-total	***22***	***22***	***22***	***22***
Total no. of staff:	**140**	**140**	**140**	**140**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2132)

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 Scheme at the University of Hong Kong-Shenzhen Hospital (HKU-SZ Hospital) under the Elderly Health Care Voucher Scheme" (Pilot Scheme), will the Government advise this Committee on:

1. the number of attendances of Hong Kong elders using elderly health care vouchers (EHVs) at the HKU-SZ Hospital since the implementation of the Pilot Scheme and the value of EHVs involved; whether the Government knows which clinics or departments have been providing services to these elders;

2. whether the Government knows how many of these elders are residing in (i) Shenzhen; (ii) other cities in Guangdong Province; (iii) other provinces or cities on the Mainland; (iv) the New Territories of Hong Kong; and (v) other parts of Hong Kong; and

3. what criteria the Government will adopt to assess the effectiveness of the Pilot Scheme and when it will complete evaluation in this regard?

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 36)

Reply:

1. As at 31 December 2017, 2 103 elders had ever made use of vouchers at the University of Hong Kong - Shenzhen Hospital (HKU-SZ Hospital), and the total amount of vouchers claimed was about $3.9 million (to pay for healthcare service fees of around RMB3.3 million). The vouchers were used at the Family Medicine Clinic, Health Assessment and Management Centre, Accident and Emergency Department, Orthopaedic Clinic, Ophthalmology Clinic, Dental Clinic, Chinese Medicine Clinic, Medicine Clinic, Gynaecology Clinic, Surgery Clinic, Physiotherapy Department, Department of Medical Imaging and Department of Pathology of the HKU-SZ Hospital.

2. The Department of Health does not maintain statistics on the residence of elders using the vouchers. Nevertheless, according to information provided by the HKU-SZ Hospital, as at end-December 2017, among the elders who had ever made use of

vouchers in the HKU-SZ Hospital and provided their residential information, about 63% were residing in the Mainland while 37% were residing in Hong Kong.

3. We are closely monitoring the implementation of the Pilot Scheme at the HKU-SZ Hospital which aims to provide one more service point for Hong Kong elders to use their vouchers and facilitate those who reside on the Mainland or places near Shenzhen (e.g. the North District in the New Territories) to seek necessary medical services. A review would be conducted in due course, with a view to summarising the experience gained in consideration of converting the Pilot Scheme into a regular programme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2136)

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:

Will the Government inform this Committee of:

1. the number of meetings convened by the High Level Steering Committee on Antimicrobial Resistance, the expenditure incurred by it and the meeting attendance of its members in the past 3 years; and

2. the implementation progress of the actions set out in the Hong Kong Strategy and Action Plan on Antimicrobial Resistance 2017-2022.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 48)

Reply:

1. Since its establishment in May 2016, the High Level Steering Committee on Antimicrobial Resistance (HLSC) had conducted two meetings on 27 June 2016 and 29 May 2017 respectively. The attendance rate of members for both meetings was 100 percent. Expenditure on HLSC cannot be separately identified.

2. The Hong Kong Strategy and Action Plan on Antimicrobial Resistance (2017-2022) (Action Plan) was launched in July 2017. The Action Plan outlines key areas, objectives and actions to contain the growing threat of antimicrobial resistance (AMR) in Hong Kong and identifies 6 key areas including:

   (a) Strengthen knowledge through surveillance and research;
   (b) Optimise use of antimicrobials in humans and animals;
   (c) Reduce incidence of infection in humans and animals through effective sanitation, hygiene and preventive measures;
   (d) Improve community awareness and understanding of AMR through effective communication, education and training;
   (e) Promote research on AMR; and
   (f) Strengthen partnerships and foster engagement of relevant stakeholders.

   Departments concerned and organisations have promptly initiated work to implement actions outlined in the Action Plan according to the timeframe laid down. The AMR

Office under the Centre for Health Protection (CHP), set up in 2016-17, serves as an executive arm to the HLSC and the Expert Committee on AMR and takes up a coordination role to oversee and monitor the implementation of the Action Plan in partnership with key stakeholders. Apart from on-going efforts to foster an infection control culture to reduce epidemic infection, as well as to prevent and control the transmission of healthcare associated infection and antibiotic resistant bacteria in healthcare settings and the community, CHP coordinates the local authority and stakeholders to form a Working Group on AMR One Health Surveillance in October 2017 to steer and oversee the development of surveillance on AMR and antimicrobial use in Hong Kong, among other things. Moreover, an advisory group was also formed to oversee the Antibiotic Stewardship Programme (ASP) in Primary Care which was launched in November 2017. To strengthen partnership, a Regional Symposium on AMR would be co-organised by the Department of Health, the Agriculture, Fisheries and Conservation Department, the Centre for Food Safety of the Food and Environmental Hygiene Department in November 2018.

For the coming year, various departments/ organisations would report progress on the implementation of the Action Plan and keep abreast of international development on AMR. The approach proposed by the World Health Organization is adopted for progress monitoring and evaluation. Mid-term and final reviews of the Action Plan will be conducted within the five-year period by HLSC.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2148)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information regarding the vaccination programmes / schemes for pneumococcal and seasonal influenza for the elderly and young children:

(a) What are the costs per dose of seasonal influenza vaccine, 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV)?

(b) Please provide in detail the numbers of private medical practitioners participating in the Elderly Vaccination Subsidy Scheme (EVSS) as well as the quantities of seasonal influenza and 23vPPV vaccinations given / to be given in 2016, 2017 and 2018.

(c) Please provide in detail the amounts of subsidies provided / to be provided for each dose of seasonal influenza vaccine and 23vPPV in 2016, 2017 and 2018.

(d) Please provide in detail the numbers of hospital admissions caused by infections with seasonal influenza and pneumonia, broken down by age group, in 2016, 2017 and the first 2 months of 2018.

(e) Will PCV13 be included in the EVSS in the future? If so, what is the estimated annual expenditure; if not, why?

(f) Please provide in detail the quantities of seasonal influenza vaccines procured / to be procured in 2016, 2017 and 2018 as well as the quantities and costs for expired influenza vaccines arranged for disposal in the past 3 years.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 73)

Reply:

(a) The quantities and contract amount of seasonal influenza (SI) vaccines, 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV) procured under the Government Vaccination Programme (GVP) for the 2017-18 season are as follows –

Vaccine	Number of doses	Total vaccine cost $ million
SI vaccine	527 000#	28.0#
PCV13 (current contract)	243 000	90.4
23vPPV (current contract)	15 000	1.6

This includes 20 000 doses of Southern Hemisphere SI vaccines which have been procured for the 2017-18 vaccination season at the contract price of $1.16 million.

(b) There have been about 1 600 private doctors enrolled under the Vaccination Subsidy Scheme (VSS) for providing subsidised vaccination to elders in the past 3 years. The number of elders receiving subsidised SI vaccination and 23vPPV under VSS for the past 3 years are appended below –

	2015-16	2016-17	2017-18 (as at 4 March 2018)
Number of elders receiving subsidised SI vaccination	136 900	147 000	143 100
Number of elders receiving subsidised 23vPPV	15 400	15 300	14 400

Note: Starting from 2016-17, the Elderly Vaccination Subsidy Scheme (EVSS) has been merged with the Childhood Influenza Vaccination Subsidy Scheme (CIVSS) and the Persons with Intellectual Disabilities Vaccination Subsidy Scheme (PIDVSS) under the VSS.

(c) The subsidy of SI vaccination under the VSS was $160 per dose in 2015-16 season and has been raised to $190 per dose starting from the 2016-17 season. The subsidy for 23vPPV is $190 per dose for 2015-16, 2016-17 and 2017-18 seasons.

(d) According to data provided by the Hospital Authority (HA), the total number of hospital admissions for influenza (including ICD9 diagnosis codes starting with 487) and pneumonia (including ICD9 diagnosis codes 480 – 486 and 487.0) in 2016, 2017 and the first 2 months of 2018 are as follows –

Year	Number of hospital admission for influenza (including ICD9 diagnosis codes starting with 487)	Number of hospital admission for pneumonia (including ICD9 diagnosis codes 480 – 486 and 487.0)
2016	8 045	87 521
2017	13 168	82 413
2018 (for the first 2 months)	6 837	14 052

Breakdown of the above figures by age groups is set out in the tables below –

Number of hospital admissions for influenza in public hospitals (Data from the HA)

Year	Influenza			
	0-4 years	5-64 years	≥65 years	Total
2016	2 216	2 946	2 883	8 045
2017	2 559	4 059	6 550	13 168
2018 (as at 24 February 2018)*	1 439	2 756	2 642	6 837

*provisional figure

Number of hospital admissions for pneumonia (including pneumonia caused by influenza) in public hospitals (Data from the HA)

Year	Pneumonia			
	0-4 years	5-64 years	≥65 years	Total
2016	5 209	17 591	64 721	87 521
2017	4 281	14 931	63 201	82 413
2018 (as at 24 February 2018)*	510	2 357	11 185	14 052

*provisional figure

According to data provided by private hospitals, there were 4 348 episodes of inpatient discharges and deaths due to influenza (including ICD10 diagnosis codes J09-J11) in 2016. The total number of inpatient discharges and deaths for pneumonia (including ICD10 diagnosis codes J12-J18) was 5 030 in 2016. Breakdown for the above figures by age groups is provided in the table below -

Age group	Influenza (ICD10: J09-J11)	Pneumonia (ICD10: J12-J18)
0-4 years	1 976	1 273
5-64 years	2 180	2 852
≥65 years	192	905
Total	4 348	5 030

The relevant figures for 2017 and 2018 are not yet available.

(e) The Government has been providing free/subsidised PCV13 to eligible high risk elders through GVP or VSS since October 2017. There has been a total of 81 000 recipients so far (as at 4 March 2018).

(f) The following figures are the quantities of seasonal influenza vaccines that the Government procured under the GVP in the past 3 years and the contract amount:

Year	**Number of doses**	**Amount ($ million)**
2015-16	400 000	21.0
2016-17	430 000	23.3
2017-18	527 000#	28.0#

This includes 20 000 doses of Southern Hemisphere SI vaccines which have been procured for the 2017-18 vaccination season at the contract price of $1.16 million.

The product life of SI vaccines can last for 1 year in general and expired vaccines will not be used. Unused and expired vaccines are arranged for disposal in phase in accordance with the statutory requirements. Among the SI vaccines procured by the DH for 2015-16 and 2016-17 seasons, about 7 000 doses and about 10 000 expired respectively. As the Government's vaccination programme/ schemes launched in 2017-18 season have yet to end, the number of unused vaccines for this season is not available at this stage. The cost of the vaccines disposed depends on the relevant contract price for the vaccines for that vaccination season.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2657)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Government's work to prevent abuse of the Elderly Health Care Voucher (EHV) Scheme, please advise this Committee on:

1. the expenditures and manpower allocated for the prevention of abuse of the EHV Scheme in the past 3 years and the year ahead;

2. the numbers of inspections conducted (broken down by routine inspection, investigation into aberrant pattern of transaction and inspection upon complaint); the numbers of EHV claims checked and the percentages of all claim transactions made and enrolled healthcare service providers involved such claims accounted for in the past 3 years;

3. the number of complaints related to the EHV Scheme received each year, broken down by type of complaint; the number of these cases that were substantiated; and the number of these cases that were referred to law enforcement agencies for follow-up; and

4. the Government's collaboration with the Jockey Club School of Public Health and Primary Care, Chinese University of Hong Kong to conduct a comprehensive review of the EHV Scheme. Will the prevention of abuse of the EHVs be reviewed as well and when will the study be complete and published?

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 85)

Reply:

1. The Elderly Health Care Voucher (EHV) Scheme is administered by the Health Care Voucher Unit (HCVU) of the Department of Health (DH). The approved establishment of the HCVU as at end of 2015-16, 2016-17 and 2017-18 is 16, 24 and 48 respectively. DH will continue to monitor and review the manpower requirements of the HCVU after all the new posts have been filled.

Below are the actual/estimated administrative expenses for administering the EHV Scheme:

	2015-16 (Actual) $ million	2016-17 (Actual) $ million	2017-18 (Revised Estimate) $ million	2018-19 (Estimate) $ million
Actual/ Estimated administrative expenses for the EHV Scheme	13.1	14.3	26.2	31.2

The manpower and expenditure on monitoring of the EHV Scheme cannot be separately identified.

2. Details of inspections conducted under the EHV Scheme are as follows:

Cumulative figures as at		Routine checking	Investigation of aberrant patterns of claim transactions	Investigation of complaints*	**Total**	Coverage of total number of voucher claims made under the EHV Scheme	Coverage of total number of enrolled healthcare service providers who have ever made claims
31.12.2015	Number of inspections conducted	9 243	1 997	34	**11 274**	2.4%	89.2%
	Number of claims checked	161 793	34 919	14 155	**210 867**		
31.12.2016	Number of inspections conducted	11 022	2 740	63	**13 825**	2.2%	92.6%
	Number of claims checked	190 936	50 265	15 566	**256 767**		
31.12.2017	Number of inspections conducted	13 309	3 058	123	**16 490**	2.0%	92.9%
	Number of claims checked	235 811	56 019	17 435	**309 265**		

*Including complaints, media reports and other reports about the EHV Scheme.

3. The DH received 24, 42, and 72 complaints against the EHV Scheme in 2015, 2016 and 2017 respectively, involving the coverage of the scheme, operational procedures, administrative and supporting services, suspected fraud, improper voucher claims and issues related to service charges of participating service providers. Among these 138 complaints, 9 cases have been referred to the Police and 7 cases have been referred to the relevant statutory bodies/ government departments for follow-up actions as necessary.

Among the 103 cases with investigation completed, 30 cases were found to be substantiated or partially substantiated.

4. The DH is currently conducting a review of the EHV Scheme in collaboration with the Chinese University of Hong Kong's Jockey Club School of Public Health and Primary Care. The review will collect views of elders and service providers about the EHV Scheme with an aim to further enhancing the EHV Scheme as appropriate. The operational arrangements for the EHV Scheme, including the monitoring aspects will also be covered. The review is expected to be completed by end 2018.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0053)

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 Government will strengthen the secretariat support to the Medical Council of Hong Kong (MCHK) and the Dental Council of Hong Kong (DCHK) in handling complaints and conducting inquiries. In this connection, please provide details on the following:

1. the specific strengthened measures and implementation schedules for MCHK and DCHK respectively;

2. the estimated increase in manpower and expenditure for 2018-19 as compared with last year for MCHK and DCHK respectively;

3. the expected improvements in handling complaints and conducting inquiries for MCHK and DCHK respectively after the implementation of the strengthened measures, i.e. the respective specific improvement indicators developed in this regard.

Asked by: Hon CHEUNG Yu-yan, Tommy (Member Question No. (LegCo use): 26)

Reply:

(1) & (2)

The Department of Health ("DH") provides secretariat support to the Medical Council of Hong Kong ("MCHK") and the Dental Council of Hong Kong ("DCHK"). The staff of the secretariats are civil servants under the establishment of DH.

MCHK received an average of about 540 complaints against registered doctors each year over the period from 2013 to 2017. As at December 2017, there was a backlog of about 800 cases (340, 340 and 103 cases at pre-Preliminary Investigation Committee ("PIC"), PIC and inquiry stages). According to the latest projection, it takes about 6 years on average for MCHK to complete a complaint case from receipt to disciplinary inquiry.

To help MCHK to expedite its complaint handling process, the Government has provided additional funding to strengthen the manpower support for the MCHK Secretariat and

provide honorarium to experts tendering advice at the preliminary investigation stage since October 2016.

The Government introduced the Medical Registration (Amendment) Bill ("MR(A)Bill 2017") into the Legislative Council in June 2017 to, among others, improve the complaint investigation and disciplinary inquiry mechanism of MCHK. Under the MR(A)Bill 2017, more than 1 PIC could be established and inquiry panels could be set up by MCHK so that inquiries could be conducted in parallel. These proposed amendments could substantially improve the efficiency of MCHK in handling complaints.

In 2018-19, the Government has earmarked additional funding of $10 million for MCHK Secretariat for creation of civil service posts (8 permanent posts and 9 time-limited posts for clearing the backlog) and other recurrent costs in order to expedite the complaint handling process of MCHK upon the passage of the MR(A)Bill 2017.

DCHK received an average of about 150 complaints against registered dentists each year over the period from 2013 to 2017 and it takes an average of about 3 years to complete a complaint case from receipt to disciplinary inquiry.

In 2018-19, the Government has earmarked additional funding of $1 million for DCHK Secretariat for creation of civil service posts (3 permanent posts) and other recurrent costs with a view to facilitating DCHK to expedite its complaint handling process.

(3)

Upon the passage of the MR(A)Bill 2017, it is targeted that the majority of the cases that require inquiry could be concluded within 2 years after clearing the backlogs.

It is also expected that DCHK could complete the complaint handling process within 2 years after the addition of manpower to DCHK Secretariat.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0054)

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 primary care, what were the expenditures and changes involved in the past 5 years, and the estimated expenditure and changes for 2018-19? What are the specific policies, initiatives and schedules for enhancing primary care services in 2018-19?

Asked by: Hon CHEUNG Yu-yan, Tommy (Member Question No. (LegCo use): 27)

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. The expenditure on primary care services cannot be separately identified. 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 is in progress while the promulgation of the existing reference frameworks to healthcare professionals through Continuous Medical Education seminars continues. Public seminars were also conducted to deliver child health messages.

(b) Primary Care Directory (PCD)

The website and mobile website of the sub-directories for doctors, dentists and Chinese medicine practitioners have been launched. We will continue to promote the PCD to the public for searching primary care providers as well as to primary care service providers for enrolment.

(c) Community Health Centres (CHCs)

3 purpose-built CHCs were established under the management of the Hospital Authority. The first CHC located in Tin Shui Wai North was commissioned in February 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 September 2013 and March 2015 respectively. PCO would provide professional advice to the Food and Health Bureau in their planning and implementation of the pilot district health centre in Kwai Tsing.

(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 the DH have been implementing projects and initiatives seeking to enhance primary care in Hong Kong such as health promotion and education, prevention of non-communicable diseases, the Vaccination Subsidy Scheme, Government Vaccination Programme, Elderly Health Care Voucher Scheme, Colorectal Cancer Screening Pilot Programme and Outreach Dental Care Programme for the Elderly.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2585)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under Programme (1) of the Department of Health (DH) that one of the major tasks of the DH is to enforce laws on tobacco control. In this regard, will the Government inform this Committee of:

1. the numbers of persons prosecuted for breaching the Smoking (Public Health) Ordinance and amongst them, the numbers of persons under the age of 25 in the past 3 years; and

2. the estimated expenditure and staff establishment of the Tobacco Control Office in 2018-19?

Asked by: Hon CHOW Ho-ding, Holden (Member Question No. (LegCo use): 11)

Reply:

1. The numbers of fixed penalty notices (FPNs)/summonses issued by the Tobacco Control Office (TCO) of Department of Health (DH) for the period from 2015 to 2017 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:

		2015	**2016**	**2017**
FPNs issued (for smoking offences)		7 693	8 650	9 711
	- age under 25	(1 173)	(1 113)	(1 044)
Summonses issued	for smoking offences	163	207	149
	- age under 25	(22)	(18)	(13)
	for other offences (such as wilful obstruction and failure to produce identity document)	80	79	78
	- age under 25	(1)	(2)	(2)

2. The provision for the TCO in 2018-19 is $193.4 million. The staff establishment of the TCO in 2018-19 is at **Annex**.

Annex

Staff Establishment of the Department of Health's Tobacco Control Office

Rank	2018-19
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**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2805)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that "the accumulation limit of Elderly Health Care Vouchers will be raised from $4,000 to $5,000 to allow greater flexibility to users. I will provide, on a one-off basis, an additional $1,000 worth of vouchers to eligible elderly persons, which will involve an expenditure of about $796 million."

1. Please list the numbers of eligible elderly persons, elderly persons who had claimed and actually used the vouchers in each of the past 3 years.

2. Please list the number of eligible elderly persons after raising the accumulation limit of vouchers to $5,000.

3. Some elderly persons have earlier been cajoled into buying dried fish maw or expensive spectacles with elderly health care vouchers. The Department of Health received a total of 138 complaints about the use of the vouchers in the past 3 years. Does the Government have any long-term policy to strengthen education or publicity so as to prevent elderly persons from misusing the vouchers on inappropriate products?

4. Apart from enhancing the provision of primary care service for the elderly, will the Government consider relaxing the restriction on the use of elderly health care vouchers and extending their scope to cover surgical operations and in-patient fees? If yes, what are the details? If not, what are the reasons?

Asked by: Hon HO Kwan-yiu, Junius (Member Question No. (LegCo use): 3)

Reply:

1. Below are the number of elders who were eligible and had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme respectively in the past 3 years:

	2015	2016	2017
Number of eligible elders (i.e. elders aged 65/70[Note] or above)*	760 000	775 000	1 221 000
Cumulative number of elders who had made use of vouchers by the end of the year	600 000	649 000	953 000

Note: The eligibility age for the EHV Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

*Source: Hong Kong Population Projections 2015 – 2064 and Hong Kong Population Projections 2017 – 2066, Census and Statistics Department

2. It is estimated that about 1.2 million elderly persons aged 65 or above in 2018 are eligible for the EHV Scheme and will benefit from the increase in accumulation limit of the voucher from $4,000 to $5,000.

3. The Department of Health (DH) has enhanced public education by including tips for elders on using vouchers (such as asking service providers to advise on the service fees and checking the information on the consent form before giving consent to use vouchers) in talks delivered to them and their caregivers at District Elderly Community Centres, Neighbourhood Elderly Centres, residential care homes for the elderly and the DH's Elderly Health Centres, as well as in promotional articles on the EHV Scheme in publications for elders and other stakeholders since July 2017. In addition, an Announcement in the Public Interest on the proper use of vouchers has been released on 1 March 2018 to remind elders to double-check the service fees with service providers before giving consent to use vouchers. To enhance transparency, the DH is preparing relevant voucher claim statistics for posting on the Scheme's website for public information.

4. The EHV Scheme aims to subsidise eligible elders to use primary care services provided by the private sector. Vouchers are therefore not applicable to inpatient services and day surgery procedures. The DH is currently conducting a review of the EHV Scheme in collaboration with the Chinese University of Hong Kong's Jockey Club School of Public Health and Primary Care. The review will collect views of elders and service providers about the EHV Scheme with an aim to further enhancing the EHV Scheme as appropriate.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0361)

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:

It is mentioned in paragraphs 142 and 144 of the Budget Speech that the Government will earmark $300 billion to upgrade public healthcare facilities, including clinic facilities in the Department of Health (DH). In this connection, will the Government inform this Committee:

(1) of the estimated number of beneficiaries in each of the 3 years as mentioned on page 158 of Volume I of the Estimates that the DH will "launch a three-year programme in collaboration with non-governmental organisations to provide dental care services for adult persons with intellectual disabilities"; and

(2) whether the Government, with a view to improving primary healthcare services and shortening the waiting time for public general out-patient services, will allocate resources to study the reinstatement of general out-patient services operated by the DH so as to increase service quotas on one hand and alleviate the burden of general out-patient service of the Hospital Authority on the other; if so, the details; if not, the reasons for that?

Asked by: Hon IP LAU Suk-yee, Regina (Member Question No. (LegCo use): 34)

Reply:

(1) The Government will launch a three-year programme in collaboration with non-governmental organisations to provide dental care services for adult persons with intellectual disability. It is estimated that about 5 000 quotas would be available for eligible persons under the three-year programme.

(2) To facilitate the integration of the primary and secondary levels of medical care in the public sector, and to introduce the practice and training of family medicine, all general outpatient clinics (GOPC) were transferred to the management of the Hospital Authority (HA) in 2003. The management of GOPC by HA would facilitate flow of information between the clinics and other HA units, hence improving efficiency and service quality. The Government has no plan to conduct the relevant study.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3026)

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 please tabulate:

(1) the numbers of cases of injury followed by admission to hospital, hospitalisation and death of members of the public from cosmetic procedures in the past 5 years;

(2) the numbers of prosecutions and convictions for "illegal medical practice" against beauticians in the past 5 years; and

(3) the numbers of inspections conducted by the Police and the Department of Health for invasive cosmetic procedures performed illegally by beauty parlours on their clients, cases of irregularities detected, prosecutions instituted and convictions obtained in the past 5 years?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 28)

Reply:

(1) The Department of Health (DH) does not have information on the requested statistics.

(2) and (3)

Should there be suspected illegal practice of medicine identified via complaints or other sources, the DH will refer the case to the Police and provide professional support for their investigation. Prosecution action would be taken by the Police as necessary, depending on the facts and evidence collected for each case.

From 2013 to 2017, 42, 33 and 17 cases of suspected illegal practice of Western medicine, Chinese medicine and dentistry related to beauty centre/beauty service respectively were referred to the Police by the DH and/or assisted by the DH during Police investigation. Among them, there were 2, 4 and 4 conviction cases as a result of joint operations between the Police and the DH taken against suspected illegal practice of Western medicine, Chinese Medicine and dentistry respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3029)

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 mentioned under *Matters Requiring Special Attention*, the Department of Health will take forward the legislative requirements to prohibit commercial sale and supply of alcohol to minors during 2018-19. In this regard, please advise on the following:

a. Will the Government set up an "Alcohol Control Office" by making reference to the Tobacco Control Office? If so, what are the expenditure, staff establishment and ranks of staff as well as the number of front-line enforcement staff involved? If not, what is the enforcement approach to be adopted?

b. In addition to the approach mentioned above, will there be any other plans to ensure the smooth implementation of the new legislative requirements? If so, what are the details of the relevant plans as well as the expenditure, manpower and ranks of staff involved?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 31)

Reply:

a. The Dutiable Commodities (Amendment) Ordinance 2018 to prohibit commercial sale or supply of alcohol to persons aged under 18 was enacted on 8 February 2018 and will commence by notice published in the Gazette. Making reference to the Tobacco Control Office, the Department of Health (DH) will set up an enforcement team to enforce the legislation, with a total of 24 posts comprising officers from the Scientific Officer (Medical) grade, Executive Officer grade, Foreman grade and Clerical Officer grade. The financial provision for implementing the legislation and publicity work is $36 million in 2018-19.

b. To facilitate compliance of the trade under the proposed regulatory regime, DH will prepare detailed guidelines and carry out publicity work to raise awareness on the legal requirements among the general public and relevant stakeholders. DH will review

the operation and enforcement models in a timely manner to ensure effective enforcement of the laws.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3030)

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 3 years:

(a) What were the expenditures, staff establishments and numbers of front-line enforcement staff of the Tobacco Control Office?

(b) 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: Hon KWOK Ka-ki (Member Question No. (LegCo use): 32)

Reply:

(a) The expenditures and staff establishment of the Tobacco Control Office (TCO) of the Department of Health in the past 3 years are at **Annexes 1 and 2** respectively.

(b) The numbers of complaints received, inspections conducted, and fixed penalty notices (FPNs) / summonses issued by TCO for the period from 2015 to 2017 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:

		2015	**2016**	**2017**
Complaints received		17 875	22 939	18 354
Inspections conducted		29 324	30 395	33 159
FPNs issued (for smoking offences)		7 693	8 650	9 711
Summonses issued	for smoking offences	163	207	149
	for other offences (such as wilful obstruction and failure to produce identity document)	80	79	78

Annex 1

Expenditures of the Department of Health's Tobacco Control Office

	2015-16 ($ million)	2016-17 ($ million)	2017-18 Revised Estimate ($ million)
Enforcement			
Programme 1: Statutory Functions	51.5	54.5	60.3
Health Education and Smoking Cessation			
Programme 3: Health Promotion	127.2	130.0	128.6
(a) General health education and promotion of smoking cessation			
TCO	*46.7*	*46.8*	*53.7*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*22.4*	*22.9*	*23.6*
Sub-total	***69.1***	***69.7***	***77.3***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations			
Subvention to Tung Wah Group of Hospitals	*39.1*	*41.5*	*34.0*
Subvention to Pok Oi Hospital	*7.3*	*7.6*	*7.2*
Subvention to Po Leung Kuk	*2.2*	*2.0*	*1.5*
Subvention to Lok Sin Tong	*2.3*	*2.4*	*2.7*
Subvention to United Christian Nethersole Community Health Service	*2.6*	*2.6*	*2.9*
Subvention to Life Education Activity Programme	*2.3*	*2.3*	*2.4*
Subvention to The University of Hong Kong	*2.3*	*1.9*	*0.6*
Sub-total	***58.1***	***60.3***	***51.3***
Total	**178.7**	**184.5**	**188.9**

Annex 2

Staff Establishment of the Department of Health's Tobacco Control Office

Rank	2015-16	2016-17	2017-18
Head, TCO			
Principal Medical & Health Officer	1	1	1
Enforcement			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	1	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	***106***	***106***	***106***
Health Education and Smoking Cessation			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	1	1	1
Scientific Officer (Medical)	2	2	2
Nursing Officer/ Registered Nurse	3	3	3
Hospital Administrator II	4	4	4
Sub-total	***11***	***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**

***** *Staff carrying out frontline enforcement duties*

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3036)

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 screening for 7 types of cancer (cervical cancer, colorectal cancer, breast cancer, prostate cancer, lung cancer, liver cancer and nasopharyngeal cancer) as recommended by the Cancer Expert Working Group on Cancer Prevention and Screening, will the Government please advise on the measures implemented for the prevention, education and publicity in respect of these cancers in the past 3 years, and provide the details and timetable of the relevant programmes as well as the manpower and expenditure involved? Have any announcements in the public interest (APIs) been broadcast on television? If so, please provide such details as the expenditure involved, content of the APIs, broadcast schedule, etc.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 38)

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 local and international scientific evidence, with a view to making recommendations to the Government on evidence-based measures for cancer prevention and screening for the local population. The CEWG considers that, apart from cervical cancer (CC) and colorectal cancer (CRC), there is either no evidence for recommending or insufficient evidence to recommend for or against population-based screening of other cancers. In 2004, the Department of Health (DH) launched the Cervical Screening Programme (CSP) to encourage women to receive regular screening to reduce incidence and mortality from CC. In September 2016, subsidised colorectal cancer (CRC) screening was introduced as a pilot programme for asymptomatic Hong Kong residents born from 1946 to 1955. In 2018-19, the DH will prepare for regularisation of the CRC screening programme which will eventually cover persons aged between 50 and 75.

Medical evidence has shown that having a healthier diet, increasing physical activity, stopping smoking and drinking, and maintaining a healthy body weight and waistline are effective in preventing cancers. As such, the DH has been promoting a healthy lifestyle as the primary strategy for cancer prevention. From 2015 to 2017, the DH had strengthened public education on cancer awareness and prevention, as well as publicity in respect of

screening of CRC and CC. Communication channels included websites, printed materials, published articles, audiovisual materials, social media, web-based publicity, telephone education and enquiry lines, press conferences, media interviews, etc. A collection of 6 Announcements in the Public Interest (API) was produced and broadcast from time to time. Community partnerships with non-governmental organisations were fostered to facilitate cancer education and prevention activities.

The CRC Screening Pilot Programme was launched in September 2016 and its revised estimates for 2016-17 and 2017-18 are $51.7 million and $119.3 million respectively. The financial provision of CSP is about $20 million each year for 2015-16 to 2017-18.

Resources and manpower for cancer prevention and education activities are absorbed by the Department's overall provision for disease prevention. The breakdown of the actual expenditure cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3038)

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 antiviral drugs against influenza, will the Government provide the following information for the past 3 years:

a. the quantities of such drugs (and that of Tamiflu) stockpiled each year by type in detail;

b. the quantities of such drugs (and that of Tamiflu) procured each year by type in detail;

c. the quantities of such drugs (and that of Tamiflu) used in the public healthcare system each year; and

d. the quantities of such drugs (and that of Tamiflu) allocated to the private healthcare market each year by type in detail.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 40)

Reply:

a. The quantities of antiviral stockpile in the past 3 years are appended below:

Financial Year	Tamiflu Capsule 75mg	Tamiflu Capsule 30mg	Tamiflu Capsule 45mg	Tamiflu for Oral Suspension 6mg/ml, 390mg/bottle	Relenza 5mg/dose inhalation powder
2015-16	15.8 million doses	0.5 million doses	0.3 million doses	0.3 million doses	1.7 million doses
2016-17	15.5 million doses	0.9 million doses	0.3 million doses	0.2 million doses	1.7 million doses
2017-18 (up to 12 March 2018)	14.7 million doses	0.8 million doses	0.3 million doses	0.1 million doses	1.7 million doses

b. The quantities of antiviral stockpile that the Government has replenished in the past 3 years are appended below:

Financial Year	Tamiflu Capsule 75mg	Tamiflu Capsule 30mg	Tamiflu Capsule 45mg	Tamiflu for Oral Suspension 6mg/ml, 390mg/bottle	Relenza 5mg/dose inhalation powder
2015-16	-	0.5 million doses	0.3 million doses	0.1 million doses	-
2016-17	-	0.5 million doses	-	0.1 million doses	-
2017-18 (up to 12 March 2018)	-	-	-	0.2 million doses	-

c. The quantities of antiviral stockpile that has been supplied to the public sector including the Department of Health and Hospital Authority in the past 3 years are appended below:

Financial Year	Tamiflu Capsule 75mg	Tamiflu Capsule 30mg	Tamiflu Capsule 45mg	Tamiflu for Oral Suspension 6mg/ml, 390mg/bottle	Relenza 5mg/dose inhalation powder
2015-16	149 550 capsules	8 530 capsules	800 capsules	4 206 bottles	96 boxes
2016-17	301 000 capsules	24 310 capsules	600 capsules	7 953 bottles	52 boxes
2017-18 (up to 12 March 2018)	760 730 capsules	115 610 capsules	5 200 capsules	29 694 bottles	132 boxes

d. In response to the shortage of Tamiflu (in various preparations) in the private sector, the Government has followed the established procedures, and deployed certain quantities of antiviral stockpile to the supplier in July 2017 and February 2018 in order to maintain supply continuity in the private sector. Except 5 000 bottles of Tamiflu Suspension which are expected to be returned to the Government by the end of May 2018, the rest has been returned to the Government. No Relenza were on loan to the private sector under these two occasions.

The quantities of antiviral stockpile that the Government has loaned to the private sector in the past 3 years are:

Financial Year	Tamiflu Capsule 75mg	Tamiflu Capsule 30mg	Tamiflu Capsule 45mg	Tamiflu for Oral Suspension 6mg/ml, 390mg/bottle
2015-16	-	-	-	-
2016-17	-	-	-	-
2017-18 (up to 12 March 2018)	100 000 capsules	50 000 capsules	-	12 000 bottles

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3041)

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 seasonal influenza vaccination, will the Government advise on the following:

(a) In the past 3 years, what were the coverage rates for seasonal influenza vaccination among local residents? Please provide information in the table below:

Target Group	Coverage Rate for Vaccination
Aged 6 months to below 6	
Aged 6 to 12	
Aged 13 to 49	
Aged 50 to 64	
Aged 65 or above	
Overall population	

(b) In the past 3 years, what were the coverage rates for seasonal influenza vaccination among local residents who belong to "high risk groups"? Please provide information in the table below:

Target Group	Coverage Rate for Vaccination
Pregnant women	
Persons with chronic illness	
Healthcare workers in public sector	
Healthcare workers in private sector	
Healthcare workers in residential care homes	

(c) In the past 3 years, what were the coverage rates for seasonal influenza vaccination among prisoners in jails? Please provide information by prison.

(d) In the past 3 years, how many people received vaccination through the Government Vaccination Programme (GVP) and the Vaccination Subsidy Scheme (VSS)? Please provide information by target group of the Programme/ Scheme.

(e) In each of the past 3 years, how many doses of influenza vaccines were procured and how much expenditure was involved? How many vaccines were finally used, remained unused and disposed of?

(f) What are the respective unit costs of seasonal influenza vaccination through the GVP and the VSS?

(g) How many private clinics have joined the VSS?

(h) The Secretary for Food and Health said at the beginning of this year that the Government is planning to expand its vaccination service at schools to boost the vaccination rate of children. What are the details and implementation schedule, as well as the manpower and expenditure involved?

(i) Apart from the above initiatives, does the Government have any measures to promote the rate for seasonal influenza vaccination among local residents? If so, what are the measures and the expenditure involved?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 43)

Reply:

(a) - (d)

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elders and other target groups at clinics of the DH and the Hospital Authority; and

- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elders and other target groups through the involvement of private doctors.

The statistics on SIV under these programme/schemes are detailed at Annex. As some target groups members may have received SIV outside the Government's vaccination programme/schemes, they are not included in the above statistics.

(e) - (f)

The quantities of seasonal influenza (SI) vaccines procured by the Government under the GVP for the past 3 years are as follows –

Year	The number of doses of SI vaccines procured	Amount ($ million)
2015-16	400 000	21.0

2016-17	430 000	23.3
2017-18	527 000~	28.0~

~ This includes 20 000 doses of Southern Hemisphere Seasonal Influenza Vaccines which have been procured for the 2017-18 vaccination season at the contract price of $1.16 million.

The product life of SI vaccines can last for 1 year in general and expired vaccines will not be used. The SI vaccines procured by the DH represented the "best estimate" of the total number of SIVs that would be required before the flu season commenced. For 2015-16 and 2016-17 seasons, about 7 000 doses and about 10 000 doses were expired respectively. As the Government's vaccination programme/schemes launched in 2017-18 season have yet to end, the number of unused vaccines for this season is not available at this stage. The cost of the vaccines disposed depends on the relevant contract price for the vaccines for that vaccination season.

For the VSS in 2015-16 vaccination season, the Government paid a subsidy of $160 per dose to private doctors under the scheme. Starting from the 2016-17 vaccination season, the subsidy has been raised to $190 per dose under the VSS.

(g)
As at 4 March 2018, about 1 600 private doctors (involving 2 400 clinics) have enrolled under the VSS.

(h) – (i)
To encourage more schools to arrange outreaching vaccination activities under the VSS, the Government has established contact with many school organisations to encourage and facilitate their schools in organising outreaching vaccination for their students. We have also been providing outreaching guidelines, assistance and support to school management and healthcare professionals through briefing sessions and online publications. Meanwhile, extensive promotion on SIV has been made through multiple channels, including press conferences, press releases, TV/radio, expert interviews/videos, online information, posters and leaflets.

There is room for improvement to encourage more children taking SIV through enhancing the awareness of the public on the need for vaccination and improving the availability of vaccination service to young school students. The Government will continue to explore measures to further increase the SIV coverage for children.

- End -

Annex

(1) The numbers of recipients of **SIV** under the GVP and VSS for the past 5 years.

Target groups	**Vaccination programme/ scheme**	**2013-14**			**2014-15**			**2015-16**		
		No. of recipients	**Subsidy claimed ($ million)**	**Percentage of population in the age group**	**No. of recipients**	**Subsidy claimed ($ million)**	**Percentage of population in the age group**	**No. of recipients**	**Subsidy claimed ($ 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	12.9% Note 2	2 400	Not applicable	18% Note 2	2 400	Not applicable	15.1% Note 2
	CIVSS*	62 000	10.7		55 200	11.5		45 200	9.3	
Elderly aged 65 or above	GVP	176 100	Not applicable	32.7%	193 200	Not applicable	35%	320 900#	Not applicable	40.8%
	EVSS*	160 100	20.8		179 500	28.7		136 900	21.9	
Others Note 1	GVP/VSS	61 900	Not applicable		62 500	Not applicable		71 000	Not applicable	
Total:		**462 800**	**31.5**		**492 800**	**40.2**		**576 400**	**31.2**	

Annex (Cont'd)

Target groups	Vaccination programme/ scheme	2016-17			2017-18 (as at 4 March 2018)		
		No. of recipients	Subsidy claimed ($ million)	Percentage of population in the age group	No. of recipients	Subsidy claimed ($ million)	Percentage of population in the age group
Children between the age of 6 months and less than 12 years	GVP	1 600	Not applicable	17.4% Note 2	1 700	Not applicable	22.4% Note 2
	VSS	110 600	25.9		145 800	32.9	
Elderly aged 65 or above	GVP	331 000	Not applicable	40.8%	375 900	Not applicable	42.5%
	VSS	147 000	27.9		143 100	27.2	
Others Note 1	GVP/VSS	86 600	1.0		94 800	1.1	
TOTAL		**676 800**	**54.8**		**761 300**	**61.2**	

Note 1: Others include healthcare workers; poultry workers; pig farmers or pig-slaughtering industry personnel; people aged 50 to below 65 receiving CSSA or holding valid Certificate for Waiver of Medical Charges, persons with intellectual disabilities (as from October/November 2015), Disability Allowance recipients (as from October/November 2016), and pregnant women (as from October 2016 for VSS) 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 onwards are calculated based on the population projections provided by the Census and Statistics Department.

\# 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 claimed amounts to $2.2 million.

* As from 2016-17, the Childhood Influenza Vaccination Subsidy Scheme (CIVSS), Elderly Vaccination Subsidy Scheme (EVSS) and Persons with Intellectual Disabilities Vaccination Subsidy Scheme (PIDVSS) were merged into a single VSS

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3137)

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 Department please advise on:

(1) the number of beauty parlours in Hong Kong;

(2) the nature of traders in respect of which medical devices were registered with the Department at present as well as the classes and number of such devices under the Medical Device Administrative Control System; and

(3) the numbers of inspections conducted by the Police and the Department of Health for invasive cosmetic procedures performed illegally by beauty parlours on their clients, cases of irregularities detected, prosecutions instituted and convictions obtained in the past 5 years?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 27)

Reply:

(1) The Department of Health (DH) does not maintain information on the number of beauty parlours in Hong Kong.

(2) The current scope of the Medical Device Administrative Control System (MDACS) covers the listing of Class II - IV general medical devices, Class D in vitro diagnostic medical devices (IVDMD), local responsible persons, local manufacturers, importers and distributors of medical devices as well as the recognition of conformity assessment bodies.

Medical devices are classified according to the recommended classification scheme of the International Medical Device Regulators Forum (IMDRF) (previously known as Global Harmonization Task Force (GHTF)). Under the classification scheme, medical devices are grouped according to risk level, with Class IV general medical devices and Class D IVDMDs bearing the highest risk, whereas Class I general

medical devices and Class A IVDMDs bearing the lowest risk. As at 31 December 2017, around 3 700 medical devices were listed under MDACS.

(3) Should there be suspected illegal practice of medicine identified via complaints or other sources, the DH will refer the case to the Police and provide professional support for their investigation. Prosecution action would be taken by the Police as necessary, depending on the facts and evidence collected for each case.

From 2013 to 2017, 42, 33 and 17 cases of suspected illegal practice of Western medicine, Chinese medicine and dentistry related to beauty centre/beauty service respectively were referred to the Police by the DH and/or assisted by the DH during Police investigation. Among them, there were 2, 4 and 4 conviction cases as a result of joint operations between the Police and the DH taken against suspected illegal practice of Western medicine, Chinese Medicine and dentistry respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3210)

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 voluntary accredited registers scheme for healthcare professions, will the Government advise on:

a. the items of expenditure and amounts of expenditure incurred for the past 3 years;

b. the estimated expenditure for 2018-19;

c. the current progress of work on the scheme; and

d. whether the Government will consider extending the scope of registration to cover other healthcare professions, such as counselling, art therapy and hypnotherapy? If not, why?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 55)

Reply:

The Government has introduced the Pilot Accredited Registers Scheme for Healthcare Professions ("the AR Scheme") in end 2016 with an aim to improving the society-based regulatory framework in the short term by ensuring the professional standards of healthcare professionals and providing more information for the public to make informed decisions.

The AR Scheme operates under the principle of "one profession, one professional body, one register". For each profession, the Accreditation Agent will accredit 1 professional body that should have a broad representation of the corresponding profession and have met the prescribed standards. The accredited professional body shall be responsible for administering the register of its profession. Accredited professional bodies will be permitted by the Department of Health to use an Accreditation Mark on their websites and Certificates of Registration issued to their members for easy identification by the public. Members of the accredited professional bodies can also use a specified title on their name cards. Members of the public can look up the registers of healthcare professionals through the accredited bodies.

(a) & (b) The actual expenditure of the Pilot AR Scheme in 2016-17 was $0.7 million. The revised estimate for 2017-18 is $6.2 million. In 2018-19, $7.4 million is provided for taking forward the AR Scheme including staff and operational costs.

(c) The Government is forging ahead with the Scheme and aims to complete the accreditation process by 2018 for speech therapists, clinical psychologists, educational psychologists, audiologists and dietitians to pave the way for setting up a statutory registration regime for these professions. The accreditation process of the speech therapist profession is at its final stage. The accreditation results for the speech therapist profession will be announced in the second quarter of 2018. The accreditation assessment procedures for the other 4 professions will be conducted in phases in 2018, depending on the readiness of each profession.

(d) The Accreditation Agent will review the effectiveness of the Pilot AR Scheme and report to the Government with recommended measures for improvement. The Government will decide on the way forward of the AR Scheme upon the evaluation of the Pilot AR Scheme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0877)

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:

Will the Government, in view of the recent influenza outbreak in Hong Kong, inform this Committee of:

(1) the arrangements and response plans the Department of Health (DH) has made and devised to respond to the influenza outbreak; and

(2) the quantities of influenza vaccines procured and the number of people receiving influenza vaccinations for the past 3 years in tabular form.

Asked by: Hon LAM Kin-fung, Jeffrey (Member Question No. (LegCo use): 20)

Reply:

(1) To tackle seasonal influenza, the DH has implemented a series of measures as detailed in the ensuing paragraphs.

Influenza vaccination

The Centre for Health Protection (CHP) of DH has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elders and other target groups at clinics of the DH and the Hospital Authority(HA); and

- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elders and other target groups through the involvement of private doctors.

The Scientific Committee on Vaccine Preventable Diseases (SCVPD) is set up by CHP of DH to review and develop strategies for public health management of vaccine-preventable infections in the light of changing epidemiology and advances in medical science. SCVPD will review documented evidence and recommend the priority groups of persons and the type of seasonal influenza vaccines. Implementation arrangements of the above SIV programmes, e.g. briefings, publicity and other logistics etc. will start afterwards.

Surveillance and monitoring

CHP has been closely monitoring influenza activity in the community through a series of surveillance systems involving childcare centres, residential care homes for the elderly, Hospital Authority (HA)'s clinics and Accident and Emergency Departments, clinics of private practitioners and clinics of Chinese medicine practitioners. CHP also collaborates with HA to monitor admission rates with discharge diagnosis of influenza in public hospitals. It monitors the positive influenza detections among respiratory specimens received by its Public Health Laboratory Services Branch.

Regarding monitoring of the severity of admitted influenza cases, CHP has set up a case-based reporting system for surveillance of paediatric influenza-associated severe complications or deaths among children (aged below 18). CHP investigates each reported case with a press release issued for risk communication. For adults, CHP has also collaborated with HA and private hospitals to monitor cases of intensive care unit admission or death with laboratory confirmation of influenza throughout the year since 2018.

CHP maintains close liaison with the World Health Organization (WHO), the National Health Commission (former National Health and Family Planning Commission), and the health authorities of Guangdong, Macau and neighbouring and overseas countries to monitor global influenza activities and the evolution of influenza viruses around the world.

Prevention and control of institutional outbreaks

CHP provides and promulgates guidelines on infection control and prevention of communicable diseases for schools/ kindergartens/ kindergartens-cum-child care centres/ child care centres, residential care homes for the elderly and persons with disabilities, with the assistance of the Education Bureau and the Social Welfare Department.

Regarding institutional and school influenza-like illness (ILI) outbreaks, CHP conducts prompt epidemiological investigations, implements necessary public health control measures and provides appropriate health advice to the institutions concerned. Following field investigations, CHP continues to closely monitor the institutions to ascertain that the outbreak is under control.

CHP all along provides Tamiflu post-exposure chemoprophylaxis to asymptomatic residents of residential care homes when there is a confirmed influenza outbreak, which is part of the outbreak control measures.

During influenza seasons, CHP requests schools to actively check the body temperature of all students every day when they arrive at school in order to identify those with fever. To prevent outbreaks, those with fever, with or without respiratory symptoms, should not be allowed to attend school. Schools should advise them to seek medical advice. In addition, staff should check their temperature before work every day and those with fever or respiratory illnesses should also refrain from work.

Risk communication

CHP disseminates information in a transparent and timely manner to ensure that the up-to-date information is made available to the public. Influenza surveillance data are summarised in the weekly on-line publication "Flu Express" and uploaded to CHP's website every week.

When there is upsurge in local influenza activity, CHP issues letters to doctors, hospitals, kindergartens, child care centres, primary and secondary schools, as well as residential care homes for the elderly and the disabled, to inform them of the latest influenza situation and remind them to take preventive measures.

CHP also keeps relevant stakeholders (such as Government bureaux and departments, healthcare sector, education sector, District Councils, etc.) abreast of the latest influenza activity and preventive measures, and solicits their collaboration and support to strengthen dissemination of related health messages.

Health education and promotion

CHP has stepped up publicity and health education activities to disseminate advice on personal and environmental hygiene, and to remind the community to stay vigilant against influenza. CHP has produced a variety of health education materials on the prevention of influenza including a thematic web page, television and radio announcements in public interests, guidelines, pamphlets, posters, booklets, Frequently Asked Questions and exhibition boards. Various publicity and health education channels, e.g. websites, Facebook Fanpage, YouTube channel, GovHK Notifications App, television and radio stations, health education hotline, newspapers and media interviews, have been deployed for promulgation of health advice.

CHP has also widely distributed relevant health education materials to public and private housing estates, healthcare institutions, schools and non-governmental organisations (NGOs). Targeting at ethnic minorities, relevant health education materials in Bahasa Indonesia, Hindi, Nepali, Thai, Urdu and Tagalog have been published and distributed to NGOs providing services to them.

(2) The following figures are the quantities of seasonal influenza vaccines that the Government procured under the GVP for the past 3 years and the contract prices:

Year	**Number of doses**
2015-16	400 000
2016-17	430 000
2017-18	527 000

The numbers of recipients for the past 3 years under SIV programme/schemes are as follows–

Target groups	**Number of SIV recipients**		
	2015-16	**2016-17**	**2017-18 (as at 4 March 2018)**
Children between the age of 6 months and less than 6 years	47 600	112 200	147 500
Children between the age of 6 years to less than 12 years	N/A		
Elderly aged 65 or above	457 800	478 000	519 000
Others[&]	71 000	86 600	94 800
Total:	**576 400**	**676 800**	**761 300**

& Others include healthcare workers; poultry workers; pig farmers or pig-slaughtering industry personnel; people aged 50 to below 65 receiving CSSA or holding valid Certificate for Waiver of Medical Charges, persons with intellectual disabilities, PDAs (as from October/November 2016), and pregnant women (as from October 2016 for VSS) etc.

As many target group members may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the above statistics.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0268)

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:

Since 2016-17, the Centre for Health Protection has been providing outreach vaccination services to children aged between 6 months and below 12 years under the Vaccination Subsidy Scheme. In this connection, please advise this Committee on:

1. the numbers of doctors, students and primary schools participating in outreach vaccination activities and the coverage rates for 2016-17 and 2017-18 respectively;

2. the staff establishment and expenditure involved in providing outreach vaccination services; and

3. what measures the Government will implement, in view of the lukewarm response from schools to outreach vaccination activities (only 57 primary schools have participated as at January 2018), to promote vaccination as a means to prevent seasonal influenza among parents and schools.

Asked by: Hon LAU Ip-keung, Kenneth (Member Question No. (LegCo use): 16)

Reply:

The Vaccination Subsidy Scheme (VSS) is a public-private-partnership programme to provide subsidised vaccination to children, elders and other target groups through participation of private doctors. A subsidy at $190 per dose will be payable to enrolled doctors under VSS who provide seasonal influenza (SI) vaccination either at their clinics or through outreaching vaccination service to eligible recipients. Since the 2016-17 vaccination season, the VSS has covered all children aged between 6 months and under 12 years old.

(1) Since the 2016-17 vaccination season, there are around 70-80 VSS doctors who have indicated interest in providing outreaching vaccination service. The figures concerning SI vaccination of children aged between 6 years and under 12 years old under VSS are as follows –

	2016-17	2017-18 (as at 4 March 2018)
No. of primary schools organising outreach SI vaccination activities at schools under VSS	54	65
No. of students who received outreach SI vaccination at primary schools under VSS	16 000	24 000
Total no. of children aged between 6 years and under 12 years old (and percentage of population[#] in the age group) who received SI vaccination under VSS*	51 700 (15.6%)	68 900 (19.9%)
Subsidy claimed for children aged between 6 years and under 12 years old who received SI vaccination under VSS* ($ million)	10.7	14.0

\# Calculated based on the population projections provided by the Census and Statistics Department.

* In addition, some 300 and 500 children were provided with free SI vaccination under the Government Vaccination Programme respectively in 2016-17 and 2017-18 (as at 4 March 2018). Also, some other children may have received SI vaccination outside the Government's vaccination programme/schemes so they are not included in the above statistics.

(2) At present, other than VSS, the Department of Health (DH) also administers other vaccination programmes, e.g. Government Vaccination Programme (GVP). The staff establishment/cost of DH in supporting outreaching SI vaccination at primary schools through VSS cannot be separately identified as it forms part of the overall staff establishment/cost for vaccination programmes.

(3) To encourage more schools to arrange outreaching vaccination activities under VSS, the Government has established contact with many school organisations to encourage and facilitate their schools in organising outreaching vaccination for their students. We have also been providing outreaching guidelines, assistance and support to school management and healthcare professionals through briefing sessions and online publications. Meanwhile, extensive promotion on SI vaccination has been made through multiple channels including press conferences, press releases, TV/radio, expert interviews/videos, online information, posters and leaflets.

There is room for improvement to encourage more children taking SI vaccination through enhancing the awareness of the public on the need for vaccination and improving the availability of vaccination service to young school students. The Government will continue to explore measures to further increase the SI vaccination coverage for children.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0295)

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 Elderly Health Care Voucher Scheme helps reduce the daily medical expenses borne by senior citizens. However, some media reports have repeatedly reported that in an attempt to claim elderly health care vouchers (EHVs) fraudulently, clinics would deliberately prescribe expensive medicines inappropriately, optical shops would sell reading glasses at ridiculously high prices, and drug stores would persuade seniors to buy dried seafood with EHVs, to name but a few. In this connection, will the Government advise this Committee on:

1. the numbers of complaints received by the Government against suspected fraudulent claims of EHVs, cases with investigation completed, as well as cases substantiated and passed to the Police or other departments and authorities for follow up in the past 3 years;

2. the staff establishment involved in promoting and implementing the Scheme; whether the Government, in view of the rising complaints related to EHVs, will strengthen manpower support for the Scheme; and

3. what measures the Government will take to combat fraudulent claims of EHVs?

Asked by: Hon LAU Ip-keung, Kenneth (Member Question No. (LegCo use): 15)

Reply:

1. The Department of Health (DH) received 24, 42 and 72 complaints against the Elderly Health Care Voucher (EHV) Scheme in 2015, 2016 and 2017 respectively, involving the coverage of the scheme, operational procedures, administrative and supporting services, suspected fraud, improper voucher claims and issues related to service charges of participating service providers. Among these 138 complaints, 9 cases have

been referred to the Police and 7 cases have been referred to the relevant statutory bodies/ government departments for follow-up actions as necessary.

Among the 103 cases with investigation completed, 30 cases were found to be substantiated or partially substantiated.

2. The approved establishment of the Health Care Voucher Unit (HCVU) of DH for the administration and monitoring of the EHV Scheme has been increased from 24 posts to 48 posts in 2017-18. DH will continue to monitor and review the manpower requirements of the HCVU after all the new posts have been filled.

3. To protect the interest of elders, it is stipulated under the terms and conditions of the EHV Scheme Agreement that participating service providers should ensure that the voucher amount used by an elder does not exceed the fee for the healthcare service received. They should not charge the elders any fees for creating a voucher account or using voucher. In general, if any participating service provider fails to comply with the terms and conditions of the EHV Scheme Agreement, the voucher claims will not be reimbursed by the Government. In case reimbursement has been made, the Government will recover the amount from the service provider concerned. Furthermore, a service provider suspected of defraud or professional misconduct will be referred by the DH to the Police and/or relevant statutory bodies for follow-up, and may be disqualified from participating in the EHV Scheme.

Besides, registered healthcare professionals have to comply with their codes of professional conduct and ethics and fulfil their professional obligations. The DH also reminded participating service providers regularly of the proper practices in making voucher claims, including the need to increase price transparency of their services.

DH has enhanced public education by including tips for elders on using vouchers (such as asking service providers to advise on the service fees and checking the information on the consent form before giving consent to use vouchers) in talks delivered to them and their caregivers at District Elderly Community Centres, Neighbourhood Elderly Centres, residential care homes for the elderly and the DH's Elderly Health Centres, as well as in promotional articles on the EHV Scheme in publications for elders and other stakeholders since July 2017. In addition, an Announcement in the Public Interest on the proper use of vouchers was released on 1 March 2018 to remind elders to double-check the service fees with service providers before giving consent to use vouchers. To enhance transparency, the DH is preparing relevant voucher claim statistics for posting on the Scheme's website for public information.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0299)

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:

Special outpatient clinics under the Department of Health (DH) provide curative services to patients with tuberculosis (TB) and chest diseases, skin diseases or human immunodeficiency virus (HIV) infection. In the past, the target of "appointment time for new dermatology cases within 12 weeks (over 90% of cases)" was set in respect of the performance of the dermatological clinics. However, it will be replaced by the new target of "appointment time for new cases with serious dermatoses within eight weeks (over 90% of cases)" in 2018. In this regard, will the Government inform this Committee:

1. whether all the dermatological clinics were unable to meet the target set by the DH in the past 5 years and provide the percentages of appointments given for the past 5 years;

2. of the provisions for the dermatological clinics for the past 5 years and for 2018-19;

3. of the existing staff establishment of the dermatological clinics;

4. of the definition of "serious dermatoses"; and

5. of the number of new dermatology cases in the past year and the number of "serious dermatoses" amongst them?

Asked by: Hon LAU Ip-keung, Kenneth (Member Question No. (LegCo use): 33)

Reply:

1,2&3.
The statistics on dermatological clinics in Social Hygiene Service (SHS) in the past 5 years are as follows:-

Percentage of new dermatology cases with appointment given within 12 weeks

Year	Percentage
2013	53%
2014	48%
2015	43%
2016	31%
2017	33%

Financial Provisions for SHS from 2013-14 to 2018-19

Financial Year	Financial Provision ($ million)
2013-14	123.4
2014-15	127.5
2015-16	136.7
2016-17	141.7
2017-18	165.3
2018-19	196.8

Establishment of Clinics Providing Dermatology Service in SHS (as at 1 March 2018)

	Yau Ma Tei Dermatological Clinic	Sai Ying Pun Dermatological Clinic	Cheung Sha Wan Dermatological Clinic	Yung Fung Shee Dermatological Clinic	Fanling Integrated Treatment Centre	Chai Wan Social Hygiene Clinic	Wan Chai Male & Female Social Hygiene Clinic	Tuen Mun Social Hygiene Clinic
Senior Medical Officer	1	-	1	-	1	-	1	1
Medical Officer	2	2	3	2	3	2	2	1
Nursing Officer	1	1	1	1	2	2	2	2
Registered Nurse	9	6	9	6	9	7	10	9
Enrolled Nurse	-	-	-	-	2	1	2	2
Senior Dispenser	1	-	-	-	-	-	-	-
Dispenser	2	-	-	-	-	-	-	-
Assistant Clerical Officer	1	1	1	1	1	1	1	1

	Yau Ma Tei Dermatological Clinic	Sai Ying Pun Dermatological Clinic	Cheung Sha Wan Dermatological Clinic	Yung Fung Shee Dermatological Clinic	Fanling Integrated Treatment Centre	Chai Wan Social Hygiene Clinic	Wan Chai Male & Female Social Hygiene Clinic	Tuen Mun Social Hygiene Clinic
Clerical Assistant	3	2	2	1	2	1	2	2
Office Assistant	-	-	1	-	1	-	1	-
Workman II	1	2	2	1	2	1	2	1
Total	**21**	**14**	**20**	**12**	**23**	**15**	**23**	**19**

4. There is no specific and universally accepted definition for "serious dermatoses". For operational purpose, SHS has implemented a triage system of which all new case referrals will be assessed by the specialist doctor in charge of individual clinics. As serious dermatological conditions are so diversified, in order to facilitate system monitoring, 6 groupings of commonly encountered dermatoses are identified and thus performance indicator monitoring. The 6 indicator conditions include -

   (a) cutaneous malignancies;
   (b) immunobullous diseases;
   (c) early stage herpes zoster;
   (d) severe cutaneous adverse reactions to drug;
   (e) moderate to severe psoriasis; and
   (f) hospitalised patients but with dermatoses and need continuation of care in specialist outpatient clinic on discharge.

5. The number of new dermatology cases in 2017 is 25 129. As SHS started to collect statistics on the number of all new cases with the 6 groupings of "serious dermatoses" starting from 2018, no such data could be provided for the past year.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0230)

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 following:

a. the operating expenditure, manpower, the number of registration applications and the average time required for approval for each application in 2017;

b. the numbers of complaints processed and disciplinary inquiries conducted by statutory boards/councils last year, and the expenditure and manpower involved;

c. whether the Department has earmarked sufficient resources and manpower to meet the demand of this year in view of the rising numbers of registration applications from healthcare professionals; if so, the manpower and resources involved as well as the details; if not, the reasons for that.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 41)

Reply:

In 2017, the relevant statutory boards/councils of healthcare professionals subject to statutory registration ("boards and councils") processed 5 894 registration applications. The types and numbers of applications, and the average time taken for approval are as follows -

Healthcare Profession	**No. of registration applications processed in 2017**	**Average time taken for approval[#]**
Chiropractors	28	2 - 3 months
Dental Hygienists (Enrolled)	19	1 - 2 months
Dentists	108	
- *Full registration*	(90*)	2 - 3 weeks
- *Specialist registration*	(18)	2 - 3 months

Healthcare Profession	No. of registration applications processed in 2017	Average time taken for approval[#]
Doctors	1 419	
- *Full registration*	(378)	1 day
- *Provisional registration*	(471)	2 - 3 weeks
- *Limited registration*	(197)	2 weeks
- *Temporary registration*	(108)	2 weeks
- *Specialist registration*	(265)	2 - 3 months
Midwives	86	1 week
Nurses (Registered and Enrolled)	2 528	2 - 3 weeks (for applicants holding local qualifications) 1 week (for applicants holding overseas qualifications and passing the licensing examination)
Pharmacists	115	1 week
Chinese Medicine Practitioners	246	4 weeks
Supplementary Medical Profession Practitioners - Medical Laboratory Technologists - Occupational Therapists - Optometrists - Physiotherapists - Radiographers	1 345	1 week (for applicants holding qualifications prescribed under the law) 2 - 3 months (for applicants holding other qualifications)
Total:	5 894	

Notes:

 # The registration applications are processed according to the legislations governing the respective healthcare professions, and are approved by the relevant statutory boards/councils or registrars. The approval time taken for different healthcare professions varies due to different procedures involved.

** including 25 cases of deemed-to-be registered dentists.*

In 2017, the relevant boards and councils received 891 complaints and conducted 58 inquiries against healthcare professionals. The breakdown figures are as follows-

Healthcare Profession	No. of complaints received in 2017	No. of inquiries conducted in 2017
Chiropractors	8	0
Dental Hygienists (Enrolled)	1	0
Dentists	147	6
Doctors	496	26

Healthcare Profession	**No. of complaints received in 2017**	**No. of inquiries conducted in 2017**
Midwives	0	0
Nurses (Registered and Enrolled)	49	7
Pharmacists	2	0
Chinese Medicine Practitioners	161	15
Supplementary Medical Profession Practitioners	27	4
- Medical Laboratory Technologists	(6)	(0)
- Occupational Therapists	(2)	(0)
- Optometrists	(9)	(3)
- Physiotherapists	(6)	(1)
- Radiographers	(4)	(0)
Total:	891	58

In 2017, the Department of Health ("DH") assigned 20 staff to provide secretariat support to the boards and councils in processing registration and other related applications from 13 healthcare professions. DH will review from time to time the manpower requirement for handling the increasing registration-related applications, and deploy manpower flexibly to ensure efficient delivery of service.

DH also assigned 35 staff to handle complaints and inquiries related to the 13 healthcare professions. The operating expenditures involved in processing registration applications and complaints/inquiries in 2017-18 are around $12.3 million and $14.6 million respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0231)

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", 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 all 18 districts so that elders other than those in residential care homes/day care centres and similar facilities can enjoy the dental services as well. If so, what are the details?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 42)

Reply:

a. The financial provision for implementing the Outreach Dental Care Programme for the Elderly (ODCP) was $25.1 million in 2014-15, $44.5 million in 2015-16, $44.8 million in 2016-17, $44.9 million each in 2017-18 and 2018-19, and 6 civil service posts have been provided for implementing the ODCP. Since the implementation of the ODCP in October 2014 up to end-January 2018, the number of attendances was about 159 500.

b. These 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. Currently, the Government also provides free/subsidised dental services to the needy elderly through the Dental Grant under the Comprehensive Social Security Assistance Scheme and the Community Care Fund Elderly Dental Assistance Programme. Elders can also make use of the Elderly Health Care Voucher to obtain dental services provided by the private sector.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0232)

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 primary school children participating in the School Dental Care Service has been increasing significantly. In this regard, please advise on the following:

a. the expenditures required for providing the Service in the past 3 years, broken down by year;

b. the numbers of personnel involved in providing the Service in the past 3 years, broken down by grade;

c. whether the Department has earmarked sufficient resources, including manpower, to meet the demand of this year; if so, the manpower and resources involved as well as the details; if not, the reasons for that; and

d. whether the Department would consider extending the Service to cover secondary school students; if so, the manpower and resources involved as well as the details; if not, the reasons for that.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 43)

Reply:

a. 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 participating students in SDCS over the past 3 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 2015-16, 2016-17 and the revised estimate for 2017-18 are as follows:-

Financial Year	Annual Expenditure ($ million)
2015-16 (Actual)	240.1
2016-17 (Actual)	259.7
2017-18 (Revised estimate)	262.1

b. In the service years of 2015-16, 2016-17 and 2017-18, the breakdown of the number of personnel involved (dentists, dental therapists and dental surgery assistants) in providing the service by grade in establishment are as follows:-

Number of personnel involved	Service Year [Note1]		
	2015-16 (As at 1 February 2016)	2016-17 (As at 1 February 2017)	2017-18 (As at 1 February 2018)
Dentists	31	31	31
Dental Therapists	271	271	271
Dental Surgery Assistants	42	42	42

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

c. Despite the increase in the number of participating students, DH will absorb the additional workload by flexible redeployment of resources. In 2018, DH will also recruit dental therapists for filling up the vacancies due to natural wastage.

d. The Government's policy on dental services is to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits.

DH has been allocating resources primarily to promotion and preventive efforts. The SDCS encourages primary six students to continue to receive regular dental check-up from private dentists for oral health maintenance after ending of the SDCS. The Oral Health Education Unit (OHEU) under DH has launched various educational and promotional programmes specifically for different age groups having regard to their dental care needs. To help secondary school students pay constant attention to oral health, OHEU launched a school-based oral health promotion programme named "Teens Teeth" since 2005 which adopts a peer-led approach in promoting oral health to secondary students. In addition, an annual "Love Teeth Campaign" has been implemented since 2003 to promote oral health to the Hong Kong population including secondary school students.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0233)

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 attendances for health assessment and medical consultation at the Elderly Health Centres (EHCs) has been increasing. Please advise on:

a. the average waiting time and the number of elders waiting for enrolment in respect of the 18 EHCs for the past 3 years;

b. the expenditures required for providing the related services for the past 3 years, broken down by year; and

c. the numbers of staff involved for providing the related services for the past 3 years, broken down by grade.

d. The Department of Health mentioned last year that a new clinical team would be established in 2017-18 and another one in 2018-19 to enhance the service capacity of EHCs. Please advise on the work progress and details of this project.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 44)

Reply:

a. The median waiting time and the number of elders waiting for enrolment in respect of the 18 Elderly Health Centres (EHCs) in the past 3 years are as follows:

	Median waiting time (months)			Number of elders on the waiting list (as at end of year)		
EHC	**2015**	**2016**	**2017***	**2015**	**2016**	**2017***
Sai Ying Pun	30.0	6.0	7.5	765	837	1 262
Shau Kei Wan	23.5	2.4	6.9	988	674	1 317
Wan Chai	34.3	1.4	5.4	1 200	1 279	2 143
Aberdeen	14.5	4.3	7.0	456	411	847
Nam Shan	15.8	2.2	5.8	785	153	829
Lam Tin	12.0	4.0	7.5	363	370	866
Yau Ma Tei	34.2	7.6	6.9	751	789	1 144

San Po Kong	18.6	1.5	6.3	186	299	754
Kowloon City	34.4	8.5	5.7	430	374	887
Lek Yuen	4.5	8.7	7.7	386	1 096	2 727
Shek Wu Hui	16.4	7.9	6.7	370	375	807
Tseung Kwan O	29.0	2.8	6.8	1 379	602	1 224
Tai Po	16.3	3.8	6.9	644	507	1 245
Tung Chung	15.0	6.3	3.9	801	355	629
Tsuen Wan	17.8	12.0	5.9	994	704	1 350
Tuen Mun Wu Hong	15.8	11.3	10.2	1 182	1 386	1 688
Kwai Shing	7.0	1.5	4.8	63	206	569
Yuen Long	13.4	6.0	6.7	696	809	1 527
Overall	**16.3**	**5.2**	**6.8**	**12 439**	**11 226**	**21 815**

*Provisional figures

b. The expenditures for the EHCs in 2015-16, 2016-17 and 2017-18 are $140.0 million (actual), $150.7 million (actual) and $151.2 million (revised estimate) respectively.

c. The total numbers of posts deployed for the 18 EHCs in the past 3 years are as follows:

Grade	**As at 31 March 2016**	**As at 31 March 2017**	**As at 31 March 2018***
Medical and Health Officer (MO)	26	27	28
Registered Nurse	60	60	63
Dispenser	5	5	5
Clinical Psychologist	4	4	4.5[#]
Dietitian	4	4	4.5[#]
Occupational Therapist	4	4	4.5[#]
Physiotherapist	4	4	4.5[#]
Clerical Officer	20	20	21
Clerical Assistant	20	20	20
Workman II	19	19	20
Total	166	167	175

* Approved establishment

[#] A total of 9 Clinical Psychologists, 9 Dietitians, 9 Occupational Therapists and 9 Physiotherapists provide support to both EHCs and Visiting Health Teams.

d. The new clinical team approved for establishment in 2017-18 is expected to commence operation in July 2018 upon completion of recruitment formalities. Another new clinical team will be established within 2018-19. Each clinical team will comprise a doctor and 3 nurses; and is supported by a clerical staff and a workman grade staff. The 2 new clinical teams together are expected to contribute an additional 4 250 enrolments and around 19 300 attendances for health assessment and medical consultations each year. The Department of Health will flexibly deploy the additional clinical teams and continue to closely monitor the waiting time for health assessments.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0234)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of a strategy and action plan for prevention and control of non-communicable diseases under this Programme, please advise on the details of the plan as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 45)

Reply:

The Food and Health Bureau and Department of Health (DH) will launch the new strategy and action plan for prevention and control of non-communicable diseases (NCD) in the first half of 2018. The scope, principles and approach of the strategy will align with the World Health Organization Global NCD Action Plan and Global Monitoring Framework. It will focus on reducing four modifiable behavioural risk factors, namely unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol. DH will engage stakeholders across sectors to create supportive environments to make healthy choices easier for everyone. DH will strengthen NCD and risk factor surveillance, step up health communication and education to raise public health literacy and empower individuals to practise a healthy lifestyle. The ultimate goal is to improve population health and reduce the social and economic impact of NCD. From 2018-19 onwards, a recurrent provision of $50 million will be allocated for implementation of the strategy and action plan.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0235)

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 Pilot Accredited Registers Scheme for Healthcare Professions mentioned under *Matters Requiring Special Attention*, please advise on the relevant progress of work, details of the scheme as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 46)

Reply:

The Government has introduced the Pilot Accredited Registers Scheme for Healthcare Professions ("the AR Scheme") in end 2016 with an aim to improving the society-based regulatory framework in the short term by ensuring the professional standards of healthcare professionals and providing more information for the public to make informed decisions.

The AR Scheme operates under the principle of "one profession, one professional body, one register". For each profession, the Accreditation Agent will accredit 1 professional body that should have a broad representation of the corresponding profession and have met the prescribed standards. The accredited professional body shall be responsible for administering the register of its profession. Accredited professional bodies will be permitted by the Department of Health to use an Accreditation Mark on their websites and Certificates of Registration issued to their members for easy identification by the public. Members of the accredited professional bodies can also use a specified title on their name cards. Members of the public can look up the registers of healthcare professionals through the accredited bodies.

The Government is forging ahead with the Scheme and aims to complete the accreditation process by 2018 for speech therapists, clinical psychologists, educational psychologists, audiologists and dietitians to pave the way for setting up a statutory registration regime for these professions. The accreditation process of the speech therapist profession is at its final stage. The accreditation results for the speech therapist profession will be announced in Q2 2018. The accreditation assessment procedures for the other 4 professions will be conducted in phases in 2018, depending on the readiness of each profession.

In 2018-19, $7.4 million is provided for taking forward the AR Scheme including staff and operational costs. 3 posts, including 1 Scientific Officer (Medical), 1 Executive Officer I and 1 Assistant Clerical Officer, are approved for creation in 2018-19 under the AR Scheme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0236)

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 number of hospital patients (attendances) for dental treatment cases increased by 3 200 in 2017 as compared with 2016, while the number for 2018 is estimated to be similar to the previous year. In this connection,

a. please advise on the expenditures required in providing the said service in the past 3 years, broken down by year;

b. please advise on the numbers of staff involved in providing the said service in the past 3 years, broken down by grade;

c. please advise on whether the Department has earmarked sufficient resources, including manpower, to meet the demand of this year; if so, the manpower and resources involved as well as the details; if not, the reasons for that; and

d. it is mentioned in paragraph 148 of the Budget Speech that the departments concerned have been asked to improve existing dental care services for the elderly. In this regard, has the Department considered enhancing the existing dental treatment services of government dental clinics, including scaling and polishing, denture cleaning, fluoride/X-ray and other curative treatments (such as fillings, extractions, dentures etc.)? If so, what are the manpower and resources involved as well as the details? If not, why?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 47)

Reply:

a. The expenditures of providing dental service to hospital patients by the Department of Health (DH) in financial years 2015-16, 2016-17 and 2017-18 are:-

Financial Year	Annual Expenditure ($ million)
2015-16(Actual)	52.2
2016-17(Actual)	61.7
2017-18(Revised estimate)	64.0

b. The breakdown of the number of personnel involved in providing the service by grade in establishment in financial years 2015-16, 2016-17 and 2017-18 are as follows:

Number of personnel	2015-16 (As at 1 February 2016)	2016-17 (As at 1 February 2017)	2017-18 (As at 1 February 2018)
Dental Officer	28	28	28
Dental Surgery Assistant	28	28	28
Dental Technician	7	7	7
Laboratory Attendant	7	7	7

c. DH will absorb any additional workload by flexible redeployment of resources.

d. 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 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 7 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.

Apart from promotion, education and publicity efforts, the Government has focused resources to provide emergency dental services for the public and accorded priority 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, for example, the Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme. Besides, eligible elders may also use elderly health care vouchers for private dental services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0237)

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 Service,

a. the completion time for assessment of new cases in the Child Assessment Centres (CACs) within 6 months fell short of the target of 90% for the past 2 years and further dropped to 55% in 2017, please advise on the reasons for failing to meet the target;

b. please advise on the number of children who received the child assessment service and the number of these children who were assessed as having developmental disabilities, broken down by developmental problem, for each of the past 3 years;

c. please advise on the average waiting time for new cases, the staff establishment and the number of children assessed each year in the CACs for the past 3 years;

d. it was mentioned in the 2016 Policy Address that an additional CAC would be set up by the Department of Health; please advise on the progress of work, expenditure and manpower involved, number of additional service quotas as well as reduction in waiting time for new cases in 2017; and

e. please advise if the Government, in view of the continuous increase in attendances at the CACs, as well as the persistently low rate for completion of assessment for new cases within 6 months, plans to allocate additional resources and manpower to enhance the service and meet the demand.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 48)

Reply:

a. The Department of Health (DH) was unable to meet the target of 90% mainly due to the increasing demand for services provided by the Child Assessment Service (CAS), coupled with the high turnover rate and difficulties in recruiting doctors to the CAS.

b. In the past 3 years, the number of new referrals to the CAS has been on an increasing trend. The numbers of newly referred cases received by the CAS in 2015, 2016 and 2017 are 9 872, 10 188 and 10 438 (provisional figure) respectively.

The number of newly diagnosed cases of developmental conditions in the CAS from 2015 to 2017 are as follows:-

Developmental conditions	**Number of newly diagnosed cases**		
	2015	**2016**	**2017 (Provisional figure)**
Attention/Hyperactive Problems/Disorders	2 890	2 809	2 855
Autism Spectrum Disorder	2 021	1 905	1 716
Borderline Developmental Delay	2 262	2 205	2 371
Developmental Motor Coordination Problems/Disorders	1 888	1 822	2 124
Dyslexia & Mathematics Learning Disorder	643	506	507
Hearing Loss (Moderate to profound grade)	76	67	71
Language Delay/Disorders and Speech Problems	3 487	3 627	3 585
Physical Impairment (i.e. Cerebral Palsy)	61	60	40
Significant Developmental Delay/Intellectual Disability	1 443	1 323	1 311
Visual Impairment (Blind to Low Vision)	43	29	38

Note: A child might have been diagnosed with more than 1 developmental disability/problem.

c. In the past 3 years, nearly all new cases were seen within 3 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 6 months in 2015, 2016 and 2017 are 71%, 61% and 55% respectively. 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. DH has not compiled statistics on the average waiting time for assessment of new cases.

The approved establishment of the CAS in 2017-18 are as follows:

Grades	**Number of posts**
Medical Support	
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	23
Nursing Support	
Senior Nursing Officer / Nursing Officer / Registered Nurse	30
Professional Support	
Scientific Officer (Medical)	5
Senior Clinical Psychologist / Clinical Psychologist	22
Speech Therapist	13

Optometrist	2
Occupational Therapist I	8
Physiotherapist I	6
Technical Support	
Electrical Technician	1
Administrative and General Support	
Hospital Administrator II	1
Senior Executive Officer / Executive Officer II	2
Clerical Officer / Assistant Clerical Officer	12
Clerical Assistant	20
Office Assistant	1
Personal Secretary I	1
Workman II	12
Total:	**160**

The number of children served by the CAS in 2015, 2016 and 2017 are 23 020, 23 484 and 24 046 (provisional figure) respectively.

d and e. Noting the continuous increase in demand for the services provided by the CAS, the DH has been preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to meet the rising number of referred cases. As an interim measure, the Government has allocated additional funding for 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities. The setting up of a temporary CAC involved creation of 16 civil service posts in the DH and 2 civil service posts in Social Welfare Department. The temporary CAC has commenced operation in January 2018. Of the 16 civil service posts approved for DH, the recruitment of 1 Senior Medical and Health Officer and 2 Medical and Health Officers are underway. A recurrent provision of $11.8 million was approved for setting up of the temporary CAC in 2017-18. With the establishment and full functioning of the new CAC, it is expected that the situation will be improved.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3143)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

With regard to strengthening the secretariat support to the Medical Council of Hong Kong and the Dental Council of Hong Kong in handling complaints and conducting inquiries as mentioned under Matters Requiring Special Attention in 2018-19, please give an account of the progress and details of the work as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 53)

Reply:

The Department of Health ("DH") provides secretariat support to the Medical Council of Hong Kong ("MCHK") and the Dental Council of Hong Kong ("DCHK"). The staff of the secretariats are civil servants under the establishment of DH.

MCHK received an average of about 540 complaints against registered doctors each year over the period from 2013 to 2017. As at December 2017, there was a backlog of about 800 cases (340, 340 and 103 cases at pre-Preliminary Investigation Committee ("PIC"), PIC and inquiry stages). According to the latest projection, it takes about 6 years on average for MCHK to complete a complaint case from receipt to disciplinary inquiry.

To help MCHK to expedite its complaint handling process, the Government has provided additional funding to strengthen the manpower support for the MCHK Secretariat and provide honorarium to experts tendering advice at the preliminary investigation stage since October 2016.

The Government introduced the Medical Registration (Amendment) Bill ("MR(A)Bill 2017") into the Legislative Council in June 2017 to, among others, improve the complaint investigation and disciplinary inquiry mechanism of MCHK. Under the MR(A)Bill 2017, more than 1 PIC could be established and inquiry panels could be set up by MCHK so that inquiries could be conducted in parallel. These proposed amendments could substantially improve the efficiency of MCHK in handling complaints.

In 2018-19, the Government has earmarked additional funding of $10 million for MCHK Secretariat for creation of civil service posts (8 permanent posts and 9 time-limited posts for clearing the backlog) and other recurrent costs in order to expedite the complaint handling process of MCHK upon the passage of the MR(A)Bill 2017.

DCHK received an average of about 150 complaints against registered dentists each year over the period from 2013 to 2017 and it takes an average of about 3 years to complete a complaint case from receipt to disciplinary inquiry.

In 2018-19, the Government has earmarked additional funding of $1 million for DCHK Secretariat for creation of civil service posts (3 permanent posts) and other recurrent costs with a view to facilitating DCHK to expedite its complaint handling process.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3189)

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 number of inspections of nursing homes registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance was 164 in 2017. Please advise on the average number of inspections for each nursing home. In addition, it is estimated that fewer inspections will be conducted in 2018, why is that so?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 54)

Reply:

Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165), 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 which sets out the regulatory standards and the standards of good practice, with a view to enhancing patient safety and quality of service.

DH inspects all nursing homes at least once per year. 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 the number of applications for new services, and number of complaints received.

In 2017, a total of 164 inspections to nursing homes were conducted. The average number of inspections for each nursing home was 2.5. In 2018, it is estimated that a total of 125 inspections to nursing homes will be conducted. The average number of inspections for each nursing home is about 2.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3236)

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:

There will be an increase of 94 posts under this Programme for the Department of Health in 2018-19. Please advise on the ranks, salaries and the nature of work in respect of these posts.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 55)

Reply:

Details of the net increase of 94 posts are at the **Annex**.

Annex

Creation and Deletion of Posts in Department of Health in 2018-19
Programme (1) – Statutory Functions

Nature of work / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
(a) Taking forward the legislative proposal to prohibit the commercial sale and supply of alcohol to minors		
Scientific Officer (Medical)	1	903,840
Overseer	4	1,604,400
Senior Foreman	12	3,767,040
Executive Officer I	2	1,468,080
Executive Officer II	3	1,458,180
Assistant Clerical Officer	2	525,120
Sub-total :	***24***	***9,726,660***
(b) Strengthening the secretariat support to the Medical Council of Hong Kong		
Chief Executive Officer	1	1,389,540
Senior Executive Officer	1	989,100
Executive Officer I	2	1,468,080
Executive Officer II	1	486,060
Clerical Officer	1	421,020
Assistant Clerical Officer	2	525,120
Sub-total :	***8***	***5,278,920***
(c) Strengthening the secretariat support to the Medical Council of Hong Kong (Time-limited for 3 years from 2018-19 to 2020-21)		
Senior Executive Officer	2	1,978,200
Executive Officer I	2	1,468,080
Executive Officer II	2	972,120
Clerical Officer	1	421,020
Assistant Clerical Officer	2	525,120
Sub-total :	***9***	***5,364,540***
(d) Strengthening the secretariat support to the Dental Council of Hong Kong		
Executive Officer I	1	734,040
Clerical Officer	1	421,020
Assistant Clerical Officer	1	262,560
Sub-total :	***3***	***1,417,620***

Nature of work / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
(e) Supporting the development of Chinese Medicine		
Pharmacist	1	903,840
Chemist	1	903,840
Scientific Officer (Medical)	4	3,615,360
Science Laboratory Technician II	1	346,380
Sub-total :	***7***	***5,769,420***
(f) Strengthening the laboratory technical support in the forensic pathology services		
Medical Laboratory Technician I	1	557,340
Medical Laboratory Technician II	-1	-346,380
Sub-total :	***0***	***210,960***
(g) Strengthening the manpower support in the regulation of advanced therapies		
Senior Medical and Health Officer	1	1,389,540
Senior Pharmacist	1	1,389,540
Pharmacist	2	1,807,680
Scientific Officer (Medical)	2	1,807,680
Assistant Clerical Officer	2	525,120
Sub-total :	***8***	***6,919,560***
(h) Strengthening the overall support to the Port Health Office for the commissioning of the Hong Kong Boundary Crossing Facilities of the Hong Kong-Zhuhai-Macao Bridge and the West Kowloon Terminus of the Hong Kong Section of Guangzhou-Shenzhen-Hong Kong Express Rail Link		
Nursing Officer	1	701,100
Registered Nurse	2	883,920
Foreman	8	1,982,400
Health Inspector I/II	2	1,031,820
Clerical Assistant	1	204,960
Sub-total :	***14***	***4,804,200***
i) Strengthening the overall support to the Port Health Office upon commissioning of the boundary control point at Liantang / Heung Yuen Wai		
Medical and Health Officer	1	1,076,100
Nursing Officer	1	701,100
Registered Nurse	2	883,920
Senior Foreman	1	313,920
Foreman	6	1,486,800
Health Inspector I/II	2	1,031,820
Assistant Clerical Officer	1	262,560

Nature of work / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
Sub-total :	***14***	***5,756,220***

(j) Conversion of non-civil service contract positions to civil service posts for rationalising the clerical support to the Chinese Medicine Division

Assistant Clerical Officer	7	1,837,920
Sub-total :	***7***	***1,837,920***
Total:	***94***	***47,086,020***

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3237)

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 school children participating in the Student Health Service (primary school students) has been rising significantly. In this connection, please advise on:

a. the expenditures required in providing the said service in the past 3 years, broken down by year;

b. the numbers of staff involved in providing the said service in the past 3 years, broken down by grade; and

c. whether the Department has earmarked sufficient resources, including manpower, to meet the demand of this year. If so, what are the manpower and resources involved as well as the details? If not, why?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 56)

Reply:

a. The expenditures for the Student Health Service (SHS) of the Department of Health (DH) in financial years 2015-16, 2016-17 and 2017-18 are as follows:

   2015-16 (Actual): $ 210.1 million

   2016-17 (Actual): $ 216.3 million

   2017-18 (Revised estimate): $213.4 million

b. The establishment of the SHS in financial years 2015-16, 2016-17 and 2017-18 is as follows:

	2015-16 (As at 31.3.2016)	2016-17 (As at 31.3.2017)	2017-18 (As at 1.3.2018)
Doctors	37	37	37
Nurses	236	236	236
Allied health staff	18	18	18
Administrative and clerical staff	82	82	82
Supporting staff	36	36	36
Total	409	409	409

c. The DH has already earmarked sufficient resources, including manpower, to meet the demand. The financial provision for the SHS in 2018-19 will be $227.2 million. The number of staff establishment of the SHS in 2018-19 will be 410.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3238)

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 attendances at social hygiene clinics in 2017 was 4 900 more than that in 2016. It is estimated that such number in 2018 will be similar to that in 2017. Has the Department earmarked sufficient resources and manpower to meet the demand of this year? If so, what are the manpower and resources involved as well as the details? If not, why?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 57)

Reply:

As social hygiene clinics provide walk-in service to people who seek medical consultation for sexually transmitted diseases, there may be fluctuation in the number of attendance year by year. The variation was still within the reasonable range. The Department of Health has all along endeavoured to fill the vacancies arising from staff wastage through recruitment of new civil service Medical and Health Officers and internal re-deployment. DH is also recruiting additional part-time and full-time contract staff to relieve the manpower pressure.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3239)

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 number of laboratory tests relating to public health conducted in 2017 was 257 000 higher than that in 2016, why was that so? It is estimated that such number will further increase in 2018. In this regard, has the Department earmarked sufficient resources, including manpower, to meet the demand of this year? If so, what are the manpower and resources involved as well as the details? If not, why?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 58)

Reply:

The number of laboratory tests relating to public health in 2017 was 6 290 000, which was 257 000 (or 4.3%) higher than that of 2016 (i.e. 6 033 000). The increase was mainly due to the increase of requests from clinical units under the Department of Health (DH) and the Hospital Authority, particularly for influenza testing during outbreak seasons.

DH has reserved sufficient resources, including the manpower, to ensure the public health laboratory services are up to international standards and adequate to meet operational requirements. An additional funding of $10 million is allocated in 2018-19 for inflation adjustment of specialist supplies in relation to laboratory testing, as well as to meet new service demands arising from emerging and re-emerging infections. To increase the capacity in laboratory testing, 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. 3240)

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 setting up of a steering committee for viral hepatitis control under this Programme, please advise on the details of the plan as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 59)

Reply:

In 2018-19, $13.1 million will be allocated for setting up a designated office under Special Preventive Programme for mapping out effective solutions to prevent and control viral hepatitis and providing secretariat support to the Steering Committee for Viral Hepatitis Control which will be formed in June 2018.

The aforesaid amount will include operational expenses of the designated office and 11 civil service posts as below:

Civil service Post	**Number of Post**
Senior Medical & Health Officer	1
Scientific Officer (Medical)	2
Executive Officer II	1
Nursing Officer	2
Registered Nurse	3
Assistant Clerical Officer	1
Clerical Assistant	1
Total	**11**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3429)

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 exploration of the feasibility of extending the health promoting school model in Hong Kong, please advise on the details of the plan as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 60)

Reply:

The Health Promoting School (HPS) framework promulgated by the World Health Organisation (WHO) is a comprehensive whole school approach model which consists of six key elements, namely, healthy school policies, school's physical environment, school's social environment, community links, action competencies for healthy living, as well as school health care and promotion services.

The HPS framework has been adopted in many countries and places around the world and is found to be effective to improve the physical, mental and social health of the students in school settings. In Hong Kong, the HPS framework has been introduced and promoted by academic institution through ad hoc funding for over a decade, but the number of participating schools has been limited and sustainability is questionable.

The Department of Health (DH) will work with relevant stakeholders to explore the feasibility of extending the HPS model in Hong Kong as a pilot project, with a view to developing a suitable and sustainable model based on the principles of the HPS framework, and encouraging more schools to adopt this framework for health promotion in school setting.

The provision for implementing health promotion programmes in schools for 2018-19 is $17.5 million. DH plans to engage contract staff to undertake the additional workload arising from the pilot project.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3430)

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:

With regard to introducing a biologic clinic in Pamela Youde Nethersole Eastern Hospital for psoriasis patients as mentioned under *Matters Requiring Special Attention*, please advise on the details of the plan as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 61)

Reply:

A biologic clinic will be set up in Chai Wan Social Hygiene Clinic which is located in the Pamela Youde Nethersole Eastern Hospital. The forthcoming biologic clinic will receive patients with severe psoriasis who are clinically assessed to be eligible for biologic treatment according to the prevailing guidelines from public dermatological clinics. The Consultant Dermatologists of Social Hygiene Service (SHS) will supervise and monitor the operation of the clinic. 1 designated specialist dermatologist Medical Officer, assisted by 1 Nursing Officer and 2 Registered Nurses with training in biologic treatment, will directly deliver the service. In the initial phase, 1 half day session per week will be introduced. Subject to the service demand and operating experience, SHS will review the number of sessions per week after 6 months' operation.

The estimated expenditure is $4 million, including manpower and other costs on drug, laboratory tests, equipment and miscellaneous items.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3431)

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 launch of a three-year programme in collaboration with non-governmental organisations to provide dental care services for adult persons with intellectual disabilities under this Programme, please advise on the details of the said programme as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 62)

Reply:

The Government will launch a three-year programme in collaboration with non-governmental organisations to provide dental care services for adult persons with intellectual disability. It is estimated that about 5 000 quotas would be available for eligible persons under the three-year programme.

The Government will provide about $54 million for the three-year project. 2 time-limited civil service posts, namely 1 Senior Dental Officer post and 1 Dental Officer post will be created for implementing the programme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3492)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of seasonal influenza vaccination programmes/schemes under the disease prevention programmes, please provide the following information for the past 3 years:

(a) the quantity of vaccines procured each year and the resources involved;

(b) the number of vaccine recipients and their age distribution;

(c) whether there were any unused vaccines left each year; if so, the quantity and expenditure involved as well as the way of disposal;

(d) the way the Government assessed the quantity of vaccines required each year;

(e) the measures taken by the Government to encourage those in need to receive vaccination; and

(f) of the deaths from influenza winter surge so far, the respective numbers of patients vaccinated and not vaccinated, broken down by age group.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 123)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elderly and other target groups at clinics of DH and the Hospital Authority; and

- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the involvement of private doctors.

(a) The following figures are the quantities of seasonal influenza (SI) vaccines that the Government procured under the GVP in the past 3 years and the contract amount:

Year	Number of doses	Amount ($ million)
2015-16	400 000	21.0
2016-17	430 000	23.3
2017-18	527 000~	28.0~

~This includes 20 000 doses of Southern Hemisphere SIV which have been procured for the 2017-18 vaccination season at the contract price of $1.16 million.

(b) The number of recipients for the past 3 years under SIV programme/ schemes are as follows –

Target groups	**Number of SI recipients**		
	2015-16	**2016-17**	**2017-18 (as at 4 March 2018)**
Children between 6 months to under 6 years old	47 600	112 200	147 500
Children aged 6 to under 12	N/A		
Elderly aged 65 or above	457 800 *	478 000	519 000
Others #	71 000	86 600	94 800
Total:	**576 400**	**676 800**	**761 300**

Others include healthcare workers; poultry workers; pig farmers or pig-slaughtering industry personnel; people aged 50 to below 65 receiving CSSA or holding valid Certificate for Waiver of Medical Charges, persons with intellectual disabilities (as from October/November 2015), Disability Allowance recipients (as from October/November 2016), and pregnant women (as from October 2016 for VSS) etc.

* In addition, a total of 98 000 recipients were provided with free 2015 Southern Hemisphere SIV under the GVP from May to August 2015.

As some target groups members may have received SIV outside the Government's vaccination programme/schemes, they are not included in the above statistics.

(c) The product life of SI vaccines can last for 1 year in general and expired vaccines will not be used. Unused and expired vaccines are arranged for disposal in phase in accordance with the statutory requirements. The SI vaccines procured by the DH represented the "best estimate" of the total number of SIVs that would be required before the flu season commenced. For 2015-16 and 2016-17 seasons, about 7 000 doses and about 10 000 doses were expired respectively. As the Government's vaccination programme/schemes launched in 2017-18 season have yet to end, the number of unused vaccines for this season is not available at this stage. The cost of the vaccines disposed depends on the relevant contract price for the vaccines for that vaccination season.

(d) The Government will assess the quantity of SI vaccines required under the GVP each year by making reference to the epidemiology of SI, scope of eligibility, number of doses administered in the previous season, current vaccination situation, expected increase of vaccination rate and unavoidable wastage of vaccines, etc.

The Government will strive to ensure sufficient vaccine provision by closely monitoring vaccine use and by collaborating with different service units.

(e) The DH and other relevant departments organise health education activities and provide health advice on influenza prevention, personal hygiene and environmental hygiene, targeting the general public as well as specific sectors of the community such as schools and residential care homes for the elderly.

The DH keeps members of the medical profession informed through e-mails, fax and post. The DH also issues letters to kindergartens, child care centres, primary and secondary schools as well as residential care homes for the elderly and the disabled to alert them about the latest influenza situation from time to time.

To encourage more schools to arrange outreaching vaccination activities under the VSS, the Government has established contact with many school organisations to encourage and facilitate their schools in organising outreaching vaccination for their students. We have also been providing outreaching guidelines, assistance and support to school management and healthcare professionals through briefing sessions and online publications. Meanwhile, extensive promotion on SIV has been made through multiple channels, including press conferences, press releases, TV/radio, expert interviews/videos, online information, posters and leaflets.

There is room for improvement to encourage more children taking SIV through enhancing the awareness of the public on the need for vaccination and improving the availability of vaccination service to young school students. The Government will continue to explore measures to further increase the SIV coverage for children.

(f) For adult patients, the CHP monitors laboratory confirmed influenza cases among patients aged 18 or above who were admitted to intensive care unit or had died in the same hospital admission. Among 312 deaths recorded in the 2017-18 winter influenza season (as at 7 March 2018), 105 (33.7%) were known to have received SIV under the 2017-18 GVP or VSS. The vaccination coverage by age groups is shown in the following table:

Age group	Number of deaths relating to influenza	Number of deaths known to have received SIV under 2017-18 GVP or VSS^(%)
18 – 49	7	2 (28.6%)
50 – 64	35	2 (5.7%)
≥65	270	101 (37.4%)
Total:	312	105 (33.7%)

^ Not including influenza vaccination received in the private sector at the patients' own expense

For children, the CHP has set up a case-based reporting system for paediatric influenza-associated severe complications and deaths among paediatric patients aged below 18 years. The CHP has recorded 2 deaths in the 2017-18 winter season (as at 12 March 2018) concerning a 3-year-old girl and a 5-year-old boy. Both of them had not received SIV for the 2017-18 season.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3495)

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 health promotion and disease prevention programmes, please advise on:

a. whether the Government has considered providing free cervical cancer vaccination to all teenage girls in the territory. If so, what are the details? If not, why? What policies has the Government implemented to promote the health of teenage girls? Has the Government assessed the resources involved in providing such free vaccination?

b. whether the Government has considered launching a breast cancer screening programme to carry out population-based mammography screening for women aged over 40. If so, what are the details? If not, why? What policies has the Government implemented to promote the health of women? Has the Government assessed the resources involved in launching such screening programme?

c. whether the Government has considered setting up men's health centres to cater for the health needs of men, such as providing prostate examination services. If so, what are the details? If not, why? What policies has the Government implemented to promote the health of men? Has the Government assessed the resources involved in setting up such centres?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 126)

Reply:

a. The Consensus Statement co-published by the Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on AIDS and Sexually Transmitted Infections in 2016 considered it effective and safe to use human papilloma virus (HPV) vaccination to protect against the development of cervical cancer. The Government has commissioned a systematic population-based cost-benefit analysis on the subject. The results of the analysis, coupled with local epidemiological data and overseas evidence, and experience of the Community Care

Fund project on HPV vaccination would provide further information to the Government on strategies towards HPV vaccination in Hong Kong.

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 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. 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 a healthy lifestyle as the primary cancer prevention strategy, which includes avoidance of alcohol, having regular physical activity and healthy eating, as well as maintenance of a healthy body weight and waistline. DH also encourages breastfeeding and raises women's breast awareness to seek early attention should abnormal changes be noted. Mammography is offered to high risk women receiving DH's woman health services.

c. DH operates a Men's Health Programme which provides through the Men's Health website, customer-centric information, useful links and advice upon request to raise public awareness and increase understanding of men's health issues. Other communication channels include printed materials, media and web-based publicity and a telephone education hotline. The Programme does not include health check and personalised counselling which are provided primarily in the private and non-governmental sectors. Regarding screening for prostate cancer, the CEWG considers that there is insufficient evidence to recommend for or against population-based screening in asymptomatic men.

Resources for the above activities are absorbed by the Department's overall provision for disease prevention and cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1866)

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 the current Elderly Health Care Voucher Scheme (EHVS), the Government provides health care vouchers with a total value of $2,000 per person annually to eligible elderly persons aged 70 or above. It is mentioned in this year's Budget that the Government will provide, on a one-off basis, an additional $1,000 worth of vouchers to eligible elderly persons, which will involve an expenditure of about $796 million. What are the annual number of elderly people served under the EHVS and the expenditure involved over the past 3 years? What are the number of elderly persons concerned and the expenditure involved if the eligibility age for the EHVS is lowered to 65 and 60 respectively? What is the additional expenditure involved in 2018-19?

Asked by: Hon LEE Wai-king, Starry (Member Question No. (LegCo use): 1)

Reply:

Below are the number of elders who were eligible and had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme respectively in the past 3 years:

	2015	**2016**	**2017**
Number of eligible elders (i.e. elders aged 65/70[Note] or above)*	760 000	775 000	1 221 000
Cumulative number of elders who had made use of vouchers by end of the year	600 000	649 000	953 000

Note: The eligibility age for the EHV Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

*Source: Hong Kong Population Projections 2015 – 2064 and Hong Kong Population Projections 2017 – 2066, Census and Statistics Department

The amount of vouchers claimed is $906.3 million in 2015, $1,070.6 million in 2016 and $1,500.4 million in 2017.

Other than the one-off $1,000 additional worth of vouchers to each eligible elder, the

Government proposes to enhance the EHV Scheme in 2018 by increasing, as a regular measure, the accumulation limit of the voucher from $4,000 to $5,000. Upon implementation of the above initiatives, the estimated voucher expenditure for 2018-19 is about $3,155.6 million.

According to the Hong Kong Population Projections 2017-2066, the number of elders aged between 60 and 64 in 2018 is about 552 000. The eligibility age for the EHV Scheme was last adjusted in July 2017 from 70 to 65. Government has no intention to further reduce the eligibility age for the scheme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1878)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher Scheme (EHVS), please advise on the expenditure involved, the number of beneficiaries, and the percentage of beneficiaries in the total number of eligible persons in the past 3 years. Will the Government further extend the scope of the EHVS? If yes, what are the details? If not, what are the reasons?

Asked by: Hon LEE Wai-king, Starry (Member Question No. (LegCo use): 13)

Reply:

Below are the number of elders who had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme in the past 3 years and its percentage as compared to the eligible elderly population:

	2015	**2016**	**2017**
Cumulative number of elders who had made use of vouchers by end of the year	600 000	649 000	953 000
Number of eligible elders (i.e. elders aged 65/70[Note] or above)*	760 000	775 000	1 221 000
Percentage of eligible elders who had made use of vouchers	79%	84%	78%

Note: The eligibility age for the EHV Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

*Source: Hong Kong Population Projections 2015 – 2064 and Hong Kong Population Projections 2017 – 2066, Census and Statistics Department

The amount of vouchers claimed is $906.3 million in 2015, $1,070.6 million in 2016 and $1,500.4 million in 2017.

The Department of Health is currently conducting a review of the EHV Scheme in collaboration with the Chinese University of Hong Kong's Jockey Club School of Public

Health and Primary Care. The review will collect views of elders and service providers about the EHV Scheme with an aim to further enhance the EHV Scheme as appropriate.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1898)

Head: (37) Department of Health

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

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Government dental clinics under the Department of Health provide free emergency dental treatments to the public. Dental services at general public sessions cover treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction.

(1) What were the numbers of service hours, the maximum service capacity, the actual numbers of attendances, the average time per consultation, the main services provided and the average costs per attendance of each dental clinic in the past 3 years?

(2) Will the Government review the actual public demand for dental services, and consider, in the light of the results, extending the service hours of individual clinics, expanding the service capacity and increasing the number of clinics? If so, what are the details? If not, why?

Asked by: Hon LEE Wai-king, Starry (Member Question No. (LegCo use): 38)

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 2015-16, 2016-17 and 2017-18 (up to 31 January 2018), the maximum numbers of disc allocated and total number of attendances for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session@	No. of attendances		
			2015-16	2016-17	2017-18 (up to 31 January 2018)
Kowloon City Dental Clinic	Monday (AM)	84	5 177	5 329	4 554
	Thursday (AM)	42			
Kwun Tong Dental Clinic*	Wednesday (AM)	84	4 028	4 295	3 414
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	5 905	6 903	5 743
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 218	2 356	1 954
Mona Fong Dental Clinic	Thursday (PM)	42	1 952	1 909	1 605
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1 978	2 026	1 700
Tsuen Wan Dental Clinic#	Tuesday (AM)	84	7 193	7 567	6 732
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 071	2 152	1 696
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 769	3 999	3 323
	Friday (AM)	42			
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	97	95	81
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	192	152	177

* Kwun Tong Jockey Club Dental Clinic was renamed as Kwun Tong Dental Clinic with effect from January 2015.

\# Tsuen Wan Dental Clinics (TWDC) was temporarily closed for renovation and the GP session was relocated to Tsuen Wan Government Offices Dental Clinic with effect from 1 September 2015. GP session was resumed in TWDC in January 2017 after the completion of renovation.

@ The maximum numbers of disc allocated per session at individual dental clinics remain the same in the 3 years.

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 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.

In addition to the GP sessions, the DH provides specialist dental treatment to hospital in-patients, groups with special oral healthcare needs and dental emergency in the Oral Maxillofacial Surgery & Dental Units of 7 public hospitals.

Since 2013/2014 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 August 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 Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme. Besides, eligible elders may also use elderly health care vouchers for private dental services.

We shall continue our efforts in promotion and education to improve oral health of the public.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1478)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the utilisation of elderly health care vouchers in the past 3 years in terms of:
(i) the number of eligible persons;
(ii) the number of beneficiaries;
(iii) the percentage of beneficiaries in the total number of eligible persons;
(iv) the expenditure involved;
(v) the specialties involved;
(vi) the number of complaints about the abuse and misuse of health care vouchers received; and
(vii) the number of substantiated cases on the abuse and misuse of health care vouchers.

Asked by: Hon LEUNG Che-cheung (Member Question No. (LegCo use): 46)

Reply:

(i) to (iii)

Below are the number of elders who had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme in the past 3 years and the percentage as compared to the eligible elderly population:

	2015	**2016**	**2017**
Cumulative number of elders who had made use of vouchers by the end of the year	600 000	649 000	953 000
Number of eligible elders (i.e. elders aged 65/70[Note 1] or above)*	760 000	775 000	1 221 000
Percentage of eligible elders who had made use of vouchers	79%	84%	78%

Note 1: The eligibility age for the EHV Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

*Source: Hong Kong Population Projections 2015 – 2064 and Hong Kong Population Projections 2017 – 2066, Census and Statistics Department

(iv) & (v)

The table below shows the amount of vouchers claimed in the past 3 years from 2015 to 2017:

Amount of Vouchers Claimed (in $'000)

	2015	2016	2017
Medical Practitioners	611,860	638,006	774,088
Chinese Medicine Practitioners	142,265	171,599	256,563
Dentists	98,563	105,455	144,331
Occupational Therapists	230	271	2,506
Physiotherapists	6,381	7,007	8,344
Medical Laboratory Technologists	3,820	9,905	11,256
Radiographers	2,365	3,197	5,447
Nurses	1,389	3,335	5,122
Chiropractors	1,825	1,913	2,303
Optometrists	37,092	128,399	288,582
Sub-total (Hong Kong):	905,790	1,069,087	1,498,542
University of Hong Kong - Shenzhen Hospital Note 2	537	1,471	1,855
Total:	906,327	1,070,558	1,500,397

Note 2: The Pilot Scheme for use of EHV at the University of Hong Kong – Shenzhen Hospital was launched on 6 October 2015.

(vi) & (vii)

The Department of Health received 24, 42, and 72 complaints against the EHV Scheme in 2015, 2016 and 2017 respectively, involving the coverage of the scheme, operational procedures, administrative and supporting services, suspected fraud, improper voucher claims and issues related to service charges of participating service providers.

Among the 103 cases with investigation completed, 30 cases were found to be substantiated or partially substantiated.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1485)

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 Financial Secretary mentioned in the Budget Speech that the accumulation limit of Elderly Health Care Vouchers will be raised from $4,000 to $5,000 in 2018 to allow greater flexibility to users. Besides, an additional $1,000 worth of vouchers will be provided for all eligible elderly persons on a one-off basis, which will involve an expenditure of about $796 million. What are the details and implementation timetable of the plan?

Asked by: Hon LEUNG Che-cheung (Member Question No. (LegCo use): 48)

Reply:

The Government proposes to provide, on a one-off basis, an additional $1,000 worth of vouchers under the Elderly Health Care Voucher (EHV) Scheme and increase, as a regular measure, the accumulation limit of vouchers from $4,000 to $5,000 for each eligible elder, i.e. those who are aged 65 or above in 2018 and holding a valid Hong Kong Identity Card or Certificate of Exemption issued by the Immigration Department. It is estimated that about 1.2 million elderly persons will benefit from the above initiatives, which will be implemented within a month after the passage of the Appropriation Bill 2018.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)247

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1558)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 149 of the Budget that the Government will raise the accumulation limit of Elderly Health Care Vouchers (EHVs) from $4,000 to $5,000 and provide an additional $1,000 worth of vouchers to eligible elderly persons. In this connection, will the Government inform this Council of the following:

1. When will the additional $1,000 worth of vouchers provided to eligible elderly persons be deposited into their voucher accounts?

2. There are many voices in the community urging the Government to consider further lowering the eligibility age for EHVs from 65 to 60 or above. In this connection, has the Government compiled any statistics on the potential number of beneficiaries and additional annual expenditures involved in lowering the eligibility age for EHVs? If yes, what are the details? If not, will the Government consider compiling similar statistics in future?

3. Were any adjustments made to the application procedures of EHVs for eligible elderly persons in the past one year so as to shorten the time required for application?

4. How many healthcare service providers in the non-public sector are currently enrolled under the Elderly Health Care Voucher Scheme? What is the distribution of the medical services provided by medical practitioners, Chinese medicine practitioners and dentists?

Asked by: Hon LEUNG Mei-fun, Priscilla (Member Question No. (LegCo use): 35)

Reply:

1. The Government proposes to provide each eligible elder under the Elderly Health Care Voucher (EHV) Scheme with an additional $1,000 worth of vouchers as a one-off arrangement, within a month after the passage of the Appropriation Bill 2018.

2. According to the Hong Kong Population Projections 2017-2066, the number of elders aged between 60 and 64 in 2018 is about 552 000. With an ageing population, we anticipate that both the number of elders using vouchers and the annual financial commitment involved will increase substantially if the eligibility age is further lowered to 60.

3. Under the EHV Scheme, vouchers are issued and used through an electronic platform. Elders do not need to pre-register, collect or carry the vouchers. Eligible elders who intend to use vouchers need not submit any application but are only required to show their valid Hong Kong Identity Card or Certificate of Exemption issued by the Immigration Department to the participating service providers and sign a consent form confirming the voucher amount to be used after receiving the healthcare services in person provided by the service providers.

4. The table below shows the number of service providers in Hong Kong enrolled in the EHV Scheme as at end December 2017, broken down by type of healthcare professionals:

	As at 31 December 2017
Medical Practitioners	2 387
Chinese Medicine Practitioners	2 424
Dentists	895
Occupational Therapists	69
Physiotherapists	396
Medical Laboratory Technologists	48
Radiographers	40
Nurses	182
Chiropractors	71
Optometrists	641
Total:	7 153

A service provider can register more than 1 place of practice for accepting the use of vouchers. A breakdown of the places of practice by enrolled healthcare professionals and 18 districts in Hong Kong is at the Annex.

- End -

Annex

Breakdown of Places of Practice by Enrolled Healthcare Professionals and 18 Districts in Hong Kong
(Position as at 31 December 2017)

Healthcare Professionals / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	421	399	162	3	47	13	5	9	21	145	1 225
Eastern	243	485	114	8	35	3	2	11	3	166	1 070
Southern	44	267	14	2	4	0	0	0	0	26	357
Wan Chai	239	324	116	4	60	15	8	16	9	201	992
Kowloon City	172	351	69	7	34	1	0	19	2	145	800
Kwun Tong	290	640	135	17	50	18	5	60	3	112	1 330
Sham Shui Po	110	386	62	3	40	4	2	5	0	97	709
Wong Tai Sin	102	516	70	7	22	0	0	3	0	136	856
Yau Tsim Mong	801	666	284	14	165	48	22	39	45	379	2 463
Sha Tin	279	413	114	12	43	2	0	33	5	169	1 070
Tai Po	105	196	61	2	10	3	3	13	3	24	420
Sai Kung	190	277	60	11	28	3	0	3	2	109	683
North	66	254	31	0	5	2	1	3	10	21	393
Kwai Tsing	140	220	66	4	21	0	0	29	0	124	604
Tsuen Wan	175	422	61	4	44	14	7	12	9	92	840
Tuen Mun	157	579	55	4	22	0	1	5	0	66	889
Yuen Long	203	313	84	1	10	1	1	13	4	91	721
Islands	34	101	12	0	1	0	0	0	0	7	155
Total	**3 771**	**6 809**	**1 570**	**103**	**641**	**127**	**57**	**273**	**116**	**2 110**	**15 577**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2232)

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. Please inform this Committee of the estimated expenditure and specific measures for the implementation of the legislation to prohibit commercial sale and supply of alcohol to minors.

2. How can the Government ensure the smooth implementation of the new legislative requirements and their effectiveness?

Asked by: Hon MA Fung-kwok (Member Question No. (LegCo use): 116)

Reply:

1. The Dutiable Commodities (Amendment) Ordinance 2018 to prohibit commercial sale or supply of alcohol to persons aged under 18 was enacted on 8 February 2018 and will commence by notice published in the Gazette. The Department of Health (DH) will set up an enforcement team to conduct the enforcement actions. Similar to the current practices for enforcing laws prohibiting the sale of cigarettes to minors, DH officers will conduct compliance check, either randomly or targeted, on vendors to check whether the latter have displayed the prescribed notice as requested by the law. DH officers will also conduct inspections and carry out enforcement actions upon receipt of intelligence and complaints. Surveillance and monitoring of any suspected sale or supply of alcohol to minors will also be performed on a regular basis.

   The financial provision for implementing the legislation and publicity work is $36 million in 2018-19.

2. To facilitate compliance of the trade under the proposed regulatory regime, DH will prepare detailed guidelines and carry out publicity work to raise the awareness on the legal requirements among the general public and relevant stakeholders. DH will review the operation and enforcement models in a timely manner to ensure effective enforcement of the laws.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No.0399)

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,

(a) please set out the numbers of complaints received, inspections, summonses issued and fixed penalty notices issued by the Tobacco Control Office (TCO) in the past 3 years respectively;

(b) please provide the numbers of enforcement actions taken by the TCO relating to electronic cigarettes and heat-not-burn tobacco products in the past 3 years respectively; and

(c) it is noted that the Department of Health allocates funding to a number of non-governmental organisations each year for providing smoking cessation-related services. What were the expenditures, details and numbers of beneficiaries so involved in the past 3 years?

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. (LegCo use): 24)

Reply:

(a) The numbers of complaints received, inspections conducted and fixed penalty notices (FPNs) / summonses issued by the Tobacco Control Office (TCO) for the period from 2015 to 2017 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:

		2015	2016	2017
Complaints received		17 875	22 939	18 354
Inspections conducted		29 324	30 395	33 159
FPNs issued (for smoking offences)		7 693	8 650	9 711
Summonses issued	for smoking offences	163	207	149
	for other offences (such as wilful obstruction and failure to produce identity document)	80	79	78

(b) The Smoking (Public Health) Ordinance (Cap. 371) stipulates that no person shall smoke or carry a lighted cigarette, cigar or pipe in a no smoking area. Any person who smokes in a no smoking area commits an offence and is subject to a fixed penalty of $1,500. The TCO issued 1 FPN in 2015, 4 FPNs in 2016, and 1 summons and 11 FPNs in 2017 to offenders who smoked electronic cigarettes in no smoking areas. The TCO issued 2 summonses and 22 FPNs to offenders who smoked heat-not-burn cigarettes in no smoking areas in 2017.

(c) The respective amounts of subvention related to smoking cessation services by the non-governmental organisations in the past 3 years are listed below:

Organisations subvented by the DH	**2015-16 ($ million)**	**2016-17 ($ million)**	**2017-18 Revised estimate ($ million)**
Tung Wah Group of Hospitals - Smoking Cessation Programme	39.1	41.5	34.0
Pok Oi Hospital - Smoking Cessation Programme by Traditional Chinese Medicine	7.3	7.6	7.2
United Christian Nethersole Community Health Service - Smoking Cessation Programme for Ethnic Minorities and New Immigrants	2.6	2.6	2.9
Lok Sin Tong - Smoking Cessation Programme in Workplace	2.3	2.4	2.7

The respective service details and numbers of clients served by the non-governmental organisations during each biennial Funding and Service Agreement (Agreement) period in the past 3 years are listed below:

Organisations / Contents of the Programme	**Numbers of clients served**	
	Subvention period Apr 2015 – Mar 2017	**Subvention period Apr 2017- Mar 2019 (figures as of Dec 2017 - 9 months into Agreement)**
Tung Wah Group of Hospitals - Providing pharmacotherapy and counselling to smokers who want to quit	8 038	2 580
Pok Oi Hospital - Providing acupuncture treatment and counselling to smokers who want to quit	2 360	890
United Christian Nethersole Community Health Service - Providing pharmacotherapy and counselling to smoking ethnic minorities and new immigrants	467	206
Lok Sin Tong - Providing outreach smoking cessation programme targeting at workplace	725	645

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2427)

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:

According to record, the completion rate of assessment for new cases in the Child Assessment Centres (CACs) within 6 months is found to have fallen short of the target of 90% for 5 consecutive years and dropped continuously to 55% in 2017. In this connection, please advise on:

(a) the numbers of referred cases received by the CACs and the actual numbers of cases being diagnosed (broken down by developmental condition) respectively for the past 5 years;

(b) the average waiting times for appointment and assessment in respect of new cases respectively for the past 5 years (broken down by individual CAC); and

(c) the staff establishment, number of staff recruited and number of staff departed each year (broken down by grade) in each CAC respectively for the past 5 years.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. (LegCo use): 58)

Reply:

(a) The number of newly referred cases received and the number of children assessed by the Child Assessment Service (CAS) in the past 5 years are as follows:

	2013	**2014**	**2015**	**2016**	**2017 (provisional figure)**
Number of new cases referred to CAS	8 775	9 494	9 872	10 188	10 438
Number of children assessed by CAS	14 672	14 909	15 958	15 395	15 589

The number of newly diagnosed cases of developmental conditions in CAS in the past 5 years are as follows:

Developmental conditions	**Number of newly diagnosed cases**				
	2013	**2014**	**2015**	**2016**	**2017 (Provisional figure)**
Attention/Hyperactive Problems/Disorders	2 325	2 541	2 890	2 809	2 855
Autism Spectrum Disorder	1 478	1 720	2 021	1 905	1 716
Borderline Developmental Delay	1 915	2 073	2 262	2 205	2 371
Developmental Motor Coordination Problems/Disorders	1 928	1 849	1 888	1 822	2 124
Dyslexia & Mathematics Learning Disorder	482	535	643	506	507
Hearing Loss (Moderate to profound grade)	88	109	76	67	71
Language Delay/Disorders and Speech Problems	3 098	3 308	3 487	3 627	3 585
Physical Impairment (i.e. Cerebral Palsy)	55	41	61	60	40
Significant Developmental Delay/Intellectual Disability	1 213	1 252	1 443	1 323	1 311
Visual Impairment (Blind to Low Vision)	41	36	43	29	38

Note: A child might have been diagnosed with more than 1 developmental disability/problem.

(b) In the past 5 years, nearly all new cases were seen within 3 weeks after registration. Due to the continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months has dropped from 89% in 2013 to 55% in 2017. 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 waiting time for assessment of new cases or the waiting time by centres.

(c) The approved establishment and change in the number of posts in CAS from 2014-15 to 2017-18 are as follows:

Grade	**2013-14**	**2014-15**		**2015-16**		**2016-17**		**2017-18**	
	Approved Establishment	**Creation/ deletion of posts**	**Approved Establishment**	**Creation/ deletion of posts**	**Approved Establishment**	**Creation/ deletion of posts**	**Approved Establishment**	**Creation/ deletion of posts**	**Projected Establishment**
Medical and Health Officer	17	-	17	+4	21	+3	24	-	24
Registered Nurse	27	-	27	-	27	+3	30	-	30
Scientific Officer (Medical)	5	-	5	-	5	-	5	-	5
Clinical Psychologist	17	-	17	+4	21	+2	23	-1	22
Speech Therapist	10	-	10	+2	12	+1	13	-	13
Optometrist	2	-	2	-	2	-	2	-	2
Occupational Therapist	7	-	7	-	7	+1	8	-	8
Physiotherapist	5	-	5	-	5	+1	6	-	6
Hospital Administrator	1	-	1	-	1	-	1	-	1
Electrical Technician	2	-	2	-	2	-	2	-1	1
Executive Officer	1	-	1	-	1	-	1	+1	2
Clerical Officer	11	-	11	-	11	+1	12	-	12
Clerical Assistant	17	-	17	-	17	+2	19	+1	20
Office Assistant	2	-	2	-	2	-	2	-1	1
Personal Secretary	1	-	1	-	1	-	1	-	1
Workman II	11	-	11	-1	10	+2	12	-	12
Total:	**136**		**136**	**+9**	**145**	**+16**	**161**	**-1**	**160**

The number of wastage of staff in CAS in the same period is as follows:

Grade	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18 (up to 1.3.2018)**
Medical and Health	2	1	3	2	-
Registered Nurse	-	-	2	1	-
Scientific Officer	-	1	-	-	-
Clinical Psychologist	-	-	-	3	-
Speech Therapist	-	-	-	-	-
Optometrist	-	-	-	-	-
Occupational Therapist	1	-	-	-	-
Physiotherapist	-	-	1	-	-
Hospital Administrator	-	-	-	-	-
Electrical Technician	-	-	1	-	-
Executive Officer	-	-	-	-	-
Clerical Officer	-	-	-	1	-
Clerical Assistant	1	-	-	3	2
Office Assistant	-	-	-	1	-
Personal Secretary	-	-	-	-	-
Workman II	1	2	-	-	1
Total:	**5**	**4**	**7**	**11**	**3**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2631)

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 services in specialist outpatient clinics under the Department of Health (DH),

(a) please provide the numbers of new cases waiting for appointment, the average waiting times for first appointment, the numbers of new attendances and the total numbers of attendances of the dermatological clinics in all districts in the past 3 years;

(b) the percentage of new dermatology cases with an appointment time given within 12 weeks in the past year was only 33%, far below the original target of 90%. What was the main reason?

(c) the DH will introduce a new triage system and set the target percentage of new cases with serious dermatoses with an appointment time given within 8 weeks at 90% in the coming year. What percentage of all new dermatology cases those new cases with "serious" dermatoses will generally account for, basing on historical data?

(d) please provide the healthcare staff establishments and the annual wastage rates of doctors of the dermatological clinics in all districts in the past 3 years; and

(e) does the DH know the reasons for the high wastage rates of doctors in dermatological clinics? What measures had been adopted in the past to improve the situation?

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. (LegCo use): 22)

Reply:

(a) The statistics of the clinics providing dermatology service are as follows-

(i) Number of new cases on the waiting list

	2015	**2016**	**2017**
Cheung Sha Wan Dermatological Clinic	7 396	8 368	7 801
Sai Ying Pun Dermatological Clinic	2 318	2 780	2 906
Yau Ma Tei Dermatological Clinic	10 938	10 605	10 020
Yung Fung Shee Dermatological Clinic	7 144	7 579	8 531
Fanling Integrated Treatment Center (Social Hygiene Service)	8 793	8 657	9 614
Chai Wan Social Hygiene Clinic	2 675	3 346	3 735
Wan Chai Social Hygiene Clinic	2 770	3 570	4 138
Tuen Mun Social Hygiene Clinic	5 620	5 597	5 804

(ii) Average waiting time of new case for first appointment (in calendar year)*

	2015	**2016**	**2017**
Cheung Sha Wan Dermatological Clinic	NA	1.9	1.9
Sai Ying Pun Dermatological Clinic	NA	1.6	2.4
Yau Ma Tei Dermatological Clinic	NA	1.9	1.9
Yung Fung Shee Dermatological Clinic	NA	2.0	2.7
Fanling Integrated Treatment Center (Social Hygiene Service)	NA	1.5	1.8
Chai Wan Social Hygiene Clinic	NA	1.3	1.5
Wan Chai Social Hygiene Clinic	NA	1.1	1.3
Tuen Mun Social Hygiene Clinic	NA	1.2	1.2

*****The Department of Health compiles relevant statistics since January 2016.

(iii) Number of new attendances

	2015	**2016**	**2017**
Cheung Sha Wan Dermatological Clinic	3 541	3 270	2 909
Sai Ying Pun Dermatological Clinic	2 150	2 106	2 201
Yau Ma Tei Dermatological Clinic	4 747	4 712	4 326
Yung Fung Shee Dermatological Clinic	4 982	4 960	4 298
Fanling Integrated Treatment Center (Social Hygiene Service)	2 933	3 233	2 793
Chai Wan Social Hygiene Clinic	2 930	2 324	2 688
Wan Chai Social Hygiene Clinic	1 882	1 748	1 669
Tuen Mun Social Hygiene Clinic	4 201	3 674	3 815

(iv) Number of total attendances

	2015	**2016**	**2017**
Cheung Sha Wan Dermatological Clinic	39 683	39 646	38 090
Sai Ying Pun Dermatological Clinic	23 606	22 849	22 420
Yau Ma Tei Dermatological Clinic	46 964	46 036	44 665
Yung Fung Shee Dermatological Clinic	41 529	42 397	40 597
Fanling Integrated Treatment Center (Social Hygiene Service)	25 257	26 774	26 361
Chai Wan Social Hygiene Clinic	25 048	22 881	21 070
Wan Chai Social Hygiene Clinic	15 755	15 201	15 422
Tuen Mun Social Hygiene Clinic	30 295	28 413	27 589

(b) DH was unable to meet the target of 90% mainly due to high demands for service and high turnover rate of dermatologists.

(c) In 2017, about 33% of new cases were seen within 12 weeks. Of these patients, about two third of them would have been pertained to serious dermatoses in the new triage scheme.

(d) Establishment of Medical and Health Officer, Registered Nurse and Enrolled Nurse Grades

Clinics	**No. of Posts from 2015-16 to 2017-18**					
	Senior Medical and Health Officer	Medical and Health Officer	Nursing Officer	Registered Nurse	Enrolled Nurse	***Total***
Cheung Sha Wan Dermatological Clinic	1	3	1	9	-	***14***
Sai Ying Pun Dermatological Clinic	-	2	1	6	-	***9***
Yau Ma Tei Dermatological Clinic	1	2	1	9	-	***13***
Yung Fung Shee Dermatological Clinic	-	2	1	6	-	***9***
Fanling Integrated Treatment Centre (Social Hygiene Service)	1	3	2	9	2	***17***
Chai Wan Social Hygiene Clinic	-	2	2	7	1	***12***
Wan Chai Social Hygiene Clinic	1	2	2	10	2	***17***
Tuen Mun Social Hygiene Clinic	1	1	2	9	2	***15***
Total:	***5***	***17***	***12***	***65***	***7***	***106***

The overall wastage rate of Medical and Health Officer (MO) grade in the Social Hygiene Service (SHS) in 2015-16, 2016-17 and 2017-18 (up to 1 Feb 2018) are 13%, 10% and 13% respectively. The wastage of MO grade covers all wastage, including retirement, resignation, etc.

(e) To improve the situation, DH has all along endeavored to fill the vacancies arising from staff wastage through recruitment of new civil service MOs and internal re-deployment. DH is also recruiting additional part-time and full-time contract staff to relieve the manpower pressure.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2632)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

With regard to the provision of woman health service,

- what were the numbers of new cases of breast cancer and cervical cancer in the past 5 years (2013-2017)? Please provide the figures by age group in the table below.

	Year	
	Number of new cases of breast cancer	**Number of new cases of cervical cancer**
Age 29 or below		
Age 30-39		
Age 40-49		
Age 50-59		
Age 60-69		
Age 70 or above		
Total		

- what were the numbers of deaths from breast cancer or cervical cancer in the past 5 years (2013-2017)? Please provide the figures in the table below.

Year	**Number of deaths from breast cancer**	**Number of deaths from cervical cancer**
2013		
2014		
2015		
2016		
2017		

- The Government stated previously that a study had been commissioned to develop a locally validated risk prediction tool in order to identify individuals who were more likely to benefit from a population-based breast cancer screening programme. In this connection, what were the findings and what was the expenditure involved?

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

Reply:

(1) The number of new cases with breakdown by age groups of (female) breast cancer and cervical cancer from 2013 to 2015 are shown below:

Number of new cases of (female) breast cancer

Age group	2013	2014	2015
29 or below	19	17	21
30 - 39	248	250	256
40 - 49	917	995	929
50 - 59	1 099	1 173	1 214
60 - 69	652	813	795
70 or above	589	619	685
Unknown age	0	1	0
Total	**3 524**	**3 868**	**3 900**

Figures for 2016 and 2017 are not yet available.

Number of new cases of cervical cancer

Age group	2013	2014	2015
29 or below	10	4	8
30 - 39	58	64	73
40 - 49	136	136	118
50 - 59	116	106	114
60 - 69	82	79	94
70 or above	101	83	93
Total	**503**	**472**	**500**

Figures for 2016 and 2017 are not yet available.

(2) The number of deaths from (female) breast cancer and cervical cancer from 2013 to 2016 are shown below:

Number of deaths from (female) breast cancer and cervical cancer

	Cancer deaths	
Year	**(Female) Breast cancer**	**Cervical cancer**
2013	596	142
2014	604	131
2015	637	169
2016	702	151

Figures for 2017 are not yet available.

(3) The study to develop a locally validated risk prediction tool to identify individuals who are more likely to benefit from breast cancer screening is commissioned by Research Office of the Food and Health Bureau at an approved amount of $19 million. The study is still ongoing.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2661)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the Elderly Health Care Voucher Scheme, please advise on the number of beneficiaries and the total amount of subsidies granted each year since its inception in 2009.

How many complaints about the use of health care vouchers has the Government ever received? Please provide a breakdown of the number of cases by year and by category. Is there any way to improve the Scheme so as to address the complaints?

Asked by: Hon OR Chong-shing, Wilson (Member Question No. (LegCo use): 40)

Reply:

Below are the number of elders who were eligible and had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme respectively in the past 5 years:

	2013	**2014**	**2015**	**2016**	**2017**
Number of eligible elders (i.e. elders aged 65/70[Note] or above)*	724 000	737 000	760 000	775 000	1 221 000
Cumulative number of elders who had made use of vouchers by the end of the year	488 000	551 000	600 000	649 000	953 000

Note: The eligibility age for the EHV Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

*Source: Hong Kong Population Projections 2012 - 2041, Hong Kong Population Projections 2015 - 2064 and Hong Kong Population Projections 2017 - 2066, Census and Statistics Department

The amount of vouchers claimed is $314.7 million in 2013, $597.5 million in 2014, $906.3 million in 2015, $1,070.6 million in 2016 and $1,500.4 million in 2017.

The Department of Health (DH) received 24, 42 and 72 complaints against the EHV Scheme in 2015, 2016 and 2017 respectively, involving the coverage of the scheme, operational procedures, administrative and supporting services, suspected fraud, improper voucher claims and issues related to service charges of participating service providers.

To protect the interest of elders, it is stipulated under the terms and conditions of the EHV Scheme Agreement that participating service providers should ensure that the voucher amount used by an elder does not exceed the fee for the healthcare service received. They should not charge the elders any fees for creating a voucher account or using vouchers. In general, if any participating service provider fails to comply with the terms and conditions of the EHV Scheme Agreement, the voucher claims will not be reimbursed by the Government. In case reimbursement has been made, the Government will recover the amount from the service provider concerned. Furthermore, a service provider suspected of defraud or professional misconduct will be referred by the DH to the Police and/or relevant statutory bodies for follow-up, and may be disqualified from participating in the EHV Scheme.

Besides, registered healthcare professionals have to comply with their codes of professional conduct and ethics and fulfil their professional obligations. The DH also reminded participating service providers regularly of the proper practices in making voucher claims, including the need to increase price transparency of their services.

The DH has enhanced public education by including tips for elders on using vouchers (such as asking service providers to advise on the service fees and checking the information on the consent form before giving consent to use vouchers) in talks delivered to them and their caregivers at District Elderly Community Centres, Neighbourhood Elderly Centres, residential care homes for the elderly and the DH's Elderly Health Centres, as well as in promotional articles on the EHV Scheme in publications for elders and other stakeholders since July 2017. In addition, an Announcement in the Public Interest on the proper use of vouchers was released on 1 March 2018 to remind elders to double-check the service fees with service providers before giving consent to use vouchers. To enhance transparency, the DH is preparing relevant voucher claim statistics for posting on the Scheme's website for public information.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1525)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 150 of the 2018-19 Budget Speech that the Government will regularise the Colorectal Cancer Screening Pilot Programme. In this connection, will the Government please advise on the estimated and actual numbers of cases approved as well as the expenditure involved for the Programme in each of the past 2 years?

Asked by: Hon OR Chong-shing, Wilson (Member Question No. (LegCo use): 36)

Reply:

Launched in September 2016, the Colorectal Cancer Screening Pilot Programme (the Pilot Programme) currently provides subsidised screening to asymptomatic Hong Kong residents born from 1946 to 1955. Assuming that 30% of eligible persons who are users of electronic Health Record Sharing System will enrol in the three-year Pilot Programme, the Department of Health expects some 300 000 numbers of participations. As at the end of February 2018, over 65 000 eligible persons have participated in the Pilot Programme. The revised estimates in 2016-17 and 2017-18 are $51.7 million and $119.3 million respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3085)

Head: (37) Department of Health

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

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information of each government dental clinic for the past 3 years (2015-16, 2016-17 and 2017-18) (months with data):

1. the maximum number of attendees (non-civil servants) receiving pain relief and tooth extraction services per session on average (or the maximum number of discs allocated per session) as well as the actual number of attendees (non-civil servants) receiving treatment per session on average;

2. the age distribution of the attendees (age under 18, age 19-35, age 36-50, age 51-65 and age 65 or above); and

3. the number of attendees who are recipients of Comprehensive Social Security Assistance.

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 45)

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 2015-16, 2016-17 and 2017-18 (up to 31 January 2018), the maximum numbers of disc allocated and total number of attendances for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session[@]	No. of attendances		
			2015-16	2016-17	2017-18 (up to 31 January 2018)
Kowloon City Dental Clinic	Monday (AM)	84	5 177	5 329	4 554
	Thursday (AM)	42			
Kwun Tong Dental Clinic*	Wednesday (AM)	84	4 028	4 295	3 414
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	5 905	6 903	5 743
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 218	2 356	1 954
Mona Fong Dental Clinic	Thursday (PM)	42	1 952	1 909	1 605
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1 978	2 026	1 700
Tsuen Wan Dental Clinic[#]	Tuesday (AM)	84	7 193	7 567	6 732
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 071	2 152	1 696
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 769	3 999	3 323
	Friday (AM)	42			
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	97	95	81
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	192	152	177

* Kwun Tong Jockey Club Dental Clinic was renamed as Kwun Tong Dental Clinic with effect from January 2015.

[#] Tsuen Wan Dental Clinics (TWDC) was temporarily closed for renovation and the GP session was relocated to Tsuen Wan Government Offices Dental Clinic with effect from 1 September 2015. GP session was resumed in TWDC in January 2017 after the completion of renovation.

[@] The maximum numbers of disc allocated per session at individual dental clinics remain the same in the 3 years.

As the number of the GP sessions and the maximum number of disc offered per session by individual dental clinics are different, it will be difficult to draw the average number of patients receiving treatment per GP session.

(2) The distribution of attendances of GP sessions by age group in financial years 2015-16, 2016-17 and 2017-18 (up to 31 January 2018) are as follows:

	% Distribution of attendances of GP sessions by age group		
Age group#	**2015-16**	**2016-17**	**2017-18 (up to 31 January 2018)**
0-18	2.1%	1.8%	1.9%
19-42	14.2%	14.4%	15.1%
43-60	27.5%	27.7%	26.2%
61 or above	56.2%	56.1%	56.8%

The distribution of attendances of GP sessions by age groups of below 18, 19-35, 36-50, 51-65 and 65 or above are not readily available.

(3) The DH does not collect information from patients receiving treatment in GP sessions on whether they are recipients of Comprehensive Social Security Assistance.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3111)

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:

1) a detailed breakdown of the medical expenditures per person living with HIV for the past 3 years;

2) a detailed breakdown of the expenditures on HIV prevention per key population for the past 3 years; and

3) a detailed breakdown of the expenditures on HIV prevention research for the past 3 years.

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 283)

Reply:

1)

Treatment and care for HIV/AIDS is complex and varies among patients and the stage of disease. Components such as psychological counselling and health education are integrated into patient care and the cost incurred cannot be separately identified. In addition, drug costs vary greatly with the regimen used and will be adjusted with time and patient profile. Hence, medical cost of HIV/AIDS treatment per person cannot be readily computed.

2)

Based on the "Recommended HIV/AIDS Strategies for Hong Kong 2012-2016" issued by the Hong Kong Advisory Council on AIDS, higher funding priorities would be accorded to the applications under the AIDS Trust Fund (ATF) for programmes targeted at the 5 high risk groups, namely men who have sex with men (MSM); male clients of female sex workers (MCFSW); injecting drug users (IDU); sex workers (SW); and people living with HIV (PLHIV).

From 2015-16 to 2017-18, the ATF approved a total of $69.2 million for 50 projects with the breakdown as follow –

Target high risk group of the project	Amount of funding approved
MSM	$37.8 million
MCFSW	$4.9 million
IDU	$4.1 million
SW	$5.2 million
PLHIV	$14.1 million
More than 1 high risk group	$3.1 million

3)

From 2015-16 to 2017-18, the ATF approved a total of $17.7 million for conducting 22 researches with the breakdown as follow –

Target high risk group of the research	Amount of funding approved
MSM	$7 million
IDU	$0.5 million
PLHIV	$10.2 million

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3112)

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:

Over the years, the staff establishment relating to healthcare professionals at the HIV/AIDS clinic of the Department of Health has remained unchanged, whereas the number of cases of HIV infection has continuously increased. Will the Government allocate additional resources to prepare for the rising epidemic in 2018-19? Please provide a detailed breakdown of the expenditure involved.

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 284)

Reply:

The annual recurrent cost (revised estimate) for the HIV/AIDS clinic in 2017-18 is $17 million, which is solely used to cover the manpower cost of the posts. Breakdown of the recurrent cost by rank is set out in the following table.

Rank	Number of posts	Annual Recurrent Cost in 2017-18 ($)
Senior Medical and Health Officer	2	2,779,080
Medical and Health Officer	2	2,152,200
Senior Nursing Officer	1	903,840
Nursing Officer	9	6,309,900
Registered Nurse	11	4,861,560
Total	**25**	**17,006,580**

The Government will keep in view the demand in the coming years for resource allocation.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)258

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3113)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide a detailed breakdown of the expenditures on counselling and treatment provided to HIV patients by the Department of Health (DH) in the past 3 years.

2. Will the DH allocate additional resources to provide counselling and treatment to HIV patients in 2018-19? Please provide a detailed breakdown in this regard.

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 290)

Reply:

1. & 2.

Psychological and social counselling and management are integral components of the medical treatment and care for HIV patients. The Department of Health does not maintain separate figures on expenditures of different components of medical treatment and care provided to HIV patients.

The Government will keep in view the demand in the coming years for resource allocation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0733)

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 2018-19, the Department of Health will take forward the legislative requirements to prohibit commercial sale and supply of alcohol to minors. What are the staff establishment and the estimated expenditure involved?

Asked by: Hon SHIU Ka-fai (Member Question No. (LegCo use): 8)

Reply:

The Dutiable Commodities (Amendment) Ordinance 2018 to prohibit commercial sale or supply of alcohol to persons aged under 18 was enacted on 8 February 2018 and will commence by notice published in the gazette. A total of 24 non-directorate civil service posts will be established under the Department of Health to conduct the enforcement actions. The financial provision for implementing the legislation and publicity work is $36 million in 2018-19.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0734)

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 2018-19, the Department of Health will continue to support the Food and Health Bureau in the review of the regulation of private healthcare institutions and of medical devices. Are there any target timetables for the 2 regulatory initiatives and what is the manpower involved?

Asked by: Hon SHIU Ka-fai (Member Question No. (LegCo use): 9)

Reply:

Regulation of private healthcare institutions

Regarding the regulation of private healthcare institutions, the Government has introduced the Private Healthcare Facilities (PHFs) Bill to the Legislative Council (LegCo) in June 2017 proposing to regulate four categories of PHFs, namely hospitals, day procedure centres, clinics, and health services establishments. The Bill is being considered by the relevant Bills Committee. Preparatory work for the implementation of the new scheme after the passage of the Bill is under way.

The Department of Health (DH) has set up the Office for Regulation of Private Healthcare Facilities for 3 years from 2016-17 to 2018-19 so as to enhance the capacity of the DH in handling the relevant legislative review. As at 1 March 2018, the number of staff establishment involved in the regulation of private healthcare institutions and related matters including providing support to Food and Health Bureau in reviewing the regulatory regime was 59.

Regulation of medical devices

Regarding the regulation of medical devices, the Government has been taking steps to put in place statutory regulation of the safety, performance and quality of medical devices supplied in Hong Kong. To this end, a voluntary Medical Device Administrative Control System has been established by the DH since 2004 to raise public awareness of the importance of medical device safety and pave the way for implementing long-term statutory control.

The DH commissioned an independent consultant from September 2015 to September 2016 to conduct a study on the use control of 20 types of selected medical devices for cosmetic purposes. The Government reported the outcome of the consultancy study and the latest legislative proposal for regulation of medical devices to the LegCo Panel on Health Services (HS Panel) on 16 January 2017. A special meeting with deputations was arranged by the HS Panel on 13 February 2017 to invite views from relevant stakeholders.

In the past months, the Government has engaged stakeholders including the beauty industry and medical professionals to listen to their further views on the proposed legislation. The Government understands that consensus over use control may not be reached soon. As the general public expects that pre-market and post-market control for medical devices can be introduced as soon as practicable, the Government will focus on the above 2 areas in the current legislative exercise.

The Government will continue to communicate with and seek the views of different stakeholders, with the aim of introducing the Medical Devices Bill to the LegCo as soon as possible after fine-tuning the legislative proposal.

As at 1 March 2018, the number of staff establishment of the Medical Device Control Office of the DH was 22.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0735)

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 will continue to operate the Government Chinese Medicines Testing Institute at the temporary site in 2018-19. What were the respective staff establishments of the Institute and the expenditures involved in the past 3 years? What are its staff establishment and expenditure in the Estimates of 2018-19?

Asked by: Hon SHIU Ka-fai (Member Question No. (LegCo use): 10)

Reply:

Pending the establishment of a permanent Government Chinese Medicines Testing Institute (GCMTI), a temporary centre has commenced operation at the Hong Kong Science Park since March 2017. As the expenditures of the temporary GCMTI have been absorbed within the overall provision of the Chinese Medicine Division, separate breakdown of expenditures for the temporary GCMTI is not available.

The breakdown of staff establishment of the temporary GCMTI from 2016-17 to 2018-19 are appended below:

Rank	No. of Post		
	31 March 2017	31 March 2018 (Projected)	31 March 2019 (Projected)
Senior Chemist	1	1	1
Chemist	1	1	2
Pharmacist	0	0	1
Scientific Officer (Medical)	9	9	13
Science Laboratory Technologist	1	1	1
Science Laboratory Technician I	1	1	1
Science Laboratory Technician II	2	2	3
Laboratory Attendant	1	1	1
Executive Officer II	1	1	1
Assistant Clerical Officer	1	1	1
Total:	**18**	**18**	**25**

The financial provision for the temporary GCMTI in 2018-19 is about $47.7 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0736)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health will continue the effort for promotion of breastfeeding and implementation of the "Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children" in 2018-19. What specific tasks and planned targets are included in this regard and what are the manpower and expenditure involved?

Asked by: Hon SHIU Ka-fai (Member Question No. (LegCo use): 11)

Reply:

In 2018-19, the Department of Health will continue to promote and support breastfeeding through strengthening publicity and education on breastfeeding; encouraging the adoption of "Breastfeeding Friendly Workplace Policy" to support working mothers to continue breastfeeding after returning to work; promoting breastfeeding in public places through implementing the "Breastfeeding Friendly Premises Policy" and provision of babycare facilities so that the breastfeeding mothers can breastfeed their children or express milk anytime, anywhere; promulgating and evaluating the effectiveness of the Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children; and strengthening the surveillance on local breastfeeding situation.

A provision of $6.0 million has been earmarked in 2018-19 for enhancing the effort for promotion of breastfeeding. The workload for implementing the initiatives will be absorbed by the existing manpower resources of the Family Health Service, hence breakdown by items is not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3123)

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 shown by the indicators, the number of registration applications of pharmaceutical products processed by the Department of Health increases from 3 200 in 2016 to the estimated figure of 3 500 in 2018. In this connection, please explain why the Department can enhance its capacity to process more registration applications of such products and whether there are any changes in the deployment of resources.

Asked by: Hon SHIU Ka-fai (Member Question No. (LegCo use): 50)

Reply:

Under the Pharmacy and Poisons Ordinance (Cap. 138), all pharmaceutical products must satisfy the criteria of safety, quality and efficacy, and must be registered with the Pharmacy and Poisons Board before they can be sold in Hong Kong. The Department of Health (DH) is responsible for providing professional and executive support for evaluation of the new registration applications of pharmaceutical products and their renewal applications.

The registration applications of pharmaceutical products processed in 2018 is estimated to be 3 500, which includes both new drug applications and registration for renewal cases. The performance pledge for the approval of new drug application is 5 months, for which over 90% of the applications have met the target. In 2016 and 2017, the achieved targets were 99% for both years.

All along, the DH has implemented various measures to facilitate the submission, processing and evaluation of new drug applications and registration for renewal cases, such as promulgation of relevant guidelines at the Drug Office's website (www.drugoffice.gov.hk) and organisation of regular briefing seminars for the pharmaceutical industry to enhance the completeness and tidiness of the applications dossiers. In addition, the DH has developed an electronic system in 2015 to allow online submission of the required documents for applications of drug registration, which has helped expedite the processing of application.

The DH will continue to monitor the workload on the applications and deploy necessary and appropriate manpower resources to handle the increased applications.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3124)

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:

How much manpower and resources are allocated to enforce the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance? Have the relevant figures changed over the past 5 years?

Asked by: Hon SHIU Ka-fai (Member Question No. (LegCo use): 51)

Reply:

The number of staff of the Tobacco Control Office (TCO) of the Department of Health (DH) for carrying out frontline enforcement duties against smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) remains at 99 in the past 5 years.

The expenditures for the enforcement duties undertaken by the TCO for 2013-14, 2014-15, 2015-16, 2016-17 and 2017-18 (Revised Estimate) are $42.7 million, $49.9 million, $51.5 million, $54.5 million and $60.3 million respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1119)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher (EHV), please advise this Committee of the following:

(a) the number of complaints about EHV received;

(b) whether the Bureau has conducted feasibility study on improvement measures for enhancing the transparency of service charge, and whether it has drawn on overseas experience on the use of EHV.

Asked by: Hon TIEN Puk-sun, Michael (Member Question No. (LegCo use): 38)

Reply:

(a) The Department of Health (DH) received 24, 42 and 72 complaints against the Elderly Health Care Voucher (EHV) Scheme in 2015, 2016 and 2017 respectively, involving the coverage of the scheme, operational procedures, administrative and supporting services, suspected fraud, improper voucher claims and issues related to service charges of participating service providers.

(b) The DH reminded participating service providers regularly of the proper practices in making voucher claims, including not imposing different levels of fees based on whether vouchers are used or not, enhancing the transparency of service charges, and explaining the charges to patients before providing service to facilitate informed choice. Besides, registered healthcare professionals have to abide by their codes of professional conduct and ethics and to fulfil their professional obligations.

Furthermore, the DH has enhanced public education by including tips for elders on using vouchers (such as asking service providers to advise on the service fees and checking the information on the consent form before giving consent to use vouchers) in talks delivered to them and their caregivers at District Elderly Community Centres,

Neighbourhood Elderly Centres, residential care homes for the elderly and the DH's Elderly Health Centres, as well as in promotional articles on the EHV Scheme in publications for elders and other stakeholders since July 2017. In addition, an Announcement in the Public Interest on the proper use of vouchers has been released on 1 March 2018 to remind elders to double-check the service fees with service providers before giving consent to use vouchers. To enhance transparency, the DH is preparing relevant voucher claim statistics for posting on the Scheme's website for public information.

We are not aware of any similar voucher schemes in overseas countries.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3269)

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:

(1) details of the primary care development in Hong Kong and the various policies and initiatives implemented, the beneficiary groups, as well as the total expenditures involved in the past 5 years;

(2) the total expenditures on the implementation of the Elderly Health Care Voucher Scheme, the numbers of elders making voucher claims, and the percentages of the total population aged 70 or above such elders accounted for in the past 5 years;

(3) details of the integrated healthcare service to the elderly, the beneficiaries by age group, the percentages of the total population for each of the respective age groups such beneficiaries accounted for, and the total expenditures on various services in the past 5 years; and

(4) details of the healthcare services on health promotion and disease prevention provided to primary and secondary school students, the beneficiaries by age group, the percentages of the total population for each of the respective age groups such beneficiaries accounted for, and the total expenditures on various services in the past 5 years.

Asked by: Hon TIEN Puk-sun, Michael (Member Question No. (LegCo use): 59)

Reply:

(1)

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 expenditure on primary care services cannot be separately identified. 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 is in progress while the promulgation of the existing reference frameworks to healthcare professionals through Continuous Medical Education seminars continues. Public seminars were also conducted to deliver child health messages.

(b) Primary Care Directory (PCD)

The website and mobile website of the sub-directories for doctors, dentists and Chinese medicine practitioners have been launched. We will continue to promote the PCD to the public for searching primary care providers as well as to primary care service providers for enrolment.

(c) Community Health Centres (CHCs)

3 purpose-built CHCs were established under the management of the Hospital Authority. The first CHC located in Tin Shui Wai North was commissioned in February 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 September 2013 and March 2015 respectively. PCO would provide professional advice to the Food and Health Bureau in their planning and implementation of the pilot district health centre in Kwai Tsing.

(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 the DH have been implementing projects and initiatives seeking to enhance primary care in Hong Kong such as health promotion and education, prevention of non-communicable diseases, the Vaccination Subsidy Scheme, Government Vaccination Programme, Elderly Health Care Voucher Scheme, Colorectal Cancer Screening Pilot Programme and Outreach Dental Care Programme for the Elderly. The above primary care initiatives benefit different sectors of the community.

(2)
Below are the number of elders who had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme in the past 5 years and its percentage as compared to the eligible elderly population:

	2013	2014	2015	2016	2017
Cumulative number of elders who had made use of vouchers by the end of the year	488 000	551 000	600 000	649 000	953 000
Number of eligible elders (i.e. elders aged 65/70[Note] or above)*	724 000	737 000	760 000	775 000	1 221 000
Percentage of eligible elders who had made use of vouchers	67%	75%	79%	84%	78%

Note: The eligibility age for the EHV Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

*Source: Hong Kong Population Projections 2012-2041, Hong Kong Population Projections 2015-2064 and Hong Kong Population Projections 2017-2066, Census and Statistics Department

The amount of vouchers claimed is $314.7 million in 2013, $597.5 million in 2014, $906.3 million in 2015, $1,070.6 million in 2016 and $1,500.4 million in 2017.

(3)
The Elderly Health Service (EHS), comprising 18 Elderly Health Centres (EHCs) and 18 Visiting Health Teams (VHTs), aims 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 or 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.

Data collected from daily service operations are used for monitoring the health status of the elderly and research purposes.

Total expenditure for the EHS in the past 5 years is set out below:

	2013-14 (Actual) $ million	2014-15 (Actual) $ million	2015-16 (Actual) $ million	2016-17 (Actual) $ million	2017-18 (Revised Estimate) $ million
EHCs	121.7	130.6	140.0	150.7	151.2
Public health & administration and VHTs	74.9	76.7	77.8	84.5	83.6
Total	196.6	207.3	217.8	235.2	234.8

All EHC members (both old members and new members) can attend the EHCs for medical consultation services according to their health needs. The VHTs provide health promotion

activities and training to both the elderly and their carers regardless of their age. Population coverage statistics for the EHS is not available.

(4)
The Student Health Service (SHS) provides health promotion and disease prevention services to students through centre-based services and school-based outreach programmes. All primary and secondary day school students are eligible to enrol at the Student Health Service Centres (SHSCs). Enrolled students will be given an annual appointment at a designated SHSC where they receive health programmes designed to cater for their health needs at various stages of development. These services include health screening and assessment, physical examination, individual health counselling and health education. Students found to have specific health problems will be referred to a Special Assessment Centre, a specialist clinic of Hospital Authority or other appropriate organisation for further management.

The expenditure for the SHS in the past 5 years is as below:

Financial Year	$ million
2013-14 (Actual)	183.9
2014-15 (Actual)	201.8
2015-16 (Actual)	210.1
2016-17 (Actual)	216.3
2017-18 (Revised Estimate)	213.4

The outreach Adolescent Health Programme (AHP) provides health promotion programmes to secondary school students, their teachers and parents in the school setting. The AHP includes Basic Life Skill Training (BLST) Programme and Topical Programme. The BLST Programme targets at Secondary 1 to Secondary 3 students, providing a wide range of life skills, including stress and emotional management, problem-solving and effective communication are covered, aiming at increasing resilience of adolescents so that they can face challenges throughout their development; whereas the Topical Programme is designed for Secondary 1 to Secondary 6 students, teachers and parents addressing specific themes like internet use, healthy lifestyle, sex-education, substance abuse, understanding adolescents, etc.

The number of school students enrolled in SHSCs and the number of students participated in AHP in the past 5 years are as below:

School year	2013-14 (Actual)	2014-15 (Actual)	2015-16 (Actual)	2016-17 (Actual)	2017-18 (Estimate)
No. of school students enrolled in SHSCs	648 000	636 000	629 000	626 000	632 000
No. of students participated in AHP	79 000	75 000	69 000	66 000	Not yet available

The expenditure for the AHP in the past 5 years is as below:

Financial Year	$ million
2013-14 (Actual)	62.5
2014-15 (Actual)	68.0
2015-16 (Actual)	74.0
2016-17 (Actual)	73.4
2017-18 (Revised Estimate)	75.2

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3510)

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:

1. Please set out the details of the wide range of health promotion activities provided by the Department of Health and the total expenditure for these activities in 2016-17 and 2017-18.

2. Please set out the total expenditure on disease prevention and health promotion and the percentages of the overall healthcare expenditure such expenditure accounted for in each of the past 5 years.

Asked by: Hon TIEN Puk-sun, Michael (Member Question No. (LegCo use): 60)

Reply:

(1) In 2016-17 and 2017-18, the Department of Health (DH) has implemented a number of health promotion projects and activities on healthy lifestyle, mental well-being, organ donation, as well as communicable diseases prevention and control. A summary of key projects and activities is presented below-

Promotion of healthy lifestyle

(a) StartSmart@school.hk (SSS) Campaign

The SSS Campaign was launched in January 2012 to promote healthy eating and physical activity among preschoolers through a pre-primary institution-based setting approach. An average of about 600 pre-primary institutions joined the SSS Campaign in the 2016/2017 and 2017/2018 school years.

(b) EatSmart@school.hk (ESS) Campaign

The ESS Campaign was launched in the 2006/2007 school year. The ESS Campaign has 2 major components: "EatSmart School Accreditation Scheme" (ESAS) and "Joyful Fruit Month". The ESAS aims to make the primary school environment favourable and sustainable for the practice of healthy eating, bringing real improvements to school

lunch and snacks. In the 2016/2017 and 2017/2018 school years, about 260 schools have enrolled in the ESAS, of which about 120 schools have obtained accreditation status.

The "Salt Reduction Scheme for School Lunches" under the ESS Campaign was launched in the 2017/2018 school year, under which 13 participating school lunch suppliers are supplying sodium-reduced lunches to over 440 primary schools in Hong Kong.

(c) EatSmart@restaurant.hk (ESR) Campaign

The ESR Campaign was launched in 2008. In the past 2 years, there are an average of about 660 EatSmart Restaurants which provide at least 5 “More fruit or vegetables” and/or “3 Less” dishes every day.

(d) “I’m So Smart ” Community Health Promotion (ISS) Programme

The ISS Programme was launched in 2012 with the core themes of promoting healthy diet and regular physical activities. With the support of the Hong Kong Housing Authority (HKHA) and the Estate Management Advisory Committees of public housing estates under the HKHA, as well as other partner agencies, DH works with Healthy Cities Projects, non-governmental organisations (NGOs) and participating public housing estates to promote health in the community. In 2016-17 and 2017-18, about 95 and 100 community partners joined the ISS Programme respectively. Participating organisations held a variety of district activities according to the community needs and interests, to echo the themes of the ISS Programme.

(e) Enhanced healthy lifestyle and mental health promotion in workplace

DH and the Occupational Safety and Health Council (OSHC) jointly organised the “Joyful@Healthy Workplace Programme” in August 2016 to promote healthy eating, physical activity and mental well-being among employers and employees in workplaces. As at 15 March 2018, the Programme has drawn over 1 000 participating organisations benefiting more than 280 000 employees.

Promotion of mental well-being

The “Joyful@HK” Campaign was officially launched by DH in January 2016. The objectives of the Campaign are to (a) increase public engagement in promoting mental well-being, and (b) increase public knowledge and understanding about mental health.

Apart from carrying out a series of mass media advertising and publicity activities, DH launched the “Joyful@School Campaign” with the Education Bureau in the 2016/2017 school year, and the “Joyful@Healthy Workplace Programme” with the OSHC in August 2016 to enhance the promotion of mental well-being among students and the working population respectively.

Promotion of organ donation

DH, in collaboration with the Hospital Authority and relevant NGOs, have been promoting organ donation on various fronts. To enhance promotion efforts, the Committee on Promotion of Organ Donation was set up in April 2016 and promotion efforts have taken into account the recommendations made by the Committee.

DH also launched territory-wide organ donation promotion campaigns on 15 October 2016, 6 May 2017 and 11 November 2017. In 2016, the Government designated the second Saturday of November every year as Organ Donation Day and the anniversary of the launching of the Centralised Organ Donation Register (CODR). DH had held different territory-wide activities in the month of November in 2016 and 2017 to celebrate the Organ Donation Day and the anniversary of the CODR.

Prevention of communicable diseases

For the prevention and control of communicable diseases, DH has produced a number of health educational materials and solicited the support of stakeholders to help update disease status and in effective prevention and control.

The expenditure and manpower on various health promotion projects and activities cannot be separately identified as it is absorbed by DH's overall provision for health promotion.

(2) DH's expenditure on disease prevention and health promotion over the past 5 years are as follows:

Financial year	**$ million**
2013-14	2,967.5
2014-15	3,091.1
2015-16	3,463.8
2016-17	3,828.5
2017-18 (Revised estimate)	4,832.3

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2058)

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 media has reported that patients using elderly health care vouchers would usually be charged a higher consultation or medical fee. There were also incidents that elderly people were misled to use the vouchers to buy dried fish maw to keep themselves healthy. The Financial Secretary has proposed in paragraph 149 of the Budget Speech to provide an additional $1,000 worth of vouchers, and raise the accumulation limit to $5,000. Please advise whether there is any policy to prevent unscrupulous medical practitioners from taking advantage of the measure for the protection of the elderly.

Asked by: Hon TSE Wai-chun, Paul (Member Question No. (LegCo use): 3)

Reply:

To protect the interest of elders, it is stipulated under the terms and conditions of the Elderly Health Care Voucher (EHV) Scheme Agreement that participating service providers should ensure that the voucher amount used by an elder does not exceed the fee for the healthcare service received. They should not charge the elders any fees for creating a voucher account or using vouchers. In general, if any participating service provider fails to comply with the terms and conditions of the EHV Scheme Agreement, the voucher claims will not be reimbursed by the Government. In case reimbursement has been made, the Government will recover the amount from the service provider concerned. Furthermore, a service provider suspected of defraud or professional misconduct will be referred by the Department of Health (DH) to the Police and/or relevant statutory bodies for follow-up, and may be disqualified from participating in the EHV Scheme.

Besides, registered healthcare professionals have to comply with their codes of professional conduct and ethics and fulfil their professional obligations. The DH also reminds participating service providers regularly of the proper practices in making voucher claims, including the need to increase price transparency of their services.

Moreover, the DH has enhanced public education by including tips for elders on using vouchers (such as asking service providers to advise on the service fees and checking the

information on the consent form before giving consent to use vouchers) in talks delivered to them and their caregivers at District Elderly Community Centres, Neighbourhood Elderly Centres, residential care homes for the elderly and the DH's Elderly Health Centres, as well as in promotional articles on the EHV Scheme in publications for elders and other stakeholders since July 2017. In addition, an Announcement in the Public Interest on the proper use of vouchers was released on 1 March 2018 to remind elders to double-check the service fees with service providers before giving consent to use vouchers. To enhance transparency, the DH is preparing relevant voucher claim statistics for posting on the Scheme's website for public information.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2234)

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 Financial Secretary proposes that the Colorectal Cancer Screening Pilot Programme be progressively extended to cover individuals aged between 50 and 70. What are the details of extending the Programme? When can those people who have reached the age of 50 enrol in the Programme formally?

Asked by: Hon TSE Wai-chun, Paul (Member Question No. (LegCo use): 14)

Reply:

Launched in September 2016, the Colorectal Cancer Screening Pilot Programme currently provides subsidised screening to asymptomatic Hong Kong residents born in the years 1946 to 1955.

In 2018-19, the Department of Health (DH) will prepare for regularisation of the screening programme which will eventually cover persons aged between 50 and 75 in phases. The DH is in the process of working out the implementation details and will make announcements in due course.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2326)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher Scheme,

- how many elders aged 60-64, 65-69 and 70 or above are there in each of the 18 District Council districts (18 districts) at present? What will be the estimated numbers of elders in such age groups in each of the next 5 years?
- how many voucher claims were made in each of the 18 districts in each of the past 5 years (2013-2017)?
- how many places of practice of enrolled healthcare service providers are there in each of the 18 districts at present? Please provide a breakdown by the 18 districts and the healthcare professions enrolled in the Scheme.

Asked by: Hon WONG Kwok-kin (Member Question No. (LegCo use): 27)

Reply:

(a) According to the "Projections of Population Distribution, 2015-2024" published by the Planning Department in 2015, the population projections for the age groups of 60-64, 65-69 and 70 or above from 2018 to 2022 are at Annex A.

(b) 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 5 years from 2013 to 2017 are at Annex B.

(c) As at end December 2017, there were a total of 7 153 healthcare service providers in Hong Kong enrolled in the Scheme, involving 15 577 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 practice by enrolled healthcare professions and 18 districts in Hong Kong is at Annex C.

Annex A

Population Projections for the Age Groups of 60-64, 65-69 and 70 or Above by District Council Districts

	2018			2019			2020			2021			2022		
Age Group / **District**	60-64	65-69	≥ 70	60-64	65-69	≥ 70	60-64	65-69	≥ 70	60-64	65-69	≥ 70	60-64	65-69	≥ 70
Central & Western	16 900	14 700	32 500	16 900	15 100	33 900	17 300	15 100	35 600	17 200	15 400	37 400	16 900	15 800	38 800
Eastern	43 900	37 800	77 200	44 600	38 600	80 600	45 500	38 700	85 300	45 600	39 800	89 900	45 100	40 600	93 700
Southern	21 600	16 700	34 600	22 300	17 500	35 900	22 800	18 100	37 500	23 200	18 800	39 200	23 200	19 700	40 700
Wan Chai	13 300	11 700	25 800	13 300	11 800	27 000	13 300	11 800	28 300	13 100	12 200	29 600	12 800	12 400	30 500
Kowloon City	28 800	25 000	57 300	29 600	25 300	60 300	30 200	25 500	63 600	30 400	26 200	66 900	30 700	27 000	69 500
Kwun Tong	49 500	40 100	86 200	51 200	41 400	88 900	53 000	41 900	92 000	54 000	43 700	94 600	54 200	45 500	97 000
Sham Shui Po	29 600	24 000	55 600	30 300	25 600	58 400	30 900	27 000	61 600	31 000	28 600	64 100	31 600	29 100	66 400
Wong Tai Sin	32 900	24 800	59 300	34 700	26 000	60 300	36 500	26 800	61 900	37 900	28 000	63 000	38 500	30 000	64 400
Yau Tsim Mong	20 000	18 700	41 000	20 100	18 500	43 100	20 100	18 300	45 400	19 700	18 100	47 800	19 600	18 400	49 300
Sha Tin	56 500	43 400	67 500	58 000	46 200	71 800	58 900	48 600	76 800	59 700	51 100	82 000	59 400	53 200	87 200
Tai Po	27 500	19 100	29 500	28 600	20 700	31 300	29 800	22 500	33 500	30 500	24 300	36 100	30 200	25 700	39 200
Sai Kung	32 100	22 200	36 300	34 100	23 500	38 400	36 400	24 900	41 200	37 900	26 800	43 700	38 300	29 300	46 600
North	24 800	16 700	29 300	26 300	17 800	30 900	27 600	19 000	32 900	28 600	20 400	34 600	29 500	23 000	38 400
Kwai Tsing	39 100	31 400	64 100	40 700	32 100	66 200	41 700	32 700	68 800	42 600	34 300	71 200	42 300	36 200	73 300
Tsuen Wan	21 900	16 700	35 800	23 100	17 100	37 400	24 100	17 500	39 500	24 700	18 300	41 100	24 500	19 700	42 400
Tuen Mun	42 800	33 200	46 200	44 000	34 500	49 700	45 200	36 100	53 600	45 700	37 900	57 900	45 900	39 700	62 400
Yuen Long	43 500	29 500	50 300	46 500	31 800	53 600	48 900	33 700	56 800	51 000	36 200	59 700	51 200	39 400	63 100
Islands	9 700	7 700	13 800	10 500	8 400	15 100	11 100	8 700	16 200	11 400	9 000	17 000	12 100	9 600	18 600
Total	**554 400**	**433 400**	**842 300**	**574 800**	**451 900**	**882 800**	**593 300**	**466 900**	**930 500**	**604 200**	**489 100**	**975 800**	**606 000**	**514 300**	**1 021 500**

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	2013	2014	2015	2016	2017
Central & Western	55 975	82 453	105 878	112 430	138 303
Eastern	129 652	198 192	230 706	234 527	287 246
Southern	51 118	80 428	91 567	93 947	117 216
Wan Chai	33 233	54 390	71 825	80 211	103 586
Kowloon City	84 327	127 350	150 832	160 573	193 518
Kwun Tong	162 422	247 468	294 851	299 266	358 131
Sham Shui Po	102 348	153 490	182 585	182 441	217 384
Wong Tai Sin	138 534	198 599	233 724	234 689	271 130
Yau Tsim Mong	80 461	133 212	185 701	205 666	279 298
Sha Tin	105 603	160 498	197 437	205 167	277 515
Tai Po	52 485	80 590	98 160	99 949	129 742
Sai Kung	59 864	87 044	109 796	110 037	139 800
North	48 438	73 165	84 377	86 608	111 015
Kwai Tsing	113 605	162 681	197 998	206 699	249 489
Tsuen Wan	82 358	124 157	144 751	147 768	178 911
Tuen Mun	94 599	141 131	176 096	179 774	215 006
Yuen Long	63 952	97 600	124 290	134 027	179 592
Islands	11 465	19 099	26 179	26 848	33 697
Total	**1 470 439**	**2 221 547**	**2 706 753**	**2 800 627**	**3 480 579**

Annex C

Breakdown of Places of Practice by Enrolled Healthcare Professionals and 18 Districts in Hong Kong
(Position as at 31 December 2017)

Healthcare Professionals / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	421	399	162	3	47	13	5	9	21	145	1 225
Eastern	243	485	114	8	35	3	2	11	3	166	1 070
Southern	44	267	14	2	4	0	0	0	0	26	357
Wan Chai	239	324	116	4	60	15	8	16	9	201	992
Kowloon City	172	351	69	7	34	1	0	19	2	145	800
Kwun Tong	290	640	135	17	50	18	5	60	3	112	1 330
Sham Shui Po	110	386	62	3	40	4	2	5	0	97	709
Wong Tai Sin	102	516	70	7	22	0	0	3	0	136	856
Yau Tsim Mong	801	666	284	14	165	48	22	39	45	379	2 463
Sha Tin	279	413	114	12	43	2	0	33	5	169	1 070
Tai Po	105	196	61	2	10	3	3	13	3	24	420
Sai Kung	190	277	60	11	28	3	0	3	2	109	683
North	66	254	31	0	5	2	1	3	10	21	393
Kwai Tsing	140	220	66	4	21	0	0	29	0	124	604
Tsuen Wan	175	422	61	4	44	14	7	12	9	92	840
Tuen Mun	157	579	55	4	22	0	1	5	0	66	889
Yuen Long	203	313	84	1	10	1	1	13	4	91	721
Islands	34	101	12	0	1	0	0	0	0	7	155
Total	**3 771**	**6 809**	**1 570**	**103**	**641**	**127**	**57**	**273**	**116**	**2 110**	**15 577**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2331)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher (EHV), please provide information on:

(a) for services involving the use of vouchers, the total amount of vouchers claimed, the total number of claim transactions and the average amount per single transaction for each of the past 5 financial years;

(b) the number of claims involving a single transaction of an amount below HK$1,000, between HK$1,000 and HK1,499, between HK$1,500 and HK$1,999, and over HK$2,000 for the past 5 financial years; and

(c) the number of complaints relating to the EHV Scheme received, the number of substantiated complaints and the services involved for each of the past 5 years.

Asked by: Hon WONG Kwok-kin (Member Question No. (LegCo use): 52)

Reply:

(a) Under the Elderly Health Care Voucher (EHV) Scheme, eligible elders are issued the annual voucher amount on a calendar year basis. The table below shows the average amount of vouchers claimed per transaction in the past 5 years:

	2013	**2014**	**2015**	**2016**	**2017**
(i) Total amount of vouchers claimed (in $'000)	314,704	597,539	906,327	1,070,558	1,500,397
(ii) Total number of voucher claim transactions	1 470 439	2 221 547	2 709 040	2 806 294	3 487 334

(iii) Average amount of vouchers claimed per transaction ($) [i.e. (i)/(ii)]	214	269	335	381	430

(b) The number of voucher claims made by participating service providers in Hong Kong in 2017 broken down by the amount claimed per transaction is as follows:

Amount of vouchers claimed per transaction	**Number of voucher claims in 2017**
$1,000 or below	3 205 741
$1,001 to 1,500	104 095
$1,501 to 2,000	102 970
$2,001 or above	67 773

The breakdown for previous years is not readily available.

(c) Below are the number of complaints against the EHV Scheme received by the Department of Health in the past 5 years:

	2013	**2014**	**2015**	**2016**	**2017**
Number of complaints against the EHV Scheme	14	11	24	42	72

Among the 128 cases with investigation completed, 36 cases were found to be substantiated or partially substantiated, which were related to operational procedures, administrative and supporting services, fraud, improper voucher claims and service charges of participating service providers.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2332)

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 influenza vaccination, please provide the following information:

(1) the overall expenditure, number of recipients and coverage rate of eligible persons of all subsidised vaccination programmes/schemes in each of the past 5 years; and

(2) the expenditure on procurement of influenza vaccines, the quantity of vaccines procured, as well as the actual numbers of vaccines used and disposed of in each of the past 5 years.

Asked by: Hon WONG Kwok-kin (Member Question No. (LegCo use): 53)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elders and other target groups at clinics of the DH and the Hospital Authority; and

- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elders and other target groups through the involvement of private doctors.

The statistics on SIV under these programme/schemes are detailed at Annex I. As some target groups members may have received SI vaccination outside the Government's vaccination programme/schemes, they are not included in the above statistics.

The product life of SI vaccines can last for 1 year in general and expired vaccines will not be used. The SI vaccines procured by the DH represented the "best estimate" of the total number of SIVs that would be required before the flu season commenced. For 2013-14,

2014-15, 2015-16 and 2016-17 seasons, about 40 000, 15 000, 7 000 and 10 000 doses were expired respectively. As the Government's vaccination programme/schemes launched in 2017-18 season have yet to end, the number of unused vaccines for this season is not available at this stage. The cost of the vaccines disposed depends on the relevant contract price for the vaccines for that vaccination season and details are at Annex II.

- End -

Annex I

(1) The numbers of recipients of **SIV** under GVP and VSS for the past 5 years.

Target groups	**Vaccination programme/ scheme**	**2013-14**			**2014-15**			**2015-16**		
		No. of recipients	**Subsidy claimed ($ million)**	**Percentage of population in the age group**	**No. of recipients**	**Subsidy claimed ($ million)**	**Percentage of population in the age group**	**No. of recipients**	**Subsidy claimed ($ 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	12.9% Note 2	2 400	Not applicable	18% Note 2	2 400	Not applicable	15.1% Note 2
	CIVSS*	62 000	10.7		55 200	11.5		45 200	9.3	
Elderly aged 65 or above	GVP	176 100	Not applicable	32.7%	193 200	Not applicable	35%	320 900#	Not applicable	40.8%
	EVSS*	160 100	20.8		179 500	28.7		136 900	21.9	
Others Note 1	GVP/VSS	61 900	Not applicable		62 500	Not applicable		71 000	Not applicable	
Total:		**462 800**	**31.5**		**492 800**	**40.2**		**576 400**	**31.2**	

Annex I (Cont'd)

Target groups	Vaccination programme/ scheme	2016-17			2017-18 (as at 4 March 2018)		
		No. of recipients	Subsidy claimed ($ million)	Percentage of population in the age group	No. of recipients	Subsidy claimed ($ million)	Percentage of population in the age group
Children between the age of 6 months and less than 12 years	GVP	1 600	Not applicable	17.4% Note 2	1 700	Not applicable	22.4% Note 2
	VSS	110 600	25.9		145 800	32.9	
Elderly aged 65 or above	GVP	331 000	Not applicable	40.8%	375 900	Not applicable	42.5%
	VSS	147 000	27.9		143 100	27.2	
Others Note 1	GVP/VSS	86 600	1.0		94 800	1.1	
TOTAL		**676 800**	**54.8**		**761 300**	**61.2**	

Note 1: Others include healthcare workers; poultry workers; pig farmers or pig-slaughtering industry personnel; people aged 50 to below 65 receiving CSSA or holding valid Certificate for Waiver of Medical Charges, persons with intellectual disabilities (as from October/November 2015), Disability Allowance recipients (as from October/November 2016), and pregnant women (as from October 2016 for VSS) 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 onwards are calculated based on the population projections provided by the Census and Statistics Department.

\# 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 claimed amounts to $2.2 million.

* As from 2016-17, the Childhood Influenza Vaccination Subsidy Scheme (CIVSS), Elderly Vaccination Subsidy Scheme (EVSS) and Persons with Intellectual Disabilities Vaccination Subsidy Scheme (PIDVSS) were merged into a single VSS.

(2) Quantities of SI vaccines procured by the Government under GVP for the past 5 years

Year	The number of doses of seasonal influenza vaccines procured	Amount ($ million)
2013-14	285 000	7.7
2014-15	278 000^	14.1^
2015-16	400 000	21.0
2016-17	430 000	23.3
2017-18	527 000~	28.0~

^ 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.

~ This includes 20 000 doses of Southern Hemisphere Seasonal Influenza Vaccines which have been procured for the 2017-18 vaccination season at the contract price of $1.16 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2333)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Centres (EHCs),

(a) please list the numbers of enrolment, the median waiting time for enrolment and the numbers of new enrolment in the 18 EHCs for each of the past 5 years;

(b) please list the numbers of attendances for first-time health assessment, subsequent health assessment and follow-up for the results of the assessment, and the average age of attendees for first-time health assessment in the 18 EHCs for each of the past 5 years; and

(c) please list the numbers of healthcare staff, the numbers of attendances for medical consultation and the costs per attendance for medical consultation in each EHC across the territory for each of the past 5 years.

Asked by: Hon WONG Kwok-kin (Member Question No. (LegCo use): 54)

Reply:

(a) The numbers of enrolments, the median waiting time for new enrolments and the numbers of new enrolments in the 18 Elderly Health Centres (EHCs) for each of the past 5 years are listed below:

EHC		2013	2014	2015	2016	2017*
Sai Ying Pun	No. of enrolments	2 120	2 177	2 288	2 310	2 315
	Median waiting time for new enrolment (Months)	22.8	30.5	30.0	6.0	7.5
	No. of new enrolments	120	162	698	642	761

Shau Kei Wan	No. of enrolments	2 196	2 213	2 224	2 205	2 213
	Median waiting time for new enrolments (Months)	21.5	24.9	23.5	2.4	6.9
	No. of new enrolments	204	326	665	800	668
Wan Chai	No. of enrolments	2 156	2 143	3 614	4 546	4 651
	Median waiting time for new enrolments (Months)	27.8	34.4	34.3	1.4	5.4
	No. of new enrolments	183	249	1 878	2 251	2 118
Aberdeen	No. of enrolments	2 124	2 164	2 182	2 148	2 188
	Median waiting time for new enrolments (Months)	11.5	16.2	14.5	4.3	7.0
	No. of new enrolments	163	183	467	452	494
Nam Shan	No. of enrolments	2 193	2 212	2 225	2 218	2 223
	Median waiting time for new enrolments (Months)	17.3	18.2	15.8	2.2	5.8
	No. of new enrolments	166	244	490	795	687
Lam Tin	No. of enrolments	2 218	2 220	2 220	2 223	2 220
	Median waiting time for new enrolments (Months)	11.1	15.0	12.0	4.0	7.5
	No. of new enrolments	268	410	560	634	655
Yau Ma Tei	No. of enrolments	2 079	2 162	2 216	2 254	2 215
	Median waiting time for new enrolments (Months)	25.4	32.9	34.2	7.6	6.9
	No. of new enrolments	104	128	487	930	778

San Po Kong	No. of enrolments	2 122	2 123	2 134	2 142	2 321
	Median waiting time for new enrolments (Months)	15.9	24.0	18.6	1.5	6.3
	No. of new enrolments	175	168	550	640	535
Kowloon City	No. of enrolments	2 193	2 211	2 211	2 211	2 212
	Median waiting time for new enrolments (Months)	23.4	31.4	34.4	8.5	5.7
	No. of new enrolments	98	104	554	536	742
Lek Yuen	No. of enrolments	2 121	2 129	3 541	2 550	4 897
	Median waiting time for new enrolments (Months)	22.8	21.9	4.5	8.7	7.7
	No. of new enrolments	440	238	1 629	681	1 442
Shek Wu Hui	No. of enrolments	2 119	2 155	2 162	2 144	2 131
	Median waiting time for new enrolments (Months)	10.8	14.3	16.4	7.9	6.7
	No. of new enrolments	264	210	450	716	724
Tseung Kwan O	No. of enrolments	2 136	2 136	2 136	3 471	2 130
	Median waiting time for new enrolments (Months)	20.5	27.0	29.0	2.8	6.8
	No. of new enrolments	163	191	537	1 406	708
Tai Po	No. of enrolments	2 125	2 122	2 124	2 124	2 126
	Median waiting time for new enrolments (Months)	28.6	22.4	16.3	3.8	6.9
	No. of new enrolments	192	278	581	729	633

Tung Chung	No. of enrolments	2 224	2 226	2 330	2 319	2 321
	Median waiting time for new enrolments (Months)	10.4	12.9	15.0	6.3	3.9
	No. of new enrolments	407	244	461	731	503
Tsuen Wan	No. of enrolments	2 092	2 114	2 116	2 516	2 114
	Median waiting time for new enrolments (Months)	12.7	15.8	17.8	12.0	5.9
	No. of new enrolments	386	396	520	1 032	682
Tuen Mun Wu Hong	No. of enrolments	2 109	2 127	2 149	2 208	2 215
	Median waiting time for new enrolments (Months)	15.0	17.3	15.8	11.3	10.2
	No. of new enrolments	275	360	514	653	700
Kwai Shing	No. of enrolments	2 212	2 221	2 310	2 277	2 286
	Median waiting time for new enrolments (Months)	10.4	13.7	7.0	1.5	4.8
	No. of new enrolments	184	371	620	551	641
Yuen Long	No. of enrolments	2 198	2 215	2 219	2 270	2 316
	Median waiting time for new enrolments (Months)	8.7	10.7	13.4	6.0	6.7
	No. of new enrolments	332	275	420	739	626

* Provisional figures

(b) The numbers of attendances for first-time health assessment, subsequent health assessment, and follow-up of the results of assessment at each EHC for each of the past 5 years are as follows:

EHC		**2013**	**2014**	**2015**	**2016**	**2017***
Sai Ying Pun	First-time health assessment	120	162	698	642	761
	Subsequent health assessment	2 000	2 015	1 590	1 668	1 554
	Follow-up for the results of the assessment	2 060	2 072	2 057	2 016	2 001
	Sub-total	4 180	4 249	4 345	4 326	4 316

Shau Kei Wan	First-time health assessment	204	326	665	800	668
	Subsequent health assessment	1 992	1 887	1 559	1 405	1 545
	Follow-up for the results of the assessment	2 207	2 326	2 396	2 430	2 382
	Sub-total	4 403	4 539	4 620	4 635	4 595
Wan Chai	First-time health assessment	183	249	1 878	2 251	2 118
	Subsequent health assessment	1 973	1 894	1 736	2 295	2 533
	Follow-up for the results of the assessment	2 076	2 105	2 991	4 606	4 656
	Sub-total	4 232	4 248	6 605	9 152	9 307
Aberdeen	First-time health assessment	163	183	467	452	494
	Subsequent health assessment	1 961	1 981	1 715	1 696	1 694
	Follow-up for the results of the assessment	2 101	2 102	2 137	2 074	2 181
	Sub-total	4 225	4 266	4 319	4 222	4 369
Nam Shan	First-time health assessment	166	244	490	795	687
	Subsequent health assessment	2 027	1 968	1 735	1 423	1 536
	Follow-up for the results of the assessment	2 544	2 549	2 521	2 704	2 448
	Sub-total	4 737	4 761	4 746	4 922	4 671
Lam Tin	First-time health assessment	268	410	560	634	655
	Subsequent health assessment	1 950	1 810	1 660	1 589	1 565
	Follow-up for the results of the assessment	2 010	1 998	2 034	1 957	1 998
	Sub-total	4 228	4 218	4 254	4 180	4 218
Yau Ma Tei	First-time health assessment	104	128	487	930	778
	Subsequent health assessment	1 975	2 034	1 729	1 324	1 437
	Follow-up for the results of the assessment	2 343	2 271	2 119	2 200	2 128
	Sub-total	4 422	4 433	4 335	4 454	4 343

San Po Kong	First-time health assessment	175	168	550	640	535
	Subsequent health assessment	1 947	1 955	1 584	1 502	1 786
	Follow-up for the results of the assessment	1 968	1 998	2 051	2 004	1 825
	Sub-total	4 090	4 121	4 185	4 146	4 146
Kowloon City	First-time health assessment	98	104	554	536	742
	Subsequent health assessment	2 095	2 107	1 657	1 675	1 470
	Follow-up for the results of the assessment	1 838	1 839	1 874	1 823	1 822
	Sub-total	4 031	4 050	4 085	4 034	4 034
Lek Yuen	First-time health assessment	440	238	1 629	681	1 442
	Subsequent health assessment	1 681	1 891	1 912	1 869	3 455
	Follow-up for the results of the assessment	1 499	1 516	3 025	2 094	5 405
	Sub-total	3 620	3 645	6 566	4 644	10 302
Shek Wu Hui	First-time health assessment	264	210	450	716	724
	Subsequent health assessment	1 855	1 945	1 712	1 428	1 407
	Follow-up for the results of the assessment	2 572	2 177	1 977	1 964	1 887
	Sub-total	4 691	4 332	4 139	4 108	4 018
Tseung Kwan O	First-time health assessment	163	191	537	1 406	708
	Subsequent health assessment	1 973	1 945	1 599	2 065	1 422
	Follow-up for the results of the assessment	2 011	1 966	2 016	3 414	2 079
	Sub-total	4 147	4 102	4 152	6 885	4 209
Tai Po	First-time health assessment	192	278	581	729	633
	Subsequent health assessment	1 933	1 844	1 543	1 395	1 493
	Follow-up for the results of the assessment	2 069	2 110	2 027	2 047	2 057
	Sub-total	4 194	4 232	4 151	4 171	4 183

Tung Chung	First-time health assessment	407	244	461	731	503
	Subsequent health assessment	1 817	1 982	1 869	1 588	1 818
	Follow-up for the results of the assessment	2 074	2 198	2 232	2 365	2 346
	Sub-total	4 298	4 424	4 562	4 684	4 667
Tsuen Wan	First-time health assessment	386	396	520	1 032	682
	Subsequent health assessment	1 706	1 718	1 596	1 484	1 432
	Follow-up for the results of the assessment	1 773	1 920	1 910	2 014	1 498
	Sub-total	3 865	4 034	4 026	4 530	3 612
Tuen Mun Wu Hong	First-time health assessment	275	360	514	653	700
	Subsequent health assessment	1 834	1 767	1 635	1 555	1 515
	Follow-up for the results of the assessment	2 220	2 756	2 321	2 408	2 497
	Sub-total	4 329	4 883	4 470	4 616	4 712
Kwai Shing	First-time health assessment	184	371	620	551	641
	Subsequent health assessment	2 028	1 850	1 690	1 726	1 645
	Follow-up for the results of the assessment	2 201	2 112	2 263	2 254	2 135
	Sub-total	4 413	4 333	4 573	4 531	4 421
Yuen Long	First-time health assessment	332	275	420	739	626
	Subsequent health assessment	1 866	1 940	1 799	1 531	1 690
	Follow-up for the results of the assessment	2 083	2 128	2 102	2 068	2 081
	Sub-total	4 281	4 343	4 321	4 338	4 397

* Provisional figures

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 2 to 4 weeks after a physical health examination for follow-up of the assessment results.

The average age of attendees for first-time health assessment of the 18 EHCs for each of the past 5 years are as follows:

EHC	2013	2014	2015	2016	2017*
Sai Ying Pun	72.2	71.3	70.9	69.9	69.6
Shau Kei Wan	71.7	71.2	70.6	69.7	69.7
Wan Chai	71.5	72.9	70.2	69.6	69.7
Aberdeen	69.5	70.3	69.6	69.6	68.8
Nam Shan	71.1	70.6	70.1	70.1	69.1
Lam Tin	70.6	70.6	70.3	69.6	69.4
Yau Ma Tei	72.7	72.0	71.5	70.4	70.2
San Po Kong	72.0	72.4	70.7	70.4	69.4
Kowloon City	71.3	72.3	71.9	70.6	70.0
Lek Yuen	71.0	70.7	69.8	69.3	69.2
Shek Wu Hui	71.1	71.2	70.0	70.1	69.4
Tseung Kwan O	71.6	71.3	71.0	69.9	69.4
Tai Po	71.0	70.5	69.9	69.3	69.0
Tung Chung	69.4	69.8	69.6	69.2	68.4
Tsuen Wan	70.5	70.3	70.4	69.8	69.7
Tuen Mun Wu Hong	70.1	69.7	68.9	68.7	69.4
Kwai Shing	70.1	70.0	69.6	70.0	69.6
Yuen Long	69.8	68.9	69.3	69.1	69.3
Overall	**70.7**	**70.7**	**70.2**	**69.7**	**69.5**

* Provisional figures

(c) Healthcare staff are flexibly deployed to the 18 EHCs according to operational needs. The numbers of healthcare staff (excluding clerical staff and workman grade staff) deployed for the 18 EHCs in the past 5 years are as follows:

Grade	As at 31 March 2014	As at 31 March 2015	As at 31 March 2016	As at 31 March 2017	As at 31 March 2018*
Medical and Health Officer	25	26	26	27	28
Registered Nurse	54	57	60	60	63
Dispenser	5	5	5	5	5
Clinical Psychologist	4	4	4	4	4.5#
Dietitian	4	4	4	4	4.5#
Occupational Therapist	4	4	4	4	4.5#
Physiotherapist	4	4	4	4	4.5#
Total	**100**	**104**	**107**	**108**	**114**

*Approved establishment

A total of 9 Clinical Psychologists, 9 Dietitians, 9 Occupational Therapists and 9 Physiotherapists provide support to both EHCs and Visiting Health Teams.

The attendances for medical consultation at each of the 18 EHCs for each of the past 5 years are as follows:

EHC	2013	2014	2015	2016	2017*
Sai Ying Pun	4 453	4 046	3 648	3 149	2 950
Shau Kei Wan	4 444	4 289	4 517	4 613	4 221
Wan Chai	4 576	4 852	5 220	8 089	9 022
Aberdeen	6 472	6 059	5 915	6 075	5 395
Nam Shan	4 890	4 466	4 295	4 997	4 675

Lam Tin	3 960	4 026	3 753	3 851	3 995
Yau Ma Tei	4 515	4 320	3 861	3 929	4 030
San Po Kong	5 273	5 085	5 238	5 210	3 821
Kowloon City	4 503	4 371	4 440	4 636	4 479
Lek Yuen	5 669	5 489	5 488	5 286	7 858
Shek Wu Hui	8 370	7 997	8 012	7 577	7 093
Tseung Kwan O	5 768	5 837	5 623	6 655	6 320
Tai Po	5 423	5 691	5 439	5 914	5 907
Tung Chung	3 873	3 786	3 343	3 166	3 292
Tsuen Wan	6 014	5 830	6 008	5 903	5 551
Tuen Mun Wu Hong	5 310	4 998	4 880	4 783	4 782
Kwai Shing	3 785	3 773	3 565	3 204	3 148
Yuen Long	4 304	4 163	3 950	3 248	2 973
Total	**91 602**	**89 078**	**87 195**	**90 285**	**89 512**

*Provisional figures

The cost per attendance for medical consultation in EHCs from 2013-14 to 2017-18 is listed below:

Year	Cost per Attendance for Medical Consultation in EHCs ($)
2013-14	470
2014-15	495
2015-16	515
2016-17	535
2017-18	550

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2444)

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 general public sessions (GP sessions) of dental clinics,

(1) please provide the total number of attendances and a 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 past 5 years;

(2) please provide the total number of discs available and the total number of service sessions in GP sessions in the past 5 years; and

(3) please provide the number of patients receiving treatment and the total number of attendances in GP sessions in the past year, broken down by dental clinic.

Asked by: Hon WONG Kwok-kin (Member Question No. (LegCo use): 57)

Reply:

(1) 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. In the financial years 2013-14, 2014-15, 2015-16, 2016-17 and 2017-18 (up to 31 January 2018), the total numbers of attendances for GP sessions are as follows –

	2013-14	**2014-15**	**2015-16**	**2016-17**	**2017-18 (up to 31 January 2018)**
No. of attendance	34 352	35 221	34 580	36 783	30 979

The breakdowns 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 2013-14, 2014-15, 2015-16, 2016-17 and 2017-18 (up to 31 January 2018) are as follows –

	Distribution of attendances by age group				
Age group	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18 (up to 31 January 2018)**
0-18	721 (2.1%)	726 (2.1%)	723 (2.1%)	662 (1.8%)	595 (1.9%)
19-42	4 672 (13.6%)	4 676 (13.3%)	4 910 (14.2%)	5 315 (14.4%)	4 668 (15.1%)
43-60	9 962 (29.0%)	9 938 (28.2%)	9 496 (27.5%)	10 174 (27.7%)	8 129 (26.2%)
61 or above	18 997 (55.3%)	19 881 (56.4%)	19 451 (56.2%)	20 632 (56.1%)	17 587 (56.8%)

(2) In the financial years 2013-14, 2014-15, 2015-16, 2016-17 and 2017-18 (up to 31 January 2018), the total number of discs available and service sessions in GP sessions are as follows –

	2013-14	**2014-15**	**2015-16**	**2016-17**	**2017-18 (up to 31 January 2018)**
No. of maximum disc available	40 152	40 430	40 060	40 598	33 812
No. of sessions	661	661	662	670	557

(3) The numbers of attendance at the GP sessions at 11 government dental clinics and the total attendance in 2017-18 (up to 31 January 2018) are as follows:

Dental clinics with GP sessions	**No. of attendance in 2017-18 (up to 31 January 2018)**
Kowloon City Dental Clinic	4 554
Kwun Tong Dental Clinic	3 414
Kennedy Town Community Complex Dental Clinic	5 743
Fanling Health Centre Dental Clinic	1 954
Mona Fong Dental Clinic	1 605
Tai Po Wong Siu Ching Dental Clinic	1 700
Tsuen Wan Dental Clinic[#]	6 732

Dental clinics with GP sessions	No. of attendance in 2017-18 (up to 31 January 2018)
Yan Oi Dental Clinic	1 696
Yuen Long Jockey Club Dental Clinic	3 323
Tai O Dental Clinic	81
Cheung Chau Dental Clinic	177
	Total: 30 979

[#] Tsuen Wan Dental Clinics (TWDC) was temporarily closed for renovation and the GP session was relocated to Tsuen Wan Government Offices Dental Clinic with effect from 1 September 2015. GP session was resumed in TWDC in January 2017 after the completion of renovation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1395)

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 prohibition of commercial sale and supply of alcohol to minors, what are the staff establishment responsible for the work and the estimated expenditure in 2018-19?

Asked by: Hon WONG Pik-wan, Helena (Member Question No. (LegCo use): 8)

Reply:

The Dutiable Commodities (Amendment) Ordinance 2018 to prohibit commercial sale or supply of alcohol to persons aged under 18 was enacted on 8 February 2018 and will commence by notice published in the gazette. A total of 24 non-directorate civil service posts will be established under the Department of Health to conduct the enforcement actions. The financial provision for implementing the legislation and publicity work is $36 million in 2018-19.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1396)

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 provide details of the Government's various initiatives for co-ordinating primary care services.

2. Please advise on the actual expenditure for 2016-17, revised estimate for 2017-18 and estimate for 2018-19 in respect of primary care services.

Asked by: Hon WONG Pik-wan, Helena (Member Question No. (LegCo use): 9)

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. The expenditure on primary care services cannot be separately identified. 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 is in progress while the promulgation of the existing reference frameworks to healthcare professionals through Continuous Medical Education seminars continues. Public seminars were also conducted to deliver child health messages.

(b) Primary Care Directory (PCD)

The website and mobile website of the sub-directories for doctors, dentists and Chinese medicine practitioners have been launched. We will continue to promote the PCD to the public for searching primary care providers as well as to primary care service providers for enrolment.

(c) Community Health Centres (CHCs)

3 purpose-built CHCs were established under the management of the Hospital Authority. The first CHC located in Tin Shui Wai North was commissioned in February 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 September 2013 and March 2015 respectively. PCO would provide professional advice to the Food and Health Bureau in their planning and implementation of the pilot district health centre in Kwai Tsing.

(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 the DH have been implementing projects and initiatives seeking to enhance primary care in Hong Kong such as health promotion and education, prevention of non-communicable diseases, the Vaccination Subsidy Scheme, Government Vaccination Programme, Elderly Health Care Voucher Scheme, Colorectal Cancer Screening Pilot Programme and Outreach Dental Care Programme for the Elderly.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1397)

Head: (37) Department of Health

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

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding the Government's three-year programme in collaboration with non-governmental organisations, what is the estimated number of attendances for dental care services by adult persons with intellectual disabilities each year?

2. What are the estimated expenditure and staff establishment of the programme?

Asked by: Hon WONG Pik-wan, Helena (Member Question No. (LegCo use): 10)

Reply:

1. The Government will launch a three-year programme in collaboration with non-governmental organisations to provide dental care services for adult persons with intellectual disability. It is estimated that about 5 000 quotas would be available for eligible persons under the three-year programme.

2. The Government will provide about $54 million for the three-year project. 2 time-limited civil service posts, namely 1 Senior Dental Officer post and 1 Dental Officer post will be created for implementing the programme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1434)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The estimate for 2018-19 is 29.5% higher than the original estimate for 2017-18, mainly for the prevention and control of various communicable and non-communicable diseases. Will the Government please advise on the following:

1. What is the actual amount of the provision as represented by the 29.5% rise in the estimate for 2018-19?

2. Of the increased provision, how much will be earmarked for implementing the Colorectal Cancer Screening Pilot Programme and Cervical Screening Programme? (Please provide the respective figures.)

3. Please give a detailed breakdown of the expenditures for the Colorectal Cancer Screening Pilot Programme from 2015 to 2018. What were the actual number of beneficiaries each year and the percentage of all eligible persons across the territory those beneficiaries accounted for?

4. Please give a detailed breakdown of the expenditures for the Cervical Screening Programme from 2015 to 2018. What were the actual number of women who had received cervical screening at Maternal and Child Health Centres each year and the percentage of all eligible women across the territory those participating women accounted for? How many women had received screening at private clinics?

Asked by: Hon WONG Pik-wan, Helena (Member Question No. (LegCo use): 60)

Reply:

1. In 2018-19, the provision for disease prevention is $6,032.5 million, which is $1,372.5 million (i.e. 29.5%) higher than the original estimate for 2017-18 of $4,660.0 million.

2. In 2018-19, the provision for implementing Colorectal Cancer Screening Pilot Programme (Pilot Programme) and Cervical Screening Programme (CSP) is $152.7 million and about $20 million respectively.

3. Launched in September 2016, the Pilot Programme currently provides subsidised screening to asymptomatic Hong Kong residents born from 1946 to 1955. Assuming that 30% of eligible persons who are users of electronic Health Record Sharing System will enrol in the three-year Pilot Programme, the Department of Health (DH) expects some 300 000 numbers of participations. As at the end of February 2018, over 65 000 eligible persons have participated in the Pilot Programme. The revised estimates in 2016-17 and 2017-18 are $51.7 million and $119.3 million respectively. The breakdown of actual expenditure cannot be separately identified.

4. The financial provision of CSP is about $20 million each year for 2015-16 to 2017-18. The breakdown of the actual expenditure cannot be separately identified. In 2015, 2016 and 2017, the numbers of attendance for cervical screening service provided at Maternal and Child Health Centres (MCHCs) were 97 000, 102 000 and 103 000 respectively. There is no estimation of the number of persons eligible for screening and hence the proportion who had received screening at MCHCs. According to the Population Health Survey 2014-15 conducted by the DH, it is estimated that 783 200 females aged 25 or above had their last cervical cancer screening done in private clinics or hospitals.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1195)

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 estimated expenditure on Statutory Functions for 2018-19 is $383 million higher than that for 2017-18, representing an increase of as much as 42.4%. What is the specific breakdown of the increased expenditure? As for the increase of 94 posts in 2018-19, what are the distribution of ranks, their specific duties and expenditure involved?

Asked by: Hon WONG Ting-kwong (Member Question No. (LegCo use): 41)

Reply:

Provision for 2018-19 for statutory functions is $383 million (42.4%) higher than the revised estimate for 2017-18. The increase in provision is mainly due to the following:

(a) topping up the provision of health screening services at Boundary Control Points ($208 million);
(b) enforcing the legislation of restricting the sale and supply of alcohol to minors and to provide publicity and education to prepare for and support regulatory control ($36 million);
(c) development of Chinese medicine, including the operation of the Government Chinese Medicines Testing Institute ($28 million);
(d) implementation of the Medical Registration (Amendment) Bill 2017 and enhancing the secretariat support to the Dental Council of Hong Kong to expedite the handling of complaints and disciplinary inquiries ($11 million);
(e) stepping up inspection in statutory No Smoking Areas and enhancing the overall enforcement work in tobacco control ($12 million); and
(f) meeting the increase in cash flow requirement for procurement of equipment ($13 million).

The details of the net increase of 94 posts in 2018-19 involving a total provision of $47.1 million are in the **Annex**.

Annex

Creation and Deletion of Posts in Department of Health in 2018-19
Programme (1) – Statutory Functions

Initiative / Rank	No. of posts to be created/deleted
(a) Taking forward the legislative proposal to prohibit the commercial sale and supply of alcohol to minors	
Scientific Officer (Medical)	1
Overseer	4
Senior Foreman	12
Executive Officer I	2
Executive Officer II	3
Assistant Clerical Officer	2
Sub-total :	***24***
(b) Strengthening the secretariat support to the Medical Council of Hong Kong	
Chief Executive Officer	1
Senior Executive Officer	1
Executive Officer I	2
Executive Officer II	1
Clerical Officer	1
Assistant Clerical Officer	2
Sub-total :	***8***
(c) Strengthening the secretariat support to the Medical Council of Hong Kong (Time-limited for three years from 2018-19 to 2020-21)	
Senior Executive Officer	2
Executive Officer I	2
Executive Officer II	2
Clerical Officer	1
Assistant Clerical Officer	2
Sub-total :	***9***
(d) Strengthening the secretariat support to the Dental Council of Hong Kong	
Executive Officer I	1
Clerical Officer	1
Assistant Clerical Officer	1
Sub-total :	***3***
(e) Supporting the development of Chinese medicine	
Pharmacist	1
Chemist	1
Scientific Officer (Medical)	4
Science Laboratory Technician II	1
Sub-total :	***7***

Initiative / Rank	No. of posts to be created/deleted
(f) Strengthening the laboratory technical support in the forensic pathology services	
Medical Laboratory Technician I	1
Medical Laboratory Technician II	-1
Sub-total :	***0***
(g) Strengthening the manpower support in the regulation of advanced therapies	
Senior Medical and Health Officer	1
Senior Pharmacist	1
Pharmacist	2
Scientific Officer (Medical)	2
Assistant Clerical Officer	2
Sub-total :	***8***
(h) Strengthening the overall support to the Port Health Office for the commissioning of the Hong Kong Boundary Crossing Facilities of the Hong Kong-Zhuhai-Macao Bridge and the West Kowloon Terminus of the Hong Kong Section of Guangzhou-Shenzhen-Hong Kong Express Rail Link	
Nursing Officer	1
Registered Nurse	2
Foreman	8
Health Inspector I/II	2
Clerical Assistant	1
Sub-total :	***14***
(i) Strengthening the overall support to the Port Health Office upon commissioning of the boundary control point at Liantang / Heung Yuen Wai	
Medical and Health Officer	1
Nursing Officer	1
Registered Nurse	2
Senior Foreman	1
Foreman	6
Health Inspector I/II	2
Assistant Clerical Officer	1
Sub-total :	***14***
(j) Conversion of non-civil service contract positions to civil service posts for rationalising the clerical support to the Chinese Medicine Division	
Assistant Clerical Officer	7
Sub-total :	***7***
Net increase under Programme (1) :	**94**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0500)

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 Colorectal Cancer Screening Pilot Programme (the Pilot Programme), please inform this Committee:

(1) of the estimated and actual numbers of cases approved as well as the expenditure involved each year since the launch of the Pilot Programme;

(2) of the details of the work and the expenditure involved in 2018-19 for regularising the Pilot Programme to cover individuals aged between 50 and 75 as announced in the Budget;

(3) whether the Government will launch a separate programme to subsidise high-risk individuals to undergo colonoscopy since they are not suitable to enrol in the Pilot Programme; if so, the details; and

(4) whether the Government will subsidise high-risk patients in public hospitals, who have not been invited to enrol in the partnership programme, to undergo colonoscopy; if so, the details; if not, the reasons for that and whether there are any other plans to relieve the financial burden of such patients.

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 29)

Reply:

(1) Launched in September 2016, the Colorectal Cancer (CRC) Screening Pilot Programme (the Pilot Programme) currently provides subsidised screening to asymptomatic Hong Kong residents born from 1946 to 1955. Assuming that 30% of eligible persons who are the users of electronic Health Record Sharing System will enrol in the three-year Pilot Programme, the Department of Health (DH) expects some 300 000 numbers of participations. As at the end of February 2018, over 65 000 eligible persons have participated in the Pilot Programme. The revised estimates in 2016-17 and 2017-18 are $51.7 million and $119.3 million respectively.

(2) In 2018-19, DH will prepare for regularisation of the screening programme which will eventually cover persons aged between 50 and 75 in phases. The DH is in the process of working out the implementation details and will make announcements in due course. This initiative will incur a total of $940 million over the coming 5 years.

(3) & (4)

The Pilot Programme uses faecal occult blood test (FOBT) as the screening tool to identify persons at "average risk" of CRC. According to recommendations of the Cancer Expert Working Group on Cancer Prevention and Screening established under the Cancer Co-ordinating Committee chaired by the Secretary for Food and Health, persons at "higher risk" of CRC by virtue of a strong family history of cancer should receive regular endoscopic (sigmoidoscopy or colonoscopy) examinations instead. Under the existing arrangements, the Pilot Programme does not cover persons at "higher risk" of CRC or those in the colonoscopy waiting list of the public healthcare system.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0753)

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 general public sessions of dental clinics, please inform this Committee:

(1) of the number of service hours, the maximum service capacity, the actual number of attendances, the average time per consultation and the average cost per attendance of each dental clinic in the past 3 years; and

(2) whether the Government has considered extending the service hours of individual clinics, expanding the service capacity and increasing the number of clinics; if so, the details.

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 90)

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 2015-16, 2016-17 and 2017-18 (up to 31 January 2018), the maximum numbers of disc allocated and total number of attendances for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session[@]	No. of attendances		
			2015-16	2016-17	2017-18 (up to 31 January 2018)
Kowloon City Dental Clinic	Monday (AM)	84	5 177	5 329	4 554
	Thursday (AM)	42			
Kwun Tong Dental Clinic*	Wednesday (AM)	84	4 028	4 295	3 414
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	5 905	6 903	5 743
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 218	2 356	1 954
Mona Fong Dental Clinic	Thursday (PM)	42	1 952	1 909	1 605
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1 978	2 026	1 700
Tsuen Wan Dental Clinic[#]	Tuesday (AM)	84	7 193	7 567	6 732
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 071	2 152	1 696
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 769	3 999	3 323
	Friday (AM)	42			
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	97	95	81
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	192	152	177

* Kwun Tong Jockey Club Dental Clinic was renamed as Kwun Tong Dental Clinic with effect from January 2015.

[#] Tsuen Wan Dental Clinics (TWDC) was temporarily closed for renovation and the GP session was relocated to Tsuen Wan Government Offices Dental Clinic with effect from 1 September 2015. GP session was resumed in TWDC in January 2017 after the completion of renovation.

[@] The maximum numbers of disc allocated per session at individual dental clinics remain the same in the 3 years.

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 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.

In addition to the GP sessions, the DH provides specialist dental treatment to hospital in-patients, groups with special oral healthcare needs and dental emergency in the Oral Maxillofacial Surgery & Dental Units of 7 public hospitals.

Since 2013/2014 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 August 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 Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme. Besides, eligible elders may also use elderly health care vouchers for private dental services.

We shall continue our efforts in promotion and education to improve oral health of the public.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3550)

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", please inform this Committee of the following details in 2015-16, 2016-17 and 2017-18: the financial provision for the Programme; the non-governmental organisations (NGOs) participating in the Programme and the numbers of outreach dental teams of each NGO, broken down by district; the percentages of residential care homes and day care centres for the elderly participating in the Programme (broken down by the administrative district of the Social Welfare Department); and the numbers of elderly persons who were benefited from the Programme and their attendances.

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 89)

Reply:

The financial provision for Outreach Dental Care Programme for the Elderly (ODCP) from 2015-16 to 2017-18 is as follows -

Financial Year	Amount $ million
2015-16	44.5
2016-17	44.8
2017-18	44.9

The number of attendances under ODCP was about 138 400 between October 2014 and September 2017, and about 21 100 between October 2017 and January 2018.

Starting from October 2017, a total of 23 outreach dental teams from 10 non-governmental organisations (NGOs) have been set up under the ODCP. Distribution of the outreach dental teams and the respective NGOs by administrative districts of the Social Welfare Department (SWD) is at **Annex A**.

The distribution of the participating residential care homes for the elderly (RCHEs) and day care centres (DEs) by administrative districts of the SWD is at **Annex B**.

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 Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
	香港醫藥援助會 Project Concern Hong Kong	1
	東華三院 Tung Wah Group of Hospitals	1
Eastern and Wan Chai	志蓮淨苑 Chi Lin Nunnery	1
	香港防癆心臟及胸病協會 Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
	東華三院 Tung Wah Group of Hospitals	1
	仁濟醫院 Yan Chai Hospital	1
Kwun Tong	基督教家庭服務中心 Christian Family Service Centre	1
	志蓮淨苑 Chi Lin Nunnery	1
	基督教靈實協會 Haven of Hope Christian Service	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
	仁愛堂 Yan Oi Tong	1
Wong Tai Sin and Sai Kung	基督教家庭服務中心 Christian Family Service Centre	1
	志蓮淨苑 Chi Lin Nunnery	1
	基督教靈實協會 Haven of Hope Christian Service	1
	博愛醫院 Pok Oi Hospital	1
	仁愛堂 Yan Oi Tong	1
Kowloon City and Yau Tsim Mong	志蓮淨苑 Chi Lin Nunnery	1
	香港醫藥援助會 Project Concern Hong Kong	1
	東華三院 Tung Wah Group of Hospitals	1
	仁愛堂 Yan Oi Tong	2
Sham Shui Po	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	香港醫藥援助會 Project Concern Hong Kong	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
	博愛醫院 Pok Oi Hospital	1
	東華三院 Tung Wah Group of Hospitals	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tsuen Wan and Kwai Tsing	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	博愛醫院 Pok Oi Hospital	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tuen Mun	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	博愛醫院 Pok Oi Hospital	1
	仁濟醫院 Yan Chai Hospital	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
	仁愛堂 Yan Oi Tong	1
Yuen Long	明愛牙科診所 Caritas Dental Clinics	1
	博愛醫院 Pok Oi Hospital	1
	仁愛堂 Yan Oi Tong	1
Sha Tin	明愛牙科診所 Caritas Dental Clinics	1
	基督教靈實協會 Haven of Hope Christian Service	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tai Po and North	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	東華三院 Tung Wah Group of Hospitals	1
	仁愛堂 Yan Oi Tong	2

*Note : Some outreach dental teams under ODCP have been assigned to serve more than 1 administrative district.

Annex B

Distribution of the participating RCHEs and DEs
by Administrative District of the Social Welfare Department

	2015-16 Service Year of ODCP [Note 1]			**2016-17 Service Year of ODCP** [Note 1]			**2017-19 Service Year of ODCP** [Note 2] **(position as at 31 January 2018)**		
	(a)	**(b)**	**(a)/(b) %**	**(a)**	**(b)**	**(a)/(b) %**	**(a)**	**(b)**	**(a)/(b) %**
Central, Western, Southern and Islands	88	109	81%	88	109	81%	13	104	13%
Eastern and Wan Chai	81	103	79%	84	105	80%	22	107	21%
Kwun Tong	52	69	75%	53	71	75%	26	67	39%
Wong Tai Sin and Sai Kung	57	72	79%	61	72	85%	34	67	51%
Kowloon City and Yau Tsim Mong	109	134	81%	120	134	90%	81	136	60%
Sham Shui Po	56	91	62%	60	91	66%	35	93	38%
Tsuen Wan and Kwai Tsing	92	110	84%	96	110	87%	65	116	56%
Tuen Mun	49	54	91%	49	54	91%	44	57	77%
Yuen Long	56	60	93%	58	60	97%	43	59	73%
Sha Tin	49	64	77%	52	65	80%	38	63	60%
Tai Po and North	84	93	90%	89	93	96%	64	93	69%
Total:	**773**	**959**	**81%**	**810**	**964**	**84%**	**465**	**962**	**48%** [Note 3]

Note 1: Service year refers to the period from 1 October of the current year to 30 September of the following year.

Note 2: 2017-19 Service year refers to the period from 1 October 2017 to 31 March 2019.

Note 3: This figure represents the participation rate of the first 4 months of 2017-19 Service Year, and this rate will be increased gradually throughout the Service Year.

(a): No. of Participating RCHEs and DEs

(b): Total no. of RCHEs and Des

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)283

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3551)

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 services in specialist outpatient clinics under the Department of Health (DH), please advise this Committee on:

1) the healthcare staff establishments, the numbers of new cases waiting for appointment and the numbers of attendances at the specialist outpatient clinics in all districts in the past 3 years, broken down by specialty; and

2) whether the DH, given that the key performance measure in respect of new dermatology cases (i.e. the percentage of such cases with an appointment time given within 12 weeks) is removed from 2018-19 onwards but to accord priority to new patients with indicator diseases of serious dermatoses, has any measures to ensure that new patients of other dermatology cases can receive the treatment needed within an appropriate time frame.

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 91)

Reply:

1) The establishment of Medical and Health Officer, Registered Nurses and Enrolled Nurses in specialist outpatient clinics of the Department of Health (DH) is at **Annex**.

   The statistics on the number of new cases and attendances at specialist outpatient clinics in the past 3 years are tabulated below-

(a) HIV/AIDS Clinic

Number of new cases

	2015	2016	2017
Kowloon Bay Integrated Treatment Centre (ITC)	359	331	358

Medical consultation at ITC is by appointment. For new cases, appointment is made through telephone booking. The appointment date is based on the next available time slot that is acceptable to the patient concerned. Over the past 3 years, all patients received consultation within 14 days, except for those who are specifically asked to receive consultation later.

Number of total attendances

	2015	2016	2017
ITC	14 600	14 900	15 239

(b) Clinics providing dermatology service

Number of new attendances

	2015	2016	2017
Cheung Sha Wan	3 541	3 270	2 909
Sai Ying Pun	2 150	2 106	2 201
Yau Ma Tei	4 747	4 712	4 326
Yung Fung Shee	4 982	4 960	4 298
Fanling	2 933	3 233	2 793
Chai Wan	2 930	2 324	2 688
Wan Chai	1 882	1 748	1 669
Tuen Mun	4 201	3 674	3 815

Number of total attendances

	2015	2016	2017
Cheung Sha Wan	39 683	39 646	38 090
Sai Ying Pun	23 606	22 849	22 420
Yau Ma Tei	46 964	46 036	44 665
Yung Fung Shee	41 529	42 397	40 597
Fanling	25 257	26 774	26 361
Chai Wan	25 048	22 881	21 070
Wan Chai	15 755	15 201	15 422
Tuen Mun	30 295	28 413	27 589

(c) Chest Clinics

Number of new attendances (including TB# and non-TB)

	2015	2016	2017
East Kowloon	1 296	1 190	1 196
Kowloon	1 392	1 468	1 491
Pneumoconiosis	81	55	92
Sai Ying Pun	1 381	1 357	1 275
Shaukeiwan	1 201	1 087	1 054
Shek Kip Mei	1 177	1 256	1 158
South Kwai Chung	2 022	2 023	2 057
Tai Po	956	913	994
Wanchai	1 193	1 265	1 229
Yan Oi	1 986	2 120	2 313
Yaumatei	1 719	1 829	1 697
Yuen Chau Kok	1 453	1 747	1 785
Yung Fung Shee	1 564	1 528	1 586
New Territories*	1 270	1 323	1 377
Tung Chung	384	424	330

*It includes Sheung Shui Chest Clinic, Yuen Long Chest Clinic, Cheung Chau Chest Clinic, Sai Kung Chest Clinic and Castle Peak Chest Clinic (which was closed since 1 April 2015).

"TB" stands for tuberculosis.

Number of total attendances (new attendances and return visits) (including TB and non-TB)

	2015	2016	2017
East Kowloon	12 740	12 532	12 563
Kowloon	14 755	14 797	14 669
Pneumoconiosis	4 911	4 806	4 840
Sai Ying Pun	9 789	10 155	9 982
Shaukeiwan	11 303	10 833	10 607
Shek Kip Mei	12 584	12 467	12 105
South Kwai Chung	20 596	21 370	20 212
Tai Po	7 734	8 116	8 059
Wanchai	14 583	14 585	13 548
Yan Oi	17 985	19 545	20 810
Yaumatei	14 876	14 414	13 383
Yuen Chau Kok	14 829	16 578	16 596
Yung Fung Shee	15 099	15 312	15 882
New Territories*	11 320	11 230	11 323
Tung Chung	2 033	2 199	1 957

*It includes Sheung Shui Chest Clinic, Yuen Long Chest Clinic, Cheung Chau Chest Clinic, Sai Kung Chest Clinic and Castle Peak Chest Clinic (which was closed since 1 April 2015).

In general, persons attending chest clinics with a diagnosis of active tuberculosis (TB) or suspected active TB (either by referral or by symptom on triage) will have medical consultation within 1 to 2 days. The waiting time for non-TB cases may vary from within the same day to a few weeks but the exact figure is not available.

2) Dermatological clinics have implemented a triage system of which all new case referrals will be assessed by the specialist doctors in charge of individual clinics. They are experienced specialists in dermatology and will identify these serious dermatoses from the professional point of view. Serious or potentially serious cases will be accorded higher priority to ensure that new patients will have medical consultation without delay.

- End -

Annex

Clinics	No. of Posts from 2015-16 to 2017-18*						
	SMO	**MO**	**SNO**	**NO**	**RN**	**EN**	***Total***
HIV/AIDS Clinic							
Kowloon Bay Integrated Treatment Centre	2	2	1	9	11	-	***25***
Sub-total:	***2***	***2***	***1***	***9***	***11***	***-***	***25***
Dermatological and Social Hygiene Clinics							
Cheung Sha Wan Dermatological Clinic	1	3	-	1	9	-	***14***
Sai Ying Pun Dermatological Clinic	-	2	-	1	6	-	***9***
Yau Ma Tei Dermatological Clinic	1	2	-	1	9	-	***13***
Yung Fung Shee Dermatological Clinic	-	2	-	1	6	-	***9***
Chai Wan Social Hygiene Clinic	-	2	-	2	7	1	***12***
Wan Chai Social Hygiene Clinic	1	2	-	2	10	2	***17***
Tuen Mun Social Hygiene Clinic	1	1	-	2	9	2	***15***
Yau Ma Tei Female Social Hygiene Clinic	-	1	-	2	7	2	***12***
Yau Ma Tei Male Social Hygiene Clinic	-	1	-	2	8	2	***13***
Yung Fung Shee Social Hygiene Clinic	-	1	-	1	6	1	***9***
Fanling Integrated Treatment Centre	1	3	-	2	9	2	***17***
Sub-total:	***5***	***20***	***-***	***17***	***86***	***12***	***140***
Tuberculosis and Chest Clinics							
East Kowloon Chest Clinic	1	1	-	1	5	5	***13***
Kowloon Chest Clinic	1	2	-	1	5	6	***15***
New Territories Unit	-	2	-	1	4	5	***12***
Sai Ying Pun Chest Clinic	-	1	-	1	5	4	***11***
Shaukeiwan Chest Clinic	-	1	-	1	5	4	***11***
Shek Kip Mei Chest Clinic	-	2	-	1	5	6	***14***
South Kwai Chung Chest Clinic	-	2	-	1	5	8	***16***

Clinics	**No. of Posts from 2015-16 to 2017-18***						
	SMO	**MO**	**SNO**	**NO**	**RN**	**EN**	***Total***
Tai Po Chest Clinic	-	1	-	1	5	4	***11***
Tung Chung Chest Clinic	-	1	-	-	-	-	***1***
Wan Chai Chest Clinic	1	2	-	1	7	5	***16***
Yan Oi Chest Clinic	1	1	-	1	5	7	***15***
Yaumatei Chest Clinic	1	2	-	1	5	7	***16***
Yuen Chau Kok Chest Clinic	1	1	-	1	6	6	***15***
Yung Fung Shee Chest Clinic	-	1	-	1	6	6	***14***
Pneumoconiosis Clinic	1	1	-	1	6	1	***10***
Sub-total:	***7***	***21***	***-***	***14***	***74***	***74***	***190***
Total	***14***	***43***	***1***	***40***	***171***	***86***	***355***

* There is no change in the establishment for the past 3 years.

Remarks:

- **SMO:** Senior Medical and Health Officer
- **MO:** Medical and Health Officer
- **SNO:** Senior Nursing Officer
- **NO:** Nursing Officer
- **RN:** Registered Nurse
- **EN:** Enrolled Nurse

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3552)

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 subventions under Subhead 000 Operational expenses, please inform this Committee of:

1) the organisations subvented and their respective amounts of subvention received in 2015-16 2016-17 and 2017-18; and

2) the organisations to be subvented and their respective amounts of subvention to be received in 2018-19.

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 96)

Reply:

1) & 2)

The Department of Health subvents the following organisations / programmes with their respective amounts of subvention under Subhead 000 Operational expenses in 2015-16, 2016-17, 2017-18 and 2018-19 as listed below:

Organisations / Programmes subvented by the Department of Health	**2015-16 (Actual) ($ million)**	**2016-17 (Actual) ($ million)**	**2017-18 (Revised estimate) ($ million)**	**2018-19 (Provision) ($ million)**
Programme (2) : Disease Prevention				
The Family Planning Association of Hong Kong	52.1	55.7	58.1	56.3
Elderly Health Assessment Pilot Programme Note 1	4.4	- (Note 2)	-	-

Organisations / Programmes subvented by the Department of Health	2015-16 (Actual) ($ million)	2016-17 (Actual) ($ million)	2017-18 (Revised estimate) ($ million)	2018-19 (Provision) ($ million)
Outreach Dental Care Programme for the Elderly [Note 3]	29.9	38.0	39.9	39.9
Programme (3) : Health Promotion				
Hong Kong St. John Ambulance	15.2	15.9	16.4	16.6
Hong Kong Red Cross	1.3	1.3	1.4	1.4
Hong Kong Council on Smoking and Health	22.4	22.9	23.6	23.4
Tung Wah Group of Hospitals – Smoking Cessation Programme	39.1	41.5	34.0	34.0
Pok Oi Hospital – Smoking Cessation Programme by Traditional Chinese Medicine	7.3	7.6	7.2	7.3
Po Leung Kuk – School-based Smoking Prevention Programme / School-based Kindergarten Smoking Prevention Programme	2.2	2.0	1.5	1.4
Lok Sin Tong – Smoking Cessation Programme in Workplace	2.3	2.4	2.7	2.7
United Christian Nethersole Community Health Service – Smoking Cessation Programme for Ethnic Minorities and New Immigrants	2.6	2.6	2.9	2.9

Organisations / Programmes subvented by the Department of Health	2015-16 (Actual) ($ million)	2016-17 (Actual) ($ million)	2017-18 (Revised estimate) ($ million)	2018-19 (Provision) ($ million)
Life Education Activity Programme – Smoking Prevention Programme for Primary and Secondary Schools	2.3	2.3	2.4	2.4
The University of Hong Kong – Smoking Cessation Evaluation and Training Project	2.3	1.9	0.6	1.7
Programme (4) : Curative Care				
Tung Wah Group of Hospitals – Chinese Medicine General Outpatient Clinics	3.3	3.4	3.5	3.6
Dental Care Services for Adult Persons with Intellectual Disability("ID") Note 4	0	0	0	5.9
Programme (6) : Treatment of Drug Abusers				
The Society for the Aid and Rehabilitation of Drug Abusers	99.0	102.2	103.7	106.1
Caritas Hong Kong	7.4	7.8	7.0	7.2
Hong Kong Christian Service	9.4	9.5	9.4	9.9

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: The two-year "Elderly Health Assessment Pilot Programme" ended in 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) Hong Kong Tuberculosis, Chest and Heart Diseases Association; (vi) H.K.S.K.H. Lady MacLehose Centre (no longer subvented under the Programme since October 2017); (vii) Pok Oi Hospital; (viii) Project Concern Hong Kong; (ix) Tung Wah Group of Hospitals; (x) Yan Chai Hospital; and (xi) Yan Oi Tong.

Note 4: The Government will launch a three-year programme in mid-2018 in collaboration with non-governmental organisations to provide free oral check-ups, dental treatments and oral health education for adult persons with intellectual disability.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3553)

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 in each of the past 3 years.

Type of developmental disorder	2015	2016	2017
Language Delay			
Developmental Delay			
Attention Deficit / Hyperactivity Disorder			
Psychological Problems / Emotional and Behavioural Problems / Disorders			
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)			

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 97)

Reply:

The number of newly diagnosed cases of developmental conditions in the Child Assessment Service in the past 3 years are as follows:

Developmental conditions	Number of newly diagnosed cases		
	2015	2016	2017 (Provisional figure)
Attention/Hyperactive Problems/Disorders	2 890	2 809	2 855
Autism Spectrum Disorder	2 021	1 905	1 716
Borderline Developmental Delay	2 262	2 205	2 371
Developmental Motor Coordination Problems/Disorders	1 888	1 822	2 124
Dyslexia & Mathematics Learning Disorder	643	506	507
Hearing Loss (Moderate to profound grade)	76	67	71
Language Delay/Disorders and Speech Problems	3 487	3 627	3 585
Physical Impairment (i.e. Cerebral Palsy)	61	60	40
Significant Developmental Delay/Intellectual Disability	1 443	1 323	1 311
Visual Impairment (Blind to Low Vision)	43	29	38

Note: A child might have been diagnosed with more than 1 developmental disability/problem.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3554)

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 tabulate the following information for the past 3 years:

1. the cost per attendance for health assessment and the cost per attendance for medical consultation;

2. the cost per attendance for health education activities organised by the EHCs and Visiting Health Teams;

3. the annual operating costs of each EHC;

4. the annual total enrolment quota, quota for new members, and number of members from other districts of each EHC; and

5. the average waiting time for enrolment as an EHC member each year (please provide a breakdown by EHC).

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 98)

Reply:

1. 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
2015-16	$1,310	$515
2016-17	$1,360	$535
2017-18	$1,395	$550

2. The cost per attendance for health education activities organised by the EHCs and the Visiting Health Teams (VHTs) are not available. Information on the total expenditure of the 18 EHCs and the 18 VHTs is as follows:

Year	Total expenditure of the 18 EHCs ($ million)	Total expenditure of the 18 VHTs[#] ($ million)
2015-16 (Actual)	140.0	77.8
2016-17 (Actual)	150.7	84.5
2017-18 (Revised Estimate)	151.2	83.6

[#] The expenditure also includes Public Health & Administration Section of the Elderly Health Service (EHS).

3. The Department of Health does not have breakdown of operating cost by EHC. The average operating expenditure of each EHC is as follows:

Year	Average operating expenditure of each EHC ($ million)
2015-16	7.8
2016-17	8.4
2017-18*	8.4

* Provisional figure

4. The total number of enrolments and the number of new members in the 18 EHCs are as follows:

EHC	Total number of enrolments			Number of new members		
	2015	2016	2017*	2015	2016	2017*
Sai Ying Pun	2 288	2 310	2 315	698	642	761
Shau Kei Wan	2 224	2 205	2 213	665	800	668
Wan Chai	3 614	4 546	4 651	1 878	2 251	2 118
Aberdeen	2 182	2 148	2 188	467	452	494
Nam Shan	2 225	2 218	2 223	490	795	687
Lam Tin	2 220	2 223	2 220	560	634	655
Yau Ma Tei	2 216	2 254	2 215	487	930	778
San Po Kong	2 134	2 142	2 321	550	640	535
Kowloon City	2 211	2 211	2 212	554	536	742
Lek Yuen	3 541	2 550	4 897	1 629	681	1 442
Shek Wu Hui	2 162	2 144	2 131	450	716	724
Tseung Kwan O	2 136	3 471	2 130	537	1 406	708
Tai Po	2 124	2 124	2 126	581	729	633
Tung Chung	2 330	2 319	2 321	461	731	503
Tsuen Wan	2 116	2 516	2 114	520	1 032	682
Tuen Mun Wu Hong	2 149	2 208	2 215	514	653	700
Kwai Shing	2 310	2 277	2 286	620	551	641
Yuen Long	2 219	2 270	2 316	420	739	626
Total	**42 401**	**44 136**	**45 094**	**12 081**	**14 918**	**14 097**

* Provisional figures

The number of members from other districts in each EHC are as follows:

EHC	Number of members from other districts		
	2015	2016	2017*
Sai Ying Pun	608	559	390
Shau Kei Wan	66	60	47
Wan Chai	1 956	2 878	2 240

Aberdeen	58	51	33
Nam Shan	835	870	629
Lam Tin	196	174	106
Yau Ma Tei	853	929	721
San Po Kong	582	654	557
Kowloon City	899	867	652
Lek Yuen	76	62	71
Shek Wu Hui	119	83	89
Tseung Kwan O	238	325	126
Tai Po	246	257	169
Tung Chung	1 325	1 195	959
Tsuen Wan	734	930	584
Tuen Mun Wu Hong	42	38	17
Kwai Shing	564	580	480
Yuen Long	115	126	94
Total	**9 512**	**10 638**	**7 964**

* Provisional figures as at September 2017

5. The median waiting time for enrolment as a new member of individual EHCs is as follows:

EHC	**Median waiting time (months)**		
	2015	**2016**	**2017***
Sai Ying Pun	30.0	6.0	7.5
Shau Kei Wan	23.5	2.4	6.9
Wan Chai	34.3	1.4	5.4
Aberdeen	14.5	4.3	7.0
Nam Shan	15.8	2.2	5.8
Lam Tin	12.0	4.0	7.5
Yau Ma Tei	34.2	7.6	6.9
San Po Kong	18.6	1.5	6.3
Kowloon City	34.4	8.5	5.7
Lek Yuen	4.5	8.7	7.7
Shek Wu Hui	16.4	7.9	6.7
Tseung Kwan O	29.0	2.8	6.8
Tai Po	16.3	3.8	6.9
Tung Chung	15.0	6.3	3.9
Tsuen Wan	17.8	12.0	5.9
Tuen Mun Wu Hong	15.8	11.3	10.2
Kwai Shing	7.0	1.5	4.8
Yuen Long	13.4	6.0	6.7
Overall	**16.3**	**5.2**	**6.8**

* Provisional figures

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)287

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3555)

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 Maternal and Child Health Centres (MCHCs) under this Programme, please inform this Committee:

1) whether there are any plans to reprovision or relocate the existing MCHCs in 2018-19 and 2019-20; if so, what will be the locations of the MCHCs involved as well as the details; and

2) whether there are any plans to provide new MCHCs in 2018-19 and 2019-20; if so, what will be the locations of the MCHCs involved as well as the details?

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 99)

Reply:

1) Robert Black Maternal and Child Health Centre (RB MCHC) has ceased operation temporarily since 21 November 2016 due to major renovation. The service demand of RB MCHC during its renovation is met by the nearby MCHCs, including East Kowloon and Kowloon City MCHCs. RB MCHC is expected to resume service in the first half of 2019.

2) There is no new MCHC to be established in Year 2018-19 and 2019-20.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1358)

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:

It is stated in the Estimates that the Department of Health will continue to strengthen the publicity and education programme and adopt a community approach on smoking prevention and cessation. However, as shown by figures, the number of publicity or educational activities delivered by the Hong Kong Council on Smoking and Health is 420 in 2018, representing a drop when compared with the respective figures of 423 in 2016 and 430 in 2017. Please explain why there is a drop in the number of publicity or educational activities.

Asked by: Hon YIU Si-wing (Member Question No. (LegCo use): 10)

Reply:

The Hong Kong Council on Smoking and Health (COSH) is subvented by the Department of Health (DH) to carry out publicity and education programmes on smoking prevention. These programmes include outreaching programmes targeted at kindergartens, and primary and secondary schools, through providing guidelines and exhibition boards, health talks, 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. The number of activities organised varies from year to year as COSH conducts publicity and education campaigns with different themes, scales and coverage every year.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)289

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1359)

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 2018, the Department will continue to implement the Colorectal Cancer Screening Pilot Programme and prepare for the regularisation of the Programme to cover for persons at specific ages. Will the Department consider extending the scope of the screening programme so that other types of cancer can be covered in the future? If so, how will it be implemented? If not, why?

Asked by: Hon YIU Si-wing (Member Question No. (LegCo use): 11)

Reply:

The Department of Health (DH) has been promoting a healthy lifestyle as the primary strategy for cancer prevention. This includes avoidance of smoking and alcohol, regular physical activity, healthy eating, and maintenance of a healthy body weight and waistline. In 2004, the DH launched the Cervical Screening Programme to encourage women to receive regular screening to reduce incidence and mortality from cervical cancer. In September 2016, subsidised colorectal cancer (CRC) screening was introduced as a pilot programme for asymptomatic Hong Kong residents born from 1946 to 1955. In 2018-19, the DH will prepare for regularisation of the CRC screening programme which will eventually cover persons aged between 50 and 75.

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 making recommendations to the Government on evidence-based measures for cancer prevention and screening for the local population. The CEWG considers that, apart from cervical cancer and CRC, there is either no evidence for recommending or insufficient evidence to recommend for or against population-based screening of other cancers.

The DH will keep in view the latest evidence of the effectiveness of cancer screening that may be relevant to the public health of local population.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1361)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Government indicates in the Estimates that it will continue to enhance the elderly health service. Will the Government advise on the specific enhancement measures to be implemented? How will the resources be allocated?

Asked by: Hon YIU Si-wing (Member Question No. (LegCo use): 14)

Reply:

The 18 Elderly Health Centres (EHCs) under the Department of Health (DH) provide integrated primary health care services including health assessment, counselling, health education and curative treatment to the elderly aged 65 or above on a membership basis.

DH has earmarked additional resources for creating 2 new clinical teams, one in 2017-18 and 2018-19 respectively to enhance the service capacity of the EHCs. Each clinical team will comprise a doctor and 3 nurses; and is supported by a clerical staff and a workman grade staff. The 2 new clinical teams will be flexibly deployed and are expected to contribute an additional 4 250 enrolments and around 19 300 attendances for health assessment and medical consultations each year.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1362)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in the Estimates that the Government will provide each elder eligible for using the elderly health care vouchers with an additional $1,000 as a one-off arrangement and increase the accumulation limit of the vouchers from $4,000 to $5,000. Does the Government consider making the increase a regular initiative? If not, under what circumstances will similar initiatives be launched in the future?

Asked by: Hon YIU Si-wing (Member Question No. (LegCo use): 15)

Reply:

The increase in the accumulation limit of vouchers under the Elderly Health Care Voucher (EHV) Scheme from $4,000 to $5,000 will be a regular measure whereas the additional $1,000 vouchers will be a one-off arrangement in 2018.

With an ageing population and the implementation of the enhancement measure in 2017 to lower the eligibility age for the EHV Scheme from 70 to 65, we anticipate that both the number of elders using the vouchers and the annual financial commitments involved will continue to increase substantially. In considering whether to increase the annual voucher amount in the future, we will need to assess in detail the financial implications on the Government.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1739)

Head: (48) Government Laboratory

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

Programme: (1) Statutory Testing

Controlling Officer: Government Chemist (Dr SIN Wai-mei)

Director of Bureau: Secretary for Food and Health

Question:

As regards testing services relating to Chinese medicines, please inform this Committee of the following:

The respective numbers of urgent investigatory analyses of substandard pharmaceuticals and Chinese medicines and testing performed on other Chinese medicine samples in the past 3 years:

	2015-16	2016-17	2017-18 (up to present)
Urgent investigatory analyses relating to Chinese medicines			
Testing performed on other Chinese medicine samples			

Asked by: Hon TAM Man-ho, Jeremy (Member Question No. (LegCo use): 191)

Reply:

The numbers of tests (with the corresponding numbers of samples in brackets) performed by the Government Laboratory on Chinese medicines for the past 3 years are as follows:

	2015-16	2016-17	2017-18 (up to Feb 2018)
Urgent samples relating to Chinese medicines incidents*	81 572 tests[#] (3 718 samples)	350 tests (39 samples)	591 tests (25 samples)
Other Chinese medicines samples*		82 341 tests (3 012 samples)	77 449 tests (3 374 samples)

* Before 2016, there was one single indicator for Chinese medicines. As from 2016, the indicator is regrouped into "urgent" and "other" samples to better reflect different levels of urgency.

The figure indicates the total number of tests performed on Chinese medicines.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)293

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3623)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In Matters Requiring Special Attention in 2018-19 under this programme, the Government will oversee the smooth and timely implementation of capital works projects under the $200 billion ten-year Hospital Development Plan. Please advise this Committee of the manpower involved in the job and the annual payroll costs in 2018-19.

Asked by: Hon CHAN Chi-chuen (Member Question No. (LegCo use): 62)

Reply:

In Food and Health Bureau, the workload in overseeing the policy and implementation of the ten-year Hospital Development Plan (HDP) is being absorbed within the existing resources of FHB.

In Architectural Services Department, there is no dedicated project teams to handle the implementation of the ten-year HDP. Staff are flexibly deployed to meet the prevailing operational needs and implementation programme of different projects from time to time.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)294

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3628)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that an additional recurrent funding of nearly $6 billion will be allocated to the Hospital Authority in 2018-19 to increase the number of hospital beds, operating theatre sessions, the quota for general out-patient and specialist out-patient services and the manpower required. Please advise on the estimated numbers of hospital beds, operating theatre sessions, quotas for general out-patient and specialist out-patient services, as well as numbers of different types of healthcare staff to be increased in public hospitals of various clusters in 2018-19.

Asked by: Hon CHAN Chi-chuen (Member Question No. (LegCo use): 67)

Reply:

The overall recurrent subvention to the Hospital Authority (HA) in 2018-19 amounts to $61.5 billion, representing an increase of 10.7% over the 2017-18 revised estimate ($55.5 billion). With the additional financial provision of the Government, HA will implement new initiatives and enhance various types of services in HA including the following key measures:

(a) increasing 574 public hospital beds. The table below sets out the breakdown of the 574 hospital beds by cluster to be opened by HA in 2018-19:

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

(b) re-engaging healthcare professional retirees to provide service in various pressurised specialties for training and knowledge transfer, and recruiting non-locally trained doctors through limited registration subject to the approval by the Medical Council of Hong Kong to help alleviate manpower shortage;

(c) supporting healthcare training (including clinical practicum, specialty and higher training) and enhancing proficiency of healthcare professionals; and

(d) enhancing psychiatric services; palliative care services; services of nurse clinics in specialist outpatient services; and pharmacy services, etc.

The number of medical, nursing and allied health staff in 2018-19 is expected to increase by, on a full-time equivalent basis, 230, 830 and 230 respectively when compared to 2017-18. HA will deploy existing staff and recruit additional staff to cope with the implementation of the initiatives. The detailed arrangement for manpower deployment is being worked out and is not yet 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. 3660)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

What was the number of babies born in Hong Kong who were found with ambiguous genitalia or sexual characteristics of both genders or identified as intersex persons in the past 3 years?

There have been concerns that babies identified as intersex will be deprived of the right to decide on their own external sexual characteristics in adulthood if their genders are prematurely determined. Has the Government provided any guidelines and manpower for rendering follow-up services to these babies and how are their genders determined?

Asked by: Hon CHAN Chi-chuen (Member Question No. 152)

Reply:

Ambiguous genitalia are appearances caused by many different underlying conditions, such as genetic or metabolic diseases. As such, there is no defined coding on ambiguous genitalia and statistics on the number of babies born with ambiguous genitalia in the Hospital Authority (HA) are not available. As examples for general reference and not meant to be exhaustive, the number of babies diagnosed with indeterminate sex and pseudohermaphroditism at birth in HA in 2015-16, 2016-17 and 2017-18 (up to 31 December 2017) were 7, 4 and 2 respectively.

HA healthcare professionals adopt a multi-disciplinary approach in providing appropriate investigation, treatment and management based on the clinical condition of individual patients. The management of such patients includes, but is not limited to, early assessment by paediatrician and paediatric endocrinologist, consultation with clinical geneticist, referral to paediatric surgeon if surgical intervention is anticipated; and referral to clinical psychologist and / or social worker for psychosocial support.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3676)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The current waiting arrangement of the government's primary healthcare services has remained conventional. Due to the reluctance of the Government to use information technology to improve the arrangement, the public including the elderly have to spend prolonged periods of time waiting for the relevant services. For instance, to obtain services in the Accident & Emergency departments of hospitals, government clinics as well as maternal and child health centres, the public still need to line up for chips in person, with many elderly people queuing up early before the clinics open. In Taiwan, a mobile application regarding medical consultations in public hospitals is available for patients to make or cancel appointments, check the progress of consultations or access illness information. Although a mobile application "BookHA" has also been developed by the Hospital Authority of Hong Kong, it only applies to new case booking for specialist out-patient services. It is indeed necessary for the Government to improve the waiting arrangement through technology, including allowing patients to make appointments for consultations via mobile phones and sending SMS messages to their mobile phones 5 minutes before their rounds of consultation, like the electronic queuing systems commonly adopted by restaurants nowadays, to save them the trouble of lining up for the services. Will the Government reform the waiting arrangement of healthcare services through similar approaches?

Asked by: Hon CHAN Chi-chuen (Member Question No. (LegCo use): 169)

Reply:

The Hospital Authority (HA) has been using different technologies to improve patient experience in appointment booking for different services in public hospitals and clinics.

In 2006, HA has launched the General Outpatient Clinic (GOPC) Telephone Appointment System in order to alleviate the crowded queuing conditions and reduce the risk of cross-infection among patients in clinics. The system allows patients with episodic illnesses (e.g. influenza, colds, gastroenteritis) to reserve consultation timeslot available in

the next 24 hours. Since March 2016, HA has launched the mobile application "Book HA" to provide the public with an alternative and more convenient means for Specialist Outpatient Clinic new case booking with smartphones. HA will continue to proactively examine various feasible options, including exploring the development of a mobile application for making GOPC appointments for enhancing the appointment service.

Currently, in addition to making appointments in person or via telephone to individual clinics, some clinical services of the Department of Health (DH), namely Child Health Service, Student Health Service and Families Clinics, also accept appointment booking and/or rescheduling through Interactive Voice Response System or online booking. Through a consultant, DH completed an Information Systems Strategy Study in January 2018 and now has plans to upgrade and consolidate its Clinical Information Management System to enable more comprehensive computerisation of medical records and clinic operations as well as cross-sharing of electronic health records (eHR) within DH; fully interface with the Electronic Health Record Sharing System to increase the sharing of eHR with other healthcare providers; and strengthen its data analytics capacity in order to better support and inform public health policies and healthcare services planning. One of the proposed initiatives is to enhance DH's existing appointment booking arrangements and develop patient-friendly features such as mobile and online booking applications so as to better serve patients and meet public expectations. Subject to funding approval by the Finance Committee of the Legislative Council, DH plans to commence the relevant IT project in Q4 2018.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3687)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that the Government will set aside a sum of $300 billion as an initial provision to support the second ten-year hospital development plan, improve the clinic facilities of the Department of Health, and upgrade and increase healthcare teaching facilities, including, inter alia, the study of in-situ redevelopment of Princess Margaret Hospital and Tuen Mun Hospital, construction of a new hospital at the King's Park site (i.e. the existing Queen Elizabeth Hospital site) and expansion of North Lantau Hospital. In this connection, will the Government inform us of the details of the planned programmes under the second ten-year hospital development plan, of the additional medical staff, facilities and beds planned to be increased and the expenditure involved, and whether the development concerned can cope with the increased demand arising from an ageing population?

The Queen Elizabeth Hospital redevelopment project has been renamed to construction of a new hospital at the King's Park site (i.e. the existing Queen Elizabeth Hospital site). Will the Government clarify if there will be in future 2 hospitals, namely the existing Queen Elizabeth Hospital and a new hospital, at the King's Park site? If not, is there an intention to decolonise by changing the name of Queen Elizabeth Hospital which carries colonial flavour in the name of building a new hospital?

Asked by: Hon CHAN Chi-chuen (Member Question No. (LegCo use): 183)

Reply:

In the light of an increasing demand for healthcare services, the Government has invited the Hospital Authority (HA) to start planning the second ten-year Hospital Development Plan (HDP) instead of waiting for the mid-term review of the first ten-year HDP to be conducted in 2021. HA will take into account the projected service demands, the physical conditions of existing hospitals, and the planned service models, etc. in the formulation of the second

HDP. At this stage, information on the manpower, planned facilities and number of beds, and the estimated expenditure involved is not available.

Upon completion of a new acute hospital (NAH) at Kai Tak Development Area, most of the services of Queen Elizabeth Hospital will be relocated to NAH. At this stage, information on the new hospital to be constructed at the King's Park site is not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3696)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding this Programme, will the Government tabulate the expenditure of and number of inpatient attendances at each public hospital in the past year, as well as the estimated expenditure for the coming year?

Asked by: Hon CHAN Chi-chuen (Member Question No. (LegCo use): 193)

Reply:

The table below sets out the projected total operating expenditure for 2017-18 (based on expenditure as at 31 December 2017) 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 2017) of each hospital / institution managed by the Hospital Authority (HA) in 2017-18.

Cluster	**Hospital / Institution**	**2017-18**	**2017-18 (up to 31 December 2017) [Provisional figures]**	
		Projected total operating expenditure ($ million)	**Number of IP D&D**	**Number of DP D&D**
HKEC	Cheshire Home, Chung Hom Kok	104	275	1
	Pamela Youde Nethersole Eastern Hospital	4,406	65 849	45 833
	Ruttonjee and Tang Shiu Kin Hospitals	1,292	19 455	1 850
	St. John Hospital	85	572	2 106
	Tung Wah Eastern Hospital	421	4 265	1 837

Cluster	Hospital / Institution	2017-18	2017-18 (up to 31 December 2017) [Provisional figures]	
		Projected total operating expenditure ($ million)	Number of IP D&D	Number of DP D&D
	Wong Chuk Hang Hospital	121	116	1
HKWC	Grantham Hospital	532	6 309	5 967
	MacLehose Medical Rehabilitation Centre	104	861	2
	Queen Mary Hospital and Tsan Yuk Hospital (Note 1)	5,534	72 591	51 249
	The Duchess of Kent Children's Hospital at Sandy Bay	219	1 954	1 270
	Tung Wah Group of Hospitals Fung Yiu King Hospital	180	2 403	9
	Tung Wah Hospital	586	6 556	13 651
KCC	Hong Kong Buddhist Hospital	280	4 635	1 854
	Hong Kong Children’s Hospital	210	- (Note 2)	
	Hong Kong Eye Hospital	289	593	5 286
	Hong Kong Red Cross Blood Transfusion Service	349	- (Note 3)	
	Kowloon Hospital	1,323	12 562	591
	Kwong Wah Hospital (Note 4)	2,577	50 510	22 679
	Our Lady of Maryknoll Hospital (Note 4)	546	5 253	3 475
	Queen Elizabeth Hospital	5,874	88 917	61 917
	Tung Wah Group of Hospitals Wong Tai Sin Hospital (Note 4)	432	6 455	886
KEC	Haven of Hope Hospital	482	5 611	63
	Tseung Kwan O Hospital	1,734	33 781	18 066
	United Christian Hospital	4,111	62 795	31 022
KWC	Caritas Medical Centre	2,168	37 760	13 895
	Kwai Chung Hospital	1,208	3 360	29
	North Lantau Hospital	415	2 006	1 248
	Princess Margaret Hospital	4,291	74 071	43 677
	Yan Chai Hospital	1,758	39 261	7 722
NTEC	Alice Ho Miu Ling Nethersole Hospital	1,647	26 664	21 703
	Bradbury Hospice	50	487	4
	Cheshire Home, Shatin	125	178	1

Cluster	Hospital / Institution	2017-18	2017-18 (up to 31 December 2017) [Provisional figures]	
		Projected total operating expenditure ($ million)	Number of IP D&D	Number of DP D&D
	North District Hospital	1,666	30 014	7 645
	Prince of Wales Hospital	5,178	72 370	63 896
	Shatin Hospital	588	6 944	46
	Tai Po Hospital	633	7 808	36
NTWC	Castle Peak Hospital	1,049	2 095	19
	Pok Oi Hospital	1,339	28 658	16 502
	Siu Lam Hospital	239	456	13
	Tin Shui Wai Hospital	270	- (Note 5)	1 225
	Tuen Mun Hospital	5,410	84 778	47 942

The budget allocation to individual hospitals for 2018-19 is being worked out and hence is not yet available.

The operating expenditure as shown in the table above represents the resources utilised by hospitals to meet clusters' daily operational needs, such as staff costs, 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 seven 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. Furthermore, designated services such as liver transplantation are provided by specific clusters but not all clusters. Hence, operating expenditure of individual hospitals reflects their respective roles, service capacity, service throughputs 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 (A&E) Department or those who have stayed for more than one day. The calculation of the number of discharges and deaths includes that of 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.

2. Hong Kong Children's Hospital is planned to commence service by phases from the fourth quarter of 2018. Therefore, there were no IP D&D and DP D&D in the reporting period.

3. 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 IP D&D and DP D&D.

4. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reporting based on the new clustering arrangement starts from 1 April 2017.

5. Tin Shui Wai Hospital is now working on the manpower and resources deployment to commence 24-hour A&E and acute inpatient services in November 2018. Therefore, there were no IP D&D in 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. 5313)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding collection of waste medicine in Hong Kong, will the Government advise this Committee on the following:

1. the quantity of medicines disposed of at landfills in each of the past 5 years;
2. the existing places for collecting waste medicine from the public;
3. whether there are any programmes for collecting waste medicine from the community. If yes, what are the details? If not, what are the reasons?
4. the quantity of waste medicine collected from organisations like hospitals and clinics;
5. the quantity of medicines disposed of by institutions; and
6. the quantity and expenditure involved in handling waste medicine by the Government?

Asked by: Hon CHAN Hak-kan (Member Question No. (LegCo use): 55)

Reply:

(1)
In the past 5 years, the quantity of medicines disposed of at landfills is tabulated as follows:

Year	Quantity of medicines disposed of at landfills (tonnes)
2013	105
2014	108
2015	0
2016	9
2017	4

Apart from handling waste medicine by disposal at landfills, waste medicine can also be treated by incineration at the Chemical Waste Treatment Centre. In the past 5 years, the quantity of waste medicine treated at the Chemical Waste Treatment Centre is tabulated as follows:

Year	Quantity of waste medicine treated at the Chemical Waste Treatment Centre (tonnes)
2013	296
2014	370
2015	504
2016	695
2017	681

(2) and (3)

For safe medication practice, the Hospital Authority (HA) would not use medicines returned from patients and would not collect unused medicines from patients. HA would offer necessary advice upon patients' enquiries on disposal of unused medicines.

In accordance with the Waste Disposal Ordinance (Cap. 354), waste medicine and injections generated by healthcare institutions such as hospitals and clinics are classified as chemical waste. The storage, collection, transport and disposal of such waste has to meet the stringent requirements laid down in the Waste Disposal (Chemical Waste) (General) Regulation (Cap. 354C). These control measures do not apply to the disposal of medicine and injections arising from households. Given the generally small quantities of household residual medicine and injections, they are currently being handled together with general domestic solid wastes. The Government has no plans to provide household residual medicines collection services.

The Department of Health (DH) has established procedures for clinics to dispose of medicines as chemical waste in accordance with the relevant regulation under the Waste Disposal Ordinance. The quantity of medicines disposed as chemical waste by DH clinics is not readily available.

Furthermore, the DH has been educating members of the public about the correct use of medicines through its website, pamphlets and announcements in the public interest on television. When dispensing medicines, patients will be reminded that prescribed medication should be taken in accordance with the doctors' instructions shown on the labels, and should not be discontinued at will. Patients having any questions concerning the medicines they are taking should consult their doctors for advice.

(4) and (5)
In the past 5 years, the quantity of waste medicine collected from organisations like hospitals, clinics and institutions is as follows:

Year	Quantity of waste medicine collected (tonnes)	
	From hospital and clinics[#]	From institutions[*]
2013	37	5
2014	44	6
2015	45	7
2016	50	9
2017	58	11

[#]including hospitals, clinics and other medical services.

[*]including Residential Care Homes, Child Care Centres, Youth and Community Service Centres, and other Social Welfare Organisations

(6)

The quantity of waste medicine handled by the Government is listed at part (1) above. The expenditure involved in handling waste medicine by the Government is tabulated as follows:

Year	Expenditure involved in handling waste medicine at landfills ($)	Expenditure involved in handling waste medicine at the Chemical Waste Treatment Centre ($)
2012-13	12,500	2,343,800
2013-14	12,900	2,400,200
2014-15	0	2,809,900
2015-16	1,100	3,959,100
2016-17	500	5,120,300

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5613)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please tabulate the occupancy rates of all private hospitals in Hong Kong in the past 5 years.

Asked by: Hon CHAN Tanya (Member Question No. (LegCo use): 144)

Reply:

The average bed occupancy rates of beds provided by the private hospitals in Hong Kong in the past 5 years are as follows:

	2013	2014	2015	2016	2017
Bed occupancy rate:	61.3%	62.9%	61.7%	62.0%	not yet available

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)301

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3956)

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) (Ms Elizabeth Tse)

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. In this connection, will the Government inform this Committee of the following:

1. How many of them are new arrivals and single-parent families and children? What are their gender composition and age profile?
2. How many are victims and batterers of domestic violence? What are their gender composition and age profile?
3. How many are children who have witnessed domestic violence? What are their gender composition and age profile?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 2711)

Reply:

In 2010-11, the Hospital Authority (HA) launched the Case Management Programme (the Programme) by phases to provide intensive, continuous and personalised support for patients with severe mental illness. In 2014-15, the Programme was extended to cover all the 18 districts. As at 31 December 2017, the Programme has provided personalised and intensive community support for around 15 000 patients.

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 -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3957)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please tabulate the following information:

1. How many of the psychiatric patients in the past 5 years were victims/batterers of domestic violence or children and adolescents who had witnessed domestic violence? What were their respective percentages in the total number of psychiatric patients?

2. How many of them were new arrivals, ethnic minorities and sexual minorities? What were their respective percentages?

3. For how long had they been attending follow-up appointments?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 2712)

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 to provide comprehensive and continuous medical services, including inpatient, outpatient, day rehabilitation training and community support services, to patients with mental health problems, depending on their medical conditions and clinical needs.

In 2017-18 (projection as of 31 December 2017), the total number of psychiatric patients treated in HA was around 249 100. HA does not have statistics on the number of psychiatric patients who are new arrivals, ethnic minorities or sexual minorities, and the duration of their follow-up appointments.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4409)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

According to the 2017 Work Plan of the Framework Agreement on Hong Kong/Guangdong Co-operation, a pilot scheme for transfer of patient records of Hong Kong residents will be taken forward. What is the progress now? Which patient records of Hong Kong residents will be transferred across the border? How many patient records of Hong Kong residents have been transferred to hospitals in Guangdong Province?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 51)

Reply:

The Hospital Authority has been collaborating with the Health and Family Planning Commission of Shenzhen Municipality (Shenzhen HFPC) since March 2011 on a pilot project for transfer of patient records of Hong Kong residents from Shenzhen to Hong Kong in designated hospitals. The project provides an early notification and communication mechanism for voluntary transfer of patient records of Hong Kong residents, who are hospitalised in designated hospitals in Shenzhen and of stable conditions, back to designated public hospitals in Hong Kong to facilitate continuity of hospital care. The designated hospitals in Shenzhen participating in this pilot project include the Peking University Shenzhen Hospital and the Shenzhen Nanshan People's Hospital. The receiving public hospitals in Hong Kong are North District Hospital and Tuen Mun Hospital.

When a Hong Kong resident who is hospitalised in one of the designated hospitals in Shenzhen and is of stable condition makes a request to transfer his/her patient records back to Hong Kong, the designated Shenzhen hospital will send the relevant information and medical records of the patient to the designated Hong Kong hospital to facilitate follow-up on the case and further communication between the two hospitals if needed.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4595)

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) (Ms Elizabeth Tse)

Director of Bureau: Not Specified

Question:

1. What was the number of persons newly assessed as with intellectual disability in each of the 18 District Council districts in the past 5 years, and what were their age and sex? (Please list the information in 4 age groups by 5-year interval starting from the age of 0, by 4 levels of intellectual disability, and by orphan, doubly non-permanent resident children, non-Chinese speaker and legitimate children of Hong Kong people.)

2. What was the number of deaths of persons with intellectual disability in each of the 18 District Council districts in the past 5 years, and what were their age and sex? (Please list the information in 5 age groups, i.e. 0-6, 7-18, 19-40, 41-60 and 61 or above, by 4 levels of intellectual disability, and by orphan, doubly non-permanent resident children, non-Chinese speaker and legitimate children of Hong Kong people.)

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 1087)

Reply:

The Hospital Authority does not have statistics on the number of persons newly assessed as having intellectual disability or the number of deaths of persons with intellectual disability in Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4596)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on:

1. the number of new applicants and total number of applicants on the waiting list of Siu Lam Hospital, their gender and districts of residence in the past 5 years;
2. the respective numbers of inpatients, their average waiting time, the longest waiting time and their gender;
3. the respective numbers of deaths, their age and gender;
4. the staffing and the unit cost per patient;
5. the number of people declining offers and their gender in the past 5 years;
6. the number of people who apply for putting placements on hold and their gender; and
7. the age (in 4 age groups with each covering 5 years starting from the age of 16) of applicants, rejected applicants and users of respite service; the respective numbers and districts of residence by quarter in the past 10 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 1088)

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; the number of new applications and number of withdrawals/ not-eligible applications; the number of patients with severe and profound intellectual disability on the inactive central waiting list; the number of inpatient deaths, the number of inpatient admissions; and the median and 90th percentile waiting time for the territory-wide infirmary and rehabilitation inpatient service in SLH in the past 5 years. HA

does not maintain statistics on the applicants' district of residence.

	2013-14		2014-15		2015-16		2016-17^		2017-18 (up to 31 December 2017) [Provisional figures]	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
No. of patients on active central waiting list (as at 31 March)	17	17	18	9	16	3	3	5	5	1
No. of new applications	18	17	10	14	13	7	9	12	10	5
No. of withdrawals/ not-eligible applications	5	4	5	4	7	3	3	2	5	2
No. of patients on inactive central waiting list (as at 31 March)	23	11	22	13	19	14	22	15	18	12
No. of inpatient deaths	0	0	0	0	0	0	0	0	0	0
No. of inpatient admissions	217	222	252	244	281	193	313	214	241	220
Median waiting time (months)	26.8		23.9		23.5		12.5		2	
90th percentile waiting time (months)#	41.9		56.3		47.4		36.6		14.4	

Note:

^ An additional 20 beds have been put into operation in December 2016.

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

(4)

SLH, under the management of the New Territories West Cluster (NTWC) of HA, provides infirmary and rehabilitation services for adult patients with severe and profound learning disability, using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers 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 the healthcare professionals usually provide support for a variety of psychiatric services within the cluster, HA does not have the requested breakdown on the manpower for supporting SLH only.

The table below sets out the number of psychiatric doctors, psychiatric nurses, clinical psychologists and occupational therapists working in psychiatric stream in NTWC in the past 5 years (from 2013-14 to 2017-18):

	Psychiatric doctors[1 & 2]	Psychiatric Nurses[1 & 3] (including CPNs)	Clinical Psychologists[1]	Occupational Therapists[1]
2013-14	77	703	12	55
2014-15	74	700	12	57
2015-16	71	705	12	57
2016-17[4]	83	726	13	60
2017-18[4] (as at 31 December 2017)	84	735	13	61

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff, 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 Castle Peak Hospital and SLH, nurses working in psychiatry department of other non-psychiatric hospitals as well as all nurses in psychiatric stream.
4. Starting from 2016-17, psychiatric doctors also include doctors supporting psychiatric and mentally handicapped services in NTWC.

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 2013-14 to 2016-17. Since the financial year of 2017-18 is not yet completed, corresponding cost information is not yet available.

	2013-14	2014-15	2015-16	2016-17
Average cost per patient day ($)	1,166	1,259	1,393	1,552
Average cost per inpatient discharged ($)	460,072	443,760	513,913	495,287

The inpatient service costs include direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; expenditure incurred for various clinical support services (such as pharmacy); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment). The average cost per patient day and average cost per inpatient discharged represent an average computed with reference to its total costs of the service and the activities (in terms of patient days and inpatient discharged) provided.

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

(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 10 years. Breakdown by gender, age and districts of residence is not available.

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18 (up to 31 December 2017) [Provisional figures]
Number of patients received respite care	2	1	3	4	2	3	1	1	0	0

No patients were rejected for application of respite care in SLH in the past 10 year.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4597)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:
What was the number of cases in which medical procedures were administered to disabled persons by doctors' endorsement instead of guardianship orders in the past 5 years?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 1089)

Reply:

In situation where no guardian is appointed for a mentally incapacitated person (MIP), the Menth Health Ordinance (Cap. 136) provides that a treatment may be carried out by a registered medical practitioner if that treatment is considered necessary and in the best of 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. 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) (Ms Elizabeth Tse)

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 optimum use of resources, does the Government have any plans to relax the restriction on the use of the ETS so that the service is available not only to elderly people aged over 60 but also to eligible disabled persons?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 5504)

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 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
2013-14	170 004	143 360	12 868
2014-15	178 764	148 319	9 037
2015-16	187 286	156 374	6 976
2016-17	197 097	159 575	8 878
2017-18	204 083 (as at 31 December 2017)	175 000 (projection as of 31 December 2017)	4 000 (projection as of 31 December 2017)

Information on the waiting time is not available.

In 2018-19, HA plans to add 2 new 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.

Currently, "Rehabus Service" of the Hong Kong Society for Rehabilitation provides transport services for people with mobility difficulties without age restriction, while ETS under HA provides transport services for elderly HA patients aged 60 or above with minor mobility-disability mainly for attending geriatric day hospitals and out-patient clinics in HA. HA will continue to monitor the provision of ETS and explore measures to provide transport support for frail patients or patients with disability to attend day rehabilitation programmes, thereby facilitating their early discharge from hospitals and recovery in the community.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)308

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. By 18 District Council districts, what were the numbers of persons with intellectual disability who attended follow-up appointments in various specialties of public hospitals in the past 5 years? (Please provide a breakdown by 4 levels of intellectual disability, excluding the figures for 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: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 5505)

Reply:

Patients with intellectual disability, depending on their clinical needs, may consult a variety of specialist services for follow-up and receive outreach services provided by various specialties in the Hospital Authority (HA). HA therefore does not have readily available breakdown on the follow-up attendances of these patients and the numbers of beneficiaries of outreach services.

- End -

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding uncommon disorders, will the Department provide the following information:

1. How much dedicated funding for uncommon disorders was allocated to the Hospital Authority in the past 5 years?

2. Are there any plans to expand the scope of subsidised diseases from the existing 6 types of enzyme disorders and 2 rare cancers to include more rare diseases which require medication? If yes, what are the details? If not, what are the reasons?

3. Will a register of patients with rare diseases be maintained?

4. What are the expenditure and number of beneficiaries of the Pilot Study of Newborn Screening for Inborn Errors of Metabolism? Will the scope of the Pilot Study be extended?

5. Will holistic case management services be provided for patients with rare diseases to cater for their needs in areas such as medical, follow-up consultation, rehabilitation, studies, employment, marriage, community life support and mental health?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 5506)

Reply:

(1)

The Government has allocated an additional annual recurrent funding of $75 million in phases to manage the increasing service demand and sustain the provision of expensive drug treatments for uncommon disorders. The table below sets out the amount of allocation in the past 5 years from 2013-14 to 2017-18:

2013-14	2014-15	2015-16	2016-17	2017-18
$45 million	$55 million	$75 million	$75 million	$75 million

(2) and (3)

Currently, there is no common definition of rare diseases/ uncommon disorders available worldwide and the interpretation varies among countries with different characteristics of the respective health systems and situations.

Hospital Authority (HA) places high importance in providing optimal care for all patients while ensuring optimal and rational use of public resources. HA makes use of the recurrent funding from the Government, the Samaritan Fund and the Community Care Fund (CCF) Medical Assistance Programme to provide sustainable, affordable and optimal care for all patients, including those with uncommon disorders.

At present, drug treatment is provided through enzyme replacement therapy (ERT) for patients with specific lysosomal storage disorders, including Pompe disease, Fabry disease, Gaucher disease as well as Mucopolysaccharidosis Type I, II, IV and VI. HA has also implemented a new CCF Medical Assistance Programme to provide patients with subsidy to purchase ultra-expensive drugs (including drugs for uncommon disorders). Paroxysmal Nocturnal Haemoglobinuria (PNH) and Atypical Hemolytic Uremic Syndrome (aHUS) are currently covered under this programme. HA is now actively negotiating with the concerned drug company on a special drug programme for treatment of Spinal Muscular Atrophy (SMA).

Under the existing public healthcare system, we strive to ensure that all patients, whether they are patients with uncommon disorders or those suffering from other general illnesses, will not be denied appropriate treatment due to lack of means. The healthcare support provided by HA covers patients with uncommon disorders and those suffering from other diseases, and the mechanism in place also addresses the needs of all patients, including those with uncommon disorders. HA will continue to review and enhance its existing mechanisms and supporting arrangements to strengthen its services and support.

(4)

HA and the Department of Health (DH) jointly implemented a 18-month Pilot Study of Newborn Screening for Inborn Errors of Metabolism (IEM) (Pilot Study) in 2 public birthing hospitals (Queen Elizabeth Hospital (QEH) and Queen Mary Hospital (QMH)) in October 2015. The Pilot Study was successfully completed on 31 March 2017. Over 15 100 babies participated in the Pilot Study, with 9 being diagnosed with IEM. As the Pilot Study has proven effective, the Government has regularised the IEM screening service for newborns in both QEH and QMH starting from 1 April 2017 and is extending the IEM screening service to all public hospitals with maternity wards in phases from the second half of 2017-18. Prince of Wales Hospital has started providing the IEM screening service since 1 October 2017. HA was allocated a funding of $26.8 million for the Pilot Study. DH was allocated a funding of $5 million and $4 million in 2015-16 and 2016-17 respectively for the Pilot Study.

(5)

For all patients attending public hospitals and clinics, HA doctors will assess their conditions in accordance with established procedures. After diagnoses have been made, doctors will provide appropriate healthcare treatment for patients based on their clinical conditions and treatment guidelines. All along, HA has been providing multi-disciplinary care for patients, including rehabilitative care, pain alleviation, and other medical and surgical treatment, in the light of patients' clinical, social and physical needs. Referral would be made to the Social Welfare Department for necessary assistance, if required.

- End -

Examination of Estimates of Expenditure 2018-19 | Reply Serial No. **FHB(H)310**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4836)

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) (Ms Elizabeth Tse)

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 2017-18 under the Samaritan Fund managed by the Hospital Authority.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 5507)

Reply:

The table below sets out the number of applications approved and the corresponding amount of subsidy granted under the Samaritan Fund in 2017-18 (up to 31 December 2017):

Items	**2017-18 (up to 31 December 2017)**	
	Number of applications approved	Amount of subsidies granted ($ million)
Drugs	1 767	252.6
Non-drugs:		
Cardiac Pacemakers	434	26.4
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventinal cardiology	1 839	105.9
Intraocular Lens	954	1.5

Items	2017-18 (up to 31 December 2017)	
	Number of applications approved	Amount of subsidies granted ($ million)
Home use equipment and appliances	15	0.4
Gamma knife surgeries in private hospital	1	0.1
Harvesting bone marrow in foreign countries	24	4.2
Myoelectric prosthesis / custom-made prosthesis/appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	71	1.2
Total	5 105	392.3

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

- 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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide in table form the wastage rate (including attrition and retirement) of government doctors in each specialty and cluster in the past 5 financial years.

2. Please provide the overall ratio of doctors (in both the public and private sectors) to population by cluster and the ratio of the total number of doctors to population.

3. Does the Government have 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 will be used for reference?

Asked by: Hon CHEUNG Chiu-hung, Fernanda (Member Question No. (LegCo use): 5508)

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 2013-14, 2014-15, 2015-16, 2016-17 and 2017-18.

Cluster	Major Specialty	Full-time Attrition Rate				
		2013-14	2014-15	2015-16	2016-17	2017-18 (Rolling 12 months from 1 January to 31 December 2017)
HKEC	Accident & Emergency	3.7%	1.8%	1.8%	6.9%	6.6%
	Anaesthesia	12.8%	13.0%	3.0%	5.9%	6.1%
	Family Medicine	3.7%	3.8%	3.7%	7.4%	5.4%
	Intensive Care Unit	-	-	-	-	-
	Medicine	2.7%	4.0%	1.3%	5.1%	6.5%
	Neurosurgery	-	-	9.2%	10.7%	9.7%
	Obstetrics & Gynaecology	4.5%	4.9%	12.1%	25.1%	-
	Ophthalmology	-	10.5%	5.4%	5.2%	5.2%
	Orthopaedics & Traumatology	-	3.0%	16.5%	3.1%	3.1%

Cluster	Major Specialty	Full-time Attrition Rate				
		2013-14	2014-15	2015-16	2016-17	2017-18 (Rolling 12 months from 1 January to 31 December 2017)
	Paediatrics	9.6%	-	3.6%	-	7.0%
	Pathology	5.1%	10.5%	-	15.8%	16.5%
	Psychiatry	2.9%	6.0%	-	15.2%	9.4%
	Radiology	11.1%	2.6%	7.9%	2.5%	2.5%
	Surgery	10.7%	4.2%	2.0%	10.1%	7.9%
	Others	3.8%	-	7.3%	7.2%	10.7%
	Total	**4.8%**	**4.2%**	**3.8%**	**6.9%**	**6.4%**
HKWC	Accident & Emergency	-	3.8%	16.1%	-	3.6%
	Anaesthesia	10.6%	8.3%	7.7%	5.7%	14.3%
	Cardio-thoracic Surgery	-	9.4%	-	-	-
	Family Medicine	-	4.8%	4.7%	2.4%	4.8%
	Intensive Care Unit	-	7.1%	14.5%	-	6.9%
	Medicine	3.8%	6.0%	6.6%	5.8%	4.2%
	Neurosurgery	8.2%	-	7.8%	-	-
	Obstetrics & Gynaecology	3.8%	7.7%	3.9%	3.9%	7.6%
	Ophthalmology	8.3%	16.4%	7.1%	-	6.7%
	Orthopaedics & Traumatology	-	13.2%	6.6%	6.0%	8.9%
	Paediatrics	2.3%	2.2%	6.4%	7.8%	7.4%
	Pathology	16.8%	-	-	7.1%	10.3%
	Psychiatry	12.7%	-	12.5%	11.5%	19.2%
	Radiology	2.7%	11.3%	10.7%	8.4%	8.3%
	Surgery	6.6%	6.5%	5.1%	5.2%	9.3%
	Others	7.5%	-	10.6%	3.4%	6.6%
	Total	**5.1%**	**6.0%**	**7.2%**	**5.2%**	**7.7%**
KCC	Accident & Emergency	2.5%	10.1%	4.6%	4.4%	-
	Anaesthesia	1.9%	1.8%	1.7%	5.2%	1.1%
	Cardio-thoracic Surgery	-	-	6.4%	-	-
	Family Medicine	1.9%	3.8%	1.8%	5.4%	6.8%
	Intensive Care Unit	-	-	9.6%	-	4.5%
	Medicine	3.5%	3.5%	0.7%	2.6%	3.3%
	Neurosurgery	9.8%	5.1%	4.8%	-	-
	Obstetrics & Gynaecology	-	11.2%	25.5%	-	10.0%
	Ophthalmology	14.3%	5.7%	5.5%	8.3%	5.5%
	Orthopaedics & Traumatology	8.8%	8.6%	5.2%	7.8%	5.3%
	Paediatrics	-	4.8%	4.6%	-	2.7%
	Pathology	-	3.3%	10.7%	6.8%	4.4%
	Psychiatry	6.2%	3.0%	3.0%	9.2%	16.1%
	Radiology	6.7%	8.9%	-	4.3%	10.2%
	Surgery	3.7%	5.5%	-	4.8%	4.8%
	Others	2.4%	7.2%	4.5%	4.4%	-
	Total	**3.9%**	**5.1%**	**3.7%**	**4.2%**	**4.4%**
KEC	Accident & Emergency	3.5%	3.4%	6.7%	7.8%	13.9%
	Anaesthesia	2.5%	-	10.1%	7.0%	16.6%
	Family Medicine	7.0%	4.8%	3.4%	5.8%	3.5%
	Intensive Care Unit	-	-	-	-	-
	Medicine	1.5%	2.1%	4.0%	5.2%	4.5%
	Neurosurgery	-	-	-	-	-
	Obstetrics & Gynaecology	-	11.3%	7.5%	3.7%	-
	Ophthalmology	16.7%	5.4%	-	9.5%	14.9%
	Orthopaedics & Traumatology	5.0%	4.9%	2.3%	9.2%	9.2%
	Paediatrics	7.8%	2.5%	2.5%	2.5%	4.8%
	Pathology	5.5%	-	15.1%	25.3%	14.9%
	Psychiatry	2.9%	-	2.9%	5.4%	5.5%
	Radiology	4.0%	-	6.8%	-	10.1%
	Surgery	5.4%	5.4%	3.3%	3.2%	3.1%
	Others	-	-	3.5%	3.4%	-
	Total	**4.1%**	**3.0%**	**4.6%**	**5.8%**	**6.7%**
KWC	Accident & Emergency	2.7%	3.2%	2.4%	5.3%	6.4%
	Anaesthesia	2.4%	7.2%	4.7%	2.3%	6.8%
	Family Medicine	2.7%	3.3%	4.4%	6.2%	2.6%
	Intensive Care Unit	-	12.1%	2.7%	2.6%	3.6%
	Medicine	3.5%	1.7%	5.7%	4.5%	2.5%
	Neurosurgery	-	12.8%	-	-	8.3%

Cluster	Major Specialty	Full-time Attrition Rate				
		2013-14	2014-15	2015-16	2016-17	2017-18 (Rolling 12 months from 1 January to 31 December 2017)
	Obstetrics & Gynaecology	2.0%	14.5%	6.3%	4.1%	13.1%
	Ophthalmology	-	4.3%	8.5%	8.3%	21.1%
	Orthopaedics & Traumatology	4.0%	1.3%	5.3%	6.4%	-
	Paediatrics	1.3%	2.5%	3.6%	3.6%	1.8%
	Pathology	4.3%	4.1%	7.9%	3.8%	4.7%
	Psychiatry	2.9%	7.3%	1.4%	6.9%	2.8%
	Radiology	9.2%	3.4%	11.4%	11.9%	7.9%
	Surgery	1.7%	5.0%	3.3%	4.8%	3.4%
	Others	2.0%	2.3%	7.3%	9.8%	4.9%
	Total	**2.9%**	**4.2%**	**4.8%**	**5.2%**	**4.3%**
NTEC	Accident & Emergency	3.3%	-	-	3.0%	4.4%
	Anaesthesia	6.9%	3.3%	1.5%	5.8%	2.9%
	Cardio-thoracic Surgery	17.9%	19.0%	18.2%	-	-
	Family Medicine	7.0%	5.9%	2.3%	6.9%	7.9%
	Intensive Care Unit	-	7.5%	7.3%	3.7%	3.6%
	Medicine	2.7%	5.9%	2.6%	5.0%	5.4%
	Neurosurgery	-	-	-	-	-
	Obstetrics & Gynaecology	17.4%	3.7%	3.6%	3.3%	3.1%
	Ophthalmology	-	-	3.9%	3.9%	11.9%
	Orthopaedics & Traumatology	-	10.7%	1.7%	4.8%	4.7%
	Paediatrics	7.1%	-	1.6%	8.4%	9.9%
	Pathology	-	9.4%	3.0%	5.7%	2.8%
	Psychiatry	3.3%	5.0%	-	1.6%	4.6%
	Radiology	-	-	2.5%	2.5%	2.4%
	Surgery	3.6%	1.2%	2.2%	5.3%	4.3%
	Others	3.8%	3.9%	1.9%	5.6%	3.6%
	Total	**3.9%**	**4.2%**	**2.2%**	**4.9%**	**5.1%**
NTWC	Accident & Emergency	-	-	4.7%	1.4%	4.0%
	Anaesthesia	7.2%	4.9%	2.1%	-	1.9%
	Cardio-thoracic Surgery	-	-	-	-	-
	Family Medicine	5.4%	4.0%	8.0%	2.5%	8.5%
	Intensive Care Unit	10.8%	5.5%	5.7%	-	-
	Medicine	4.0%	3.8%	1.4%	3.3%	5.9%
	Neurosurgery	7.1%	8.0%	-	-	-
	Obstetrics & Gynaecology	10.0%	17.7%	12.3%	-	13.8%
	Ophthalmology	-	4.7%	-	8.9%	4.5%
	Orthopaedics & Traumatology	2.2%	2.1%	-	2.0%	2.0%
	Paediatrics	-	-	5.5%	19.5%	10.6%
	Pathology	15.1%	4.6%	-	8.4%	4.1%
	Psychiatry	2.6%	3.8%	9.0%	3.7%	4.8%
	Radiology	3.0%	3.0%	11.5%	2.9%	5.7%
	Surgery	5.4%	1.7%	7.7%	-	4.3%
	Others	3.2%	3.1%	3.1%	8.9%	5.9%
	Total	**4.2%**	**3.7%**	**4.8%**	**3.5%**	**5.3%**

(2)

The table below sets out the number and ratio of doctors serving in HA per 1 000 population by cluster in 2017-18 (as at 31 December 2017). Corresponding data in respect of doctors working in the private sector is not available.

Cluster	Number of doctors and ratio per 1 000 geographical population of catchment districts		Catchment districts
	Doctors	Ratio to overall population	
HKEC	610	0.8	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	652	1.3	Central & Western, Southern
KCC	1 170	1.0	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	687	0.6	Kwun Tong, Sai Kung

Cluster	Number of doctors and ratio per 1 000 geographical population of catchment districts		Catchment districts
	Doctors	Ratio to overall population	
KWC	993	0.7	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	972	0.7	Sha Tin, Tai Po, North
NTWC	808	0.7	Tuen Mun, Yuen Long
Cluster Total	**5 894**	**0.8**	

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 number of staff left HA in the past 12 months /Average strength in the past 12 months x 100%

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

5. Doctors exclude Interns and Dental Officers.

6. The manpower to population ratios involve the use of the latest revised mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

7. 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;

   (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.

8. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016.

Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable. For attrition information in 2017-18, only nine-month data for KCC and KWC under the new clustering arrangement (i.e. 1 April 2017 to 31 December 2017) are available and therefore should not be used to compare with any past statistics which are based on 12-month rolling data.

(3)

According to the outcome of the Strategic Review of Healthcare Manpower Planning and Professional Development (Strategic Review), there will be a general shortage of doctors, dentists, dental hygienists, general nurses, occupational therapists (OTs), physiotherapists, medical laboratory technologists (MLTs), optometrists and radiographers, of which the manpower supply of MLTs and radiographers is projected to be in slight shortage but close to equilibrium while there will be sufficient manpower of OTs under the existing service levels and models after taking into account additional self-financing training places. The supply of psychiatric nurses, pharmacists, Chinese medicine practitioners and chiropractors is projected to be sufficient to meet the demand given the existing service levels and models.

Over the past 10 years, the Government has substantially increased the number of University Grants Committee (UGC)-funded healthcare training places by about 60% (from about 1 150 to about 1 800). The respective increases of the healthcare disciplines are summarised as follows.

Taking into account factors such as the manpower projections of the Strategic Review, training capacity of the tertiary institutions and the HA, the Government is discussing with UGC to further increase publicly-funded training places for doctors, dentists, nurses and relevant allied health professionals in the 2019/20 – 2021/22 triennium. The increases in the past years and the proposed increases in the next triennium will help alleviate the manpower shortage in various healthcare professions and improve the provision of healthcare services.

	2005/06 – 2008/09	2009/10 – 2011/12	2012/13 – 2015/16	2016/17 – 2018/19
Doctors	250	320	420	470
Dentists	53	53	53	73
Registered Nurses	518-550	590	630	630
Occupational Therapists	40	46	90	100
Physiotherapists	60	70	110	130
Medical Laboratory Technologists	35	32	44	54
Optometrists	35	35	35	40
Radiographers	35	48	98	110

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.4838)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information for 2017-18:

(a) the number of attendances of Accident and Emergency (A&E) departments under the Hospital Authority (HA) arising from industrial accidents and the expenditure incurred; and

(b) the number of attendances of A&E departments under the HA arising from traffic accidents and the expenditure incurred.

Asked by: Hon CHEUNG Chiu-hung (Member Question No. (LegCo use): 5509)

Reply:

The table below sets out the number of attendances at the Accident & Emergency (A&E) Departments of the Hospital Authority (HA) arising from industrial trauma and traffic trauma, and the corresponding estimated cost incurred for A&E services in 2017-18 (up to 31 December 2017).

2017-18 (Up to 31 December 2017) [Provisional figures]

	Number of A&E attendances	**Estimated Cost ($ million)**
Industrial trauma	49 136	70
Traffic trauma	18 033	26

The above costs are calculated on the basis of number of A&E attendances arising from the respective trauma types and the HA projected average cost per A&E attendance in 2017-18.

- 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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

(a) How many resources are deployed to 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: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 5510)
Reply:

(a)&(b)

The public healthcare services delivered by the Hospital Authority (HA) are disease-based under various clinical specialties to 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)

Currently, there are 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 graduates of local Chinese medicine degree programme. Each CMCTR operates on a tripartite collaboration model involving HA, an non-governmental organisation (NGO) and a local university. The respective NGO is responsible for the day-to-day operation of CMCTR.

Currently, there is no plan to further increase the number of CMCTRs.

- 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) (Ms Elizabeth Tse)

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 5 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 any plans to shorten the relevant waiting time.

Please advise 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 5 years.

Please advise 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 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 5511)

Reply:

The tables below set out the number of child and adolescent (C&A) psychiatric specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in each hospital cluster under the Hospital Authority (HA) from 2013-14 to 2017-18 (up to 31 December 2017) –

2013-14

Cluster [#]	**Priority 1**		**Priority 2**		**Routine**	
	Number of new cases	**Median waiting time (weeks)**	**Number of new cases**	**Median waiting time (weeks)**	**Number of new cases**	**Median waiting time (weeks)**
HKEC[1]	4	<1	28	2	1 766	31
HKWC[1]						
KCC[2]	45	<1	209	2	3 839	59

Cluster [#]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
KWC[2]						
KEC	3	<1	11	2	1 705	62
NTEC	112	<1	58	3	1 477	57
NTWC	5	1	347	4	1 537	28

2014-15

Cluster [#]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC[1] / HKWC[1]	11	<1	69	2	1 746	70
KCC[2] / KWC[2]	38	1	174	3	3 833	40
KEC	9	1	14	3	1 765	73
NTEC	139	1	130	5	2 068	49
NTWC	4	<1	369	4	1 538	62

2015-16

Cluster [#]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC[1] / HKWC[1]	12	2	84	3	2 711	95
KCC[2] / KWC[2]	38	1	245	4	3 679	41
KEC	32	1	135	5	1 764	83
NTEC	120	1	190	5	1 891	84
NTWC	0	-	261	1	1 427	86

2016-17

Cluster [#]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC[1] / HKWC[1]	21	<1	97	3	2 264	80
KCC[2] / KWC[2]	70	1	264	4	3 574	57

Cluster[#]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
KEC	17	1	158	2	1 407	96
NTEC	159	1	135	3	2 001	133
NTWC	0	-	221	4	1 286	87

2017-18 (up to 31 December 2017) [Provisional figures]

Cluster[#]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC[1] / **HKWC**[1]	13	1	94	4	1 003	93
KCC[2] / **KWC**[2]	39	1	153	3	2 375	74
KEC	17	1	117	5	1 122	111
NTEC	65	1	151	5	1 614	119
NTWC	34	1	122	6	1 087	91

Note:

1. The majority of the C&A psychiatric services in HKEC is supported by the C&A psychiatric specialist team of HKWC.
2. The majority of the C&A psychiatric services in KCC is supported by the C&A psychiatric specialist team of KWC.
3. "-" represents not applicable.

The tables below set out the number of adult psychiatric SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in each hospital cluster under HA from 2013-14 to 2017-18 (up to 31 December 2017) –

2013-14

Cluster[#]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC	435	1	793	3	2 036	7
HKWC	144	1	480	3	1 143	5
KCC	165	<1	773	4	970	16
KEC	292	1	1 744	4	2 145	17
KWC	85	1	452	5	8 354	17
NTEC	1 152	1	1 782	4	2 572	26
NTWC	512	1	1 213	5	2 312	22

2014-15

Cluster [#]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC	369	1	868	3	2 126	9
HKWC	414	1	627	3	646	10
KCC	143	<1	739	3	1 094	16
KEC	298	1	1 528	5	2 067	15
KWC	115	2	223	5	8 582	18
NTEC	952	1	1 821	4	2 397	21
NTWC	520	1	1 385	7	2 210	51

2015-16

Cluster [#]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC	299	<1	819	3	2 207	10
HKWC	573	<1	607	3	276	13
KCC	76	<1	696	3	1 029	16
KEC	362	<1	1 427	4	2 043	15
KWC	31	<1	226	3	8 687	4
NTEC	1 089	1	1 762	4	2 843	34
NTWC	450	<1	1 309	7	2 103	19

2016-17

Cluster [#]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC	308	1	774	3	2 173	15
HKWC	388	1	569	3	635	14
KCC	109	<1	553	3	823	16
KEC	316	<1	1 116	4	3 351	4
KWC	22	<1	262	3	8 730	4
NTEC	912	<1	1 856	4	2 526	55
NTWC	532	1	1 284	7	2 253	15

2017-18 (up to 31 December 2017) [Provisional figures]

Cluster #	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC	287	1	614	3	1 396	18
HKWC	234	1	466	3	516	23
KCC	80	1	465	4	746	25
KEC	168	<1	876	3	2 412	6
KWC	31	<1	267	3	5 916	5
NTEC	664	<1	1 337	4	2 285	26
NTWC	313	<1	942	4	1 743	24

Given the increasing demand for the C&A services, HA has already strengthened the manpower in C&A psychiatric teams in all service clusters in the past few years. HA has also strengthened the psychiatric SOP services in KWC, KEC and NTEC since 2015-16 by phases to provide better support for patients with common mental disorders (CMD). In 2018-19, HA will further enhance its psychiatric SOP services in NTEC and NTWC by deploying additional manpower.

The table below sets out the 90th percentile [3] waiting time of C&A psychiatric new cases in each hospital cluster under HA from 2013-14 to 2017-18 (up to 31 December 2017). HA has not compiled statistics on the shortest SOP waiting time of new cases.

Cluster#	2013-14	2014-15	2015-16	2016-17	2017-18 (up to 31 December 2017) [Provisional figures]
HKEC[1]	100	129	171	131	130
HKWC[1]					
KCC[2]	96	72	72	70	84
KWC[2]					
KEC	93	99	99	101	118
NTEC	113	123	128	170	141
NTWC	50	80	104	99	97

Note:

1. The majority of the C&A psychiatric services in HKEC is supported by the C&A psychiatric specialist team of HKWC.
2. The majority of the C&A psychiatric services in KCC is supported by the C&A psychiatric specialist team of KWC.
3. HA uses 90th percentile to denote the longest waiting time for SOP service.

The table below sets out the number of psychiatric patients aged below 18 treated in each hospital cluster of HA from 2013-14 to 2017-18 (projection as of 31 December 2017). The number of patients on waiting lists of C&A psychiatric SOP clinics is not available.

Cluster[#]	Number of patients aged below 18 [3&4]				
	2013-14	2014-15	2015-16	2016-17	2017-18 (projection as of 31 December 2017)
HKEC[1]	4 250	4 450	4 880	5 540	6 000
HKWC[1]					
KCC[2]	6 990	8 180	8 990	9 990	10 500
KWC[2]					
KEC	3 540	3 920	4 340	4 910	5 210
NTEC	5 340	5 840	6 370	7 330	7 440
NTWC	4 170	4 210	4 360	4 700	4 940
Overall[5]	24 150	26 470	28 810	32 310	33 930

Note:

1. The majority of the C&A psychiatric services in HKEC is supported by the C&A psychiatric specialist team of HKWC.
2. The majority of the C&A psychiatric services in KCC is supported by the C&A psychiatric specialist team of KWC.
3. Referring to age as at 30 June of the respective year.
4. Figures are rounded to the nearest ten.
5. Sum of clusters may not add up to the total as a patient may be treated in more than one cluster.

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information were continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement started from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 were therefore not directly comparable.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4841)

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) (Ms Elizabeth Tse)

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 2017-18.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 5512)

Reply:

The tables below set out the inpatient (IP) bed occupancy rate and IP average length of stay (IP ALOS) for all general specialties (acute and convalescent) and major specialties in each cluster under the Hospital Authority (HA) in 2017-18 (up to 31 December 2017).

2017-18 (up to 31 December 2017) [Provisional figures]

	Cluster							**HA**
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**Overall**
All general specialties (acute & convalescent)								
IP bed occupancy rate	90%	78%	90%	97%	94%	92%	107%	**92%**
IP ALOS (days)	5.3	5.8	6.6	5.6	5.1	6.1	5.9	5.8
Major specialties								
Gynaecology								
IP bed occupancy rate	106%	58%	83%	59%	91%	76%	112%	**78%**
IP ALOS (days)	2.5	2.6	2.2	2.4	1.8	2.1	1.8	**2.2**
Medicine								
IP bed occupancy rate	94%	93%	100%	107%	101%	105%	116%	**103%**

	Cluster							HA
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**Overall**
IP ALOS (days)	5.2	5.8	7.0	6.2	5.7	7.1	7.4	**6.4**
Obstetrics								
IP bed occupancy rate	84%	65%	66%	60%	73%	69%	95%	**71%**
IP ALOS (days)	3.8	2.9	3.1	2.8	2.7	3.1	2.9	**3.0**
Orthopaedics & Traumatology								
IP bed occupancy rate	94%	72%	104%	105%	96%	87%	96%	**93%**
IP ALOS (days)	5.0	7.5	9.0	6.8	6.2	7.7	9.1	**7.4**
Paediatrics								
IP bed occupancy rate	89%	75%	79%	85%	76%	87%	124%	**85%**
IP ALOS (days)	3.3	5.3	3.9	2.5	3.2	3.6	3.4	**3.5**
Surgery								
IP bed occupancy rate	87%	72%	85%	91%	94%	97%	100%	**89%**
IP ALOS (days)	4.0	5.0	4.6	4.2	3.9	5.3	4.5	**4.5**

Note:

(1) In HA, day IPs refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. IPs are those who are admitted into hospitals via Accident & Emergency departments or those who have stayed for more than one day. The calculation of the number of hospital beds includes that of both IPs and day IPs. The calculation of IP ALOS and IP bed occupancy rate, on the other hand, does not include that of day IPs.

(2) It should be noted that IP ALOS varies among different cases within and between different specialties owing to the varying complexity of the conditions of patients who may require different diagnostic services and treatments. Both IP bed occupancy rate and IP ALOS also vary among different hospital clusters due to different case-mix, i.e. mix of patients of different conditions in the cluster, which may differ according to population profile and other factors, including hospital bed complement and specialisation of the specialties in the cluster. Therefore, the figures cannot be directly compared among different clusters or specialties.

(3) Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017.

All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

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

- 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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please list the average unit cost of the outpatient services of each specialty in all hospital clusters under the Hospital Authority (including Ear, Nose and Throat, Gynaecology, Obstetrics, Medicine, Ophthalmology, Orthopaedics and Traumatology, Paediatrics and Adolescent Medicine, Surgery and Psychiatry) in 2017-18.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 5513)

Reply:

The table below sets out the projected average cost per specialist outpatient (SOP) attendance by hospital cluster under the Hospital Authority (HA) in 2017-18. The breakdown by different specialties is not yet available.

	Projected average cost per SOP attendance ($)
HKEC	1,270
HKWC	1,460
KCC	1,290
KEC	1,160
KWC	1,320
NTEC	1,380
NTWC	1,280
HA Overall	1,310

The SOP service costs include direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support

services (such as pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as utility expenses, repair and maintenance of medical equipment). The average cost per SOP attendance of individual cluster represents an average computed with reference to its total SOP service costs divided by the corresponding activities (in terms of attendances) provided.

The average cost per SOP attendance varies among different clusters owing to the varying complexity of the conditions of patients and the different diagnostic services, treatments and prescriptions required. The average cost also varies among different clusters due to different case-mix, i.e. the mix of patients of different conditions in the clusters, which may differ according to population profile and other factors, including specialisation of the specialties in the clusters. Hence, clusters with greater number of patients with more complex conditions or requiring more costly treatment will incur a higher average cost. Therefore, the average cost per SOP attendance cannot be directly compared among different clusters.

Note

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

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

- 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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown of the number of people currently on the waiting list and the waiting time for various specialist outpatient services by District Council district.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 5514)

Reply:

The table below sets out the number of specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median (50^{th} percentile) waiting time in each hospital cluster of the Hospital Authority (HA) for 2017-18 (up to 31 December 2017).

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 Mong, Wong Tai Sin
- KEC – Kwun Tong, Sai Kung
- KWC – Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
- NTEC – Sha Tin, Tai Po, North
- NTWC – Tuen Mun, Yuen Long

2017-18 (up to 31 December 2017) [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	528	<1	1 983	4	4 889	30
	MED	1 325	1	3 076	6	6 259	24
	GYN	543	<1	784	2	2 924	47
	OPH	4 447	<1	1 558	7	5 300	34
	ORT	1 083	1	1 413	5	5 521	63
	PAE	102	1	698	5	174	10
	PSY	295	1	634	3	1 706	23
	SUR	986	1	3 146	7	7 408	54
HKWC	ENT	435	<1	1 646	6	4 256	26
	MED	1 446	<1	1 277	4	7 309	34
	GYN	1 234	<1	675	5	3 835	41
	OPH	2 703	<1	1 367	5	3 039	45
	ORT	760	<1	1 193	4	5 652	21
	PAE	275	<1	507	3	1 068	11
	PSY	271	1	661	3	1 784	63
	SUR	1 726	<1	2 305	6	7 723	19
KCC	ENT	1 336	<1	1 465	5	10 597	34
	MED	1 289	1	2 406	5	14 806	80
	GYN	807	<1	2 742	5	5 770	28
	OPH	6 729	<1	4 448	2	9 358	92
	ORT	1 662	1	1 629	5	9 448	58
	PAE	767	<1	537	3	2 082	10
	PSY	96	1	706	5	1 183	25
	SUR	2 651	1	4 726	5	18 516	51
KEC	ENT	1 373	<1	2 152	3	4 933	72
	MED	1 412	1	3 932	6	11 607	86
	GYN	1 126	1	653	5	4 996	57
	OPH	4 414	<1	221	6	9 020	13
	ORT	2 838	1	3 074	7	6 938	106
	PAE	965	<1	600	4	1 857	11
	PSY	214	<1	1 268	3	4 193	18
	SUR	1 697	1	5 383	7	13 234	23

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	2 466	<1	2 556	6	7 321	61
	MED	1 705	1	4 341	5	9 300	52
	GYN	217	<1	1 034	6	5 367	53
	OPH	4 778	<1	4 706	<1	6 962	56
	ORT	1 329	1	2 713	6	7 468	59
	PAE	1 864	<1	724	6	2 181	14
	PSY	209	<1	595	3	8 959	16
	SUR	1 899	1	4 597	6	13 578	27
NTEC	ENT	2 815	<1	3 557	3	8 069	59
	MED	2 281	<1	2 710	7	15 708	66
	GYN	1 881	<1	690	6	6 325	57
	OPH	5 696	<1	3 080	4	9 437	26
	ORT	4 072	<1	1 634	5	12 043	107
	PAE	178	1	438	4	2 806	12
	PSY	848	1	1 868	4	4 658	51
	SUR	1 470	<1	2 973	5	17 215	34
NTWC	ENT	2 538	<1	1 479	4	7 552	44
	MED	1 089	1	3 100	4	8 248	69
	GYN	797	1	75	3	4 701	30
	OPH	6 348	<1	2 127	4	7 861	50
	ORT	1 362	1	1 504	5	8 847	74
	PAE	74	1	533	7	1 495	28
	PSY	356	<1	1 159	4	3 527	34
	SUR	1 633	1	2 949	5	15 757	61

Note :
Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

It should be noted that while HA encourages patients to seek medical attention from SOP clinics in the clusters where they are residing to facilitate follow-up and the provision of community support, there exists cross-cluster utilisation of the service.

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

Specialties :
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. 4844)

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) (Ms Elizabeth Tse)

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, and their lower quartile, median, upper quartile, and the 95th percentile waiting time for 2016-17.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 5515)

Reply:

The table below sets out the number of new cases of obstetric specialist outpatient (SOP) 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) in 2016-17 and 2017-18 (up to 31 December 2017).

Cluster	2016-17					2017-18 (up to 31 December 2017) [Provisional figures]				
	Number of new cases	Waiting Time (weeks)				Number of new cases	Waiting Time (weeks)			
		25th percentile	50th percentile	75th percentile	90th percentile		25th percentile	50th percentile	75th percentile	90th percentile
HKEC	3 452	1	2	3	4	2 363	<1	1	2	3
HKWC	4 644	1	2	3	4	3 408	1	2	3	4
KCC	6 430	7	13	18	21	10 025	4	7	12	15
KEC	3 450	<1	1	2	3	2 420	<1	1	2	4
KWC	11 932	2	4	6	7	3 890	2	3	5	6
NTEC	13 387	3	5	7	18	8 511	3	5	7	18
NTWC	2 776	1	2	4	4	2 059	1	3	4	5

Note:

1. HA uses 90th percentile to denote the longest waiting time for SOP service.
2. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

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

- 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: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

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: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 5516)

Reply:

The table below sets out the average cost per patient day by types of beds in the Hospital Authority in the past 10 years.

Year	Average cost per patient day* ($)			
	General (acute & convalescent)	Infirmary	Mentally Ill	Mentally Handicapped
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
2013-14	4,330	1,400	2,270	1,290
2014-15	4,600	1,470	2,470	1,400
2015-16	4,830	1,540	2,590	1,520
2016-17	4,950	1,610	2,660	1,670

Year	Projected average cost per patient day* ($)			
	General (acute & convalescent)	Infirmary	Mentally Ill	Mentally Handicapped
2017-18 (Revised Estimate)	5,270	1,680	2,710	1,700

* 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; 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. 4846)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Health and Medical Research Fund, please list in table form the research projects and infrastructure with funding support and the amount of funding approved. Are there any research projects on uncommon disorders? If yes, what are the details? If no, what are the reasons?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 5517)

Reply:

Since the establishment of the Health and Medical Research Fund (HMRF) in 2011, the approved commitment is as follows:

	Number of research projects	**Amount (in $million)**
Investigator-initiated research projects	999	908
Research fellowship	12	11.3
Government-commissioned research programmes	23	227.9
Health care and promotion projects	11	10.5

The approved funding covered infrastructure and facilities for the purpose of conducting research projects, such as the development of essential research infrastructure and building of comprehensive research capacity for conducting Phase 1 clinical trials, strengthening Bio-Safety Level III laboratory facilities and advanced laboratory apparatus for experiments. Details of the 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.

The HMRF has supported research projects on uncommon disorders under the thematic priorities of clinical genetics, clinical trials, paediatrics and neuroscience including Niemann-Pick disease, Rett syndrome, Hirschsprung's disease, tuberous sclerosis, biliary atresia, Guillain–Barré syndrome, and severe combined immunodeficiency.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4847)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please set out the numbers of patients who used non-emergency ambulance transfer service for follow-up appointments and discharge in each public hospital in the past 10 years.

Asked by: Dr. Hon Fernando CHEUNG Chiu-hung (Member Question No. (LegCo use) 5518)

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 from hospitals in the past 10 years are shown below.

Year	Number of patient-trips served for outpatient	Number of patient-trips served for discharge
2008-09	144 651	119 381
2009-10	149 981	127 885
2010-11	147 553	136 849
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	250 678	171 057
2016-17	257 145	177 384

Year	Number of patient-trips served for outpatient	Number of patient-trips served for discharge
2017-18	250 000 (projected as at 31 December 2017)	187 000 (projected as at 31 December 2017)

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4848)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

What were the total numbers of patients aged under 18 who overstayed in hospitals due to problems in residential placement in the past 5 years?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 5519)

Reply:

While the Hospital Authority (HA) does not maintain statistics on the number of children below 18 years old overstaying in hospital due to placement problem, HA conducts relevant surveys from time to time. The surveys conducted in June 2016, December 2016, June 2017 and December 2017 indicated a total number of 38, 36, 31 and 14 children overstaying in HA Paediatric Units due to placement problem respectively.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)323

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4849)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following details of patients aged under 18 who overstayed in hospitals for reasons other than medical condition in the past 5 years.

Total number of patients
Average age
Age of the eldest patient
Age of the youngest patient
Average length of overstay
Longest length of overstay
Shortest length of overstay

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 5520)

Reply:

Whilst Hospital Authority (HA) does not have the requested statistics, in a survey conducted in all HA Paediatric units in June 2017, there were 46 children who were medically fit for discharge but overstaying in hospitals. The average length of overstaying was 57 days at the time of the survey. A follow-up survey indicated that 34 out of the 46 children had been discharged from the hospitals in the next month.

HA conducted another survey on overstaying children in December 2017. The result indicated that 26 children were overstaying and the average length of overstay was 42 days.

Most of the overstaying children were below 6 years of age.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4850)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the numbers of times where physical restraints were applied to persons aged under 18 in the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 5521)

Reply:

The Hospital Authority (HA) has put in place a corporate guideline since 2008 to specify the safety principles in the use of restraint devices in patient care as a last resort to prevent imminent danger of physical harm or protect the safety of the patients or others when less restrictive options of management have failed. Based on risk assessment, the attending paediatrician of the clinical team should document the reasons and decision for restraint on the medical record. The clinical team would also monitor the patients closely and evaluate regularly the need to continue the restraint.

HA does not maintain statistics on the number of episodes of usage of restraint devices.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4851)

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) (Ms Elizabeth Tse)

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: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 5522)

Reply:

The table below sets out the costs for operating the general outpatient clinics (GOPCs) from 2013-14 to 2018-19.

Year	GOPC Service Costs ($ million)
2013-14	2,236
2014-15	2,431
2015-16	2,651
2016-17	2,765
2017-18 (Revised Estimate)	2,928
2018-19 (Estimate)	3,050

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4852)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please list the numbers of doctors, nurses and allied health professionals serving in the Hospital Authority as a whole and in individual hospital cluster, and their ratios to the overall population and population aged 65 or above in their respective hospital clusters in 2017-18.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 5523)

Reply:

The table below sets out the number of doctors, nurses and allied health professionals in the Hospital Authority (HA) by cluster, as well as their ratios to the overall population and population aged 65 or above in the respective cluster in 2017-18.

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 geographical population of catchment districts									Catchment districts
	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+	
2017-18 (as at 31 December 2017)										
HKEC	610	0.8	4.0	2 769	3.6	18.1	834	1.1	5.4	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	652	1.3	6.9	2 888	5.5	30.5	975	1.9	10.3	Central & Western, Southern
KCC	1 170	1.0	5.3	5 209	4.5	23.7	1 579	1.4	7.2	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	687	0.6	3.9	2 873	2.5	16.2	790	0.7	4.4	Kwun Tong, Sai Kung
KWC	993	0.7	4.2	4 226	3.1	18.0	1 261	0.9	5.4	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	972	0.7	5.0	4 249	3.2	21.9	1 283	1.0	6.6	Sha Tin, Tai Po, North
NTWC	808	0.7	5.4	3 613	3.1	24.3	1 019	0.9	6.9	Tuen Mun, Yuen Long
Cluster Total	**5 894**	**0.8**	**4.8**	**25 827**	**3.5**	**21.1**	**7 742**	**1.0**	**6.3**	

Note:

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

2) The number of doctors excludes interns and dental officers.

3) 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;

   (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.

4) The manpower to population ratios involve the use of the latest revised mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

5) Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4890)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower planning of allied health (AH) professionals, would the Government advise on the following?

1. The employment status of AH professionals in the past 5 years, including the statistics on AH professionals employed by the Government, subvented organisations and private sector, the turnover 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: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 7033)

Reply:

(1) The Department of Health ("DH") conducts Health Manpower Surveys ("HMS") on a regular basis to obtain information on the characteristics and employment status of healthcare professionals practising in Hong Kong. According to the 2014 HMS on the 16 types of healthcare professionals included in the health services functional constituency and the 2017 HMS on occupational therapists, physiotherapists, medical laboratory technologists, optometrists and radiographers, the estimated distribution of allied health professionals who were practising in the respective local healthcare professions among different service sectors is set out in the following tables –

Healthcare Professionals	Number of Healthcare Professionals ❖*	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 Professionals	Number of registered healthcare professionals ❖+	Service Sector				
		Hospital Authority	Government	Subvented Sector	Academic Sector	Private Sector
2017 HMS						
Occupational Therapist	1 908	47.9%	3.1%	33.2%	3.2%	12.6%
Physiotherapist	2 941	37.8%	1.6%	19.3%	3.7%	37.7%
Medical Laboratory Technologist	3 426	49.9%	8.4%	7.0%		34.7%
Optometrist	2 158	2.8%	5.9%			91.3%
Radiographer (Diagnostic)	1 817	47.5%	5.1%			47.5%
Radiographer (Therapeutic)	363	55.8%	-		44.2%	

Notes：

❖ To tally with the HMS, the number of healthcare professionals is provided as at the respective reference date of the survey.

* Figures refer to number of the healthcare professionals employed by the surveyed institutions as at the 31 March 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 the 31 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 turnover rates of allied health professionals in subvented organisations and private sector. For those employed by the DH and the Hospital Authority, the turnover rates range between 0% to 12% in 2017.

(2) Under the Strategic Review of Healthcare Manpower Planning and Professional Development, it is projected that there is a general shortage of occupational therapists, physiotherapists, medical laboratory technologists, optometrists and radiographers, of which the manpower supply of medical laboratory technologists and radiographers is projected to be in slight shortage but close to equilibrium while there will be sufficient manpower of occupational therapists under the existing service levels and models after taking into account the self-financing training places.

In view of the increasing demand for healthcare services, the Government has substantially increased the number of University Grants Committee ("UGC")-funded healthcare training places by about 60% (from about 1 150 to about 1 800) over the past 10 years. The Government is discussing with UGC to further increase the publicly-funded training places for doctors, dentists, nurses and relevant allied health professionals in the 2019/20 – 2021/22 triennium.

The Government will also count on the self-financing sector to provide training to help meet part of the increasing demand for healthcare professionals. The Government subsidises over 800 students studying in qualified self-financing healthcare training programmes under the Study Subsidy Scheme for Designated Professions/Sectors in the 2018-19 academic year.

The Government will kick-start a new round of manpower projection exercise to update the demand and supply projection of healthcare professionals (including allied health professionals).

(3) We do not have statistics on the number of allied health professional positions and vacancies in the whole sector.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)328

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4899)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Budget Speech mentions: "The Community Care Fund (CCF) has launched an assistance programme to provide eligible patients with subsidies for the purchase of ultra-expensive drugs (including those for treating uncommon diseases). It will also extend the scope of the programme to subsidise individual patients with special clinical needs in using specific drugs. The Hospital Authority will complete a review of the patient's co-payment mechanism under the CCF's programme in the first half of this year and propose improvement measures. I will set aside $500 million for this purpose". In this regard, will the Government inform this Committee:

1. of the progress and details of the review; and

2. whether the $500 million set aside will be used for increasing the items of subsidised drugs; and of the estimated number of years of assistance for which the sum can suffice?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 7204)

Reply:

The Hospital Authority (HA) has commissioned a consultancy study to review the existing Community Care Fund Medical Assistance Programme means test mechanism. Taking into account findings of the review, the HA aims to come up with recommendations in the first half of 2018 for improving the mechanism and providing more and faster help to patients in need. The Government has set aside resources in the 2018-19 Budget for this purpose. Actual use of resources will be subject to the review findings and recommendations.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5053)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please advise this Committee of the details of the assistance provided to patients under the Expanded Access Programme or compassionate programmes, including the diseases covered, the number of patients benefited, the expenditure involved and the time taken to introduce new drugs into Hong Kong in the past 5 years.

Please also advise this Committee of the details of the assistance to be provided to patients under the Expanded Access Programme or compassionate programmes, including the diseases covered, the number of patients benefited, the expenditure involved and the estimated time for introducing new drugs into Hong Kong in the coming year.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 7219)

Reply:

The Hospital Authority (HA) places high importance in providing optimal care for all patients while ensuring optimal and rational use of public resources. HA makes use of the recurrent funding from the Government, the Samaritan Fund and the Community Care Fund (CCF) Medical Assistance Programme to provide sustainable, affordable and optimal care for all patients, including those with uncommon disorders.

To facilitate assessment of new drugs for listing on the HA Drug Formulary, enable early access by individual patients to new drug treatments, and explore long-term arrangements for drug provision for patients with specific uncommon disorders, HA may liaise with individual drug companies on provision of special drug programmes on specific diseases, including uncommon disorders.

At present, drug treatment is provided through enzyme replacement therapy (ERT) for patients with specific Lysosomal Storage Disorders (LSD), including Pompe disease, Fabry disease, Gaucher disease as well as Mucopolysaccharidosis (MPS) Type I, II, IV and VI.

As at 31 December 2017, a total 23 patients were undergoing ERT treatment for LSDs. The following table sets out the expenditure incurred on provision of ERT in the past 5 years from 2013-14 to 2017-18.

2013-14	**2014-15**	**2015-16**	**2016-17**	**2017-18 (up to 31 December 2017)**
$37.0 million	$42.6 million	$48.3 million	$52.8 million	$40 million

HA has also implemented a new CCF Medical Assistance Programme to provide patients with subsidy to purchase ultra-expensive drugs (including drugs for uncommon disorders). Paroxysmal Nocturnal Haemoglobinuria (PNH) and Atypical Haemolytic Uraemic Syndrome (aHUS) are currently covered under this programme. As at 31 December 2017, a total of eight applications have been approved since the implementation of the programme and the total amount of subsidy approved was $31.4 million. HA is now actively negotiating with the concerned drug company for a special drug programme for treatment of Spinal Muscular Atrophy (SMA). Subject to mutual agreement between HA and the drug company and final approval by the Commission on Poverty, the drug treatment will be provided for eligible patients with SMA under the new CCF programme.

HA will continue liaising with individual drug companies on provision of special drug programmes on specific diseases, including uncommon disorders. HA will also liaise with the Commission on Poverty to implement suitable new programmes under the CCF Medical Assistance Programme to provide financial assistance for eligible patients who meet specific clinical criteria to use ultra-expensive drugs (including those for treating uncommon disorders).

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5054)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the following concerning the Drug Formulary over the past 5 years:

1. the numbers of drugs in each category, i.e. General drugs, Special drugs, Self-financed items with safety net and Self-financed items without safety net, the numbers of cases they were prescribed and the expenditures involved;

2. the numbers of Self-financed items repositioned as Special or General drugs and the expenditures involved; and

3. the numbers of Special drugs repositioned as General drugs and the expenditures involved.

What are the estimated numbers of drugs in each category, i.e. General drugs, Special drugs, Self-financed items with safety net and Self-financed items without safety net, the numbers of cases they will be prescribed and the estimated expenditures involved in the coming year?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 7223)

Reply:

(1)

The tables below sets out the numbers of General drugs, Special drugs, Self-financed items, drugs covered by the safety net provided through the Samaritan Fund and drugs supported by the Community Care Fund (CCF) Medical Assistance Programme in the Hospital Authority Drug Formulary (HADF) in the past 5 years from 2013-14 to 2017-18 :

Number of drugs

Drug Category	January 2014	January 2015	January 2016	January 2017	January 2018
General drugs	891	897	891	869	824
Special drugs	331	338	343	360	363
Self-financed items	65	76	74	71	68
Drugs covered by the safety net	20	21	22	26	29
Drugs supported by the CCF Medical Assistance Programme	9	9	10	13	17
Total *	1 316	1 341	1 340	1 339	1 301

* A drug may fall in more than one category (General, Special, Self-financed, Self-financed with safety net) in the HADF due to different therapeutic indications or dose presentations. The figures are gross summation of drugs in all categories in the HADF.

As drugs may have various clinical indications which may fall into different categories (General, Special, Self-financed or Self-financed with safety net), the Hospital Authority (HA) is unable to provide the respective numbers of cases prescribed under the different categories.

The table below sets out the amount of drug consumption expenditures on General and Special drugs in the HADF (i.e. the expenditure on General drugs and Special drugs prescribed to patients at standard fees and charges) in the past 5 years from 2013-14 to 2017-18 (projection based on the expenditure figure as at 31 December 2017).

	2013-14	2014-15	2015-16	2016-17	2017-18
Drug consumption expenditure on General and Special drugs in the HADF ($ million)	4,078	4,333	4,570	5,020	5,285*

* Projection based on the expenditure figure as at 31 December 2017

(2) and (3)

The table below sets out the number of Self-financed items repositioned as Special or General drugs and the number of Special drugs repositioned as General drugs in the HADF in the past 5 years from 2013-14 to 2017-18.

	2013-14	2014-15	2015-16	2016-17	2017-18
Number of Self-financed items repositioned as Special or General drugs	7	4	5	4	5
Number of Special drugs repositioned as General drugs	4	6	9	0	8

HA does not maintain statistics on the expenditure involved in the repositioning of Self-financed items as Special or General drugs and the repositioning of Special drugs as General drugs in the HADF.

Since appraisal of new drugs is an on-going process driven by evolving medical evidence, latest clinical development and market dynamics, HA is unable to project the numbers of drugs in each category of the HADF, the number of prescriptions and the estimated expenditure involved in 2018-19.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5066)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

As at 31 December 2017, the Hospital Authority, with over 76 000 staff (full time equivalents), manages 42 public hospitals and institutions, 48 specialist outpatient clinics and 73 general outpatient clinics. Please advise on the numbers of full-time and part-time staff of all ranks and their respective percentages in each public hospital and institution.

Asked by: Hon CHU Hoi-dick (Member Question No. (LegCo use): 57)

Reply:

The services of the Hospital Authority (HA) are organised and provided on a cluster basis, and the manpower of HA is deployed and rotated flexibly amongst various hospitals within a hospital cluster.

The table below sets out the numbers of full-time and part-time staff by staff group and their respective percentages in each hospital cluster as at 31 December 2017:

Cluster	**Staff Group**	**Full-time**		**Part-time**	
		No.	**%**	**No.**	**%**
HKEC	Medical	646	97.8%	14	2.2%
	Nursing	2 666	96.3%	103	3.7%
	Allied Health	833	99.9%	1	0.1%
	Management / Administration	155	99.6%	1	0.4%
	Supporting (Care-related)	1 517	99.7%	5	0.3%
	Others	2 277	99.1%	20	0.9%
HKEC Total		**8 094**	**98.3%**	**144**	**1.7%**

Cluster	Staff Group	Full-time		Part-time	
		No.	%	No.	%
HKWC	Medical	713	99.1%	6	0.9%
	Nursing	2 703	93.6%	185	6.4%
	Allied Health	968	99.3%	7	0.7%
	Management / Administration	134	98.2%	2	1.8%
	Supporting (Care-related)	1 425	99.7%	5	0.3%
	Others	2 062	99.8%	4	0.2%
HKWC Total		**8 005**	**97.5%**	**209**	**2.5%**
KCC	Medical	1 221	97.0%	38	3.0%
	Nursing	4 997	95.9%	212	4.1%
	Allied Health	1 573	99.6%	6	0.4%
	Management / Administration	291	99.8%	1	0.2%
	Supporting (Care-related)	2 965	97.3%	83	2.7%
	Others	3 776	98.7%	49	1.3%
KCC Total		**14 823**	**97.4%**	**389**	**2.6%**
KEC	Medical	726	97.9%	15	2.1%
	Nursing	2 669	92.9%	204	7.1%
	Allied Health	778	98.5%	12	1.5%
	Management / Administration	121	100.0%	0	0.0%
	Supporting (Care-related)	1 581	98.9%	17	1.1%
	Others	1 847	97.6%	45	2.4%
KEC Total		**7 722**	**96.3%**	**293**	**3.7%**
KWC	Medical	1 045	97.7%	24	2.3%
	Nursing	4 101	97.0%	125	3.0%
	Allied Health	1 260	99.9%	1	0.1%
	Management / Administration	198	100.0%	0	0.0%
	Supporting (Care-related)	2 200	99.6%	9	0.4%
	Others	2 849	99.2%	22	0.8%
KWC Total		**11 653**	**98.5%**	**182**	**1.5%**
NTEC	Medical	1 053	98.3%	18	1.7%
	Nursing	3 970	93.4%	279	6.6%
	Allied Health	1 281	99.9%	2	0.1%
	Management / Administration	182	99.6%	1	0.4%
	Supporting (Care-related)	2 557	99.5%	13	0.5%
	Others	2 761	99.8%	6	0.2%
NTEC Total		**11 804**	**97.4%**	**319**	**2.6%**

Cluster	Staff Group	Full-time		Part-time	
		No.	%	No.	%
NTWC	Medical	835	97.9%	18	2.1%
	Nursing	3 537	97.9%	76	2.1%
	Allied Health	1 017	99.8%	2	0.2%
	Management / Administration	198	100.0%	0	0.0%
	Supporting (Care-related)	2 539	99.9%	2	0.1%
	Others	2 566	99.5%	14	0.5%
NTWC Total		**10 692**	**99.0%**	**112**	**1.0%**

Note:

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

(2) Individual figures may not add up to the total due to rounding.

(3) The "medical" group includes consultants, senior medical officers / associate consultants, medical officers / residents, visiting medical officers, interns and dental officers.

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

(5) The "allied health" group includes radiographers, medical technologists / medical laboratory technicians, occupational therapists, physiotherapists, pharmacists, medical social workers, etc.

(6) The "management / administration" group includes cluster executives, chief executive, cluster general managers, directors, deputy directors, hospital chief executives, chief hospital administrators, chief information officers, chief treasury accountants, legal counsels, senior supplies officers, statisticians, etc.

(7) The "supporting (care-related)" group includes health care assistants, ward attendants, patient care assistants, etc.

(8) The "others" group includes assistant laundry managers, clerical assistants, data processors, operation assistants, executive assistants, etc.

(9) Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017.

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 2018-19 Reply Serial No.

FHB(H)332

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5067)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

As at 31 December 2017, the Hospital Authority, with over 76 000 staff (full time equivalents), manages 42 public hospitals and institutions, 48 specialist outpatient clinics and 73 general outpatient clinics. Please advise on the numbers of full-time and part-time staff of all ranks and their respective percentages in each specialist outpatient clinic.

Asked by: Hon CHU Hoi-dick (Member Question No. (LegCo use): 58)

Reply:

The Hospital Authority (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 specialist outpatient services in HA also provide support for other services, the manpower for supporting specialist outpatient clinics cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5068)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

As at 31 December 2017, the Hospital Authority, with over 76 000 staff (full time equivalents), manages 42 public hospitals and institutions, 48 specialist outpatient clinics and 73 general outpatient clinics. Please advise on the numbers of full-time and part-time staff of all ranks and their respective percentages in each general outpatient clinic.

Asked by: Hon CHU Hoi-dick (Member Question No. (LegCo use): 63)

Reply:

In the Hospital Authority (HA), services delivered in a range of outpatient clinics including General Outpatient Clinics (GOPCs), HA Staff Clinics and Family Medicine Specialist Clinics are organised under the Family Medicine specialty, with the majority of doctors working in GOPCs. HA's GOPC service is arranged on a cluster basis. Clinics of the same cluster complement each other in terms of manpower deployment and service provision.

The table below sets out the number of full-time and part-time doctors in the Family Medicine specialty and their respective percentages in each hospital cluster as at 31 December 2017:

Cluster	**Number of Doctors in Family Medicine**			
	Full-time	**%**	**Part-time**	**%**
HKEC	58	94.5%	3	5.5%
HKWC	41	97.2%	1	2.8%
KCC	106	93.0%	8	7.0%
KEC	91	98.2%	2	1.8%
KWC	116	98.1%	2	1.9%
NTEC	87	95.7%	4	4.3%
NTWC	81	98.2%	2	1.8%
Overall	**580**	**96.4%**	**22**	**3.6%**

As other staff supporting GOPC service, including nurses, allied health and supporting staff, may also be deployed to support other services, the requested breakdown on their manpower in GOPCs is not available.

Note:

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

(2) 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. 3767)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in the Matters Requiring Special Attention that the Health Branch will encourage private hospital development. In this connection, will the Administration please advise:

a. the details of the plan to encourage private hospital development, the expenditure to be involved and the target numbers of additional private hospital beds and private hospitals to be provided?

b. the detailed outcomes of various measures to encourage private hospital development, the number of organisations which have expressed interest in providing private hospital services and the reasons why their proposals have been accepted or rejected by the Administration?

c. whether there is any plan to earmark land for the development of private hospitals? If yes, please list out the location and size of these sites. If no, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 63)

Reply:

Gleneagles Hong Kong (GHK) Hospital, which provides 500 beds, commenced operation on 21 March 2017. In addition, 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 GHK and CUHKMC, we note that three organisations have also indicated intention to develop new private hospitals. Relevant proposals, when finalised, will be processed by the Government according to established procedures.

The Government's policy is to facilitate the further development of private hospitals with a view to ensuring the healthy development of a dual-track healthcare system in Hong Kong. In considering reserving additional government sites for development of private hospitals, we will need to take into account the availability of suitable land and assess the overall priority of allocating scarce land resources to meet competing social demands. While we do not have any additional government sites being reserved for development of private hospitals at the moment, we will continue to assess such demand in the light of further development and needs of the healthcare services of Hong Kong. In addition, we encourage existing private hospitals undergoing expansion/redevelopment projects and new private hospitals to be developed mainly on private land to consider accepting special requirements such as provision of services at packaged charge and enhancement of price transparency as a means to enhancing the quality of private healthcare services which cater for public needs. We will continue to assess the needs of the community in formulating the overall direction of the development of private hospitals.

The work on facilitating and promoting private hospital development is absorbed within the existing resources of the Food and Health Bureau.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3768)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In respect of bed occupancy rates, will the Government please advise:

a. the bed occupancy rates of public hospitals in different clusters over the past 3 years? Please list out the occupancy rates by age group and indicate the ratios of elderly patients and chronic patients respectively;
b. the bed occupancy rates of private hospitals over the past 3 years? Please list out the occupancy rates by age group and indicate the ratios of elderly patients and chronic patients respectively.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 65)

Reply:

(a)

The table below sets out the inpatient bed occupancy rate in each hospital under the Hospital Authority (HA) in 2015-16, 2016-17 and 2017-18 (up to 31 December 2017). 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.

Cluster	**Hospital / Institution**	**Inpatient bed occupancy rate**		
		2015-16	**2016-17**	**2017-18 (up to 31 December 2017) [Provisional Figures]**
HKEC	Cheshire Home, Chung Hom Kok	77%	79%	83%
	Pamela Youde Nethersole Eastern Hospital	83%	85%	88%
	Ruttonjee Hospital	90%	89%	90%
	St. John Hospital	62%	64%	59%

Cluster	Hospital / Institution	Inpatient bed occupancy rate		
		2015-16	2016-17	2017-18 (up to 31 December 2017) [Provisional Figures]
	Tung Wah Eastern Hospital	85%	87%	87%
	Wong Chuk Hang Hospital	92%	92%	94%
HKWC	The Duchess of Kent Children's Hospital at Sandy Bay	59%	63%	56%
	Tung Wah Group of Hospitals Fung Yiu King Hospital	74%	68%	71%
	Grantham Hospital	73%	70%	78%
	MacLehose Medical Rehabilitation Centre	54%	57%	58%
	Queen Mary Hospital	78%	81%	81%
	Tung Wah Hospital	82%	84%	82%
KCC	Hong Kong Buddhist Hospital	89%	91%	96%
	Hong Kong Eye Hospital	40%	35%	41%
	Kowloon Hospital	84%	81%	83%
	Kwong Wah Hospital	Note 2	Note 2	83%
	Our Lady of Maryknoll Hospital	Note 2	Note 2	75%
	Queen Elizabeth Hospital	93%	93%	96%
	Tung Wah Group of Hospitals Wong Tai Sin Hospital	Note 2	Note 2	87%
KEC	Haven of Hope Hospital	91%	92%	92%
	Tseung Kwan O Hospital	94%	96%	101%
	United Christian Hospital	89%	93%	96%
KWC	Caritas Medical Centre	84%	85%	85%
	Kwai Chung Hospital	73%	76%	72%
	Kwong Wah Hospital	81%	80%	Note 2
	North Lantau Hospital	92%	87%	95%
	Our Lady of Maryknoll Hospital	64%	73%	Note 2
	Princess Margaret Hospital	98%	98%	96%
	Tung Wah Group of Hospitals Wong Tai Sin Hospital	89%	89%	Note 2
	Yan Chai Hospital	85%	88%	90%
NTEC	Alice Ho Miu Ling Nethersole Hospital	85%	85%	87%
	Bradbury Hospice	88%	92%	94%
	North District Hospital	94%	93%	93%
	Prince of Wales Hospital	88%	92%	94%
	Cheshire Home, Shatin	74%	74%	73%
	Shatin Hospital	93%	91%	89%
	Tai Po Hospital	84%	89%	91%
NTWC	Castle Peak Hospital	66%	65%	63%
	Pok Oi Hospital	93%	96%	103%
	Siu Lam Hospital	95%	93%	89%
	Tuen Mun Hospital	103%	102%	106%

Notes

1. 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, on the other hand, does not include that of day inpatients.

2. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

(b)

The average bed occupancy rates of beds provided by the private hospitals in Hong Kong in the past 3 years are as follows:

	2015	2016	2017
Bed occupancy rate:	61.7%	62.0%	not yet available

The Government does not have data on bed occupancy rates breakdown by age group or medical condition 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. 3769)

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) (Ms Elizabeth Tse)

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 5 years;
(b). the population served by various clusters of the HA over the past 5 years; and
(c). the elderly population served by various clusters of the HA over the past 5 years?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 66)

Reply:

(a)

The table below sets out the recurrent budget allocation for each cluster of the Hospital Authority (HA) in the past 5 years. The information on 2017-18 has incorporated the impact of the re-delineation of cluster boundary between KWC and KCC.

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	5.37	5.56	6.65	5.28	11.46	8.13	6.71
2016-17	5.63	5.89	7.10	5.66	12.05	8.62	7.27
2017-18 (projection as of 31 December 2017)	5.85	6.21	11.17	5.97	9.21	9.14	7.91

Note:
The recurrent budget allocation as shown in the table above represents the funding allocated to clusters for supporting their daily operational needs, such as staff costs, drug expenditure, medical supplies and utilities 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 supporting the cluster's day-to-day operation. The above does not include capital budget allocation such as those for capital works projects, major equipment acquisition, and corporate-wide information technology development projects, etc.

The resource needs of a cluster depends not only on the size and demographics of the population residing within its catchment districts, but also on other factors such as service demand generated from cross-cluster movement of patients and the provision of designated services (such as liver transplantation). As such, the scope of hospital facilities and expertise available in different clusters also vary. Therefore, budget allocation to individual clusters is not directly comparable.

(b) & (c)

The tables below set out the population and the population aged 65 or above in respect of each cluster of HA in the past 5 years.

Population Estimates in 2013 (as at mid-2013)

Districts	Corresponding Hospital Cluster	Population	Population Aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	775 400	131 600
Central & Western, Southern	HKWC	530 800	80 300
Kowloon City, Yau Tsim	KCC	508 100	85 400
Kwun Tong, Sai Kung	KEC	1 088 100	151 700
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 930 200	303 900
Sha Tin, Tai Po, North	NTEC	1 257 000	152 500
Tuen Mun, Yuen Long	NTWC	1 088 100	114 400
Overall Hong Kong		**7 178 900**	**1 019 900**

Population Estimates in 2014 (as at mid-2014)

Districts	Corresponding Hospital Cluster	Population	Population Aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	769 100	134 400
Central & Western, Southern	HKWC	527 600	83 000
Kowloon City, Yau Tsim	KCC	534 000	89 800
Kwun Tong, Sai Kung	KEC	1 097 100	157 700
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 938 300	316 600
Sha Tin, Tai Po, North	NTEC	1 264 300	160 700
Tuen Mun, Yuen Long	NTWC	1 098 100	121 600
Overall Hong Kong		**7 229 500**	**1 063 800**

Population Estimates in 2015 (as at mid-2015)

Districts	Corresponding Hospital Cluster	Population	Population Aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	763 800	140 500
Central & Western, Southern	HKWC	523 800	86 600
Kowloon City, Yau Tsim	KCC	540 000	94 100
Kwun Tong, Sai Kung	KEC	1 107 000	164 500
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 951 500	328 000
Sha Tin, Tai Po, North	NTEC	1 287 000	170 900
Tuen Mun, Yuen Long	NTWC	1 116 900	129 900
Overall Hong Kong		**7 291 300**	**1 114 600**

Population Estimates in 2016 (as at mid-2016)

Districts	Corresponding Hospital Cluster	Population	Population Aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	767 600	128 700
Central & Western, Southern	HKWC	518 300	84 500
Kowloon City, Yau Tsim	KCC	561 100	85 200
Kwun Tong, Sai Kung	KEC	1 110 400	179 000
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen	KWC	1 995 500	319 700

Wan, Lantau Island			
Sha Tin, Tai Po, North	NTEC	1 279 000	200 800
Tuen Mun, Yuen Long	NTWC	1 103 500	165 100
Overall Hong Kong		**7 336 600**	**1 163 200**

Projected Population in 2017 (as at mid-2017)

Districts	Corresponding Hospital Cluster	Population	Population Aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	762 900	153 400
Central & Western, Southern	HKWC	521 200	94 800
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 159 700	220 000
Kwun Tong, Sai Kung	KEC	1 138 100	177 600
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 350 400	234 400
Sha Tin, Tai Po, North	NTEC	1 328 000	194 400
Tuen Mun, Yuen Long	NTWC	1 150 300	148 600
Overall Hong Kong		**7 411 300**	**1 223 400**

Note

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

Note for part (a) to part (c)

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

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

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)337

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3770)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The two medical schools have increased the annual number of medical places from 420 to 470 since the 2016/17 academic year. Also, the Financial Secretary has mentioned in the Budget Speech that he will ensure that the Hospital Authority has adequate resources to employ all local medical graduates. In this connection, will the Government advise on the details of the relevant measures and the resources involved?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 67)

Reply:

Over the past decade, the Government has increased the number of University Grants Committee-funded medical training places from 250 in the 2005/06 academic year to 470 in the 2016/17 academic year, representing a rise of almost 90 per cent. There will be a total of over 2 000 medical graduates in the coming five years. The Government will ensure that the Hospital Authority ("HA") has adequate resources to employ all qualified locally trained medical graduates and provide them with relevant specialist training. An additional recurrent provision of about $200 million will be allocated each year to HA for supporting basic healthcare training including clinical placement, as well as specialty and higher training.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3771)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the provision for the Hospital Authority in the past 5 financial years in the table below:

	Provision for the year	Increase over the estimate of the previous year (amount/ percentage)	Percentage in recurrent government expenditure	Percentage in total government expenditure	Expenses on increment for staff (amount/ percentage in the additional provision)	Expenses on improving salary structure (amount/ percentage in the additional provision)	Resources allocated for service improvements by hospital (item/ amount/ percentage in the additional provision)
2017-18							
2016-17							
2015-16							
2014-15							
2013-14							

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 69)

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 (%)**	**Percentage in total 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**
2017-18 (revised estimate)	56,393.8	2,950.2 (5.52%)	15.51%	11.89%	910 (1.61%)	17.3 (0.59%)
2016-17	53,443.6	1,894.7 (3.68%)	15.51%	11.57%	807 (1.51%)	1.3 (0.07%)
2015-16	51,548.9 [N2]	1,745.3 (3.50%)	15.88%	11.83%	697 (1.35%)	5.7 (0.33%)
2014-15	49,803.6	3,488.0 (7.53%)	16.32%	12.57%	663 (1.33%)	30.6 (0.88%)
2013-14	46,315.6	3,428.7 (7.99%)	16.29%	10.68%	672 (1.45%)	0.4 (0.01%)

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 2015-16 set out above excludes the one-off allocation of $10 billion from the Government to the Hospital Authority (HA) for setting up an endowment fund to operate the clinical public-private partnership (PPP) programmes.

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.

Additional resources are allocated for implementing various service improvement- measures each year from 2013-14 to 2017-18, including the following key measures:

	Service Improvement Projects	Clusters	Funds involved Amount / (%) in the additional provision for the financial year ($) million
2017-18			
(1)	open a total of 229 additional beds to meet the growing demand arising from population growth and ageing	HKEC, KCC, KEC, KWC, NTEC & NTWC	267 (9.1%)
(2)	continue to commission services in Tin Shui Wai Hospital in phases and make preparation for the commencement of services in the Hong Kong Children's Hospital in phases from 2018	KCC & NTWC	276 (9.4%)
(3)	enhance the services provided by the HA's Community Geriatric Assessment Team (CGAT) for terminally ill patients living in residential care homes for the elderly, set up geriatric fragility fracture co-ordination services in designated acute hospital, and enhance treatment and management of cancers, stroke, cardiac and renal diseases	All clusters	118 (4.0%)
(4)	continue to enhance accident and emergency, surgical, endoscopic and diagnostic imaging services as well as increase quotas for specialist and general outpatient services	All clusters	174 (5.9%)
(5)	augment mental health services by strengthening healthcare professional and support manpower	All clusters	73 (2.5%)
(6)	continue to make use of investment returns generated from the $10 billion PPP Endowment Fund allocated to the Hospital Authority on 31 March 2016 to operate clinical PPP programmes	All clusters	278 (9.4%)
2016-17			
(1)	open a total of 231 additional beds to meet the growing demand arising from population growth and ageing	HKEC, KCC, KEC, NTEC & NTWC	over 235 (over 12.4%)

	Service Improvement Projects	Clusters	Funds involved Amount / (%) in the additional provision for the financial year ($) million
(2)	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	KCC & NTWC	254 (13.4%)
(3)	establish an endowment fund of $10 billion and use its investment return to fund and enhance the clinical PPP initiatives of HA to alleviate pressure on the public healthcare system	All clusters	194 (10.2%)
(4)	augment health services for the elderly by strengthening CGAT service, setting up the fifth joint replacement centre, and enhancing the treatment and management of cancers and chronic diseases like cardiac and renal diseases	All clusters	90 (4.8%)
(5)	continue to implement measures to improve patients' access to services including accident and emergency, general outpatient, surgical and endoscopic services	All clusters	169 (8.9%)
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 18.3%)
(2)	enhance healthcare services to the elderly population by strengthening CGAT 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 fourth joint replacement centre	All clusters	178 (10.2%)

	Service Improvement Projects	Clusters	Funds involved Amount / (%) in the additional provision for the financial year ($) million
(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 and Caritas Medical Centre to enhance the standard of care	KWC	69 (2.0%)
(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			

	Service Improvement Projects	Clusters	Funds involved Amount / (%) in the additional provision for the financial year ($) million
(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 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%)
(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%)

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 2018-19 Reply Serial No.

FHB(H)339

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3772)

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) (Ms Elizabeth Tse)

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: Hon KWOK Ka-ki (Member Question No. (LegCo use): 70)

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 (stable) 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 2015-16, 2016-17 and 2017-18 (up to 31 December 2017).

2015-16

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	1 133	<1	<1	<1	3 070	1	4	7	4 714	11	35	45
	MED	2 640	<1	1	2	3 647	3	5	7	6 610	13	22	53
	GYN	720	<1	<1	1	751	2	3	7	4 101	17	33	105
	OPH	5 253	<1	<1	1	2 001	4	7	8	6 621	12	22	38
	ORT	1 623	<1	1	1	1 753	4	6	8	6 630	25	60	99
	PAE	170	<1	1	2	868	3	5	7	256	11	13	18
	PSY	319	<1	<1	1	852	2	3	5	2 295	5	10	30
	SUR	1 881	<1	1	2	4 175	5	7	8	7 747	19	36	60
HKWC	ENT	634	<1	<1	1	2 219	4	5	8	4 434	<1	14	88
	MED	1 906	<1	<1	1	1 803	2	4	7	8 750	11	35	78
	GYN	1 759	<1	<1	2	1 169	4	5	8	4 896	12	21	159
	OPH	3 525	<1	<1	1	1 118	4	4	7	4 312	16	20	32
	ORT	775	<1	<1	1	1 180	2	3	6	8 676	8	17	62
	PAE	520	<1	<1	1	832	2	4	7	1 246	9	10	13
	PSY	693	<1	<1	1	852	2	3	6	3 495	15	76	166
	SUR	2 386	<1	<1	2	2 722	3	5	8	9 609	9	20	112
KCC	ENT	1 446	<1	<1	1	1 299	2	4	6	12 063	23	24	31
	MED	1 459	<1	<1	1	1 873	3	5	7	8 932	28	51	102
	GYN	416	<1	<1	1	1 725	4	7	8	3 193	15	29	48
	OPH	7 563	<1	<1	1	4 562	1	3	7	13 199	56	62	74
	ORT	286	<1	1	1	1 079	<1	2	7	7 106	23	53	89
	PAE	725	<1	<1	1	501	5	6	8	1 133	7	16	26
	PSY	95	<1	<1	1	893	1	3	7	1 642	7	16	25
	SUR	1 916	<1	1	1	2 734	3	4	7	12 942	23	39	48
KEC	ENT	1 835	<1	<1	1	2 477	1	3	7	5 371	58	69	88
	MED	1 618	<1	1	1	5 015	4	6	7	12 902	15	65	100
	GYN	1 168	<1	1	1	891	4	6	7	6 176	15	54	108
	OPH	5 391	<1	<1	1	310	3	6	7	12 591	11	15	112
	ORT	3 776	<1	<1	1	3 262	5	7	7	10 152	21	93	133
	PAE	1 161	<1	<1	1	840	2	4	7	2 559	15	16	24
	PSY	451	<1	<1	1	1 924	3	4	7	4 742	10	54	98
	SUR	1 690	<1	1	1	6 169	5	7	7	17 168	14	23	89

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	3 719	<1	<1	1	3 464	3	5	8	10 804	15	34	50
	MED	2 934	<1	<1	1	6 611	4	6	7	20 470	23	58	77
	GYN	1 115	<1	<1	1	2 551	4	6	7	11 346	11	25	63
	OPH	6 533	<1	<1	<1	5 664	1	2	3	7 379	4	47	50
	ORT	3 988	<1	<1	1	5 263	3	5	8	14 454	32	64	123
	PAE	2 796	<1	<1	1	1 052	4	6	8	3 990	9	12	20
	PSY	305	<1	<1	1	628	1	3	7	13 196	1	12	63
	SUR	3 536	<1	<1	2	9 739	4	6	8	26 574	15	26	77
NTEC	ENT	4 107	<1	<1	2	3 786	3	4	7	8 597	14	53	104
	MED	3 232	<1	<1	1	2 765	3	6	8	15 935	19	74	100
	GYN	2 037	<1	<1	2	823	3	6	8	8 128	19	48	99
	OPH	7 524	<1	<1	1	3 786	3	4	8	10 022	17	63	68
	ORT	5 760	<1	<1	1	2 392	3	5	8	13 917	23	113	157
	PAE	318	<1	<1	2	452	3	4	6	3 976	3	10	41
	PSY	1 356	<1	1	2	2 460	3	4	8	5 599	16	53	127
	SUR	1 956	<1	<1	2	3 066	3	5	8	20 504	17	43	79
NTWC	ENT	2 816	<1	<1	1	1 239	3	4	6	8 977	13	55	70
	MED	1 278	<1	1	2	3 091	4	6	7	6 015	16	54	78
	GYN	1 141	<1	1	2	126	3	4	8	5 665	20	39	129
	OPH	9 232	<1	<1	1	2 815	2	4	8	7 833	22	54	68
	ORT	1 912	<1	1	2	1 374	3	4	7	10 164	25	83	87
	PAE	78	1	1	2	478	3	5	7	1 816	11	13	15
	PSY	456	<1	<1	1	1 778	3	6	7	4 231	8	46	94
	SUR	1 515	<1	1	3	3 160	4	6	16	16 757	24	59	70

2016-17

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	943	<1	<1	<1	3 331	1	4	7	5 459	9	30	50
	MED	2 192	<1	1	2	3 874	3	5	7	7 828	10	24	75
	GYN	688	<1	<1	1	981	3	3	7	4 100	17	36	143
	OPH	5 539	<1	<1	1	2 139	4	7	8	6 928	13	36	53
	ORT	1 413	<1	1	1	1 611	4	6	7	7 453	22	66	99
	PAE	139	<1	1	2	976	4	5	7	283	10	12	19
	PSY	321	<1	1	1	797	2	3	5	2 557	7	16	42
	SUR	1 557	1	1	2	4 454	5	7	8	8 920	19	38	63
HKWC	ENT	566	<1	<1	1	1 872	3	5	7	5 575	<1	14	39
	MED	1 864	<1	<1	1	2 182	3	4	7	9 451	13	30	78
	GYN	1 737	<1	<1	1	1 098	3	5	8	4 946	12	29	149
	OPH	3 337	<1	<1	2	1 726	4	4	7	4 040	30	40	41
	ORT	879	<1	<1	1	1 684	2	3	6	8 299	10	22	105
	PAE	657	<1	<1	1	923	2	4	7	1 344	10	14	17
	PSY	479	<1	1	1	828	2	3	7	3 316	14	38	127
	SUR	2 418	<1	<1	1	2 879	3	5	7	10 434	8	19	59
KCC	ENT	1 351	<1	<1	1	1 160	1	4	7	12 232	14	29	60
	MED	1 424	<1	1	1	2 060	3	4	6	9 601	42	71	93
	GYN	407	<1	<1	1	1 848	4	6	8	3 387	17	34	47
	OPH	8 319	<1	<1	1	5 377	1	2	5	13 233	69	81	91
	ORT	341	<1	<1	1	1 036	2	4	7	7 087	22	62	91
	PAE	863	<1	1	1	766	3	5	7	1 146	5	11	28
	PSY	145	<1	<1	1	789	1	3	7	1 482	15	22	51
	SUR	1 938	<1	1	1	2 867	3	5	7	14 287	25	45	52
KEC	ENT	1 748	<1	<1	1	2 664	1	3	7	6 340	24	82	94
	MED	1 720	<1	1	1	5 274	4	6	7	13 886	16	70	98
	GYN	1 494	<1	1	1	1 018	4	6	7	6 637	13	35	65
	OPH	6 068	<1	<1	1	258	3	6	7	12 249	11	12	137
	ORT	3 861	<1	<1	1	3 929	4	7	8	10 202	19	55	121
	PAE	1 244	<1	<1	1	750	2	4	7	2 702	11	13	26
	PSY	370	<1	<1	1	1 650	2	4	7	5 504	3	12	98
	SUR	2 142	<1	1	1	6 907	5	7	8	17 402	12	24	85

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	3 895	<1	<1	1	3 959	3	5	8	11 993	18	47	61
	MED	2 516	<1	<1	2	6 520	3	5	7	21 546	24	60	87
	GYN	1 217	<1	<1	1	2 840	4	6	7	12 119	11	25	62
	OPH	6 956	<1	<1	<1	6 359	1	1	2	8 157	4	50	54
	ORT	3 622	<1	1	2	4 892	3	4	7	15 531	33	73	136
	PAE	2 747	<1	<1	1	1 053	4	6	7	4 479	9	13	22
	PSY	305	<1	<1	2	738	1	3	7	13 155	1	12	67
	SUR	3 834	<1	1	2	8 684	4	6	7	28 843	18	33	70
NTEC	ENT	4 284	<1	<1	1	4 160	2	3	7	8 954	12	37	64
	MED	3 164	<1	<1	1	3 403	4	6	8	17 588	17	69	103
	GYN	1 920	<1	<1	2	893	4	6	8	8 873	18	56	88
	OPH	7 905	<1	<1	1	4 742	3	4	8	10 548	16	52	68
	ORT	5 898	<1	<1	1	2 122	3	5	8	15 979	23	124	179
	PAE	224	<1	<1	1	587	3	4	6	3 825	5	10	36
	PSY	1 206	<1	1	2	2 601	2	4	8	5 447	20	73	160
	SUR	2 034	<1	<1	2	3 789	3	5	8	21 571	16	35	84
NTWC	ENT	2 783	<1	<1	1	1 809	3	4	7	9 822	13	68	77
	MED	1 677	<1	1	2	4 026	3	4	7	8 201	15	49	71
	GYN	1 190	<1	1	2	231	3	5	8	5 761	17	32	126
	OPH	9 326	<1	<1	1	3 341	3	4	8	7 789	17	40	50
	ORT	1 862	1	1	2	1 692	3	4	8	10 317	24	72	79
	PAE	115	1	1	2	622	5	6	7	1 914	18	23	26
	PSY	539	<1	1	1	1 686	3	6	7	4 283	11	30	92
	SUR	1 881	<1	1	2	3 740	3	5	7	18 217	25	58	71

2017-18 (up to 31 December 2017) [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	528	<1	<1	<1	1 983	1	4	7	4 889	10	30	51
	MED	1 325	<1	1	2	3 076	3	6	8	6 259	14	24	89
	GYN	543	<1	<1	1	784	2	2	7	2 924	18	47	74
	OPH	4 447	<1	<1	1	1 558	4	7	8	5 300	12	34	61
	ORT	1 083	<1	1	1	1 413	3	5	7	5 521	16	63	94
	PAE	102	<1	1	1	698	4	5	7	174	9	10	20
	PSY	295	<1	1	2	634	2	3	6	1 706	11	23	43
	SUR	986	<1	1	2	3 146	5	7	8	7 408	20	54	79
HKWC	ENT	435	<1	<1	1	1 646	4	6	7	4 256	<1	26	47
	MED	1 446	<1	<1	1	1 277	2	4	7	7 309	15	34	94
	GYN	1 234	<1	<1	1	675	3	5	8	3 835	11	41	78
	OPH	2 703	<1	<1	2	1 367	4	5	8	3 039	42	45	48
	ORT	760	<1	<1	1	1 193	3	4	7	5 652	11	21	82
	PAE	275	<1	<1	1	507	1	3	7	1 068	8	11	15
	PSY	271	<1	1	2	661	2	3	7	1 784	23	63	126
	SUR	1 726	<1	<1	1	2 305	4	6	7	7 723	7	19	75
KCC	ENT	1 336	<1	<1	1	1 465	3	5	7	10 597	17	34	72
	MED	1 289	<1	1	1	2 406	4	5	7	14 806	33	80	102
	GYN	807	<1	<1	1	2 742	4	5	7	5 770	12	28	51
	OPH	6 729	<1	<1	1	4 448	1	2	5	9 358	69	92	97
	ORT	1 662	<1	1	1	1 629	3	5	7	9 448	22	58	144
	PAE	767	<1	<1	1	537	2	3	5	2 082	8	10	22
	PSY	96	<1	1	1	706	2	5	7	1 183	16	25	78
	SUR	2 651	<1	1	2	4 726	3	5	7	18 516	19	51	65
KEC	ENT	1 373	<1	<1	1	2 152	1	3	6	4 933	22	72	77
	MED	1 412	<1	1	2	3 932	4	6	7	11 607	20	86	102
	GYN	1 126	<1	1	1	653	3	5	7	4 996	14	57	68
	OPH	4 414	<1	<1	1	221	3	6	7	9 020	11	13	157
	ORT	2 838	<1	1	1	3 074	5	7	8	6 938	20	106	115
	PAE	965	<1	<1	1	600	2	4	7	1 857	9	11	29
	PSY	214	<1	<1	2	1 268	2	3	7	4 193	4	18	115
	SUR	1 697	<1	1	1	5 383	6	7	8	13 234	14	23	89

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	2 466	<1	<1	1	2 556	4	6	8	7 321	15	61	71
	MED	1 705	<1	1	2	4 341	4	5	8	9 300	23	52	84
	GYN	217	<1	<1	1	1 034	4	6	7	5 367	21	53	68
	OPH	4 778	<1	<1	<1	4 706	<1	<1	1	6 962	2	56	67
	ORT	1 329	<1	1	2	2 713	3	6	8	7 468	34	59	105
	PAE	1 864	<1	<1	1	724	3	6	7	2 181	9	14	23
	PSY	209	<1	<1	1	595	1	3	7	8 959	2	16	79
	SUR	1 899	<1	1	2	4 597	4	6	7	13 578	12	27	51
NTEC	ENT	2 815	<1	<1	1	3 557	3	3	7	8 069	14	59	95
	MED	2 281	<1	<1	1	2 710	4	7	8	15 708	22	66	103
	GYN	1 881	<1	<1	2	690	4	6	8	6 325	21	57	87
	OPH	5 696	<1	<1	1	3 080	3	4	8	9 437	15	26	67
	ORT	4 072	<1	<1	1	1 634	3	5	7	12 043	24	107	177
	PAE	178	<1	1	2	438	3	4	7	2 806	7	12	37
	PSY	848	<1	1	2	1 868	3	4	8	4 658	16	51	134
	SUR	1 470	<1	<1	2	2 973	4	5	8	17 215	17	34	93
NTWC	ENT	2 538	<1	<1	1	1 479	3	4	7	7 552	17	44	82
	MED	1 089	<1	1	2	3 100	2	4	7	8 248	24	69	90
	GYN	797	<1	1	1	75	2	3	7	4 701	16	30	132
	OPH	6 348	<1	<1	1	2 127	3	4	8	7 861	15	50	62
	ORT	1 362	<1	1	2	1 504	3	5	7	8 847	52	74	97
	PAE	74	1	1	2	533	5	7	7	1 495	26	28	31
	PSY	356	<1	<1	2	1 159	3	4	7	3 527	15	34	94
	SUR	1 633	<1	1	2	2 949	4	5	7	15 757	24	61	86

Note:
Sub-specialty statistics for Geriatrics are grouped under Medicine specialty.

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 (25^{th} percentile), median (50^{th} percentile), and longest (90^{th} percentile) waiting time in each hospital cluster of HA for 2015-16, 2016-17 and 2017-18 (up to 31 December 2017).

Cluster	2015-16				2016-17				2017-18 (Up to 31 December 2017) [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	3 617	1	1	3	3 452	1	2	4	2 363	<1	1	3
HKWC	4 593	1	3	5	4 644	1	2	4	3 408	1	2	4
KCC	7 334	8	16	21	6 430	7	13	21	10 025	4	7	15
KEC	3 404	<1	1	3	3 450	<1	1	3	2 420	<1	1	4
KWC	12 761	2	5	9	11 932	2	4	7	3 890	2	3	6
NTEC	13 121	3	5	18	13 387	3	5	18	8 511	3	5	18
NTWC	2 835	1	2	4	2 776	1	2	4	2 059	1	3	5

HA uses 90th percentile to denote the longest waiting time for SOP service.

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

Specialties:
ENT – Ear, Nose & Throat
MED – Medicine
GYN – Gynaecology
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology
PAE – Paediatrics
PSY – Psychiatry
SUR – Surgery

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3773)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please list, by each cluster and all clusters of the Hospital Authority as a whole, the total population, the population aged 65 or above, the total provisions, the total number of doctors, nurses, allied health staff and general beds, their respective percentages of the total, as well as their ratio per 1 000 population and per 1 000 population aged 65 or above over the past 5 years.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 71)

Reply:

The tables below set out the population and the population aged 65 or above in respect of each cluster of the Hospital Authority (HA) from 2013 to 2017.

Population Estimates in 2013 (as at mid-2013)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	775 400	131 600
Central & Western, Southern	HKWC	530 800	80 300
Kowloon City, Yau Tsim	KCC	508 100	85 400
Kwun Tong, Sai Kung	KEC	1 088 100	151 700
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 930 200	303 900
Sha Tin, Tai Po, North	NTEC	1 257 000	152 500
Tuen Mun, Yuen Long	NTWC	1 088 100	114 400
Overall Hong Kong		**7 178 900**	**1 019 900**

Population Estimates in 2014 (as at mid-2014)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	769 100	134 400
Central & Western, Southern	HKWC	527 600	83 000
Kowloon City, Yau Tsim	KCC	534 000	89 800
Kwun Tong, Sai Kung	KEC	1 097 100	157 700
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 938 300	316 600
Sha Tin, Tai Po, North	NTEC	1 264 300	160 700
Tuen Mun, Yuen Long	NTWC	1 098 100	121 600
Overall Hong Kong		**7 229 500**	**1 063 800**

Population Estimates in 2015 (as at mid-2015)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	763 800	140 500
Central & Western, Southern	HKWC	523 800	86 600
Kowloon City, Yau Tsim	KCC	540 000	94 100
Kwun Tong, Sai Kung	KEC	1 107 000	164 500
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 951 500	328 000
Sha Tin, Tai Po, North	NTEC	1 287 000	170 900
Tuen Mun, Yuen Long	NTWC	1 116 900	129 900
Overall Hong Kong		**7 291 300**	**1 114 600**

Population Estimates in 2016 (as at mid-2016)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	767 600	128 700
Central & Western, Southern	HKWC	518 300	84 500
Kowloon City, Yau Tsim	KCC	561 100	85 200
Kwun Tong, Sai Kung	KEC	1 110 400	179 000
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 995 500	319 700
Sha Tin, Tai Po, North	NTEC	1 279 000	200 800
Tuen Mun, Yuen Long	NTWC	1 103 500	165 100
Overall Hong Kong		**7 336 600**	**1 163 200**

Projected Population in 2017 (as at mid-2017)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	762 900	153 400
Central & Western, Southern	HKWC	521 200	94 800
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 159 700	220 000
Kwun Tong, Sai Kung	KEC	1 138 100	177 600
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 350 400	234 400
Sha Tin, Tai Po, North	NTEC	1 328 000	194 400
Tuen Mun, Yuen Long	NTWC	1 150 300	148 600
Overall Hong Kong		**7 411 300**	**1 223 400**

The tables below set out the number of doctors, nurses and allied health staff in each cluster, their respective percentages of the total for all clusters, together with their respective ratios to 1 000 population as well as 1 000 population aged 65 or above from 2013-14 to 2017-18 (as at 31 December 2017).

2013-14

Cluster	Number of doctors, nurses and allied health staff, their % of clusters total and ratios per 1 000 population												Catchment districts
	Doctors	% of Clusters Total	Ratio to overall population	Ratio to population aged 65+	Nurses	% of Clusters Total	Ratio to overall population	Ratio to population aged 65+	Allied Health Staff	% of Clusters Total	Ratio to overall population	Ratio to population aged 65+	
HKEC	575	10.7%	0.7	4.4	2 443	10.8%	3.2	18.6	746	11.4%	1.0	5.7	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	602	11.2%	1.1	7.5	2 553	11.2%	4.8	31.8	838	12.8%	1.6	10.4	Central & Western, Southern
KCC	679	12.7%	1.3	7.9	3 175	14.0%	6.2	37.2	978	15.0%	1.9	11.4	Kowloon City, Yau Tsim
KEC	627	11.7%	0.6	4.1	2 474	10.9%	2.3	16.3	685	10.5%	0.6	4.5	Kwun Tong, Sai Kung
KWC	1 300	24.2%	0.7	4.3	5 337	23.5%	2.8	17.6	1 479	22.6%	0.8	4.9	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	879	16.4%	0.7	5.8	3 707	16.3%	2.9	24.3	1 018	15.6%	0.8	6.7	Sha Tin, Tai Po, North
NTWC	702	13.1%	0.6	6.1	3 027	13.3%	2.8	26.5	797	12.2%	0.7	7.0	Tuen Mun, Yuen Long
Clusters Total	**5 365**	**100%**	**0.7**	**5.3**	**22 716**	**100%**	**3.2**	**22.3**	**6 541**	**100%**	**0.9**	**6.4**	

2014-15

Cluster	Number of doctors, nurses and allied health staff, their % of clusters total and ratios per 1 000 population												Catchment districts
	Doctors	% of Clusters Total	Ratio to overall population	Ratio to population aged 65+	Nurses	% of Clusters Total	Ratio to overall population	Ratio to population aged 65+	Allied Health Staff	% of Clusters Total	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	5.7	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	608	11.1%	1.2	7.3	2 679	11.3%	5.1	32.3	883	13.0%	1.7	10.6	Central & Western, Southern
KCC	703	12.9%	1.3	7.8	3 275	13.8%	6.1	36.5	989	14.5%	1.9	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	Mong Kok, 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	24.3	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
Clusters Total	**5 462**	**100%**	**0.8**	**5.1**	**23 751**	**100%**	**3.3**	**22.3**	**6 818**	**100%**	**0.9**	**6.4**	

2015-16

Cluster	Number of doctors, nurses and allied health staff, their % of clusters total and ratios per 1 000 population												Catchment districts
	Doctors	% of Clusters Total	Ratio to overall population	Ratio to population aged 65+	Nurses	% of Clusters Total	Ratio to overall population	Ratio to population aged 65+	Allied Health Staff	% of Clusters Total	Ratio to overall population	Ratio to population aged 65+	
HKEC	595	10.5%	0.8	4.2	2 613	10.6%	3.4	18.6	791	11.0%	1.0	5.6	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	624	11.0%	1.2	7.2	2 788	11.4%	5.3	32.2	913	12.7%	1.7	10.5	Central & Western, Southern
KCC	731	12.9%	1.4	7.8	3 304	13.5%	6.1	35.1	1 028	14.3%	1.9	10.9	Kowloon City, Yau Tsim
KEC	676	12.0%	0.6	4.1	2 698	11.0%	2.4	16.4	750	10.4%	0.7	4.6	Kwun Tong, Sai Kung
KWC	1 352	23.9%	0.7	4.1	5 730	23.3%	2.9	17.5	1 646	22.9%	0.8	5.0	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	921	16.3%	0.7	5.4	4 053	16.5%	3.1	23.7	1 179	16.4%	0.9	6.9	Sha Tin, Tai Po, North
NTWC	748	13.2%	0.7	5.8	3 356	13.7%	3.0	25.8	889	12.4%	0.8	6.8	Tuen Mun, Yuen Long
Clusters Total	**5 648**	**100%**	**0.8**	**5.1**	**24 542**	**100%**	**3.4**	**22.0**	**7 195**	**100%**	**1.0**	**6.5**	

2016-17

Cluster	Number of doctors, nurses and allied health staff, their % of clusters total and ratios per 1 000 population												Catchment districts
	Doctors	% of Clusters Total	Ratio to overall population	Ratio to population aged 65+	Nurses	% of Clusters Total	Ratio to overall population	Ratio to population aged 65+	Allied Health Staff	% of Clusters Total	Ratio to overall population	Ratio to population aged 65+	
HKEC	594	10.3%	0.8	4.6	2 679	10.7%	3.5	20.8	799	10.7%	1.0	6.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	646	11.2%	1.2	7.6	2 821	11.3%	5.4	33.4	960	12.8%	1.9	11.4	Central & Western, Southern
KCC	740	12.8%	1.3	8.7	3 333	13.4%	5.9	39.1	1 065	14.2%	1.9	12.5	Kowloon City, Yau Tsim
KEC	682	11.8%	0.6	3.8	2 750	11.0%	2.5	15.4	782	10.4%	0.7	4.4	Kwun Tong, Sai Kung
KWC	1 375	23.8%	0.7	4.3	5 746	23.0%	2.9	18.0	1 696	22.6%	0.9	5.3	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	941	16.3%	0.7	4.7	4 090	16.4%	3.2	20.4	1 231	16.4%	1.0	6.1	Sha Tin, Tai Po, North
NTWC	793	13.7%	0.7	4.8	3 514	14.1%	3.2	21.3	964	12.9%	0.9	5.8	Tuen Mun, Yuen Long
Clusters Total	**5 770**	**100%**	**0.8**	**5.0**	**24 933**	**100%**	**3.4**	**21.4**	**7 497**	**100%**	**1.0**	**6.4**	

2017-18 (as at 31 December 2017)

Cluster	Number of doctors, nurses and allied health staff, their % of clusters total and ratios per 1 000 population												Catchment districts
	Doctors	% of Clusters Total	Ratio to overall population	Ratio to population aged 65+	Nurses	% of Clusters Total	Ratio to overall population	Ratio to population aged 65+	Allied Health Staff	% of Clusters Total	Ratio to overall population	Ratio to population aged 65+	
HKEC	610	10.4%	0.8	4.0	2 769	10.7%	3.6	18.1	834	10.8%	1.1	5.4	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	652	11.1%	1.3	6.9	2 888	11.2%	5.5	30.5	975	12.6%	1.9	10.3	Central & Western, Southern
KCC	1 170	19.9%	1.0	5.3	5 209	20.2%	4.5	23.7	1 579	20.4%	1.4	7.2	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	687	11.7%	0.6	3.9	2 873	11.1%	2.5	16.2	790	10.2%	0.7	4.4	Kwun Tong, Sai Kung
KWC	993	16.9%	0.7	4.2	4 226	16.4%	3.1	18.0	1 261	16.3%	0.9	5.4	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	972	16.5%	0.7	5.0	4 249	16.5%	3.2	21.9	1 283	16.6%	1.0	6.6	Sha Tin, Tai Po, North
NTWC	808	13.7%	0.7	5.4	3 613	14.0%	3.1	24.3	1 019	13.2%	0.9	6.9	Tuen Mun, Yuen Long
Clusters Total	**5 894**	**100%**	**0.8**	**4.8**	**25 827**	**100%**	**3.5**	**21.1**	**7 742**	**100%**	**1.0**	**6.3**	

The tables below set out the number and ratios of general beds in HA to 1 000 population as well as 1 000 population aged 65 or above by hospital clusters from 2013-14 to 2017-18.

2013-14

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	2 004	9.5%	2.6	15.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 860	13.5%	5.4	35.6	Central & Western, Southern
KCC	3 005	14.2%	5.9	35.2	Kowloon City, Yau Tsim
KEC	2 291	10.8%	2.1	15.1	Kwun Tong, Sai Kung
KWC	5 221	24.7%	2.7	17.2	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 477	16.5%	2.8	22.8	Sha Tin, Tai Po, North
NTWC	2 274	10.8%	2.1	19.9	Tuen Mun, Yuen Long
Overall HA	**21 132**	**100.0%**	**2.9**	**20.7**	

Hospital beds as at 31 March 2014

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%	2.7	15.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 860	13.4%	5.4	34.5	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	16.6	Mong Kok, 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%**	**3.0**	**20.1**	

Hospital beds as at 31 March 2015

2015-16

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	2 065	9.6%	2.7	14.7	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 860	13.2%	5.5	33.0	Central & Western, Southern
KCC	3 029	14.0%	5.6	32.2	Kowloon City, Yau Tsim
KEC	2 331	10.8%	2.1	14.2	Kwun Tong, Sai Kung
KWC	5 244	24.3%	2.7	16.0	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 610	16.7%	2.8	21.1	Sha Tin, Tai Po, North
NTWC	2 448	11.3%	2.2	18.8	Tuen Mun, Yuen Long
Overall HA	**21 587**	**100.0%**	**3.0**	**19.4**	

Hospital beds as at 31 March 2016

2016-17

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	2 085	9.6%	2.7	16.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 860	13.1%	5.5	33.8	Central & Western, Southern
KCC	3 053	14.0%	5.4	35.8	Kowloon City, Yau Tsim
KEC	2 347	10.8%	2.1	13.1	Kwun Tong, Sai Kung
KWC	5 244	24.1%	2.6	16.4	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 672	16.8%	2.9	18.3	Sha Tin, Tai Po, North
NTWC	2 537	11.6%	2.3	15.4	Tuen Mun, Yuen Long
Overall HA	**21 798**	**100.0%**	**3.0**	**18.7**	

Hospital beds as at 31 March 2017

2017-18

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	2 105	9.6%	2.8	13.7	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 860	13.0%	5.5	30.2	Central & Western, Southern
KCC	4 874	22.2%	4.2	22.2	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	2 405	10.9%	2.1	13.5	Kwun Tong, Sai Kung
KWC	3 431	15.6%	2.5	14.6	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 730	17.0%	2.8	19.2	Sha Tin, Tai Po, North
NTWC	2 596	11.8%	2.3	17.5	Tuen Mun, Yuen Long
Overall HA	**22 001**	**100.0%**	**3.0**	**18.0**	

^ Hospital beds as at 31 December 2017

The table below sets out the recurrent budget allocation for each cluster of HA from 2013-14 to 2017-18. The information on 2017-18 has incorporated the impact of the re-delineation of cluster boundary between KWC and KCC.

Year	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Clusters Total
	($ billion)							
2013-14	4.63	4.80	5.84	4.49	9.72	6.91	5.56	41.95
2014-15	5.01	5.17	6.25	4.94	10.65	7.44	6.08	45.54
2015-16	5.37	5.56	6.65	5.28	11.46	8.13	6.71	49.16
2016-17	5.63	5.89	7.10	5.66	12.05	8.62	7.27	52.22
2017-18 (projection as of 31 December 2017)	5.85	6.21	11.17	5.97	9.21	9.14	7.91	55.46

Note

1) The recurrent budget allocation as shown in the table above represents the funding allocated to clusters for supporting their daily operational needs, such as staff costs, drug expenditure, medical supplies and utilities 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 supporting the cluster's day-to-day operation. The above does not include capital budget allocation such as those for capital works projects, major equipment acquisition, and corporate-wide information technology development projects, etc.

2) The resource needs of a cluster depends not only on the size and demographics of the population residing within its catchment districts, but also on other factors such as service demand generated from cross-cluster movement of patients and the provision of designated services (such as liver transplantation). As such, the scope of hospital facilities and expertise available in different clusters also vary. Therefore, budget allocation to individual clusters is not directly comparable.

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

4) The manpower 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.

5) The number of doctors excludes Interns and Dental Officers.

6) The manpower and general bed to population ratios involve the use of the latest revised mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department

7) It should be noted that the ratios of 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.

8) It should 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.

9) Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service

units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3774)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the ten-year hospital development plan, would the Government please advise on the following:

a. the progress of each project;

b. the anticipated dates of commencement and completion for each project;

c. the budget for each project;

d. whether there is any delay or overspending on the projects; if yes, please give a detailed breakdown;

e. the numbers of beds available in and the service capacity of relevant hospitals before redevelopment/expansion and their estimated numbers of beds and service capacity upon completion of respective projects;

f. whether there are any other hospital redevelopment/expansion projects or capital works projects in addition to those under the ten-year plan. If yes, please state the commencement dates, approved estimates, current progress and anticipated dates of completion of such projects as well as the number of additional beds and increased service capacity upon their completion, and the staff establishment and resources involved.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 72)

Reply:

(a), (b) & (c)

Funding approval for six projects under the ten-year Hospital Development Plan (HDP) was obtained from the Finance Committee (FC) of the Legislative Council in 2016-17 and 2017-18:

(i) The substructure and utilities diversion works for the extension of the Operating Theatre (OT) Block for Tuen Mun Hospital (TMH) project was approved at $167.2 million in money-of-the-day (MOD) prices and the works commenced in May 2016. The main works for the project was approved at $2,729.7 million in MOD prices and commenced in September 2017 for completion of the whole project in 2021;

(ii) The Phase 1 of the redevelopment of Kwai Chung Hospital (KCH) project was approved at $750.8 million in MOD prices and the works commenced in May 2016 for completion in 2018;

(iii) The demolition and substructure works for Phase 1 of the redevelopment of Kwong Wah Hospital (KWH) project was approved at $654.8 million in MOD prices and the works commenced in June 2016. Subject to funding approval by the FC on the remaining works, the whole redevelopment project is planned for completion in 2025;

(iv) The expansion of Haven of Hope Hospital (HHH) project was approved at $2,073 million in MOD prices and the works commenced in July 2016 for completion in 2021;

(v) The preparatory works for the New Acute Hospital (NAH) at Kai Tak Development Area project was approved at $769.3 million in MOD prices and the preparatory works commenced in September 2017. Subject to funding approval by the FC on the remaining works, the whole project is planned for completion in 2024; and

(vi) The preparatory works for the redevelopment of Prince of Wales Hospital (PWH), Phase 2 (Stage 1) was approved at $1,231.1 million in MOD prices on 19 July 2017 and the preparatory works commenced in September 2017. Subject to funding approval by the FC on the remaining works, the whole project is planned for completion in 2027.

We plan to seek funding approval from FC this year for five projects under the ten-year HDP. They include the superstructure and associated works for Phase 1 of the redevelopment of KWH; the foundation, excavation and lateral support, and basement excavation works for the NAH at Kai Tak Development Area; the preparatory works for Phase 1 of the redevelopment of Grantham Hospital (GH); the preparatory works for the redevelopment of Our Lady of Maryknoll Hospital (OLMH); and the main works for Phase 1 of the redevelopment of Queen Mary Hospital (QMH).

For the remaining seven HDP projects[1], Hospital Authority (HA) and relevant government departments 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 and cost estimate for individual projects.

(d)

The Government and HA have advised good progress on the planning and implementation of the ten-year HDP since 2016. We aim to conduct a mid-term review on progress around 2021. There is reasonable contingency provision allowed in the $200 billion funding earmarked for the ten-year HDP, which will enable all its projects to be completed as planned. We will closely monitor the projects to ensure they are delivered within the allocated budget.

(e)

The ten-year HDP will provide a total of around 5 000 additional beds and other additional hospital facilities. 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 HDP.

Hospital Cluster	**Proposed projects**	**Estimated Additional Provisions [2]**			
		beds	**operating theatres**	**annual capacity of specialist outpatient clinic attendances**	**annual capacity of general outpatient clinic attendances**
Hong Kong West	Redevelopment of GH, Phase 1	-	3	-	-
	Redevelopment of QMH, Phase 1 - main works	-	14	-	-
	Sub-total	**-**	***17***	-	-
Kowloon Central [3]	Redevelopment of OLMH	16 [4]	-	75 900	20 800
	NAH at Kai Tak Development Area	2 400	37	1 410 000	-
	Redevelopment of KWH - main works	380	10	255 600	-
	Community Health Centre (CHC) at ex-Mong Kok Market site	-	-	-	88 000
	Sub-total	***2 796***	***47***	***1 741 500***	***108 800***
Kowloon East	Expansion of HHH	160	-	-	-
	Expansion United Christian Hospital (UCH) - main works (superstructure and remaining works)	560	5	681 800	-
	Sub-total	***720***	***5***	***681 800***	**-**

Hospital Cluster	Proposed projects	Estimated Additional Provisions [2]			
		beds	**operating theatres**	**annual capacity of specialist outpatient clinic attendances**	**annual capacity of general outpatient clinic attendances**
Kowloon West	Redevelopment of KCH, Phase 1	80	-	254 500	-
	Redevelopment of KCH, Phases 2 & 3				
	Expansion of Lai King Building in Princess Margaret Hospital	400	-	-	-
	Hospital Authority Supporting Services Centre	-	-	-	-
	CHC in Shek Kip Mei	-	-	-	154 000
Sub-total		***480***	***-***	***254 500***	***154 000***
New Territories East	Redevelopment of PWH, Phase 2 (Stage 1)	450	16	-	-
	Expansion of North District Hospital	600	-	180 000	-
	Development of a CHC in North District	-	-	-	176 000
Sub-total		***1 050***	***16***	***180 000***	***176 000***
New Territories West	Extension of OT Block for TMH	-	9	-	-
Sub-total		***-***	***9***	***-***	***-***
HA's Total		***5 046***	***94***	***2 857 800***	***438 800***

(f)

In the light of an increasing demand for healthcare services, the Government has invited HA to start planning the second ten-year HDP instead of waiting for the mid-term review of the first ten-year HDP to be conducted in 2021. HA will take into account the projected service demands, the physical conditions of existing hospitals, and the planned service models, etc. in the formulation of the second HDP. At this stage, information on the timetable, estimated expenditure, number of beds, service capacity and manpower involved is not available.

Note:

1. Including the main works for the expansion of UCH project, which had its funding for the preparatory works and foundation works approved by the FC in July 2012 and July 2015 respectively.
2. Actual deliverables of individual projects may be adjusted in the future subject to detailed planning and design.
3. Wong Tai Sin District and Mong Kok area, including OLMH and KWH, have been re-delineated from Kowloon West Cluster to Kowloon Central Cluster since 1 December 2016.
4. HA will re-arrange the planning of some facilities in the redevelopment of OLMH so as to make available space to allow addition of more beds. As a preliminary estimate, 40 more beds may be added.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3775)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

As stated in the Budget Speech, the Financial Secretary has invited the Hospital Authority to start devising the second ten-year hospital development plan. In this regard, would the Government please advise this Committee of the following:

a. whether the plan involves redevelopment/expansion of the following hospitals:
Tung Wah Hospital
Queen Elizabeth Hospital
Kowloon Hospital
Hong Kong Buddhist Hospital
Wong Tai Sin Hospital
Caritas Medical Centre
Yan Chai Hospital
North Lantau Hospital
Tseung Kwun O Hospital
Nethersole Hospital
Tai Po Hospital
Shatin Hospital
Tuen Mun Hospital
Pok Oi Hospital

b. the anticipated dates of commencement and completion for each project;

c. the budget for each project;

d. the numbers of beds available in and service capacity of relevant hospitals before redevelopment/expansion and their estimated numbers of beds and service capacity upon completion of respective projects; and

e. the date of releasing the development plan details.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 73)

Reply:

In the light of an increasing demand for healthcare services, the Government has invited the Hospital Authority (HA) to start planning the second ten-year Hospital Development Plan (HDP) instead of waiting for the mid-term review of the first ten-year HDP to be conducted in 2021. HA will take into account the projected service demands, the physical conditions of existing hospitals, and the planned service models, etc. in the formulation of the second HDP. At this stage, information on the timetable, estimated expenditure, number of beds and service capacity involved is not available.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)343

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3776)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding hospital beds, the target set out by the Planning Department in its *Hong Kong Planning Standards and Guidelines* is to provide 5.5 beds (including all types of hospital beds both in public and private sectors) per 1 000 persons for long-term planning purpose.

a. Does the Government have any plans for achieving the above target? If yes, what are the details and timetable? If no, what are the reasons?

b. Has the Government assessed the resources required for and costs involved in achieving the target?

Asked by: Hon KWOK Ka-Ki (Member Question No. (LegCo use): 74)

Reply:

The Hospital Authority (HA) will take into account various factors when planning and developing public healthcare services and facilities. Such factors include the healthcare service estimates based on population growth and demographic changes, distribution of service target groups, mode of healthcare services delivery, growth of services of individual specialties, supply of healthcare services in the district concerned, etc. To cater for the growing healthcare demand arising from ageing population and to improve existing services, the Government has worked with the HA to devise a ten-year hospital development plan (HDP). The Government has earmarked $200 billion in 2016 for implementation of various hospital projects under the ten-year HDP.

In light of the increasing demand for healthcare services, the Government has invited HA to start planning the second ten-year HDP instead of waiting for the mid-term review of the first ten-year HDP to be conducted in 2021. HA will take into account the projected service demands, the physical conditions of existing hospitals, and the planned service models, etc. in the formulation of the second HDP.

As regards private hospital development, the Gleneagles Hong Kong Hospital which provides 500 inpatient beds commenced operation on 21 March 2017. In addition, 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). We will also continue to facilitate the expansion/redevelopment of existing private hospitals and development of new private hospitals on private land.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3777)

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

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

Programme: (2) Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please give a breakdown of the actual expenditures on salaries, bonuses, gratuities, regularly-paid allowances, job-related allowances and non-accountable entertainment allowance payable to the Chief Executive and all directors in the past 5 years, as well as the estimates for salaries, bonuses, gratuities, regularly-paid allowances, job-related allowances and non-accountable entertainment allowance payable to the Chief Executive and all directors in 2018-19.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 75)

Reply:

The table below sets out the remunerations (including salaries, allowances, contributions for retirement schemes and other benefits) of the Chief Executive and Directors* of the Hospital Authority from 2013-14 to 2016-17. The actual expenditure for 2017-18 will only be available after the close of the financial year and therefore estimated expenditure for 2018-19 is not available.

Rank	2013-14 ($ million)	2014-15 ($ million)	2015-16 ($ million)	2016-17 ($ million)
Chief Executive	5.1	5.3	5.7	6.0
Cluster Chief Executives / Directors / Heads	53.1	56.0	61.0	64.8

* Refer to Cluster Chief Executives, Directors and Division Heads of the Head Office

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3778)

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) (Ms Elizabeth Tse)

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), ratio to patients and median length of service.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 76)

Reply:

The services of the Hospital Authority (HA) are organised and provided on a cluster basis. The medical manpower of HA is deployed and rotated flexibly amongst various hospitals within a hospital cluster.

The table below sets out the number of all ranks of doctors by major specialty in each hospital cluster of HA in 2015-16, 2016-17 and 2017-18 (as at 31 December 2017).

Cluster	Specialty	2015-16 (as at 31 March 2016)				2016-17 (as at 31 March 2017)				2017-18 (as at 31 December 2017)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
HKEC	Accident & Emergency	5	26	24	55	7	26	24	57	8	26	24	57
	Anaesthesia	4	15	14	34	5	14	15	34	5	13	14	32
	Family Medicine	1	11	45	57	1	12	41	55	2	12	47	61
	Intensive Care Unit	1	7	6	14	1	7	8	16	1	7	9	17
	Medicine	18	61	80	159	19	58	81	157	19	52	85	155
	Neurosurgery	2	1	8	11	2	1	7	10	2	2	9	13
	Obstetrics & Gynaecology	4	7	5	16	4	6	6	16	5	5	10	20
	Ophthalmology	4	6	10	20	4	5	11	20	4	6	10	20
	Orthopaedics & Traumatology	4	12	14	30	6	12	14	32	6	12	17	34
	Paediatrics	6	7	16	29	6	7	16	29	4	7	16	27
	Pathology	6	8	6	20	7	6	5	18	7	6	5	18

Cluster	Specialty	2015-16 (as at 31 March 2016)				2016-17 (as at 31 March 2017)				2017-18 (as at 31 December 2017)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Psychiatry	5	12	19	36	5	13	14	32	5	13	17	35
	Radiology	10	12	16	38	10	14	19	42	10	11	20	41
	Surgery	8	14	27	49	8	17	26	51	8	15	28	51
	Others	4	10	14	28	5	8	14	27	6	7	15	28
	Total	**82**	**210**	**304**	**595**	**88**	**205**	**301**	**594**	**91**	**194**	**326**	**610**
HKWC	**Accident & Emergency**	3	12	11	26	3	12	14	30	3	12	13	29
	Anaesthesia	16	24	29	69	18	24	30	72	18	23	31	72
	Cardio-thoracic Surgery	5	3	2	10	5	3	4	12	5	3	4	12
	Family Medicine	2	9	32	43	3	12	28	43	3	12	27	42
	Intensive Care Unit	2	6	6	14	2	6	7	15	2	6	6	14
	Medicine	25	39	73	137	26	39	75	140	24	39	80	144
	Neurosurgery	1	4	7	12	2	4	5	11	2	4	7	13
	Obstetrics & Gynaecology	6	4	15	26	6	7	13	26	6	7	14	27
	Ophthalmology	2	4	9	15	2	4	9	15	2	3	9	14
	Orthopaedics & Traumatology	5	7	20	32	5	7	20	32	5	7	22	34
	Paediatrics	12	15	21	48	12	17	25	54	14	14	24	52
	Pathology	8	8	11	27	8	8	12	28	8	9	14	31
	Psychiatry	3	10	13	26	3	10	13	27	4	8	13	25
	Radiology	8	13	15	36	9	13	14	36	9	11	18	38
	Surgery	13	20	44	77	12	21	42	76	9	20	46	75
	Others	6	7	14	28	6	8	16	30	6	8	16	30
	Total	**118**	**185**	**321**	**624**	**123**	**195**	**327**	**646**	**121**	**187**	**345**	**652**
KCC	**Accident & Emergency**	3	18	27	48	3	19	24	46	5	30	41	76
	Anaesthesia	10	23	25	58	11	25	23	59	14	36	40	90
	Cardio-thoracic Surgery	3	6	6	15	3	7	5	15	3	7	6	16
	Family Medicine	1	8	50	59	2	8	46	56	2	21	91	114
	Intensive Care Unit	2	6	4	12	2	5	5	12	4	9	10	23
	Medicine	21	50	81	152	23	56	79	158	32	104	142	277
	Neurosurgery	4	6	11	21	4	6	11	21	6	11	19	36
	Obstetrics & Gynaecology	7	8	11	26	7	11	13	30	11	16	26	53
	Ophthalmology	6	15	16	37	6	14	16	36	6	13	18	37
	Orthopaedics & Traumatology	10	15	14	39	11	14	15	40	14	20	26	60
	Paediatrics	10	15	21	46	10	17	20	47	15	28	37	79
	Pathology	8	12	7	27	11	10	11	32	14	16	17	47
	Psychiatry	5	10	20	35	4	10	20	34	3	10	18	31
	Radiology	12	19	16	47	12	19	17	48	17	27	28	72
	Surgery	10	19	33	62	10	19	33	62	18	27	61	106
	Others	11	16	22	48	11	15	21	46	13	16	23	52
	Total	**122**	**246**	**363**	**731**	**128**	**254**	**358**	**740**	**176**	**390**	**604**	**1 170**
KEC	**Accident & Emergency**	4	28	32	64	5	25	34	64	6	24	36	66
	Anaesthesia	6	18	21	44	6	17	21	43	6	18	19	43
	Family Medicine	2	19	68	89	2	21	61	84	2	24	67	93
	Intensive Care Unit	1	6	6	13	1	6	6	13	1	6	6	13
	Medicine	22	54	75	151	23	56	78	157	23	53	84	160
	Obstetrics & Gynaecology	6	7	14	27	7	7	14	29	7	7	15	29
	Ophthalmology	2	8	10	20	2	7	12	21	2	8	9	19
	Orthopaedics & Traumatology	6	14	24	44	7	12	25	44	7	10	28	45

Cluster	Specialty	2015-16 (as at 31 March 2016)				2016-17 (as at 31 March 2017)				2017-18 (as at 31 December 2017)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Paediatrics	5	11	24	40	5	15	20	40	5	15	22	42
	Pathology	6	10	4	20	8	7	7	22	8	6	7	21
	Psychiatry	3	18	16	37	3	18	17	38	3	17	16	37
	Radiology	10	9	14	33	10	10	12	32	10	8	10	28
	Surgery	12	22	31	65	12	25	28	65	12	24	30	66
	Others	5	10	14	29	4	12	13	29	4	11	11	26
	Total	**90**	**235**	**352**	**676**	**95**	**239**	**347**	**682**	**97**	**231**	**359**	**687**
KWC	**Accident & Emergency**	11	50	73	134	11	51	73	135	9	39	64	112
	Anaesthesia	10	42	35	87	10	43	36	89	7	32	21	60
	Family Medicine	3	32	133	168	3	36	132	171	3	26	90	118
	Intensive Care Unit	4	13	21	38	4	13	20	37	3	10	13	26
	Medicine	39	116	156	311	42	119	156	317	30	70	106	206
	Neurosurgery	4	7	12	23	4	7	15	26	2	2	8	12
	Obstetrics & Gynaecology	8	17	23	48	8	17	24	50	5	9	8	22
	Ophthalmology	3	9	11	23	3	11	12	26	3	8	12	23
	Orthopaedics & Traumatology	14	27	34	76	15	27	36	78	11	21	34	67
	Paediatrics	14	30	44	88	15	31	40	86	9	18	30	56
	Pathology	16	17	19	51	18	16	24	57	15	13	17	45
	Psychiatry	9	29	39	77	11	28	34	72	9	29	37	75
	Radiology	16	25	19	60	17	25	18	60	11	15	14	40
	Surgery	20	43	62	125	23	41	66	131	16	28	46	90
	Others	6	14	23	43	6	15	20	40	6	14	22	41
	Total	**178**	**471**	**703**	**1 352**	**190**	**479**	**706**	**1 375**	**138**	**334**	**521**	**993**
NTEC	**Accident & Emergency**	8	31	31	70	7	30	33	70	7	28	34	69
	Anaesthesia	8	30	32	70	7	33	30	70	8	30	33	71
	Cardio-thoracic Surgery	2	0	3	5	2	1	2	5	2	1	7	10
	Family Medicine	3	17	69	89	3	22	65	90	3	24	64	91
	Intensive Care Unit	3	10	14	27	3	11	13	27	3	11	15	29
	Medicine	27	62	104	193	29	61	115	204	29	61	121	210
	Neurosurgery	3	1	4	8	4	1	3	8	4	1	5	10
	Obstetrics & Gynaecology	6	8	15	29	6	8	18	32	6	7	20	33
	Ophthalmology	3	5	19	27	3	7	15	25	3	5	18	25
	Orthopaedics & Traumatology	11	20	31	61	11	19	36	65	11	19	35	65
	Paediatrics	9	20	35	63	10	22	27	59	11	21	29	61
	Pathology	9	15	11	35	9	14	12	35	9	13	15	37
	Psychiatry	5	20	38	63	7	21	36	64	6	21	38	65
	Radiology	10	18	10	38	11	15	15	41	11	16	17	44
	Surgery	19	20	53	92	19	21	54	94	20	22	54	96
	Others	10	17	26	53	10	18	26	54	10	19	27	56
	Total	**135**	**294**	**493**	**921**	**139**	**304**	**498**	**941**	**141**	**299**	**532**	**972**
NTWC	**Accident & Emergency**	6	24	36	66	7	26	45	78	6	26	46	78
	Anaesthesia	8	18	26	51	8	17	30	55	8	17	29	54
	Cardio-thoracic Surgery	1	1	0	2	1	1	0	2	1	1	0	2
	Family Medicine	2	19	53	75	2	22	61	85	2	22	59	83
	Intensive Care Unit	2	5	11	18	2	7	9	18	2	6	11	19
	Medicine	19	45	87	151	21	49	86	155	22	48	87	157
	Neurosurgery	3	2	10	15	3	3	8	14	3	3	10	16
	Obstetrics & Gynaecology	9	8	9	26	9	8	13	30	8	7	16	31

Cluster	Specialty	2015-16 (as at 31 March 2016)				2016-17 (as at 31 March 2017)				2017-18 (as at 31 December 2017)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Ophthalmology	4	8	12	24	4	8	10	22	4	8	12	24
	Orthopaedics & Traumatology	7	15	28	50	7	15	29	51	7	15	27	49
	Paediatrics	6	13	18	37	7	14	14	35	7	14	21	42
	Pathology	5	9	10	24	7	7	10	24	7	8	10	25
	Psychiatry	9	27	41	77	10	30	43	83	10	30	44	84
	Radiology	10	9	16	34	10	9	18	36	10	7	20	36
	Surgery	16	16	34	66	15	17	37	69	14	17	45	77
	Others	7	10	16	33	7	10	19	36	7	9	17	33
	Total	**113**	**229**	**406**	**748**	**119**	**243**	**431**	**793**	**118**	**237**	**454**	**808**

Tables 1 and 2 below set out the doctor-to-patient ratio by cluster and major specialty for inpatient and day inpatient in 2015-16, 2016-17 and 2017-18 (as at 31 December 2017).

Table 1: Doctor-to-patient ratio by cluster in 2015-16, 2016-17 and 2017-18 (as at 31 December 2017)

Cluster	Number of Doctors	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2015-16			
HKEC	595	5.2	3.2
HKWC	624	5.5	3.1
KCC	731	5.5	3.4
KEC	676	5.3	3.7
KWC	1 352	4.9	3.5
NTEC	921	5.3	3.3
NTWC	748	5.3	3.5
2016-17			
HKEC	594	5.0	3.1
HKWC	646	5.4	3.0
KCC	740	5.3	3.3
KEC	682	5.0	3.5
KWC	1 375	4.9	3.4
NTEC	941	5.1	3.1
NTWC	793	5.4	3.4
2017-18 (as at 31 December 2017)			
HKEC	610	5.1	3.2
HKWC	652	5.4	3.0
KCC	1 170	5.2	3.3
KEC	687	5.0	3.4
KWC	993	4.8	3.4
NTEC	972	5.1	3.1
NTWC	808	5.3	3.4

Table 2: Doctor-to-patient ratio by major specialty for inpatient and day inpatient in 2015-16, 2016-17 and 2017-18 (as at 31 December 2017)

Specialty	Number of Doctors	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2015-16			
Medicine	1 253	2.7	1.8
Surgery (including Neurosurgery and Cardiothoracic Surgery)	659	3.7	2.2
Obstetrics & Gynaecology	197	2.1	1.3
Paediatrics	351	3.8	2.8
Orthopaedics & Traumatology	332	3.5	2.9
Psychiatry	350	19.5	19.4
2016-17			
Medicine	1 288	2.7	1.7
Surgery (including Neurosurgery and Cardiothoracic Surgery)	670	3.6	2.1
Obstetrics & Gynaecology	213	2.2	1.4
Paediatrics	349	3.5	2.6
Orthopaedics & Traumatology	342	3.5	2.8
Psychiatry	349	19.2	19.0
2017-18 (as at 31 December 2017)			
Medicine	1 310	2.6	1.7
Surgery (including Neurosurgery and Cardiothoracic Surgery)	700	3.6	2.1
Obstetrics & Gynaecology	216	2.3	1.5
Paediatrics	360	3.6	2.7
Orthopaedics & Traumatology	354	3.5	2.8
Psychiatry	351	19.3	19.1

The table below sets out the median length of service of all ranks of doctors by major specialty in HA in 2015-16, 2016-17 and 2017-18 (as at 31 December 2017).

	2015-16 (as at 31 March 2016)				2016-17 (as at 31 March 2017)				2017-18 (as at 31 December 2017)			
Specialty	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**
Accident & Emergency	23.8	18.9	5.7	12.8	24.0	19.7	5.6	11.7	24.6	20.5	5.5	12.2
Anaesthesia	21.2	11.7	4.8	9.5	22.2	11.7	4.7	9.7	22.5	12.5	4.5	9.5
Cardio-thoracic Surgery	21.2	14.7	5.7	14.7	22.2	15.7	5.7	15.7	22.9	16.5	4.5	11.2
Family Medicine	18.1	13.7	8.0	11.7	18.7	14.7	7.7	11.7	19.5	15.5	7.5	10.5
Intensive Care Unit	22.6	14.7	3.7	9.7	23.6	15.7	3.7	9.7	23.9	16.5	4.5	10.5

	2015-16 (as at 31 March 2016)				2016-17 (as at 31 March 2017)				2017-18 (as at 31 December 2017)			
Specialty	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**
Medicine	22.7	17.7	5.7	10.7	23.3	17.2	5.7	10.7	23.7	17.5	5.5	10.5
Neurosurgery	21.8	14.7	4.2	8.8	21.7	12.7	4.7	9.7	22.9	13.5	3.7	9.4
Obstetrics & Gynaecology	20.8	9.7	5.7	8.8	20.7	10.7	5.2	8.7	18.5	11.5	3.5	8.5
Ophthalmology	19.7	11.7	4.8	7.7	21.2	11.7	4.7	7.7	21.0	11.5	4.5	7.5
Orthopaedics & Traumatology	22.2	17.7	5.7	9.7	22.2	17.7	5.7	9.7	22.9	18.0	5.5	9.5
Paediatrics	21.5	18.7	5.7	8.8	22.4	16.7	4.7	9.7	23.2	17.5	5.3	9.5
Pathology	21.2	12.8	4.6	11.7	21.7	12.7	3.7	11.7	22.5	13.5	4.5	10.5
Psychiatry	21.7	14.7	6.7	9.7	22.7	13.7	6.7	9.7	23.0	15.5	6.5	10.3
Radiology	21.4	9.7	4.8	8.8	22.2	10.7	4.7	8.7	22.7	10.5	4.5	8.5
Surgery	21.2	11.7	5.7	8.8	22.2	12.7	5.7	8.7	22.5	12.5	5.5	8.5
Others	22.4	15.7	7.7	10.7	23.7	15.7	7.2	11.7	24.5	15.5	7.0	11.5
Total	**21.7**	**14.7**	**5.7**	**9.7**	**22.3**	**14.7**	**5.7**	**9.7**	**23.0**	**15.0**	**5.5**	**9.5**

Note:

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

2. The number of "doctors" does not include interns and dental officers.

3. The specialty of medicine department includes palliative care, rehabilitation and infirmary. Paediatrics specialty includes adolescent medicine and neonatology. Psychiatry specialty includes services for the mentally handicapped.

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 2017-18, the manpower status as at 31 December 2017 was drawn); whereas the numbers of inpatient and day inpatient discharges and deaths refer to the throughput for the whole financial year. The numbers of inpatient and day inpatient discharges and deaths for 2017-18 are projected figures as of 31 December 2017.

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 one day.

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

7. 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.

8. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

MO/R – Medical Officer/Resident
SMO/AC – Senior Medical Officer/Associate Consultant
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. 3779)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government please advise this Committee of the numbers of nursing staff of various ranks in different departments of hospitals in each cluster of the Hospital Authority in the past 3 years and their ratios to patients?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 77)

Reply:

The tables below set out the number of nurses and nurse-to-patient ratios in 2015-16, 2016-17 and 2017-18 (as at 31 December 2017) by cluster and by major specialty for inpatients and day inpatients in the Hospital Authority (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**
2015-16 (as at 31 March 2016)			
HKEC	2 613	22.8	14.1
HKWC	2 788	24.6	13.8
KCC	3 304	25.0	15.5
KEC	2 698	21.2	14.8
KWC	5 730	20.8	14.8
NTEC	4 053	23.3	14.5
NTWC	3 356	23.9	15.5
2016-17 (as at 31 March 2017)			
HKEC	2 679	22.5	14.0
HKWC	2 821	23.7	13.3

Cluster	Number of Nurses	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
KCC	3 333	23.9	14.8
KEC	2 750	20.2	14.0
KWC	5 746	20.4	14.3
NTEC	4 090	22.3	13.5
NTWC	3 514	23.8	15.3
2017-18 (as at 31 December 2017)			
HKEC	2 769	22.9	14.6
HKWC	2 888	23.8	13.3
KCC	5 209	23.2	14.8
KEC	2 873	21.0	14.3
KWC	4 226	20.4	14.3
NTEC	4 249	22.3	13.5
NTWC	3 613	23.6	15.1

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
2015-16 (as at 31 March 2016)			
Medicine	6 756	14.6	9.6
Obstetrics & Gynaecology	1 160	12.4	7.9
Orthopaedics & Traumatology	1 098	11.7	9.6
Paediatrics	1 422	15.4	11.2
Psychiatry	2 393	133.5	132.5
Surgery	2 161	12.1	7.1
2016-17 (as at 31 March 2017)			
Medicine	6 935	14.3	9.4
Obstetrics & Gynaecology	1 189	12.4	8.0
Orthopaedics & Traumatology	1 112	11.5	9.2
Paediatrics	1 471	14.6	10.8
Psychiatry	2 411	132.5	131.5
Surgery	2 198	11.7	6.7
2017-18 (as at 31 December 2017)			
Medicine	7 142	14.2	9.3
Obstetrics & Gynaecology	1 209	13.0	8.3
Orthopaedics & Traumatology	1 170	11.5	9.3
Paediatrics	1 513	15.0	11.2
Psychiatry	2 454	134.6	133.5
Surgery	2 323	11.9	6.9

Note:

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

(2) Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

(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 2017-18, the manpower status as at 31 December 2017 was drawn); whereas the numbers of inpatient and day inpatient discharges and deaths refer to the throughput for the whole financial year. The numbers of inpatient and day inpatient discharges and deaths for 2017-18 are projected figures as of 31 December 2017.

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

(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 one day.

(6) The specialty of medicine includes palliative care, 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.

(7) 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.

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. 3786)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please set out in detail the attrition figures and attrition rates of doctors in each hospital under the Hospital Authority and the median length of service of the departed doctors by post (including Consultant, Associate Consultant/Senior Medical Officer, Specialist and Specialist Trainee) and by clinical department in each of the past 3 years.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 84)

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 2015-16, 2016-17 and 2017-18 (rolling 12 months from 1 January 2017 - 31 December 2017).

Cluster	Specialty	2015-16				2016-17				2017-18 (rolling 12 months from 1 January 2017 - 31 December 2017)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
HKEC	Accident & Emergency	0	0	1	1	2	0	2	4	1	0	3	4
	Anaesthesia	1	0	0	1	0	1	1	2	0	1	1	2
	Family Medicine	0	1	1	2	0	0	4	4	0	0	3	3
	Medicine	0	1	1	2	2	4	2	8	1	7	2	10
	Neurosurgery	0	0	1	1	0	0	1	1	0	0	1	1
	Obstetrics & Gynaecology	0	2	0	2	0	2	2	4	0	0	0	0
	Ophthalmology	0	0	1	1	0	1	0	1	0	0	1	1
	Orthopaedics & Traumatology	1	2	2	5	1	0	0	1	1	0	0	1
	Paediatrics	0	0	1	1	0	0	0	0	1	0	1	2
	Pathology	0	0	0	0	1	1	1	3	0	2	1	3

Cluster	Specialty	2015-16				2016-17				2017-18 (rolling 12 months from 1 January 2017 - 31 December 2017)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Psychiatry	0	0	0	0	0	1	4	5	0	1	2	3
	Radiology	1	2	0	3	0	1	0	1	1	0	0	1
	Surgery	1	0	0	1	3	2	0	5	1	2	1	4
	Others	1	0	1	2	0	1	1	2	1	2	0	3
	Total	**5**	**8**	**9**	**22**	**9**	**14**	**18**	**41**	**7**	**15**	**16**	**38**
HKWC	Accident & Emergency	1	1	2	4	0	0	0	0	0	0	1	1
	Anaesthesia	1	1	3	5	1	2	1	4	1	4	5	10
	Cardio-thoracic Surgery	0	0	0	0	0	0	0	0	0	0	0	0
	Family Medicine	0	0	2	2	0	0	1	1	0	0	2	2
	Intensive Care Unit	0	0	2	2	0	0	0	0	0	0	1	1
	Medicine	2	3	4	9	1	0	7	8	3	1	2	6
	Neurosurgery	1	0	0	1	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	1	1	0	0	1	1	1	1	0	2
	Ophthalmology	0	1	0	1	0	0	0	0	0	1	0	1
	Orthopaedics & Traumatology	0	2	0	2	0	0	2	2	0	0	3	3
	Paediatrics	1	2	0	3	3	1	0	4	1	2	1	4
	Pathology	0	0	0	0	1	0	1	2	1	0	2	3
	Psychiatry	0	0	3	3	0	2	1	3	0	3	2	5
	Radiology	2	1	1	4	0	2	1	3	0	3	0	3
	Surgery	2	1	1	4	1	2	1	4	3	4	0	7
	Others	0	1	2	3	0	0	1	1	0	0	2	2
	Total	**10**	**13**	**21**	**44**	**7**	**9**	**17**	**33**	**10**	**19**	**21**	**50**
KCC	Accident & Emergency	0	1	1	2	1	0	1	2	0	0	0	0
	Anaesthesia	0	1	0	1	1	2	0	3	0	0	1	1
	Cardio-thoracic Surgery	0	1	0	1	0	0	0	0	0	0	0	0
	Family Medicine	0	0	1	1	0	1	2	3	0	7	0	7
	Intensive Care Unit	0	1	0	1	0	0	0	0	1	0	0	1
	Medicine	0	0	1	1	2	2	0	4	3	1	5	9
	Neurosurgery	0	1	0	1	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	1	3	2	6	0	0	0	0	1	4	0	5
	Ophthalmology	0	2	0	2	0	3	0	3	0	1	1	2
	Orthopaedics & Traumatology	2	0	0	2	2	1	0	3	0	1	2	3
	Paediatrics	0	1	1	2	0	0	0	0	1	0	1	2
	Pathology	0	2	1	3	1	1	0	2	1	1	0	2
	Psychiatry	0	1	0	1	0	2	1	3	1	4	0	5

Cluster	Specialty	2015-16				2016-17				2017-18 (rolling 12 months from 1 January 2017 - 31 December 2017)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Radiology	0	0	0	0	1	1	0	2	1	0	6	7
	Surgery	0	0	0	0	2	1	0	3	1	0	4	5
	Others	1	1	0	2	2	0	0	2	0	0	0	0
	Total	**4**	**15**	**7**	**26**	**12**	**14**	**4**	**30**	**10**	**19**	**20**	**49**
KEC	Accident & Emergency	1	0	3	4	0	4	1	5	0	6	3	9
	Anaesthesia	0	1	3	4	0	3	0	3	1	4	2	7
	Family Medicine	0	0	3	3	0	0	5	5	0	0	3	3
	Medicine	2	1	3	6	3	3	2	8	1	3	3	7
	Obstetrics & Gynaecology	1	0	1	2	1	0	0	1	0	0	0	0
	Ophthalmology	0	0	0	0	0	2	0	2	0	3	0	3
	Orthopaedics & Traumatology	0	0	1	1	1	2	1	4	1	3	0	4
	Paediatrics	0	1	0	1	0	0	1	1	0	0	2	2
	Pathology	1	1	1	3	2	2	1	5	1	1	1	3
	Psychiatry	1	0	0	1	0	2	0	2	0	2	0	2
	Radiology	2	0	0	2	0	0	0	0	1	2	0	3
	Surgery	1	0	1	2	0	2	0	2	1	0	1	2
	Others	0	1	0	1	1	0	0	1	0	0	0	0
	Total	**9**	**5**	**16**	**30**	**8**	**20**	**11**	**39**	**6**	**24**	**15**	**45**
KWC	Accident & Emergency	0	1	2	3	0	2	5	7	0	5	2	7
	Anaesthesia	2	0	2	4	0	1	1	2	1	1	2	4
	Family Medicine	0	1	6	7	0	0	10	10	0	2	1	3
	Intensive Care Unit	0	1	0	1	0	0	1	1	0	1	0	1
	Medicine	3	4	10	17	2	5	7	14	0	3	2	5
	Neurosurgery	0	0	0	0	0	0	0	0	0	0	1	1
	Obstetrics & Gynaecology	2	1	0	3	0	0	2	2	0	2	1	3
	Ophthalmology	0	2	0	2	0	1	1	2	1	1	3	5
	Orthopaedics & Traumatology	1	2	1	4	2	1	2	5	0	0	0	0
	Paediatrics	1	0	2	3	0	0	3	3	1	0	0	1
	Pathology	3	1	0	4	2	0	0	2	1	1	0	2
	Psychiatry	0	1	0	1	1	3	1	5	1	0	1	2
	Radiology	1	5	1	7	3	4	0	7	0	0	3	3
	Surgery	2	0	2	4	2	3	1	6	0	1	2	3
	Others	0	2	1	3	2	1	1	4	0	0	2	2
	Total	**15**	**21**	**27**	**63**	**14**	**21**	**35**	**70**	**5**	**17**	**20**	**42**
NTEC	Accident & Emergency	0	0	0	0	1	0	1	2	3	0	0	3

Cluster	Specialty	2015-16				2016-17				2017-18 (rolling 12 months from 1 January 2017 - 31 December 2017)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Anaesthesia	0	1	0	1	1	0	3	4	1	0	1	2
	Cardio-thoracic Surgery	0	0	1	1	0	0	0	0	0	0	0	0
	Family Medicine	0	0	2	2	0	0	6	6	0	0	7	7
	Intensive Care Unit	0	0	2	2	0	0	1	1	0	0	1	1
	Medicine	0	2	3	5	2	3	5	10	4	4	3	11
	Obstetrics & Gynaecology	0	1	0	1	0	0	1	1	0	1	0	1
	Ophthalmology	0	1	0	1	0	0	1	1	0	3	0	3
	Orthopaedics & Traumatology	0	1	0	1	2	1	0	3	0	2	1	3
	Paediatrics	0	0	1	1	1	0	4	5	2	1	3	6
	Pathology	1	0	0	1	0	1	1	2	0	0	1	1
	Psychiatry	0	0	0	0	1	0	0	1	2	1	0	3
	Radiology	0	0	1	1	0	1	0	1	0	1	0	1
	Surgery	0	2	0	2	1	2	2	5	1	2	1	4
	Others	0	1	0	1	2	0	1	3	1	1	0	2
	Total	**1**	**9**	**10**	**20**	**11**	**8**	**26**	**45**	**14**	**16**	**18**	**48**
NTWC	Accident & Emergency	0	0	3	3	0	0	1	1	0	0	3	3
	Anaesthesia	0	0	1	1	0	0	0	0	0	0	1	1
	Family Medicine	0	2	4	6	0	0	2	2	0	1	6	7
	Intensive Care Unit	0	1	0	1	0	0	0	0	0	0	0	0
	Medicine	1	1	0	2	1	1	3	5	1	3	5	9
	Neurosurgery	0	0	0	0	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	2	1	3	0	0	0	0	2	1	1	4
	Ophthalmology	0	0	0	0	0	1	1	2	0	0	1	1
	Orthopaedics & Traumatology	0	0	0	0	0	0	1	1	0	0	1	1
	Paediatrics	1	1	0	2	1	2	4	7	1	0	3	4
	Pathology	0	0	0	0	1	1	0	2	0	1	0	1
	Psychiatry	1	2	4	7	2	1	0	3	2	2	0	4
	Radiology	2	1	1	4	0	1	0	1	0	2	0	2
	Surgery	0	1	4	5	0	0	0	0	2	1	0	3
	Others	0	0	1	1	0	1	2	3	1	0	1	2
	Total	**5**	**11**	**19**	**35**	**5**	**8**	**14**	**27**	**9**	**11**	**22**	**42**

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 2015-16, 2016-17 and 2017-18 (rolling 12 months from 1 January 2017 - 31 December 2017).

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
2015-16								
Accident & Emergency	5.3%	1.7%	5.4%	**3.9%**	23.54	19.75	3.87	**5.21**
Anaesthesia	7.1%	2.5%	5.1%	**4.3%**	23.75	14.62	5.00	**10.00**
Cardio-thoracic Surgery	-	10.1%	8.1%	**6.0%**	-	24.06	5.62	**14.84**
Family Medicine	-	4.5%	4.2%	**4.1%**	-	12.18	8.03	**10.00**
Intensive Care Unit	-	5.7%	6.1%	**5.3%**	-	16.40	4.26	**7.83**
Medicine	5.1%	2.9%	3.3%	**3.4%**	23.71	17.19	9.68	**16.25**
Neurosurgery	6.3%	4.6%	1.9%	**3.4%**	24.08	20.74	3.14	**20.74**
Obstetrics & Gynaecology	10.5%	16.0%	5.1%	**9.4%**	23.10	11.70	7.98	**11.54**
Ophthalmology	-	11.3%	1.1%	**4.3%**	-	14.28	10.00	**13.63**
Orthopaedics & Traumatology	7.4%	6.5%	2.4%	**4.6%**	23.75	15.58	10.10	**15.58**
Paediatrics	5.7%	4.7%	2.8%	**3.8%**	22.83	20.91	7.03	**17.13**
Pathology	9.2%	5.2%	2.9%	**5.5%**	21.67	11.57	7.71	**14.78**
Psychiatry	5.4%	3.4%	3.8%	**3.8%**	20.48	17.77	3.50	**9.43**
Radiology	11.6%	9.5%	3.3%	**7.4%**	21.21	11.51	8.19	**15.20**
Surgery	7.1%	2.7%	2.8%	**3.4%**	23.58	12.24	3.73	**9.72**
Others	4.2%	7.4%	3.6%	**4.8%**	23.39	20.20	9.66	**15.03**
Total	**6.4%**	**4.6%**	**3.7%**	**4.4%**	**23.36**	**15.12**	**6.58**	**12.63**
2016-17								
Accident & Emergency	10.3%	3.3%	4.5%	**4.5%**	24.50	13.81	2.58	**9.66**
Anaesthesia	5.0%	5.4%	3.3%	**4.4%**	23.43	13.76	2.38	**12.43**
Family Medicine	-	0.9%	6.9%	**5.5%**	-	13.35	7.65	**8.09**
Intensive Care Unit	-	-	2.8%	**1.4%**	-	-	3.05	**3.05**
Medicine	7.8%	4.3%	3.9%	**4.5%**	23.75	17.46	5.47	**12.33**
Neurosurgery	-	-	2.0%	**1.2%**	-	-	2.24	**2.24**
Obstetrics & Gynaecology	2.4%	3.4%	6.0%	**4.5%**	24.50	11.34	7.66	**9.17**
Ophthalmology	-	15.1%	3.4%	**6.7%**	-	12.52	7.50	**10.64**
Orthopaedics & Traumatology	14.5%	4.6%	3.4%	**5.6%**	23.36	13.36	10.63	**17.46**
Paediatrics	8.8%	2.7%	6.9%	**5.8%**	24.41	21.83	8.96	**10.25**
Pathology	13.0%	8.8%	5.1%	**8.6%**	23.20	18.72	4.27	**21.90**
Psychiatry	10.7%	8.8%	3.8%	**6.4%**	22.54	15.04	7.25	**13.72**
Radiology	5.7%	10.1%	0.9%	**5.2%**	24.46	10.34	7.93	**11.11**
Surgery	9.9%	7.7%	1.4%	**4.6%**	23.25	12.49	9.22	**18.38**
Others	13.9%	3.6%	5.0%	**6.2%**	23.44	14.66	9.80	**12.50**
Total	**8.2%**	**5.1%**	**4.2%**	**5.1%**	**23.50**	**13.96**	**7.23**	**12.42**
2017-18 (Rolling 12 months from 1 January 2017 to 31 December 2017)								
Accident & Emergency	9.7%	4.4%	7.1%	**6.3%**	24.36	16.44	2.58	**9.19**
Anaesthesia	6.4%	7.3%	5.9%	**6.5%**	23.86	15.38	3.29	**11.66**
Family Medicine	-	1.6%	7.2%	**5.8%**	-	17.96	13.00	**13.00**
Intensive Care Unit	6.5%	-	4.4%	**2.9%**	34.84	-	8.24	**9.53**
Medicine	7.7%	6.8%	2.9%	**4.8%**	23.87	18.66	3.71	**15.67**

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
Neurosurgery	-	4.4%	2.0%	**2.2%**	-	19.04	2.24	**10.64**
Obstetrics & Gynaecology	9.5%	7.0%	7.5%	**7.8%**	25.50	13.28	7.27	**9.07**
Ophthalmology	4.8%	22.4%	5.7%	**11.1%**	23.61	11.38	8.41	**10.57**
Orthopaedics & Traumatology	5.4%	6.7%	3.8%	**5.0%**	24.00	16.79	10.59	**11.92**
Paediatrics	11.8%	3.4%	6.3%	**6.3%**	25.58	19.21	5.66	**10.15**
Pathology	9.4%	6.0%	8.3%	**7.9%**	23.12	19.77	4.08	**15.98**
Psychiatry	15.5%	8.7%	4.4%	**7.2%**	23.38	12.17	8.47	**12.16**
Radiology	7.1%	18.6%	-	**8.0%**	24.50	11.11	-	**11.85**
Surgery	12.1%	11.0%	1.3%	**5.9%**	23.25	12.64	8.41	**15.73**
Others	8.1%	5.8%	2.9%	**4.7%**	22.57	16.41	11.75	**14.66**
Total	**8.4%**	**7.2%**	**4.5%**	**5.9%**	**23.87**	**14.60**	**6.29**	**12.31**

Note:

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

2. Rolling Attrition (Wastage) Rate = Total no. of staff left HA in the past 12 months /Average strength in the past 12 months x 100%

3. 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.

4. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. In the latter's regard, only nine-month data for KCC and KWC under the new clustering arrangement (i.e. 1 April 2017 to 31 December 2017) are available and therefore should not be used to compare with any past statistics which are based on 12-month rolling data.

5. 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. 3788)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

For the estimates in the past 3 years and 2018-19, 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: Hon KWOK Ka-ki (Member Question No. (LegCo use):86)

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, organising Registered Nurse and Enrolled Nurse training programmes, 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 2015-16, 2016-17 and 2017-18 (as at 31 December 2017). 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	**2015-16**	**2016-17**	**2017-18** (up to 31 December 2017)
Doctors	45 181	48 053	49 280
Nurses	161 472	174 643	100 895
Allied Health staff	43 181	43 612	23 519
Supporting staff	49 377	47 150	27 606
Total	**299 211**	**313 458**	**201 300**

Note:
1. The recorded training days are generated from HA's eLearning Centre and Human Resources Payroll System databases.
2. Training days for on-the-job training are not included.

From 2018-19 onwards, an additional funding of around $200 million each year will be designated to enhance the healthcare professional training provided by the HA, including clinical practicum, and specialist and higher training.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3803)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In Matters Requiring Special Attention in 2018-19, it is stated that the Health Branch will continue efforts to deter smoking. In this connection, will the Government please provide the following information:

a. the plans of the implementation of the established anti-smoking policy through promotion, education, legislation, enforcement, taxation and smoking cessation for the past 3 years and the coming year as well as the respective expenditures involved;
b. the respective years, rates and smoking prevalence among the population of the last 5 adjustments to tobacco duty in table form;
c. the numbers of people suffering from diseases (e.g. lung cancer) and deaths caused by smoking and the respective medical costs concerned;
d. the numbers of people suffering from diseases (e.g. lung cancer) and deaths caused by passive smoking and the respective medical costs concerned;
e. the economic loss resulting from tobacco-related diseases over the past 5 years in Hong Kong; and
f. 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 2018-19 and what are the details?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 61)

Reply:

a. The Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of passive smoking on the public. To this end, the Government adopts a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation. The Tobacco Control

Office (TCO) of the Department of Health enforces the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600), and collaborates with the Hong Kong Council on Smoking and Health, non-governmental organisations and health care professions to promote smoking cessation, provide smoking cessation services and carry out publicity programmes on smoking prevention. The expenditures/provisions of tobacco control activities managed by the TCO from 2015-16 to 2018-19, broken down by types of activities, are at **Annex**.

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 increase in 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%
2017	-	10.0%

[#] *Source: Thematic Household Survey conducted by the Census and Statistics Department*

c-e. TCO commissioned the School of Public Health of the University of Hong Kong (HKU) to conduct a study on the estimated mortality figures and annual cost of tobacco-related diseases. The study reported that a total of 6 154 deaths (aged 35 and over) in Hong Kong in 2011 were related to active smoking, while 672 deaths were attributed to second-hand smoke exposure. The results showed that the total annual cost (including health care, productive years lost and residential care) of active and passive smoking in Hong Kong was $5.5 billion ($4.5 billion for active smoking and $1.0 billion for passive smoking). Among these, the health care cost was $2.6 billion ($2.2 billion for active smoking and $0.4 billion for passive smoking).

f. Questions on the use of electronic cigarettes were first included in the Thematic Household Survey in 2015. The survey conducted in 2017 showed that there were some 5 700 daily electronic cigarette users (accounting for 0.9% of all daily smokers) in the population aged 15 and over, up from less than 1 000 in 2015. Besides, the Government commissioned HKU to conduct a school-based survey in 2014/2015 and 2016/2017. The findings of the school-based survey in 2016/2017 showed that 1.4% of Primary 4-6 students had ever used e-cigarettes, down from 2.6% in 2014/2015. The numbers of ever and current e-cigarette users among Secondary 1-6 students were

8.7% and 0.8% respectively (down from 9.0% and 1.3% respectively in 2014/2015). As the questions concerning the use of electronic cigarettes form part of the overall smoking prevalence survey question set, the breakdown for the cost of obtaining the statistics on use of electronic cigarettes is not available.

Annex

Expenditures/Provisions of the Department of Health's Tobacco Control Office

	2015-16 ($ million)	2016-17 ($ million)	2017-18 Revised Estimate ($ million)	2018-19 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	51.5	54.5	60.3	64.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	127.2	130.0	128.6	128.8
(a) General health education and promotion of smoking cessation				
TCO	*46.7*	*46.8*	*53.7*	*53.0*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*22.4*	*22.9*	*23.6*	*23.4*
Sub-total	***69.1***	***69.7***	***77.3***	***76.4***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations				
Subvention to Tung Wah Group of Hospitals	*39.1*	*41.5*	*34.0*	*34.0*
Subvention to Pok Oi Hospital	*7.3*	*7.6*	*7.2*	*7.3*
Subvention to Po Leung Kuk	*2.2*	*2.0*	*1.5*	*1.4*
Subvention to Lok Sin Tong	*2.3*	*2.4*	*2.7*	*2.7*
Subvention to United Christian Nethersole Community Health Service	*2.6*	*2.6*	*2.9*	*2.9*
Subvention to Life Education Activity Programme	*2.3*	*2.3*	*2.4*	*2.4*
Subvention to The University of Hong Kong	*2.3*	*1.9*	*0.6*	*1.7*
Sub-total	***58.1***	***60.3***	***51.3***	***52.4***
Total	**178.7**	**184.5**	**188.9**	**193.4**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4190)

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) (Ms Elizabeth Tse)

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: Hon KWOK Ka-ki (Member Question No. 91)

Reply:

(a)
The number of registrations made in the Centralised Organ Donation Register (CODR) in the past 3 years with breakdown by type of organ/tissue to be donated are as follows –

Year	**2015**	**2016**	**2017**
Total number of persons registered	29 357	52 550	37 285
Organ they wish to donate (number of persons) :			
All organs	26 658	47 798	33 619
Kidney	2 400	4 168	3 235

Heart	2 344	4 135	3 125
Liver	2 365	4 137	3 150
Lung	2 208	3 930	3 006
Cornea	2 054	3 538	2 802
Bone	1 012	1 724	1 350
Skin	593	991	779

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 3 years (2015-2017):

Year (as at December 31)	**Organ / Tissue**	**No. of patients waiting for organ / tissue transplant**	**Average waiting time (months)** *Note 2*	**No. of donations** *Note 3*
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	NA *Note 1*	NA	4
	Skin			10
2016	Kidney	2 047	52	78
	Heart	50	16	12
	Lung	19	12.9	9
	Liver	89	42.9	73
	Cornea (piece)	298	15	276
	Bone	NA	NA	1
	Skin			10
2017	Kidney	2 153	51	78
	Heart	48	21.7	13
	Lung	20	9.27	13
	Liver	87	42	74
	Cornea (piece)	273	11	367
	Bone	NA	NA	3
	Skin			11

<u>Note</u>
(1): NA = 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): The Hospital Authority (HA) has not kept statistics on the success or otherwise of the subsequent transplant cases.

(c)

The Department of Health (DH), in collaboration with the Hospital Authority (HA) and relevant non-governmental organisations, has been making continuous efforts over the years to promote organ donation on various fronts. These include:

(1) institution-based networking by working with Charter signatories and supporters to promote organ donation and to encourage registration in the CODR;

(2) public education through exhibitions, seminars, train-the trainer workshops;

(3) publicity through various channels, e.g. television, radio, the Internet and other media;

(4) engagement of the general public especially the younger generation through social media via the Organ Donation Facebook Fan Page; and

(5) development of promotional materials and distributing them in various occasions and events.

To step up on the promotion efforts, the Committee on Promotion of Organ Donation has been set up in April 2016 and the second Saturday of November every year has been designated as the Organ Donation Day and the anniversary of the launching of the CODR. The theme of the Organ Donation Day 2017 was "Organ Donation - Let's Talk!" to encourage the public to share their wish with family members and friends. Large-scale activities have been organised to encourage the public to register their wish at the CODR, including partnering with the Mass Transit Railway (MTR) Corporation Limited to arrange promotional booths in various MTR stations on 15 October 2016, 6 May 2017 and 11 November 2017 respectively.

In order to engage different parts of the community in promoting organ donation, the Organ Donation Promotion Charter was introduced in June 2016. The signatories have pledged to promote the culture of organ donation first by encouraging their staff or members to register their wish to donate organs and further promote the culture to family members of their staff or members and in the community. As of end February 2018, there were over 560 Charter signatories which have conducted over 1 100 promotional actions and activities.

On the other hand, HA is supporting the territory-wide organ donation campaign and has stepped up its promotion efforts. To facilitate registration of potential organ donors, HA has created a QR code that links to the registration page of the CODR website for immediate registration.

To tie in with the celebration of the Organ Donation Day 2017 cum 9th Anniversary of the CODR, HA has organised a series of promotional activities targeted at both internal staff and the community to augment the territory-wide organ donation promotion efforts. They included issuing of an email to all HA staff encouraging organ donation; setting up a designated webpage in HA internet and intranet websites; display of roll-up banner and free standing promotion boards at all public hospitals; promotion at HA's social media platform (e.g. Facebook) to encourage organ donation; production of a collection of promotion videos for broadcasting on HA Channel; and media pitching about organ donation and articles on various media platforms.

With the concerted efforts of the Government and the community, the total number of registrations in 2017 was 37 285. Although the total number of registrations in 2017 was

less than that in 2016 (52 550), it exceeded the annual number of registrations in earlier years (2013 (24 036), 2014 (19 868) and 2015 (29 357)).

The expenditure and manpower on the publicity for organ donation cannot be separately identified as it is absorbed by the DH's overall provision for health promotion.

- End –

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4191)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Operating Theatre (OT) Block of Tuen Mun Hospital (TMH), please advise on the following:

a. What is the progress of the extension works? Are there any cost overrun or delay? If yes, please provide the details.

b. Is there any way to increase the number of surgery sessions before the OT Block extension for TMH is completed? If yes, what are the details? What are the expenditure and manpower involved? Does it include (i) increasing the number of surgery sessions on holidays, and (ii) hiring additional part-time doctors, nurses and other allied health professionals? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 58)

Reply:

(a)

Following funding approval from the Finance Committee of the Legislative Council in April 2016 and July 2017, the substructure and utilities diversion works, and the main works for the extension of Operating Theatre Block for Tuen Mun Hospital (TMH) project commenced in May 2016 and September 2017 respectively. The foundation works is near completion and the superstructure works will commence in April 2018 upon completion of foundation works. The whole project is progressing as scheduled for completion by the end of 2021, with the expenditure within budget. The extension of Operating Theatre Block of TMH is one of the projects under the ten-year Hospital Development Plan, which is funded under the Capital Works Reserve Fund and is outside the scope of the Estimates being examined.

(b)

The New Territories West Cluster (NTWC) of the Hospital Authority (HA) has been enhancing its surgical service capacity and will continue to do so to meet the increasing service demand.

In 2017-18, HA has allocated additional recurrent funding of $536.99 million 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:

(i) opening 30 surgical stream convalescent beds in TMH;

(ii) enhancing specialist outpatient clinic services in Pok Oi Hospital (POH) and Tin Shui Wai Hospital (TSWH); and

(iii) extending rehabilitation services to cover weekends and public holidays for patients with lower limb fracture and arthroplasty in TMH.

In 2018-19, HA has earmarked additional recurrent funding of $656.37 million for NTWC to implement various service enhancement initiatives. Initiatives relating to surgical stream services are as follows:

(i) opening 32 acute inpatient beds in TSWH;

(ii) extending rehabilitation services to cover weekends and public holidays for patients with lower limb fracture and arthroplasty in POH; and

(iii) adding 10 magnetic resonance imaging sessions per week in POH.

NTWC will deploy existing staff and recruit additional staff to implement the above initiatives.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4192)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

According to the planning endorsed by the Legislative Council in 2009, Phase one of 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 were the services and the number of beds for each specialty the original plan intended to provide?

b. Please set out 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.

c. Please list in detail the utilisation of various services commissioned so far.

d. Are there any plans for full commissioning of services in NLTH in 2018-19? If yes, what are the plans? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 59)
Reply:

(a)

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 and 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.

(b)

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, podiatry 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 services are also provided.

(c)

Statistics on utilisation of various services commissioned in NLTH are as follows:

Services commissioned in NLTH	**2017-18 (up to 31 December 2017) [Provisional figures]**
No. of A&E attendances	66 812
No. of beds [1]	40
Inpatient bed occupancy rate [1]	95%
No. of operations [2]	1 006
No. of SOP (clinical) attendances	10 262
No. of GOP attendances [3]	71 331
No. of allied health (outpatient) attendances	26 704
No. of home visits by community nurses	5 594
No. of psychiatric outreach attendances	2 144
No. of geriatric outreach attendances	3 088

Note:

1. In Hospital Authority (HA), day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via A&E Department or those who have stayed for more than one day. 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.
2. Include procedures / surgical operations performed for inpatients and outpatients (whether carried out inside or outside a major operating theatre and with or without a local or general anaesthetic).
3. Besides GOP attendances provided by NLTH, attendances for Mui Wo General Out-patient Clinic and Tai O Jockey Club General Out-patient Clinic, which are managed by NLTH, are also included.

(d)

HA plans to open the remaining beds in NLTH in phases, with a practical timeline taking into consideration the demand for healthcare services in the district and the manpower supply situation. In 2018-19, the hospital plans to open 50 new beds (20 acute, 20 convalescent / rehabilitation and 10 day beds), enhance SOP services by introducing Paediatrics and Urology SOP clinics and endoscopy services. HA will continue to monitor the situation and keep in view the development of services in NLTH.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)353

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4230)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please advise whether funding is available in the 2018-19 Estimates for the Hospital Authority to improve the working hours of doctors. If yes, what are the resources and manpower (with ranks) earmarked for this purpose? What are the additional resources and manpower involved? Please provide a breakdown of the details. If no, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 150)

Reply:

Since 2009, Hospital Authority (HA) has piloted 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 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 3.9% in 2015-16.

HA is committed to improving doctors' working hours and working condition without compromising the quality of care and patient safety. Despite the manpower shortage of doctors, the number of doctors has increased over the years and is estimated to further increase in 2017-18 and 2018-19 as set out in the table below.

	2014-15 **(as at 31 Mar 2015)**	**2015-16** **(as at 31 Mar 2016)**	**2016-17** **(as at 31 Mar 2017)**	**2017-18** **(revised estimate)**	**2018-19** **(estimate)**
Number of doctors	5 475	5 664	5 783	5 870	6 070

HA will continue to monitor the condition and identify ways to manage the workload, and at the same time ensure 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.

Under the existing budget provision, HA has put in place various measures to attract and retain healthcare professionals, including enhancing training opportunities by offering corporate scholarships for overseas training, strengthening manpower support, recruitment of additional supporting staff and re-engineering work processes. HA will continue central recruitment of full-time and part-time clinical staff to further increase manpower strength and improve staff retention.

HA plans to recruit about 500 doctors in 2018-19 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 enhancing training opportunities for doctors.

For 2015-16 to 2017-18, a total funding of $570 million has also been designated for the special retired and rehire scheme to re-employ suitable serving healthcare staff upon their retirement to retain suitable expertise for training and knowledge transfer, and to help alleviate manpower issues. Besides, a 3-year time-limited funding of $300 million for 2015-16 to 2017-18 has been allocated to HA for enhancing staff training and development.

Note

1. The manpower figures are calculated on a 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 2015-16. 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 2016-17 are not available for all specialties. The average weekly working hours of doctors for the year 2017-18 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 a 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. 4231)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

With reference to 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; geriatrics and psychiatry), what are the numbers of new cases triaged respectively as first priority, second priority and routine cases in the past 3 years and their respective percentages?

Among the above cases of different priorities, what are the respective lower quartile, median and longest waiting time for consultation appointments at the HA hospitals?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 151)

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 (stable) 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 the past 3 years.

2015-16

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	1 133	13%	<1	<1	<1	3 070	34%	1	4	7	4 714	53%	11	35	45
	MED	2 640	20%	<1	1	2	3 647	28%	3	5	7	6 610	51%	13	22	53
	GYN	720	13%	<1	<1	1	751	13%	2	3	7	4 101	74%	17	33	105
	OPH	5 253	38%	<1	<1	1	2 001	14%	4	7	8	6 621	48%	12	22	38
	ORT	1 623	16%	<1	1	1	1 753	18%	4	6	8	6 630	66%	25	60	99
	PAE	170	13%	<1	1	2	868	67%	3	5	7	256	20%	11	13	18
	PSY	319	9%	<1	<1	1	852	25%	2	3	5	2 295	66%	5	10	30
	SUR	1 881	14%	<1	1	2	4 175	30%	5	7	8	7 747	56%	19	36	60
HKWC	ENT	634	9%	<1	<1	1	2 219	30%	4	5	8	4 434	61%	<1	14	88
	MED	1 906	15%	<1	<1	1	1 803	14%	2	4	7	8 750	70%	11	35	78
	GYN	1 759	22%	<1	<1	2	1 169	15%	4	5	8	4 896	62%	12	21	159
	OPH	3 525	39%	<1	<1	1	1 118	12%	4	4	7	4 312	48%	16	20	32
	ORT	775	7%	<1	<1	1	1 180	11%	2	3	6	8 676	82%	8	17	62
	PAE	520	20%	<1	<1	1	832	32%	2	4	7	1 246	48%	9	10	13
	PSY	693	14%	<1	<1	1	852	17%	2	3	6	3 495	69%	15	76	166
	SUR	2 386	16%	<1	<1	2	2 722	18%	3	5	8	9 609	65%	9	20	112
KCC	ENT	1 446	10%	<1	<1	1	1 299	9%	2	4	6	12 063	81%	23	24	31
	MED	1 459	12%	<1	<1	1	1 873	15%	3	5	7	8 932	72%	28	51	102
	GYN	416	8%	<1	<1	1	1 725	32%	4	7	8	3 193	60%	15	29	48
	OPH	7 563	30%	<1	<1	1	4 562	18%	1	3	7	13 199	52%	56	62	74
	ORT	286	3%	<1	1	1	1 079	13%	<1	2	7	7 106	84%	23	53	89
	PAE	725	31%	<1	<1	1	501	21%	5	6	8	1 133	48%	7	16	26
	PSY	95	4%	<1	<1	1	893	34%	1	3	7	1 642	62%	7	16	25
	SUR	1 916	11%	<1	1	1	2 734	16%	3	4	7	12 942	74%	23	39	48
KEC	ENT	1 835	19%	<1	<1	1	2 477	26%	1	3	7	5 371	55%	58	69	88
	MED	1 618	8%	<1	1	1	5 015	26%	4	6	7	12 902	66%	15	65	100
	GYN	1 168	14%	<1	1	1	891	11%	4	6	7	6 176	75%	15	54	108
	OPH	5 391	29%	<1	<1	1	310	2%	3	6	7	12 591	69%	11	15	112
	ORT	3 776	22%	<1	<1	1	3 262	19%	5	7	7	10 152	59%	21	93	133
	PAE	1 161	25%	<1	<1	1	840	18%	2	4	7	2 559	56%	15	16	24
	PSY	451	6%	<1	<1	1	1 924	27%	3	4	7	4 742	66%	10	54	98
	SUR	1 690	7%	<1	1	1	6 169	25%	5	7	7	17 168	69%	14	23	89

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	3 719	21%	<1	<1	1	3 464	19%	3	5	8	10 804	60%	15	34	50
	MED	2 934	10%	<1	<1	1	6 611	22%	4	6	7	20 470	67%	23	58	77
	GYN	1 115	7%	<1	<1	1	2 551	16%	4	6	7	11 346	73%	11	25	63
	OPH	6 533	33%	<1	<1	<1	5 664	29%	1	2	3	7 379	38%	4	47	50
	ORT	3 988	17%	<1	<1	1	5 263	22%	3	5	8	14 454	60%	32	64	123
	PAE	2 796	35%	<1	<1	1	1 052	13%	4	6	8	3 990	50%	9	12	20
	PSY	305	2%	<1	<1	1	628	4%	1	3	7	13 196	93%	1	12	63
	SUR	3 536	9%	<1	<1	2	9 739	24%	4	6	8	26 574	67%	15	26	77
NTEC	ENT	4 107	25%	<1	<1	2	3 786	23%	3	4	7	8 597	52%	14	53	104
	MED	3 232	14%	<1	<1	1	2 765	12%	3	6	8	15 935	71%	19	74	100
	GYN	2 037	16%	<1	<1	2	823	6%	3	6	8	8 128	63%	19	48	99
	OPH	7 524	35%	<1	<1	1	3 786	18%	3	4	8	10 022	47%	17	63	68
	ORT	5 760	26%	<1	<1	1	2 392	11%	3	5	8	13 917	63%	23	113	157
	PAE	318	7%	<1	<1	2	452	9%	3	4	6	3 976	84%	3	10	41
	PSY	1 356	14%	<1	1	2	2 460	26%	3	4	8	5 599	59%	16	53	127
	SUR	1 956	8%	<1	<1	2	3 066	12%	3	5	8	20 504	79%	17	43	79
NTWC	ENT	2 816	22%	<1	<1	1	1 239	10%	3	4	6	8 977	69%	13	55	70
	MED	1 278	12%	<1	1	2	3 091	30%	4	6	7	6 015	58%	16	54	78
	GYN	1 141	16%	<1	1	2	126	2%	3	4	8	5 665	82%	20	39	129
	OPH	9 232	46%	<1	<1	1	2 815	14%	2	4	8	7 833	39%	22	54	68
	ORT	1 912	14%	<1	1	2	1 374	10%	3	4	7	10 164	76%	25	83	87
	PAE	78	3%	1	1	2	478	20%	3	5	7	1 816	77%	11	13	15
	PSY	456	7%	<1	<1	1	1 778	27%	3	6	7	4 231	65%	8	46	94
	SUR	1 515	7%	<1	1	3	3 160	15%	4	6	16	16 757	78%	24	59	70

2016-17

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	943	10%	<1	<1	<1	3 331	34%	1	4	7	5 459	56%	9	30	50
	MED	2 192	16%	<1	1	2	3 874	28%	3	5	7	7 828	56%	10	24	75
	GYN	688	12%	<1	<1	1	981	17%	3	3	7	4 100	71%	17	36	143
	OPH	5 539	38%	<1	<1	1	2 139	15%	4	7	8	6 928	47%	13	36	53
	ORT	1 413	13%	<1	1	1	1 611	15%	4	6	7	7 453	71%	22	66	99
	PAE	139	10%	<1	1	2	976	70%	4	5	7	283	20%	10	12	19
	PSY	321	9%	<1	1	1	797	22%	2	3	5	2 557	70%	7	16	42
	SUR	1 557	10%	1	1	2	4 454	30%	5	7	8	8 920	60%	19	38	63
HKWC	ENT	566	7%	<1	<1	1	1 872	23%	3	5	7	5 575	70%	<1	14	39
	MED	1 864	14%	<1	<1	1	2 182	16%	3	4	7	9 451	70%	13	30	78
	GYN	1 737	22%	<1	<1	1	1 098	14%	3	5	8	4 946	63%	12	29	149
	OPH	3 337	37%	<1	<1	2	1 726	19%	4	4	7	4 040	44%	30	40	41
	ORT	879	8%	<1	<1	1	1 684	15%	2	3	6	8 299	76%	10	22	105
	PAE	657	22%	<1	<1	1	923	32%	2	4	7	1 344	46%	10	14	17
	PSY	479	10%	<1	1	1	828	18%	2	3	7	3 316	72%	14	38	127
	SUR	2 418	15%	<1	<1	1	2 879	18%	3	5	7	10 434	66%	8	19	59
KCC	ENT	1 351	9%	<1	<1	1	1 160	8%	1	4	7	12 232	83%	14	29	60
	MED	1 424	11%	<1	1	1	2 060	16%	3	4	6	9 601	73%	42	71	93
	GYN	407	7%	<1	<1	1	1 848	33%	4	6	8	3 387	60%	17	34	47
	OPH	8 319	31%	<1	<1	1	5 377	20%	1	2	5	13 233	49%	69	81	91
	ORT	341	4%	<1	<1	1	1 036	12%	2	4	7	7 087	84%	22	62	91
	PAE	863	31%	<1	1	1	766	28%	3	5	7	1 146	41%	5	11	28
	PSY	145	6%	<1	<1	1	789	33%	1	3	7	1 482	61%	15	22	51
	SUR	1 938	10%	<1	1	1	2 867	15%	3	5	7	14 287	75%	25	45	52
KEC	ENT	1 748	16%	<1	<1	1	2 664	25%	1	3	7	6 340	59%	24	82	94
	MED	1 720	8%	<1	1	1	5 274	25%	4	6	7	13 886	66%	16	70	98
	GYN	1 494	16%	<1	1	1	1 018	11%	4	6	7	6 637	73%	13	35	65
	OPH	6 068	33%	<1	<1	1	258	1%	3	6	7	12 249	66%	11	12	137
	ORT	3 861	21%	<1	<1	1	3 929	22%	4	7	8	10 202	57%	19	55	121
	PAE	1 244	26%	<1	<1	1	750	16%	2	4	7	2 702	58%	11	13	26
	PSY	370	5%	<1	<1	1	1 650	21%	2	4	7	5 504	71%	3	12	98
	SUR	2 142	8%	<1	1	1	6 907	26%	5	7	8	17 402	66%	12	24	85

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	3 895	20%	<1	<1	1	3 959	20%	3	5	8	11 993	60%	18	47	61
	MED	2 516	8%	<1	<1	2	6 520	21%	3	5	7	21 546	68%	24	60	87
	GYN	1 217	7%	<1	<1	1	2 840	17%	4	6	7	12 119	75%	11	25	62
	OPH	6 956	32%	<1	<1	<1	6 359	30%	1	1	2	8 157	38%	4	50	54
	ORT	3 622	15%	<1	1	2	4 892	20%	3	4	7	15 531	64%	33	73	136
	PAE	2 747	32%	<1	<1	1	1 053	12%	4	6	7	4 479	53%	9	13	22
	PSY	305	2%	<1	<1	2	738	5%	1	3	7	13 155	93%	1	12	67
	SUR	3 834	9%	<1	1	2	8 684	21%	4	6	7	28 843	70%	18	33	70
NTEC	ENT	4 284	25%	<1	<1	1	4 160	24%	2	3	7	8 954	51%	12	37	64
	MED	3 164	13%	<1	<1	1	3 403	14%	4	6	8	17 588	71%	17	69	103
	GYN	1 920	14%	<1	<1	2	893	7%	4	6	8	8 873	66%	18	56	88
	OPH	7 905	34%	<1	<1	1	4 742	20%	3	4	8	10 548	45%	16	52	68
	ORT	5 898	24%	<1	<1	1	2 122	9%	3	5	8	15 979	66%	23	124	179
	PAE	224	5%	<1	<1	1	587	13%	3	4	6	3 825	82%	5	10	36
	PSY	1 206	13%	<1	1	2	2 601	28%	2	4	8	5 447	58%	20	73	160
	SUR	2 034	7%	<1	<1	2	3 789	13%	3	5	8	21 571	76%	16	35	84
NTWC	ENT	2 783	19%	<1	<1	1	1 809	13%	3	4	7	9 822	68%	13	68	77
	MED	1 677	12%	<1	1	2	4 026	29%	3	4	7	8 201	59%	15	49	71
	GYN	1 190	17%	<1	1	2	231	3%	3	5	8	5 761	80%	17	32	126
	OPH	9 326	46%	<1	<1	1	3 341	16%	3	4	8	7 789	38%	17	40	50
	ORT	1 862	13%	1	1	2	1 692	12%	3	4	8	10 317	73%	24	72	79
	PAE	115	4%	1	1	2	622	23%	5	6	7	1 914	72%	18	23	26
	PSY	539	8%	<1	1	1	1 686	26%	3	6	7	4 283	65%	11	30	92
	SUR	1 881	8%	<1	1	2	3 740	16%	3	5	7	18 217	76%	25	58	71

2017-18 (up to 31 December 2017) [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	528	7%	<1	<1	<1	1 983	27%	1	4	7	4 889	66%	10	30	51
	MED	1 325	12%	<1	1	2	3 076	29%	3	6	8	6 259	59%	14	24	89
	GYN	543	13%	<1	<1	1	784	18%	2	2	7	2 924	69%	18	47	74
	OPH	4 447	39%	<1	<1	1	1 558	14%	4	7	8	5 300	47%	12	34	61
	ORT	1 083	14%	<1	1	1	1 413	18%	3	5	7	5 521	69%	16	63	94
	PAE	102	10%	<1	1	1	698	72%	4	5	7	174	18%	9	10	20
	PSY	295	11%	<1	1	2	634	24%	2	3	6	1 706	65%	11	23	43
	SUR	986	9%	<1	1	2	3 146	27%	5	7	8	7 408	64%	20	54	79
HKWC	ENT	435	7%	<1	<1	1	1 646	26%	4	6	7	4 256	67%	<1	26	47
	MED	1 446	14%	<1	<1	1	1 277	13%	2	4	7	7 309	73%	15	34	94
	GYN	1 234	21%	<1	<1	1	675	12%	3	5	8	3 835	67%	11	41	78
	OPH	2 703	38%	<1	<1	2	1 367	19%	4	5	8	3 039	43%	42	45	48
	ORT	760	10%	<1	<1	1	1 193	16%	3	4	7	5 652	74%	11	21	82
	PAE	275	15%	<1	<1	1	507	27%	1	3	7	1 068	58%	8	11	15
	PSY	271	10%	<1	1	2	661	24%	2	3	7	1 784	66%	23	63	126
	SUR	1 726	15%	<1	<1	1	2 305	20%	4	6	7	7 723	66%	7	19	75
KCC	ENT	1 336	10%	<1	<1	1	1 465	11%	3	5	7	10 597	79%	17	34	72
	MED	1 289	7%	<1	1	1	2 406	13%	4	5	7	14 806	80%	33	80	102
	GYN	807	9%	<1	<1	1	2 742	29%	4	5	7	5 770	62%	12	28	51
	OPH	6 729	33%	<1	<1	1	4 448	22%	1	2	5	9 358	46%	69	92	97
	ORT	1 662	13%	<1	1	1	1 629	13%	3	5	7	9 448	74%	22	58	144
	PAE	767	23%	<1	<1	1	537	16%	2	3	5	2 082	61%	8	10	22
	PSY	96	5%	<1	1	1	706	36%	2	5	7	1 183	60%	16	25	78
	SUR	2 651	10%	<1	1	2	4 726	18%	3	5	7	18 516	72%	19	51	65
KEC	ENT	1 373	16%	<1	<1	1	2 152	25%	1	3	6	4 933	58%	22	72	77
	MED	1 412	8%	<1	1	2	3 932	23%	4	6	7	11 607	68%	20	86	102
	GYN	1 126	17%	<1	1	1	653	10%	3	5	7	4 996	74%	14	57	68
	OPH	4 414	32%	<1	<1	1	221	2%	3	6	7	9 020	66%	11	13	157
	ORT	2 838	22%	<1	1	1	3 074	24%	5	7	8	6 938	54%	20	106	115
	PAE	965	28%	<1	<1	1	600	18%	2	4	7	1 857	54%	9	11	29
	PSY	214	4%	<1	<1	2	1 268	22%	2	3	7	4 193	73%	4	18	115
	SUR	1 697	8%	<1	1	1	5 383	26%	6	7	8	13 234	65%	14	23	89

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	2 466	20%	<1	<1	1	2 556	21%	4	6	8	7 321	59%	15	61	71
	MED	1 705	11%	<1	1	2	4 341	27%	4	5	8	9 300	58%	23	52	84
	GYN	217	3%	<1	<1	1	1 034	15%	4	6	7	5 367	80%	21	53	68
	OPH	4 778	29%	<1	<1	<1	4 706	29%	<1	<1	1	6 962	42%	2	56	67
	ORT	1 329	11%	<1	1	2	2 713	23%	3	6	8	7 468	64%	34	59	105
	PAE	1 864	38%	<1	<1	1	724	15%	3	6	7	2 181	45%	9	14	23
	PSY	209	2%	<1	<1	1	595	6%	1	3	7	8 959	92%	2	16	79
	SUR	1 899	9%	<1	1	2	4 597	23%	4	6	7	13 578	68%	12	27	51
NTEC	ENT	2 815	19%	<1	<1	1	3 557	25%	3	3	7	8 069	56%	14	59	95
	MED	2 281	11%	<1	<1	1	2 710	13%	4	7	8	15 708	75%	22	66	103
	GYN	1 881	19%	<1	<1	2	690	7%	4	6	8	6 325	65%	21	57	87
	OPH	5 696	31%	<1	<1	1	3 080	17%	3	4	8	9 437	52%	15	26	67
	ORT	4 072	23%	<1	<1	1	1 634	9%	3	5	7	12 043	68%	24	107	177
	PAE	178	5%	<1	1	2	438	13%	3	4	7	2 806	82%	7	12	37
	PSY	848	11%	<1	1	2	1 868	25%	3	4	8	4 658	63%	16	51	134
	SUR	1 470	7%	<1	<1	2	2 973	13%	4	5	8	17 215	77%	17	34	93
NTWC	ENT	2 538	22%	<1	<1	1	1 479	13%	3	4	7	7 552	65%	17	44	82
	MED	1 089	9%	<1	1	2	3 100	25%	2	4	7	8 248	66%	24	69	90
	GYN	797	14%	<1	1	1	75	1%	2	3	7	4 701	84%	16	30	132
	OPH	6 348	39%	<1	<1	1	2 127	13%	3	4	8	7 861	48%	15	50	62
	ORT	1 362	12%	<1	1	2	1 504	13%	3	5	7	8 847	75%	52	74	97
	PAE	74	4%	1	1	2	533	25%	5	7	7	1 495	71%	26	28	31
	PSY	356	7%	<1	<1	2	1 159	23%	3	4	7	3 527	70%	15	34	94
	SUR	1 633	8%	<1	1	2	2 949	14%	4	5	7	15 757	77%	24	61	86

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 (25^{th} percentile), median (50^{th} percentile), and longest (90^{th} percentile) waiting time in each hospital cluster of HA for 2015-16, 2016-17 and 2017-18 (up to 31 December 2017).

Cluster	2015-16				2016-17				2017-18 (Up to 31 December 2017) [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	3 617	1	1	3	3 452	1	2	4	2 363	<1	1	3
HKWC	4 593	1	3	5	4 644	1	2	4	3 408	1	2	4
KCC	7 334	8	16	21	6 430	7	13	21	10 025	4	7	15
KEC	3 404	<1	1	3	3 450	<1	1	3	2 420	<1	1	4
KWC	12 761	2	5	9	11 932	2	4	7	3 890	2	3	6
NTEC	13 121	3	5	18	13 387	3	5	18	8 511	3	5	18
NTWC	2 835	1	2	4	2 776	1	2	4	2 059	1	3	5

Note:

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.

4. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

Specialties
ENT – Ear, Nose & Throat
MED – Medicine
GYN – Gynaecology
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology
PAE – Paediatrics
PSY – Psychiatry
SUR – Surgery

Clusters
HKEC – Hong Kong East Cluster
HKWC – Hong Kong West Cluster

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4232)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the doctors in specialist outpatient clinics (including ear, nose and throat; gynaecology; obstetrics; medicine; ophthalmology; orthopaedics and traumatology; paediatrics and adolescent medicine; surgery; geriatrics and psychiatry) under the Hospital Authority clusters, please set out their number and ratio to the population of the clusters, their length of service, vacancy rate, wastage rate and average weekly working hours by rank in the past 3 years.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 152)

Reply:

The Hospital Authority (HA) provides inpatient services, ambulatory and outreach services to the public, including day inpatient services, Accident & Emergency services, specialist outpatient services, primary care services etc., and the same applies to the clinical duties of HA doctors 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 2015-16, 2016-17 and 2017-18.

The manpower shortfall of doctors in 2017-18 is around 300.

Table 1: Manpower of Doctors in HA in 2015-16, 2016-17 and 2017-18

Cluster	Major Specialty	2015-16 (as at 31 Mar 2016)	2016-17 (as at 31 Mar 2017)	2017-18 (as at 31 Dec 2017)
HKEC	Accident & Emergency	55	57	57
	Anaesthesia	34	34	32
	Family Medicine	57	55	61
	Intensive Care Unit	14	16	17
	Medicine	159	157	155
	Neurosurgery	11	10	13
	Obstetrics & Gynaecology	16	16	20
	Ophthalmology	20	20	20
	Orthopaedics & Traumatology	30	32	34
	Paediatrics	29	29	27
	Pathology	20	18	18
	Psychiatry	36	32	35
	Radiology	38	42	41
	Surgery	49	51	51
	Others	28	27	28
	Total	**595**	**594**	**610**
HKWC	Accident & Emergency	26	30	29
	Anaesthesia	69	72	72
	Cardio-thoracic Surgery	10	12	12
	Family Medicine	43	43	42
	Intensive Care Unit	14	15	14
	Medicine	137	140	144
	Neurosurgery	12	11	13
	Obstetrics & Gynaecology	26	26	27
	Ophthalmology	15	15	14
	Orthopaedics & Traumatology	32	32	34
	Paediatrics	48	54	52
	Pathology	27	28	31
	Psychiatry	26	27	25
	Radiology	36	36	38
	Surgery	77	76	75
	Others	28	30	30
	Total	**624**	**646**	**652**
KCC	Accident & Emergency	48	46	76
	Anaesthesia	58	59	90
	Cardio-thoracic Surgery	15	15	16
	Family Medicine	59	56	114
	Intensive Care Unit	12	12	23
	Medicine	152	158	277
	Neurosurgery	21	21	36
	Obstetrics & Gynaecology	26	30	53
	Ophthalmology	37	36	37
	Orthopaedics & Traumatology	39	40	60
	Paediatrics	46	47	79
	Pathology	27	32	47
	Psychiatry	35	34	31
	Radiology	47	48	72
	Surgery	62	62	106
	Others	48	46	52
	Total	**731**	**740**	**1 170**
KEC	Accident & Emergency	64	64	66
	Anaesthesia	44	43	43
	Family Medicine	89	84	93
	Intensive Care Unit	13	13	13
	Medicine	151	157	160
	Obstetrics & Gynaecology	27	29	29
	Ophthalmology	20	21	19
	Orthopaedics & Traumatology	44	44	45
	Paediatrics	40	40	42
	Pathology	20	22	21
	Psychiatry	37	38	37
	Radiology	33	32	28
	Surgery	65	65	66
	Others	29	29	26

Cluster	Major Specialty	2015-16 (as at 31 Mar 2016)	2016-17 (as at 31 Mar 2017)	2017-18 (as at 31 Dec 2017)
	Total	**676**	**682**	**687**
KWC	Accident & Emergency	134	135	112
	Anaesthesia	87	89	60
	Family Medicine	168	171	118
	Intensive Care Unit	38	37	26
	Medicine	311	317	206
	Neurosurgery	23	26	12
	Obstetrics & Gynaecology	48	50	22
	Ophthalmology	23	26	23
	Orthopaedics & Traumatology	76	78	67
	Paediatrics	88	86	56
	Pathology	51	57	45
	Psychiatry	77	72	75
	Radiology	60	60	40
	Surgery	125	131	90
	Others	43	40	41
	Total	**1 352**	**1 375**	**993**
NTEC	Accident & Emergency	70	70	69
	Anaesthesia	70	70	71
	Cardio-thoracic Surgery	5	5	10
	Family Medicine	89	90	91
	Intensive Care Unit	27	27	29
	Medicine	193	204	210
	Neurosurgery	8	8	10
	Obstetrics & Gynaecology	29	32	33
	Ophthalmology	27	25	25
	Orthopaedics & Traumatology	61	65	65
	Paediatrics	63	59	61
	Pathology	35	35	37
	Psychiatry	63	64	65
	Radiology	38	41	44
	Surgery	92	94	96
	Others	53	54	56
	Total	**921**	**941**	**972**
NTWC	Accident & Emergency	66	78	78
	Anaesthesia	51	55	54
	Cardio-thoracic Surgery	2	2	2
	Family Medicine	75	85	83
	Intensive Care Unit	18	18	19
	Medicine	151	155	157
	Neurosurgery	15	14	16
	Obstetrics & Gynaecology	26	30	31
	Ophthalmology	24	22	24
	Orthopaedics & Traumatology	50	51	49
	Paediatrics	37	35	42
	Pathology	24	24	25
	Psychiatry	77	83	84
	Radiology	34	36	36
	Surgery	66	69	77
	Others	33	36	33
	Total	**748**	**793**	**808**

Note:

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.

Table 2: Year of Service of Doctors in HA in 2015-16, 2016-17 and 2017-18

Cluster	Major Specialty	2015-16 (as at 31 Mar 2016)							
		<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	12	15	0	56
	Anaesthesia	1	9	9	5	6	5	0	35
	Family Medicine	1	10	14	20	10	5	0	60
	Intensive Care Unit	0	3	4	4	1	2	0	14
	Medicine	1	48	26	22	24	40	1	162
	Neurosurgery	1	5	1	1	1	3	0	12
	Obstetrics & Gynaecology	0	2	9	2	1	2	0	16
	Ophthalmology	1	10	3	3	3	3	0	23
	Orthopaedics & Traumatology	0	6	9	3	5	7	0	30
	Paediatrics	0	14	7	2	1	6	0	30
	Pathology	0	6	4	4	2	5	0	21
	Psychiatry	0	10	8	6	4	10	0	38
	Radiology	1	14	13	4	0	6	0	38
	Surgery	0	16	18	8	4	5	0	51
	Others	2	10	5	5	3	4	0	29
	Total	**8**	**175**	**138**	**98**	**77**	**118**	**1**	**615**
HKWC	Accident & Emergency	0	5	6	5	3	8	0	27
	Anaesthesia	3	24	18	9	7	10	1	72
	Cardio-thoracic Surgery	0	1	3	4	1	1	0	10
	Family Medicine	0	13	9	18	3	1	0	44
	Intensive Care Unit	0	5	1	4	1	3	0	14
	Medicine	3	44	29	23	12	29	0	140
	Neurosurgery	0	3	3	3	2	1	0	12
	Obstetrics & Gynaecology	0	8	14	5	1	2	0	30
	Ophthalmology	1	5	4	2	1	2	0	15
	Orthopaedics & Traumatology	0	12	8	3	3	6	0	32
	Paediatrics	2	12	10	6	8	10	0	48
	Pathology	2	8	4	3	2	8	0	27
	Psychiatry	3	10	5	3	4	5	0	30
	Radiology	0	13	13	4	2	5	0	37
	Surgery	0	27	29	8	8	8	0	80
	Others	0	5	10	3	2	8	0	28
	Total	**14**	**195**	**166**	**103**	**60**	**107**	**1**	**646**
KCC	Accident & Emergency	2	19	7	5	8	8	0	49
	Anaesthesia	0	16	22	7	5	9	0	59
	Cardio-thoracic Surgery	0	5	1	2	2	5	0	15
	Family Medicine	1	18	12	23	4	3	1	62
	Intensive Care Unit	0	4	3	2	0	1	1	11
	Medicine	1	40	31	32	17	35	0	156
	Neurosurgery	0	8	3	0	6	4	0	21
	Obstetrics & Gynaecology	2	13	11	3	1	4	0	34
	Ophthalmology	1	13	13	5	6	1	0	39
	Orthopaedics & Traumatology	1	18	6	3	5	9	0	42
	Paediatrics	2	22	7	4	0	16	0	51
	Pathology	1	3	6	5	4	9	0	28
	Psychiatry	0	9	15	1	3	8	1	37
	Radiology	0	10	18	5	1	13	0	47
	Surgery	0	23	17	6	5	12	0	63
	Others	1	18	9	4	2	16	0	50
	Total	**12**	**239**	**181**	**107**	**69**	**153**	**3**	**764**
KEC	Accident & Emergency	0	23	9	10	9	14	0	65
	Anaesthesia	0	16	10	7	6	7	0	46
	Family Medicine	1	28	15	37	7	2	0	90
	Intensive Care Unit	0	6	1	1	0	5	0	13
	Medicine	3	43	30	34	17	32	0	159
	Obstetrics & Gynaecology	2	8	9	2	3	4	0	28
	Ophthalmology	1	9	9	1	1	0	0	21
	Orthopaedics & Traumatology	0	10	12	10	6	7	0	45
	Paediatrics	0	14	9	6	3	9	0	41
	Pathology	1	4	4	2	1	9	0	21
	Psychiatry	2	3	15	5	6	6	0	37
	Radiology	0	12	9	2	0	10	0	33

Cluster	Major Specialty	2015-16 (as at 31 Mar 2016)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 Years or above	Total
	Surgery	2	23	20	8	10	4	1	68
	Others	1	2	11	5	7	4	0	30
	Total	**13**	**201**	**163**	**130**	**76**	**113**	**1**	**697**
KWC	Accident & Emergency	3	44	25	14	17	38	1	142
	Anaesthesia	1	11	22	16	23	14	0	87
	Family Medicine	5	63	36	60	15	7	0	186
	Intensive Care Unit	2	13	6	6	5	6	0	38
	Medicine	9	103	48	44	45	79	1	329
	Neurosurgery	0	9	5	3	5	2	0	24
	Obstetrics & Gynaecology	1	15	19	6	2	8	0	51
	Ophthalmology	0	9	7	3	1	3	0	23
	Orthopaedics & Traumatology	1	21	17	6	11	21	0	77
	Paediatrics	1	38	19	14	5	24	0	101
	Pathology	3	10	10	8	9	12	0	52
	Psychiatry	1	21	20	14	7	16	1	80
	Radiology	0	22	19	7	3	14	0	65
	Surgery	2	37	38	13	11	28	0	129
	Others	0	6	18	4	4	11	0	43
	Total	**29**	**422**	**309**	**218**	**163**	**283**	**3**	**1 427**
NTEC	Accident & Emergency	1	11	14	6	18	23	0	73
	Anaesthesia	0	29	21	6	7	8	0	71
	Cardio-thoracic Surgery	1	0	2	1	0	1	0	5
	Family Medicine	3	26	9	45	4	4	0	91
	Intensive Care Unit	0	10	6	2	6	3	0	27
	Medicine	6	60	49	31	20	36	1	203
	Neurosurgery	0	3	2	1	1	1	0	8
	Obstetrics & Gynaecology	2	10	11	3	2	3	0	31
	Ophthalmology	0	9	11	4	4	1	0	29
	Orthopaedics & Traumatology	3	18	15	4	12	11	0	63
	Paediatrics	1	21	13	4	8	18	0	65
	Pathology	1	9	5	7	5	8	0	35
	Psychiatry	2	20	16	11	9	6	0	64
	Radiology	0	10	8	7	5	8	0	38
	Surgery	0	28	35	9	7	15	0	94
	Others	0	7	18	11	4	13	0	53
	Total	**20**	**271**	**235**	**152**	**112**	**159**	**1**	**950**
NTWC	Accident & Emergency	2	15	18	8	12	12	0	67
	Anaesthesia	0	23	18	6	2	5	0	54
	Cardio-thoracic Surgery	0	0	0	1	0	1	0	2
	Family Medicine	1	28	9	27	7	6	0	78
	Intensive Care Unit	0	8	5	2	2	1	0	18
	Medicine	0	66	29	18	13	29	0	155
	Neurosurgery	0	9	2	2	1	2	0	16
	Obstetrics & Gynaecology	1	9	5	4	0	7	0	26
	Ophthalmology	1	7	6	2	3	6	0	25
	Orthopaedics & Traumatology	0	16	17	0	6	12	0	51
	Paediatrics	2	10	11	3	3	9	0	38
	Pathology	0	8	5	4	3	5	0	25
	Psychiatry	0	20	21	12	7	18	0	78
	Radiology	0	14	13	0	4	4	0	35
	Surgery	2	25	15	9	6	11	1	69
	Others	0	10	10	6	2	6	0	34
	Total	**9**	**268**	**184**	**104**	**71**	**134**	**1**	**771**

Cluster	Major Specialty	2016-17 (as at 31 Mar 2017)							
		<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	3	16	6	9	13	15	0	62
	Anaesthesia	0	10	10	4	5	6	0	35
	Family Medicine	0	11	9	19	11	7	0	57
	Intensive Care Unit	0	3	4	4	2	2	0	15
	Medicine	2	45	29	23	21	40	1	161
	Neurosurgery	0	1	2	1	1	3	0	8
	Obstetrics & Gynaecology	0	5	7	1	1	1	1	16
	Ophthalmology	1	9	4	3	2	3	0	22
	Orthopaedics & Traumatology	1	7	8	6	4	7	0	33
	Paediatrics	0	13	8	3	0	6	0	30
	Pathology	1	3	3	4	3	4	0	18
	Psychiatry	2	8	4	6	4	11	0	35
	Radiology	1	17	12	6	1	6	0	43
	Surgery	1	18	16	8	4	6	0	53
	Others	0	11	3	6	3	4	0	27
	Total	**12**	**177**	**125**	**103**	**75**	**121**	**2**	**615**
HKWC	Accident & Emergency	1	7	6	4	4	10	0	32
	Anaesthesia	4	21	18	12	6	11	1	73
	Cardio-thoracic Surgery	0	3	3	3	1	2	0	12
	Family Medicine	0	11	8	17	6	1	0	43
	Intensive Care Unit	0	6	1	4	0	4	0	15
	Medicine	3	44	29	24	12	31	0	143
	Neurosurgery	0	4	2	3	1	1	0	11
	Obstetrics & Gynaecology	1	7	12	5	3	2	0	30
	Ophthalmology	0	6	3	3	1	2	0	15
	Orthopaedics & Traumatology	0	13	7	1	2	9	0	32
	Paediatrics	3	17	12	5	3	14	0	54
	Pathology	2	9	4	2	3	8	0	28
	Psychiatry	0	15	6	2	3	4	0	30
	Radiology	0	16	8	6	1	6	0	37
	Surgery	2	26	23	14	6	7	1	79
	Others	0	4	8	8	2	8	0	30
	Total	**16**	**209**	**150**	**113**	**54**	**120**	**2**	**664**
KCC	Accident & Emergency	2	15	9	4	9	8	0	47
	Anaesthesia	1	18	19	7	4	10	0	59
	Cardio-thoracic Surgery	0	3	3	2	2	4	1	15
	Family Medicine	1	18	11	19	4	4	1	58
	Intensive Care Unit	0	5	2	3	0	1	1	12
	Medicine	3	44	31	33	16	34	1	162
	Neurosurgery	0	7	3	1	5	5	0	21
	Obstetrics & Gynaecology	1	14	15	3	0	5	0	38
	Ophthalmology	0	15	12	5	3	3	0	38
	Orthopaedics & Traumatology	2	19	8	2	2	11	0	44
	Paediatrics	0	20	11	5	0	15	1	52
	Pathology	2	8	7	3	6	7	0	33
	Psychiatry	1	7	15	2	2	8	1	36
	Radiology	1	12	18	6	0	12	0	49
	Surgery	1	21	18	9	4	10	0	63
	Others	0	18	9	6	2	12	1	48
	Total	**15**	**244**	**191**	**110**	**59**	**149**	**7**	**775**
KEC	Accident & Emergency	3	21	9	6	10	16	0	65
	Anaesthesia	0	15	13	6	4	6	1	45
	Family Medicine	0	24	18	34	9	1	0	86
	Intensive Care Unit	0	5	2	0	1	5	0	13
	Medicine	5	51	28	29	15	38	1	167
	Obstetrics & Gynaecology	1	10	10	3	2	4	0	30
	Ophthalmology	0	10	7	4	1	0	0	22
	Orthopaedics & Traumatology	1	9	15	8	5	7	0	45
	Paediatrics	0	13	8	5	4	11	0	41
	Pathology	2	7	3	1	0	9	1	23
	Psychiatry	1	7	14	8	3	7	0	40
	Radiology	0	8	11	3	0	10	0	32
	Surgery	0	23	22	7	9	5	1	67
	Others	0	3	9	7	5	6	0	30
	Total	**13**	**206**	**169**	**121**	**68**	**125**	**4**	**706**

Cluster	Major Specialty	2016-17 (as at 31 Mar 2017)							
		<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	3	43	23	15	16	41	1	142
	Anaesthesia	0	15	18	17	18	20	1	89
	Family Medicine	4	54	37	64	17	8	0	184
	Intensive Care Unit	0	15	5	5	4	8	0	37
	Medicine	6	111	40	54	28	96	1	336
	Neurosurgery	1	10	4	5	4	3	0	27
	Obstetrics & Gynaecology	1	12	21	8	3	7	1	53
	Ophthalmology	2	9	7	5	0	4	0	27
	Orthopaedics & Traumatology	2	22	18	8	7	23	0	80
	Paediatrics	4	32	22	9	6	28	0	101
	Pathology	1	20	7	11	5	14	0	58
	Psychiatry	2	18	21	11	5	16	2	75
	Radiology	2	17	22	8	3	11	1	64
	Surgery	3	40	39	15	14	24	0	135
	Others	1	9	14	6	2	9	0	41
	Total	**32**	**427**	**298**	**241**	**132**	**312**	**7**	**1 449**
NTEC	Accident & Emergency	1	13	14	7	8	30	0	73
	Anaesthesia	1	25	23	7	8	7	0	71
	Cardio-thoracic Surgery	0	1	2	0	1	1	0	5
	Family Medicine	2	24	15	42	5	4	0	92
	Intensive Care Unit	0	9	5	4	4	5	0	27
	Medicine	4	71	45	39	13	42	0	214
	Neurosurgery	0	2	3	2	0	1	0	8
	Obstetrics & Gynaecology	1	13	11	2	3	4	0	34
	Ophthalmology	0	9	9	4	3	2	0	27
	Orthopaedics & Traumatology	0	27	10	8	7	15	0	67
	Paediatrics	1	20	11	4	6	19	0	61
	Pathology	0	13	3	7	5	7	0	35
	Psychiatry	2	20	17	7	13	6	0	65
	Radiology	0	13	8	7	3	10	0	41
	Surgery	1	33	26	15	7	15	0	97
	Others	0	9	13	14	4	14	0	54
	Total	**13**	**302**	**215**	**169**	**90**	**182**	**0**	**971**
NTWC	Accident & Emergency	1	26	16	9	13	13	1	79
	Anaesthesia	2	25	14	9	3	4	1	58
	Cardio-thoracic Surgery	0	0	0	1	0	1	0	2
	Family Medicine	3	30	12	23	11	9	0	88
	Intensive Care Unit	0	6	6	3	1	2	0	18
	Medicine	4	57	34	24	11	30	0	160
	Neurosurgery	0	7	2	2	2	2	0	15
	Obstetrics & Gynaecology	1	11	8	3	1	7	0	31
	Ophthalmology	0	7	5	1	2	7	0	22
	Orthopaedics & Traumatology	0	17	14	3	4	14	0	52
	Paediatrics	2	15	7	4	1	8	0	37
	Pathology	2	8	3	7	1	4	0	25
	Psychiatry	2	24	21	12	8	16	1	84
	Radiology	2	14	13	1	3	4	1	38
	Surgery	0	27	18	7	6	12	2	72
	Others	0	10	11	3	5	7	0	36
	Total	**19**	**284**	**184**	**112**	**72**	**140**	**6**	**817**

Cluster	Major Specialty	2017-18 (as at 31 Dec 2017)							
		<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	1	18	6	9	12	16	1	63
	Anaesthesia	0	11	7	4	4	7	0	33
	Family Medicine	3	15	9	17	14	6	1	65
	Intensive Care Unit	0	5	3	1	5	1	1	16
	Medicine	1	50	28	25	16	30	10	160
	Neurosurgery	0	4	3	1	1	3	0	12
	Obstetrics & Gynaecology	0	8	5	3	1	1	1	19
	Ophthalmology	0	6	6	3	2	3	0	20
	Orthopaedics & Traumatology	2	6	10	6	2	9	0	35
	Paediatrics	0	13	7	3	0	5	0	28
	Pathology	1	4	1	6	2	3	1	18
	Psychiatry	3	8	6	4	6	9	2	38
	Radiology	0	18	11	7	0	3	3	42
	Surgery	0	17	14	10	5	6	0	52
	Others	1	7	7	6	3	2	2	28
	Total	**12**	**190**	**123**	**105**	**73**	**104**	**22**	**629**
HKWC	Accident & Emergency	1	6	6	4	3	5	6	31
	Anaesthesia	4	24	16	10	8	10	1	73
	Cardio-thoracic Surgery	0	3	2	1	4	2	0	12
	Family Medicine	2	9	10	13	8	2	0	44
	Intensive Care Unit	0	4	2	3	1	4	0	14
	Medicine	1	45	32	25	14	22	7	146
	Neurosurgery	0	6	1	4	1	1	0	13
	Obstetrics & Gynaecology	1	9	8	8	3	1	1	31
	Ophthalmology	1	6	2	2	2	1	1	15
	Orthopaedics & Traumatology	0	13	8	2	2	6	3	34
	Paediatrics	1	17	11	8	3	12	0	52
	Pathology	1	14	3	2	3	7	1	31
	Psychiatry	2	13	4	3	2	5	0	29
	Radiology	0	15	10	5	1	7	0	38
	Surgery	0	26	24	15	5	6	2	78
	Others	0	5	5	10	2	7	1	30
	Total	**14**	**215**	**144**	**115**	**62**	**98**	**23**	**671**
KCC	Accident & Emergency	2	24	14	11	11	15	2	79
	Anaesthesia	1	27	21	16	6	16	4	91
	Cardio-thoracic Surgery	0	3	4	0	3	5	1	16
	Family Medicine	9	31	26	39	13	6	2	126
	Intensive Care Unit	1	8	4	3	3	4	0	23
	Medicine	4	84	48	51	36	50	16	289
	Neurosurgery	0	13	7	3	6	8	0	37
	Obstetrics & Gynaecology	1	20	21	13	0	5	3	63
	Ophthalmology	0	16	10	7	2	4	0	39
	Orthopaedics & Traumatology	1	25	14	5	5	14	1	65
	Paediatrics	1	33	17	15	3	14	6	89
	Pathology	1	13	10	9	6	8	1	48
	Psychiatry	2	8	12	3	2	6	2	35
	Radiology	3	28	19	7	3	10	3	73
	Surgery	1	35	35	18	4	13	5	111
	Others	1	17	10	8	2	13	4	55
	Total	**28**	**385**	**272**	**208**	**105**	**191**	**50**	**1 239**
KEC	Accident & Emergency	4	18	15	5	11	13	3	69
	Anaesthesia	1	10	17	5	4	5	1	43
	Family Medicine	3	25	21	29	12	3	1	94
	Intensive Care Unit	0	3	4	0	1	5	0	13
	Medicine	2	54	30	28	18	28	7	167
	Obstetrics & Gynaecology	0	10	9	4	2	2	3	30
	Ophthalmology	2	9	6	4	1	0	0	22
	Orthopaedics & Traumatology	0	14	15	6	5	4	2	46
	Paediatrics	0	13	7	7	5	9	2	43
	Pathology	2	8	3	1	0	8	1	23
	Psychiatry	3	8	10	6	5	6	1	39
	Radiology	1	6	9	3	0	6	4	29
	Surgery	1	23	21	10	7	4	3	69
	Others	0	3	9	5	4	5	1	27

Cluster	Major Specialty	2017-18 (as at 31 Dec 2017)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 Years or above	Total
	Total	**19**	**204**	**176**	**113**	**75**	**98**	**29**	**714**
KWC	Accident & Emergency	6	36	12	17	12	28	6	117
	Anaesthesia	1	11	11	14	10	12	1	60
	Family Medicine	1	40	26	39	11	5	0	122
	Intensive Care Unit	1	9	3	5	2	5	1	26
	Medicine	3	66	41	32	13	59	6	220
	Neurosurgery	0	5	2	1	2	2	0	12
	Obstetrics & Gynaecology	0	3	9	4	3	4	0	23
	Ophthalmology	3	7	7	5	0	3	0	25
	Orthopaedics & Traumatology	0	20	15	7	4	20	2	68
	Paediatrics	0	17	15	5	3	17	4	61
	Pathology	1	15	6	8	3	12	1	46
	Psychiatry	2	21	19	14	4	16	2	78
	Radiology	2	8	14	9	0	8	2	43
	Surgery	2	30	21	12	8	16	2	91
	Others	1	14	12	6	2	7	1	43
	Total	**23**	**302**	**213**	**178**	**77**	**214**	**28**	**1 035**
NTEC	Accident & Emergency	1	14	13	7	6	30	2	73
	Anaesthesia	1	23	21	12	6	7	2	72
	Cardio-thoracic Surgery	0	5	3	0	1	1	0	10
	Family Medicine	6	26	15	36	9	4	0	96
	Intensive Care Unit	0	12	2	6	3	5	1	29
	Medicine	6	69	50	37	12	42	4	220
	Neurosurgery	0	5	2	0	2	1	0	10
	Obstetrics & Gynaecology	0	15	9	4	3	4	0	35
	Ophthalmology	0	11	8	4	2	3	0	28
	Orthopaedics & Traumatology	1	26	9	9	5	15	2	67
	Paediatrics	1	24	12	3	7	15	1	63
	Pathology	1	14	5	3	6	8	0	37
	Psychiatry	0	21	14	11	10	9	0	65
	Radiology	0	12	9	7	4	11	1	44
	Surgery	3	32	23	17	9	8	7	99
	Others	0	8	14	12	8	13	1	56
	Total	**20**	**317**	**209**	**168**	**93**	**176**	**21**	**1 004**
NTWC	Accident & Emergency	2	27	11	13	11	14	2	80
	Anaesthesia	1	22	14	10	3	3	3	56
	Cardio-thoracic Surgery	0	0	0	0	1	1	0	2
	Family Medicine	3	29	14	21	12	6	1	86
	Intensive Care Unit	0	6	8	2	1	2	0	19
	Medicine	4	52	35	29	8	28	5	161
	Neurosurgery	0	6	4	1	3	2	0	16
	Obstetrics & Gynaecology	2	14	9	2	1	5	0	33
	Ophthalmology	0	8	5	2	2	5	2	24
	Orthopaedics & Traumatology	0	15	12	5	3	11	4	50
	Paediatrics	2	20	7	4	1	8	1	43
	Pathology	1	11	3	6	2	3	1	27
	Psychiatry	1	21	24	12	7	17	3	85
	Radiology	0	17	12	1	2	3	3	38
	Surgery	2	32	15	11	7	9	4	80
	Others	0	9	9	3	5	6	1	33
	Total	**18**	**289**	**182**	**122**	**69**	**123**	**30**	**833**

Note:

Manpower on headcount basis includes permanent, contract, temporary staff excluding Interns and Dental Officers.

Table 3: Attrition Rate of Full-time Doctors in HA in 2015-16, 2016-17 and 2017-18

Cluster	Major Specialty	Full-time Attrition Rate		
		2015-16	2016-17	2017-18 (Rolling 12 months from 1 Jan 2017 to 31 Dec 2017)
HKEC	Accident & Emergency	1.8%	6.9%	6.6%
	Anaesthesia	3.0%	5.9%	6.1%
	Family Medicine	3.7%	7.4%	5.4%
	Intensive Care Unit	-	-	-
	Medicine	1.3%	5.1%	6.5%
	Neurosurgery	9.2%	10.7%	9.7%
	Obstetrics & Gynaecology	12.1%	25.1%	-
	Ophthalmology	5.4%	5.2%	5.2%
	Orthopaedics & Traumatology	16.5%	3.1%	3.1%
	Paediatrics	3.6%	-	7.0%
	Pathology	-	15.8%	16.5%
	Psychiatry	-	15.2%	9.4%
	Radiology	7.9%	2.5%	2.5%
	Surgery	2.0%	10.1%	7.9%
	Others	7.3%	7.2%	10.7%
	Total	**3.8%**	**6.9%**	**6.4%**
HKWC	Accident & Emergency	16.1%	-	3.6%
	Anaesthesia	7.7%	5.7%	14.3%
	Cardio-thoracic Surgery	-	-	-
	Family Medicine	4.7%	2.4%	4.8%
	Intensive Care Unit	14.5%	-	6.9%
	Medicine	6.6%	5.8%	4.2%
	Neurosurgery	7.8%	-	-
	Obstetrics & Gynaecology	3.9%	3.9%	7.6%
	Ophthalmology	7.1%	-	6.7%
	Orthopaedics & Traumatology	6.6%	6.0%	8.9%
	Paediatrics	6.4%	7.8%	7.4%
	Pathology	-	7.1%	10.3%
	Psychiatry	12.5%	11.5%	19.2%
	Radiology	10.7%	8.4%	8.3%
	Surgery	5.1%	5.2%	9.3%
	Others	10.6%	3.4%	6.6%
	Total	**7.2%**	**5.2%**	**7.7%**
KCC	Accident & Emergency	4.6%	4.4%	-
	Anaesthesia	1.7%	5.2%	1.1%
	Cardio-thoracic Surgery	6.4%	-	-
	Family Medicine	1.8%	5.4%	6.8%
	Intensive Care Unit	9.6%	-	4.5%
	Medicine	0.7%	2.6%	3.3%
	Neurosurgery	4.8%	-	-
	Obstetrics & Gynaecology	25.5%	-	10.0%
	Ophthalmology	5.5%	8.3%	5.5%
	Orthopaedics & Traumatology	5.2%	7.8%	5.3%
	Paediatrics	4.6%	-	2.7%
	Pathology	10.7%	6.8%	4.4%
	Psychiatry	3.0%	9.2%	16.1%
	Radiology	-	4.3%	10.2%
	Surgery	-	4.8%	4.8%
	Others	4.5%	4.4%	-
	Total	**3.7%**	**4.2%**	**4.4%**
KEC	Accident & Emergency	6.7%	7.8%	13.9%
	Anaesthesia	10.1%	7.0%	16.6%
	Family Medicine	3.4%	5.8%	3.5%
	Intensive Care Unit	-	-	-
	Medicine	4.0%	5.2%	4.5%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	7.5%	3.7%	-
	Ophthalmology	-	9.5%	14.9%
	Orthopaedics & Traumatology	2.3%	9.2%	9.2%
	Paediatrics	2.5%	2.5%	4.8%
	Pathology	15.1%	25.3%	14.9%
	Psychiatry	2.9%	5.4%	5.5%

Cluster	Major Specialty	Full-time Attrition Rate		
		2015-16	2016-17	2017-18 (Rolling 12 months from 1 Jan 2017 to 31 Dec 2017)
	Radiology	6.8%	-	10.1%
	Surgery	3.3%	3.2%	3.1%
	Others	3.5%	3.4%	-
	Total	**4.6%**	**5.8%**	**6.7%**
KWC	Accident & Emergency	2.4%	5.3%	6.4%
	Anaesthesia	4.7%	2.3%	6.8%
	Family Medicine	4.4%	6.2%	2.6%
	Intensive Care Unit	2.7%	2.6%	3.6%
	Medicine	5.7%	4.5%	2.5%
	Neurosurgery	-	-	8.3%
	Obstetrics & Gynaecology	6.3%	4.1%	13.1%
	Ophthalmology	8.5%	8.3%	21.1%
	Orthopaedics & Traumatology	5.3%	6.4%	-
	Paediatrics	3.6%	3.6%	1.8%
	Pathology	7.9%	3.8%	4.7%
	Psychiatry	1.4%	6.9%	2.8%
	Radiology	11.4%	11.9%	7.9%
	Surgery	3.3%	4.8%	3.4%
	Others	7.3%	9.8%	4.9%
	Total	**4.8%**	**5.2%**	**4.3%**
NTEC	Accident & Emergency	-	3.0%	4.4%
	Anaesthesia	1.5%	5.8%	2.9%
	Cardio-thoracic Surgery	18.2%	-	-
	Family Medicine	2.3%	6.9%	7.9%
	Intensive Care Unit	7.3%	3.7%	3.6%
	Medicine	2.6%	5.0%	5.4%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	3.6%	3.3%	3.1%
	Ophthalmology	3.9%	3.9%	11.9%
	Orthopaedics & Traumatology	1.7%	4.8%	4.7%
	Paediatrics	1.6%	8.4%	9.9%
	Pathology	3.0%	5.7%	2.8%
	Psychiatry	-	1.6%	4.6%
	Radiology	2.5%	2.5%	2.4%
	Surgery	2.2%	5.3%	4.3%
	Others	1.9%	5.6%	3.6%
	Total	**2.2%**	**4.9%**	**5.1%**
NTWC	Accident & Emergency	4.7%	1.4%	4.0%
	Anaesthesia	2.1%	-	1.9%
	Cardio-thoracic Surgery	-	-	-
	Family Medicine	8.0%	2.5%	8.5%
	Intensive Care Unit	5.7%	-	-
	Medicine	1.4%	3.3%	5.9%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	12.3%	-	13.8%
	Ophthalmology	-	8.9%	4.5%
	Orthopaedics & Traumatology	-	2.0%	2.0%
	Paediatrics	5.5%	19.5%	10.6%
	Pathology	-	8.4%	4.1%
	Psychiatry	9.0%	3.7%	4.8%
	Radiology	11.5%	2.9%	5.7%
	Surgery	7.7%	-	4.3%
	Others	3.1%	8.9%	5.9%
	Total	**4.8%**	**3.5%**	**5.3%**

Note:

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

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

3. Rolling Attrition (Wastage) Rate = Total number of staff left HA in the past 12 months /Average strength in the past 12 months x 100%.

Table 4 below sets out the average weekly working hours of doctors by specialty according to the surveys conducted in 2015-16 and 2016-17. 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 2016-17 are not available for all specialties. The average weekly working hours of doctors in 2017-18 are being collected and are not available at present.

Table 4: Average Weekly Working Hours of Doctors in 2015-16 and 2016-17

Cluster	**Specialty**	**2015-16**	**2016-17**
HKEC	Accident & Emergency	44.0	N/A
	Anaesthesia	47.6	N/A
	Family Medicine	41.9	N/A
	Intensive Care Unit	56.1	55.1
	Medicine	55.3	56.1
	Neurosurgery	54.5	54.3
	Obstetrics & Gynaecology	58.7	61.3
	Ophthalmology	44.6	44.3
	Orthopaedics & Traumatology	51.6	52.4
	Paediatrics	58.0	58.3
	Pathology	41.9	N/A
	Psychiatry	45.1	N/A
	Radiology	45.5	N/A
	Surgery	57.7	57.8
	Total	**50.7**	**55.5**
HKWC	Accident & Emergency	40.0	N/A
	Anaesthesia	52.6	N/A
	Cardio-thoracic Surgery	59.8	60.3
	Family Medicine	41.9	N/A
	Intensive Care Unit	48.0	49.0
	Medicine	51.7	51.7
	Neurosurgery	51.4	51.3
	Obstetrics & Gynaecology	56.2	55.6
	Ophthalmology	52.7	52.8
	Orthopaedics & Traumatology	55.7	55.2
	Paediatrics	57.3	56.7
	Pathology	50.1	N/A
	Psychiatry	47.6	N/A
	Radiology	46.1	N/A
	Surgery	56.0	54.9
	Total	**51.5**	**53.7**
KCC	Accident & Emergency	40.0	N/A
	Anaesthesia	48.5	N/A
	Cardio-thoracic Surgery	51.2	51.5
	Family Medicine	41.6	N/A
	Intensive Care Unit	50.7	52.6
	Medicine	54.3	54.0
	Neurosurgery	48.5	57.3
	Obstetrics & Gynaecology	53.4	52.0
	Ophthalmology	50.2	50.1
	Orthopaedics & Traumatology	52.9	56.0
	Paediatrics	52.7	53.6
	Pathology	44.5	N/A

Cluster	Specialty	2015-16	2016-17
	Psychiatry	46.2	N/A
	Radiology	43.4	N/A
	Surgery	57.1	57.3
	Total	**49.7**	**54.2**
KEC	Accident & Emergency	40.9	N/A
	Anaesthesia	52.7	N/A
	Family Medicine	41.9	N/A
	Intensive Care Unit	49.5	49.6
	Medicine	48.0	47.8
	Obstetrics & Gynaecology	60.7	60.4
	Ophthalmology	46.8	48.0
	Orthopaedics & Traumatology	57.3	57.2
	Paediatrics	56.5	56.1
	Pathology	44.0	N/A
	Psychiatry	46.9	N/A
	Radiology	47.2	N/A
	Surgery	56.0	55.3
	Total	**49.0**	**52.1**
KWC	Accident & Emergency	40.9	N/A
	Anaesthesia	47.7	N/A
	Family Medicine	41.9	N/A
	Intensive Care Unit	47.9	49.2
	Medicine	48.9	48.9
	Neurosurgery	56.5	58.3
	Obstetrics & Gynaecology	57.2	57.5
	Ophthalmology	45.6	46.1
	Orthopaedics & Traumatology	55.1	54.8
	Paediatrics	53.5	54.8
	Pathology	42.6	N/A
	Psychiatry	45.1	N/A
	Radiology	45.0	N/A
	Surgery	54.2	54.8
	Total	**48.3**	**52.0**
NTEC	Accident & Emergency	43.2	N/A
	Anaesthesia	52.3	N/A
	Cardio-thoracic Surgery	66.1	65.3
	Family Medicine	41.9	N/A
	Intensive Care Unit	46.1	51.9
	Medicine	52.8	52.9
	Neurosurgery	73.1	75.9
	Obstetrics & Gynaecology	60.2	60.3
	Ophthalmology	54.3	54.4
	Orthopaedics & Traumatology	61.3	61.6
	Paediatrics	54.4	54.9
	Pathology	43.9	N/A
	Psychiatry	46.1	N/A
	Radiology	46.4	N/A
	Surgery	61.8	61.6
	Total	**52.4**	**57.0**
NTWC	Accident & Emergency	40.8	N/A
	Anaesthesia	52.0	N/A
	Family Medicine	41.9	N/A
	Intensive Care Unit	55.5	56.9
	Medicine	47.0	46.7
	Neurosurgery	56.4	56.6
	Obstetrics & Gynaecology	48.7	49.4
	Ophthalmology	51.3	49.6
	Orthopaedics & Traumatology	57.4	57.4
	Paediatrics	54.6	54.8
	Pathology	42.2	N/A

Cluster	Specialty	2015-16	2016-17
	Psychiatry	44.3	N/A
	Radiology	47.8	N/A
	Surgery	52.6	53.1
	Total	**48.4**	**51.2**

Note:
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.

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4233)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information on general outpatient (GOP) services in the past 3 years:

a. the utilisation rates of services, numbers of attendances, daily consultation quotas and daily consultation quotas per doctor in GOP clinics of each hospital cluster;

b. the numbers 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

c. whether funding has been set aside in the 2018-19 Estimates for improving the telephone appointment system. If yes, what are the details? If no, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 153)

Reply:

(a)

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:

2015-16	**2016-17**	**2017-18 (Revised Estimate)**
5 984 576	6 120 999	5 988 000

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, with the majority of the doctors working in GOPCs.

The table below sets out the number of doctors of Family Medicine Specialty in the past 3 years:

2015-16 (as at 31 March 2016)	**2016-17 (as at 31 March 2017)**	**2017-18 (as at 31 December 2017)**
579	583	602

Note
Manpower on full-time equivalent basis including permanent, contract and temporary staff but excluding Interns.

(b)

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 hours of 44 hours. In 2017-18, the overall manpower shortfall of doctors in HA is around 300.

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:

Year of Service	**2015-16 (as at 31 March 2016)**	**2016-17 (as at 31 March 2017)**	**2017-18 (as at 31 December 2017)**
<1 Year	12	10	27
1 - <6 Years	186	172	175
6 - <11 Years	104	110	121
11 - <16 Years	230	218	194
16 - <21 Years	50	63	79
21 - <26 Years	28	34	32
26 Years or above	1	1	5
Overall	**611**	**608**	**633**

Note
1. Manpower on headcount basis including permanent, contract and temporary staff but excluding Interns.
2. Figures on years of service are captured on 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:

2015-16	2016-17	2017-18 (Rolling 12 months from 1 January to 31 December 2017)
4.1%	5.5%	5.8%

Note

1. Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.
2. Since April 2013, attrition (wastage) for the HA full-time and part-time workforce has been separately monitored and presented i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.
3. Rolling Attrition (Wastage) Rate = (Total number of staff left HA in the past 12 months /Average strength in the past 12 months) x 100%

(c)

Patients under the care of GOPCs are mainly 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 five clusters (namely Kowloon Central Cluster, Kowloon East Cluster, Kowloon West Cluster, New Territories East Cluster and New Territories West Cluster) by 55 000 attendances in 2018-19.

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 TAS, 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 so inform the caller 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 700 lines. In 2018, 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 -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4235)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the accident and emergency (A&E) services, please provide the following information for the past 3 years:

a. the utilization rate, number of attendances, average number of daily attendances, number of patients of different triage categories and their average and longest waiting time in each A&E department;

b. the number of A&E attendances at different timeslots, and if such information is available, please set out the service capacity at various timeslots in each A&E department;

c. the number of attendances of patients under 6, between 6 and 18, between 18 and 65 and over 65 and their number as a percentage of the total attendances;

d. the number of A&E doctors in each hospital under the Hospital Authority, their length of service, vacancy rate, wastage rate, average weekly working hours, the longest working hours and the longest continuous working hours.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 155)

Reply:

(a)

The tables below set out the number of attendances in various triage categories in each Accident and Emergency (A&E) department of the Hospital Authority (HA) from 2015-16 to 2017-18 (up to 31 December 2017).

2015-16

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	1 662	2 343	39 119	86 955	7 515
	RH	695	1 403	14 115	53 894	6 526
	SJH	30	47	1 624	7 225	790
HKWC	QMH	905	2 915	38 087	78 814	4 455
KCC	QEH	3 928	4 936	96 158	73 400	5 355
KEC	TKOH	512	1 018	34 165	88 828	7 231
	UCH	2 396	4 991	64 161	89 642	12 576
KWC	CMC	1 550	1 634	32 868	78 976	15 533
	KWH	1 346	2 340	54 924	63 162	4 037
	NLTH	194	609	15 829	70 103	3 778
	PMH	1 195	2 525	60 517	59 707	6 843
	YCH	931	2 524	40 140	82 092	3 259
NTEC	AHNH	401	1 176	23 185	104 954	7 329
	NDH	826	1 619	39 671	60 333	5 014
	PWH	1 608	5 880	37 928	92 355	1 322
NTWC	POH	589	2 387	32 532	73 910	12 640
	TMH	1 062	5 493	69 091	124 207	14 910
Overall HA		**19 830**	**43 840**	**694 114**	**1 288 557**	**119 113**

2016-17

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	1 567	2 766	40 182	83 576	5 982
	RH	828	1 664	15 234	52 083	6 028
	SJH	42	91	2 422	6 500	224
HKWC	QMH	892	3 036	40 301	77 953	4 459
KCC	QEH	3 637	4 767	97 756	72 821	4 882
KEC	TKOH	747	1 885	43 528	77 404	4 856
	UCH	2 460	5 396	68 570	89 596	12 466
KWC	CMC	1 527	1 680	33 840	80 139	14 671
	KWH	1 548	2 837	55 200	60 787	4 490
	NLTH	194	611	15 819	73 165	2 981
	PMH	1 172	2 903	61 171	59 252	5 995
	YCH	980	2 510	37 632	82 682	4 450
NTEC	AHNH	365	1 104	22 579	103 057	6 917
	NDH	780	1 667	40 563	58 766	4 199
	PWH	1 677	6 015	41 952	92 962	885
NTWC	POH	629	2 588	33 461	72 007	10 366
	TMH	1 159	5 952	72 048	120 744	13 276
	TSWH[Note 1]	6	19	473	1 874	518
Overall HA		**20 210**	**47 491**	**722 731**	**1 265 368**	**107 645**

2017-18 (up to 31 December 2017) [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	1 252	2 239	30 843	58 254	3 814
	RH	654	1 193	11 825	36 204	3 824
	SJH	34	59	1 763	4 814	167
HKWC	QMH	703	2 454	30 964	55 616	2 683
KCC	KWH	1 316	2 152	43 040	44 109	2 653
	QEH	2 730	3 690	73 583	51 770	3 881
KEC	TKOH	725	1 737	36 466	47 898	1 540
	UCH	1 916	4 236	52 995	63 451	8 109
KWC	CMC	1 118	1 385	25 811	60 130	9 895
	NLTH	190	508	12 210	50 741	1 483
	PMH	882	2 267	47 211	41 028	3 650
	YCH	732	1 953	28 558	59 337	3 084
NTEC	AHNH	330	1 252	18 614	69 658	4 345
	NDH	599	1 296	31 928	42 156	2 634
	PWH	1 167	4 459	33 070	69 053	541
NTWC	POH	462	2 214	23 943	51 898	6 034
	TMH	766	4 599	51 553	76 721	7 262
	TSWH[Note 1]	70	399	7 420	32 294	7 588
Overall HA		**15 646**	**38 092**	**561 797**	**915 132**	**73 187**

The table below sets out the average daily number of attendances in each A&E department in 2015-16, 2016-17 and 2017-18 (up to 31 December 2017).

Cluster	Hospital	Average of the daily number of A&E attendances		
		2015-16	2016-17	2017-18 (up to 31 December 2017) [Provisional figures]
HKEC	PYNEH	394	385	366
	RH	213	213	201
	SJH	27	25	25
HKWC	QMH	351	355	345
KCC	KWH[Note 6]	N/A	N/A	364
	QEH	534	533	520
KEC	TKOH	376	367	331
	UCH	488	501	488
KWC	CMC	366	371	366
	KWH[Note 6]	366	365	N/A
	NLTH	254	260	243
	PMH	368	369	356
	YCH	365	364	353
NTEC	AHNH	376	368	344
	NDH	295	292	288
	PWH	382	395	396
NTWC	POH	347	339	321
	TMH	608	602	529
	TSWH[Note 1]	N/A	172	178
Overall HA		**6 111**	**6 115**	**6 013**

The tables below set out the average waiting time for A&E services in various triage categories in each A&E department from 2015-16 to 2017-18 (up to 31 December 2017).

2015-16

Cluster	Hospital	Average waiting time (minutes) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	0	6	16	119	156
	RH	0	6	17	77	134
	SJH	0	8	14	23	28
HKWC	QMH	0	8	24	104	165
KCC	QEH	0	7	30	144	183
KEC	TKOH	0	6	15	81	89
	UCH	0	8	24	147	217
KWC	CMC	0	8	20	64	63
	KWH	0	6	35	187	213
	NLTH	0	8	14	28	44
	PMH	0	8	19	97	138
	YCH	0	4	20	136	164
NTEC	AHNH	0	5	12	29	32
	NDH	0	7	22	98	137
	PWH	0	12	43	184	178
NTWC	POH	0	5	22	113	125
	TMH	0	5	28	135	151
Overall HA		**0**	**7**	**24**	**108**	**129**

2016-17

Cluster	Hospital	Average waiting time (minutes) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	0	6	16	111	142
	RH	0	6	17	82	138
	SJH	0	8	14	26	32
HKWC	QMH	0	8	24	101	174
KCC	QEH	0	7	29	142	180
KEC	TKOH	0	7	17	112	119
	UCH	0	8	23	131	197
KWC	CMC	0	8	20	56	53
	KWH	0	6	30	116	127
	NLTH	0	8	15	32	52
	PMH	0	8	19	93	132
	YCH	0	5	17	113	143
NTEC	AHNH	0	4	14	36	39
	NDH	0	6	23	104	145
	PWH	0	12	46	177	180
NTWC	POH	0	5	23	114	126
	TMH	0	6	30	133	154
	TSWH[Note 1]	0	6	17	45	67
Overall HA		**0**	**8**	**24**	**103**	**126**

2017-18 (up to 31 December 2017) [Provisional figures]

Cluster	Hospital	Average waiting time (minutes) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	0	6	15	107	134
	RH	0	7	18	83	138
	SJH	0	7	14	25	30
HKWC	QMH	0	10	27	105	170
KCC	KWH	0	7	38	134	141
	QEH	0	8	33	167	203
KEC	TKOH	0	8	24	145	153
	UCH	0	9	27	168	228
KWC	CMC	0	8	22	59	55
	NLTH	0	8	14	29	46
	PMH	0	8	19	100	135
	YCH	0	5	17	122	154
NTEC	AHNH	0	6	16	52	56
	NDH	0	7	24	106	149
	PWH	0	11	40	209	193
NTWC	POH	0	5	19	101	104
	TMH	0	7	26	169	182
	TSWH[Note 1]	0	5	14	51	59
Overall HA		**0**	**8**	**26**	**114**	**127**

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

(b)

The tables below set out the number of attendances at various timeslots in each A&E Department from 2015-16 to 2017-18 (up to 31 December 2017).

2015-16

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	18 218	58 811	39 816	4 803	12 326	10 230
	RH	7 815	31 731	22 498	2 207	8 074	5 591
	SJH	1 034	2 578	3 420	334	1 243	1 108
HKWC	QMH	15 270	51 918	36 818	4 454	11 101	8 942
KCC	QEH	22 118	82 418	55 264	6 266	16 233	13 285
KEC	TKOH	16 486	56 018	39 177	4 436	11 754	9 783
	UCH	24 787	69 716	50 296	6 437	14 915	12 430
KWC	CMC	15 804	51 785	40 145	4 215	11 911	10 087
	KWH	15 710	56 568	37 493	4 311	10 988	8 944
	NLTH	7 665	34 997	31 261	2 096	8 962	7 888
	PMH	16 980	55 013	37 882	4 502	11 247	9 233
	YCH	17 286	54 549	35 854	4 675	12 291	9 077
NTEC	AHNH	16 036	54 250	40 242	4 324	12 204	10 433
	NDH	14 849	41 601	30 452	3 879	9 461	7 908
	PWH	17 740	58 050	38 350	4 595	12 072	9 168
NTWC	POH	15 600	52 541	34 561	4 271	11 161	8 767
	TMH	29 886	90 470	60 762	7 714	18 918	14 613
Overall HA		**273 284**	**903 014**	**634 291**	**73 519**	**194 861**	**157 487**

2016-17

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	17 838	58 670	39 791	4 258	10 823	9 140
	RH	7 963	32 837	22 566	2 062	7 252	4 986
	SJH	1 005	2 628	3 256	289	1 123	978
HKWC	QMH	15 889	53 262	37 815	4 101	10 215	8 392
KCC	QEH	22 743	82 929	56 586	5 794	14 880	11 716
KEC	TKOH	16 640	55 466	38 691	3 947	10 640	8 483
	UCH	25 908	72 378	53 406	6 085	13 613	11 572
KWC	CMC	16 313	53 250	41 571	3 835	10 620	9 701
	KWH	15 900	56 755	38 379	3 905	10 060	8 291
	NLTH	8 313	36 220	32 866	2 020	8 178	7 425
	PMH	17 079	55 999	39 058	4 089	10 212	8 267
	YCH	17 248	55 263	36 910	4 166	11 089	8 253
NTEC	AHNH	16 108	54 429	39 928	3 778	11 036	9 198
	NDH	14 846	42 013	30 840	3 466	8 339	7 102
	PWH	18 644	60 825	40 436	4 375	11 407	8 662
NTWC	POH	15 992	52 192	34 352	3 940	9 743	7 679
	TMH	30 151	90 485	62 053	7 115	16 644	13 390
	TSWH[Note 1]	2	2 659	9	0	262	0
Overall HA		**278 582**	**918 260**	**648 513**	**67 225**	**176 136**	**143 235**

2017-18 (up to 31 December 2017) [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	12 656	41 493	28 293	3 294	8 296	6 747
	RH	5 408	23 132	15 924	1 566	5 522	3 845
	SJH	798	1 987	2 272	233	871	676
HKWC	QMH	11 402	38 289	27 461	3 256	7 972	6 439
KCC	KWH	11 824	42 211	28 535	3 007	7 980	6 502
	QEH	16 012	59 811	41 777	4 342	11 423	9 524
KEC	TKOH	10 949	37 717	25 681	2 819	7 707	6 201
	UCH	18 463	52 189	38 228	4 899	10 984	9 305
KWC	CMC	12 069	38 953	30 422	3 141	8 561	7 444
	NLTH	6 020	25 191	22 263	1 593	6 249	5 496
	PMH	12 283	40 208	27 908	3 175	7 901	6 513
	YCH	12 384	40 000	26 509	3 360	8 537	6 369
NTEC	AHNH	11 410	37 500	27 636	2 887	8 248	6 889
	NDH	10 753	30 966	22 547	2 778	6 562	5 580
	PWH	13 799	44 809	30 638	3 485	9 108	6 997
NTWC	POH	11 547	34 990	25 377	2 951	7 006	6 305
	TMH	20 730	55 056	43 158	5 167	11 131	10 129
	TSWH[Note 1]	0	40 065	106	0	8 852	14
Overall HA		**198 507**	**684 567**	**464 735**	**51 953**	**142 910**	**110 975**

(c)

The table below sets out the number of A&E attendances by age group from 2015-16 to 2017-18 (up to 31 December 2017).

Age group#	**2015-16**	**2016-17**	**2017-18 (up to 31 December 2017) [Provisional figures]**
Age below 6	181 127	179 763	128 490
Age 6 – 17	149 897	151 597	105 731
Age 18 – 64	1 270 215	1 254 651	917 903
Age 65 and above	634 707	645 368	501 059

Age as at 30 June of the reporting year.

(d)

The table below sets out the manpower of A&E doctors by cluster in past three years.

A&E Specialty		**Number of Doctors** Note 2		
Cluster	**Hospital**	**2015-16** (as at 31 March 2016)	**2016-17** (as at 31 March 2017)	**2017-18** (as at 31 December 2017)
HKEC	PYNEH	32	33	34
	RH	18	19	20
	SJH	5	5	4
HKWC	QMH	26	30	29
KCC	KWH Note 6	N/A	N/A	28
	QEH	48	46	49
KEC	TKOH	26	23	25
	UCH	38	41	41
KWC	CMC	25	27	28
	KWH Note 6	28	25	N/A
	NLTH	23	23	21
	PMH	30	31	34
	YCH	29	29	30
NTEC	AHNH	24	24	22
	NDH	20	17	21
	PWH	26	28	26
NTWC	POH	24	22	21
	TMH	41	42	40
	TSWH Note 1	0	13	16

The year of services of A&E doctors is not readily available.

The total manpower shortfall of doctors in 2017-18 in HA is around 300.

The table below sets out the attrition (wastage) rate of full-time A&E doctors by cluster in the past three years.

Full-time Attrition (Wastage) Note 3,4,5 Rate				
Cluster	**Hospital**	**2015-16**	**2016-17**	**2017-18 (Rolling 12 months Jan 17 - Dec 17)**
HKEC	PYNEH	2.9%	5.4%	7.9%
	RH	-	6.2%	5.5%
	SJH	-	20.3%	-
HKWC	QMH	16.1%	-	3.6%
KCC	KWH Note 6	N/A	N/A	-
	QEH	4.6%	4.4%	-
KEC	TKOH	4.6%	16.6%	25.5%
	UCH	7.9%	2.5%	7.3%
KWC	CMC	4.1%	7.8%	11.5%
	KWH Note 6	-	8.1%	N/A
	NLTH	-	4.3%	13.5%
	PMH	3.4%	3.4%	-
	YCH	3.6%	3.5%	3.3%
NTEC	AHNH	-	4.3%	4.4%
	NDH	-	5.1%	5.1%
	PWH	-	-	3.9%
NTWC	POH	-	-	-
	TMH	7.4%	2.1%	7.1%
	TSWH Note 1	-	-	-

Doctors in A&E departments are generally rostered to work on shift with an average weekly working hour of 44 hours.

Notes:

1) TSWH has commenced A&E services since March 2017 by phases, initially with eight-hour A&E services daily from 0800hrs – 1600hrs.

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

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

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

5) Rolling Attrition (Wastage) Rate = Total no. of staff left HA in the past 12 months /Average strength in the past 12 months x 100%

6) Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned

communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable. For attrition information in 2017-18, only nine-month data for KCC and KWC under the new clustering arrangement (i.e. 1 April 2017 to 31 December 2017) are available and therefore should not be used to compare with any past statistics which are based on 12-month rolling data.

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
KWH – Kwong Wah Hospital
QEH – Queen Elizabeth Hospital
TKOH – Tseung Kwan O Hospital
UCH – United Christian Hospital
CMC – Caritas Medical Centre
NLTH – North Lantau Hospital
PMH – Princess Margaret Hospital
YCH – Yan Chai Hospital
AHNH – Alice Ho Miu Ling Nethersole Hospital
NDH – North District Hospital
PWH – Prince of Wales Hospital
POH – Pok Oi Hospital
TMH – Tuen Mun Hospital
TSWH – Tin Shui Wai Hospital

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)358

CONTROLLING OFFICER'S REPLY

(Question Serial No.4236)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding Walk-in Clinic services, will the Government advise on:

a. the number of different categories of patients triaged for Walk-in Clinic services, the waiting time and the longest waiting time in the past 3 years; and

b. whether the Government has any plan to set up more Walk-in Clinics. If yes, what are the details of the plan? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 156)

Reply:

The Walk-in Clinic is a designated waiting area in the Accident & Emergency (A&E) department of QEH for mainly Triage 4 (semi-urgent) and 5 (non-urgent) patients. Other A&E departments of the Hospital Authority (HA) have similar arrangement to allocate designated waiting area for these patients.

The tables below set out the number of attendances for Triage 4 and 5 in each A&E department of HA from 2015-16 to 2017-18 (up to 31 December 2017).

2015-16

Cluster	Hospital	Number of A&E attendances	
		Triage 4 (Semi-urgent)	**Triage 5 (Non-urgent)**
HKEC	PYNEH	86 955	7 515
	RH	53 894	6 526
	SJH	7 225	790
HKWC	QMH	78 814	4 455
KCC	QEH	73 400	5 355
KEC	TKOH	88 828	7 231
	UCH	89 642	12 576
KWC	CMC	78 976	15 533
	KWH	63 162	4 037
	NLTH	70 103	3 778
	PMH	59 707	6 843
	YCH	82 092	3 259
NTEC	AHNH	104 954	7 329
	NDH	60 333	5 014
	PWH	92 355	1 322
NTWC	POH	73 910	12 640
	TMH	124 207	14 910
Overall HA		**1 288 557**	**119 113**

2016-17

Cluster	Hospital	Number of A&E attendances	
		Triage 4 (Semi-urgent)	**Triage 5 (Non-urgent)**
HKEC	PYNEH	83 576	5 982
	RH	52 083	6 028
	SJH	6 500	224
HKWC	QMH	77 953	4 459
KCC	QEH	72 821	4 882
KEC	TKOH	77 404	4 856
	UCH	89 596	12 466
KWC	CMC	80 139	14 671
	KWH	60 787	4 490
	NLTH	73 165	2 981
	PMH	59 252	5 995
	YCH	82 682	4 450
NTEC	AHNH	103 057	6 917
	NDH	58 766	4 199
	PWH	92 962	885
NTWC	POH	72 007	10 366
	TMH	120 744	13 276
	TSWH^	1 874	518
Overall HA		**1 265 368**	**107 645**

2017-18 (up to 31 December 2017) [Provisional figures]

Cluster	Hospital	Number of A&E attendances	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	58 254	3 814
	RH	36 204	3 824
	SJH	4 814	167
HKWC	QMH	55 616	2 683
KCC	KWH	44 109	2 653
	QEH	51 770	3 881
KEC	TKOH	47 898	1 540
	UCH	63 451	8 109
KWC	CMC	60 130	9 895
	NLTH	50 741	1 483
	PMH	41 028	3 650
	YCH	59 337	3 084
NTEC	AHNH	69 658	4 345
	NDH	42 156	2 634
	PWH	69 053	541
NTWC	POH	51 898	6 034
	TMH	76 721	7 262
	TSWH^	32 294	7 588
Overall HA		**915 132**	**73 187**

The tables below set out the average waiting time for A&E services for Triage 4 and 5 in each A&E department of HA from 2015-16 to 2017-18 (up to 31 December 2017).

2015-16

Cluster	Hospital	Average waiting time (minutes) for A&E services	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	119	156
	RH	77	134
	SJH	23	28
HKWC	QMH	104	165
KCC	QEH	144	183
KEC	TKOH	81	89
	UCH	147	217
KWC	CMC	64	63
	KWH	187	213
	NLTH	28	44
	PMH	97	138
	YCH	136	164
NTEC	AHNH	29	32
	NDH	98	137
	PWH	184	178
NTWC	POH	113	125
	TMH	135	151
Overall HA		**108**	**129**

2016-17

Cluster	Hospital	Average waiting time (minutes) for A&E services	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	111	142
	RH	82	138
	SJH	26	32
HKWC	QMH	101	174
KCC	QEH	142	180
KEC	TKOH	112	119
	UCH	131	197
KWC	CMC	56	53
	KWH	116	127
	NLTH	32	52
	PMH	93	132
	YCH	113	143
NTEC	AHNH	36	39
	NDH	104	145
	PWH	177	180
NTWC	POH	114	126
	TMH	133	154
	TSWH^	45	67
Overall HA		**103**	**126**

2017-18 (up to 31 December 2017) [Provisional figures]

Cluster	Hospital	Average waiting time (minutes) for A&E services	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	107	134
	RH	83	138
	SJH	25	30
HKWC	QMH	105	170
KCC	KWH	134	141
	QEH	167	203
KEC	TKOH	145	153
	UCH	168	228
KWC	CMC	59	55
	NLTH	29	46
	PMH	100	135
	YCH	122	154
NTEC	AHNH	52	56
	NDH	106	149
	PWH	209	193
NTWC	POH	101	104
	TMH	169	182
	TSWH^	51	59
Overall HA		**114**	**127**

The figure of longest waiting time at each A&E department is not readily available.

Note:

^TSWH has commenced its A&E services since March 2017.

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on/after 1 April 2017 are therefore not directly comparable.

(b)

HA has introduced the following measures to improve its A&E services:

(i) Implementing A&E Support Session Programme to recruit additional medical and nursing staff to manage semi-urgent and non-urgent cases;

(ii) Strengthening manpower of medical, nursing and supporting staff through the following:

- provision of extra financial incentives for doctors, such as introducing special honorarium scheme, enhancing fixed-rated honorarium and providing leave encashment;
- provision of short-term employment of retired nursing staff, undergraduate nurses and other healthcare workers;
- strengthening of phlebotomist services and clerical supports; and
- deployment of additional staff to streamline patient flow and perform crowd control during prolonged waiting;

(iii) Setting up additional observation areas to alleviate the congestion of A&E departments; and

(iv) Stepping up publicity to the public to avoid using A&E services in non-emergency situations.

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
TSWH – Tin Shui Wai Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4237)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the quality of drugs provided to patients with psychosis and dementia, please advise on:

a. the details of such services, including the manpower and resources 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 number 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: Hon KWOK Ka-ki (Member Question No. (LegCo use): 157)

Reply:

(a)

The Hospital Authority (HA) has earmarked additional resources of around $148.1 million in 2018-19 to enhance its psychiatric services, including the psychiatric services for patients with severe mental illness and dementia. Details of the enhancement of psychiatric services for patients with severe mental illness and dementia are as below –

i. enhancing the community psychiatric services to support patients with severe mental illness by recruiting 20 additional case managers in HKEC, KCC, KWC and NTWC and 5 additional peer support workers in KEC, KWC, NTEC and NTWC respectively;

ii. opening 40 gazetted psychiatric beds in Kowloon Hospital to support the demand in KCC and KEC and enhancing the psychiatric community services. It is estimated that 3 doctors, 23 psychiatric nurses, 3 allied health professionals (including clinical

psychologist, physiotherapist, occupational therapist and dispenser) and 30 supporting staff will be recruited; and

iii. regularising and expanding the Dementia Community Support Scheme, under which community support services were provided to elderly persons with mild or moderate dementia under the "medical-social collaboration" model, to all 41 district elderly community centres in the catchment areas of all HA clusters. It is estimated that 21.5 nurses and 11 supporting staff will be recruited.

Over the years, HA has taken steps to increase the use of new psychiatric drugs which have proven effectiveness and safety profile, including antipsychotic drugs, antidepressant drugs, and drugs for dementia and attention deficit/hyperactivity disorder. In 2014-15, HA has repositioned the new generation oral antipsychotic drugs (save for Clozapine due to its more complicated side effects) from Special to General drug category in its Drug Formulary so that all these drugs could be prescribed as first-line drugs.

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 treat in HA and the number of dementia patients who are new to HA in 2014, 2015 and 2016 –

	2014	**2015**	**2016**
Number of dementia patients treated in HA	61 700	64 500	67 300
Number of dementia patients who are new to HA	12 200	12 600	12 900

Note:

1. Figures are rounded to the nearest hundred.
2. HA has aligned the method to estimate the number of patients with dementia by using diagnosis coding, drug dispensing and/or laboratory results information, and therefore such figures may not be comparable to those released in the past due to difference in methodology and data scope.

The table below sets out the number of psychogeriatric specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in HA from 2015-16 to 2017-18 (up to 31 December 2017). The number of patients on the waiting list of the psychogeriatric SOP clinics is not available.

	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)**
2015-16	593	<1	1 626	3	4 540	27
2016-17	511	<1	1 800	4	4 721	29
2017-18 (up to 31 December 2017) [provisional figures]	344	1	1 287	4	3 795	36

(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 HA from 2015-16 to 2017-18 (projection as of 31 December 2017) –

	2015-16	**2016-17**	**2017-18 (projection as of 31 December 2017)**
Number of psychiatric patients received psychiatric day hospital services	8 140	8 310	9 260
Number of psychiatric patients received adult community psychiatric services	32 760	33 270	33 160

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.

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 2018-19 Reply Serial No.

FHB(H)360

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4238)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the 10 most common surgeries performed in the specialties of all hospitals in each cluster of the Hospital Authority in the past 3 years, 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: Hon KWOK Ka-ki (Member Question No. (LegCo use): 158)

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 2015-16	No. of Cases Performed in 2016-17	No. of Cases Performed in 2017-18 (up to 31 December 2017)	Surgical Operation Category
Herniorrhaphy	1 to 22	4 199	4 189	3 140	Intermediate I to Major II
Cholecystectomy	2 to 22	3 298	3 232	2 717	Major: I & II
Total Joint Replacement	32 to 114	3 461	3 910	2 755	Ultra-major: I & II
Transurethral Resection of Prostate	1 to 13	2 465	2 562	1 840	Major I
Myomectomy	6 to 24	2 074	2 262	1 739	Minor II to Major I
Total Abdominal Hysterectomy +/- Bilateral Salpingectomy	6 to 24	1 550	1 523	1 252	Major II
Thyroidectomy	1 to 25	916	939	691	Major: I, II & III
Haemorrhoidectomy	2 to 30	1 006	1 072	889	Intermediate I
Anterior Cruciate Ligament Reconstruction	3 to 10	788	738	558	Major II
Tonsillectomy	1 to 13	736	732	607	Intermediate: I & II

Note:

1. The waiting time for common elective surgeries is the estimated waiting time collected manually. Fixed operation appointment date for calculation of prospective waiting time for elective surgeries is not available.
2. The waiting time for total joint replacement surgeries is the estimated average (notional) waiting time.

The costs of 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 (effective from 18 June 2017) for private services (which are set on the higher of cost or market price) are set out below as a reference for the corresponding cost. Charges for procedures performed in an operating theatre and / or under general anaesthesia are categorised into 10 groups ranging from Minor I to Ultra-major III:

- Minor I $6,070 - $12,750
- Minor II $12,750 - $19,350
- Intermediate I $19,350 - $30,450
- Intermediate II $30,450 - $37,800
- Major I $37,800 - $48,850
- Major II $48,850 - $59,950

- Major III $59,950 - $72,050
- Ultra-major I $72,050 - $88,300
- Ultra-major II $88,300- $110,600
- Ultra-major III $110,600 - $471,700

It should be noted that variations within the respective range of charges would be subject to complexity of the disease treated and the exact nature and scope of treatment to be offered.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4239)

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) (Ms Elizabeth Tse)

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 surgical 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: Hon KWOK Ka-ki (Member Question No. (LegCo use): 159)

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 2015-16**	**No. of Cases Performed in 2016-17**	**No. of Cases Performed in 2017-18 (up to 31 December 2017)**
Herniorrhaphy	4 199	4 189	3 140
Cholecystectomy	3 298	3 232	2 717
Total Joint Replacement	3 461	3 910	2 755
Transurethral Resection of Prostate	2 465	2 562	1 840
Myomectomy	2 074	2 262	1 739
Total Abdominal Hysterectomy +/- Bilateral Salpingectomy	1 550	1 523	1 252

Procedure	**No. of Cases Performed in 2015-16**	**No. of Cases Performed in 2016-17**	**No. of Cases Performed in 2017-18 (up to 31 December 2017)**
Thyroidectomy	916	939	691
Haemorrhoidectomy	1 006	1 072	889
Anterior Cruciate Ligament Reconstruction	788	738	558
Tonsillectomy	736	732	607

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. 4240)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding drug treatment services, would the Government advise on the following:

a. What were the numbers of clients who sought assistance from and successfully treated in various centres under the Hospital Authority respectively in the past 3 years, with a breakdown by type of drugs involved?

b. What were the staff establishment of each centre and the expenditure involved in the past 3 years?

c. Are there any additional drug treatment-related services included in the 2018-19 Estimates? If yes, what are the details and the expenditure involved? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 160)

Reply:

The table below sets out the number of patients treated in the substance abuse clinics (SACs) in each hospital cluster in the Hospital Authority (HA) from 2015-16 to 2017-18 (projection as of 31 December 2017) (breakdown by the types of drugs involved is not available) –

Cluster	**2015-16**	**2016-17**	**2017-18 (projection as of 31 December 2017)**
HKEC	370	400	420
HKWC	400	410	410
KCC	310	320	320
KEC	370	400	430

Cluster	2015-16	2016-17	2017-18 (projection as of 31 December 2017)
KWC	960	910	840
NTEC	890	910	910
NTWC	1 000	1 080	1 120
Overall	**4 240**	**4 360**	**4 380**

Note:
1. Figures are rounded to the nearest ten.
2. Individual figures may not add up to overall since patients can be treated in more than one cluster.
3. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the Kowloon West Cluster (KWC) to Kowloon Central Cluster (KCC) with effect from 1 December 2016. Reports on services / manpower statistics and financial information were continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement started from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 were therefore not directly comparable.

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 manpower and expenditure for supporting SACs cannot be separately quantified.

HA will further enhance its psychiatric services for patients with mental illness in 2018-19 such as strengthening the psychiatric specialist outpatient services in NTEC and NTWC, and further enhancing the community psychiatric services. No additional designated funding has been earmarked for substance abuse services only.

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. 4241)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

As regards health services for the elderly, would the Government provide the following information of all the clusters under the Hospital Authority:

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: Hon KWOK Ka-ki (Member Question No. (LegCo use): 161)

Reply:

Community nurses (CNs) of the Hospital Authority (HA) serve clients of all ages including geriatrics in the community. In 2017-18 (up to 31 December 2017), around 655 000 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 2015-16, 2016-17 and 2017-18 (as at 31 December 2017).

Cluster	No. of CN[(1)]	Elderly population[(2)]	No. of CN to 1 000 elderly population[(3)] ratio	Catchment Districts
2015-16 (as at 31 March 2016)				
HKEC	53	140 500	0.38	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	28	86 600	0.32	Central & Western, Southern
KCC	38	94 100	0.40	Kowloon City, Yau Tsim
KEC	95	164 500	0.58	Kwun Tong, Sai Kung
KWC[(4)]	145	328 000	0.44	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	61	170 900	0.36	Sha Tin, Tai Po, North
NTWC	56	129 900	0.43	Tuen Mun, Yuen Long
TOTAL	**477**	**1 114 600**	**0.43**	
2016-17 (as at 31 March 2017)				
HKEC	57	128 700	0.44	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	29	84 500	0.35	Central & Western, Southern
KCC	38	85 200	0.45	Kowloon City, Yau Tsim
KEC	95	179 000	0.53	Kwun Tong, Sai Kung
KWC[(4)]	145	319 700	0.45	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	62	200 800	0.31	Sha Tin, Tai Po, North
NTWC	56	165 100	0.34	Tuen Mun, Yuen Long
TOTAL	**482**	**1 163 200**	**0.41**	
2017-18 (as at 31 December 2017) [Provisional figures]				
HKEC	58	153 400	0.38	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	29	94 800	0.31	Central & Western, Southern
KCC	92	220 000	0.42	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	100	177 600	0.56	Kwun Tong, Sai Kung
KWC[(4)]	89	234 400	0.38	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	63	194 400	0.33	Sha Tin, Tai Po, North
NTWC	56	148 600	0.38	Tuen Mun, Yuen Long
TOTAL	**486**	**1 223 400**	**0.40**	

At present, each CN attends to about 186 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 2015-16, 2016-17 and 2017-18 (up to 31 December 2017).

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)
2015-16				
HKEC	102 308	7 092	14.4	21.8
HKWC	54 379	3 546	15.3	18.6
KCC	72 247	3 271	22.1	27.0
KEC	160 894	11 333	14.2	22.6
KWC[(4)]	250 154	16 178	15.5	23.5
NTEC	119 044	6 938	17.2	18.6
NTWC	83 091	4 691	17.7	22.7
TOTAL	**842 117**	**53 049**	**15.9**	**22.3**
2016-17				
HKEC	97 291	7 512	13.0	22.7
HKWC	55 654	3 599	15.5	18.5
KCC	78 372	3 636	21.6	26.7
KEC	164 636	11 736	14.0	22.3
KWC[(4)]	252 123	16 920	14.9	23.9
NTEC	124 053	6 998	17.7	19.5
NTWC	81 301	4 972	16.4	23.1
TOTAL	**853 430**	**55 373**	**15.4**	**22.6**
2017-18 (up to 31 December 2017) [Provisional figures]				
HKEC	70 597	6 632	10.6	22.9
HKWC	41 770	3 162	13.2	18.0
KCC	130 430	8 480	15.4	23.2
KEC	125 510	9 973	12.6	22.2
KWC[(4)]	115 729	8 454	13.7	25.9
NTEC	92 125	5 798	15.9	19.5
NTWC	68 555	4 123	16.6	22.5
TOTAL	**644 716**	**46 622**	**13.8**	**22.5**

Note:

(1) The manpower figures of CN are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA, and are the position as at end March of respective years (except for 2017-18 in which case the position is as at 31 December 2017). Individual figures may not add up to the total due to rounding.

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

Elderly population refers to population aged 65 or above as at the mid-year for respective years.

(3) The CN to population ratios involve the use of the latest revised mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

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.

(4) Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the Kowloon West Cluster (KWC) to Kowloon Central Cluster (KCC) with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4242)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the support services provided by the Hospital Authority's Community Geriatric Assessment Teams (CGATs) for terminally ill patients living in residential care homes for the elderly (RCHEs), please advise on the following:

a. the establishment of CGAT of each hospital cluster, with a breakdown of the professional staff and healthcare staff;

b. the number of visits by CGATs to RCHEs (including private and subsidised RCHEs), the number of attendances by elderly persons who received such outreach services, as well as the total annual expenditure and unit cost of these services for each of the past 5 years;

c. details of support services provided for terminally ill patients in RCHEs and the resources involved.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 163)

Reply:

(a)

The Community Geriatric Assessment Teams (CGATs) of the Hospital Authority (HA) provide comprehensive multi-disciplinary care to residents of Residential Care Homes for the Elderly (RCHEs) through regular visits. The primary target group is frail residents with complex health problems and poor functional and mobility status. The services provided include medical consultations, nursing assessments and treatments, as well as community rehabilitation services by allied health professionals.

CGAT staff are members of the hospital's medical team coming from sub-specialty of Geriatrics under the specialty of Medicine. Apart from providing outreach support to RCHEs, they also provide inpatient services in medical wards. HA does not have specific breakdown on the deployment of the CGAT manpower for outreach services to RCHEs.

(b)

The table below sets out the number of CGAT attendances for elderly patients living in RCHEs (including subsidised and private RCHEs) in the past five years.

2013-14	**2014-15**	**2015-16**	**2016-17**	**2017-18 (Revised Estimate)**
633 416	642 176	637 777	661 988	673 300

The table below sets out the total service cost and average cost per attendance of CGAT services provided by HA in the past five years.

Year	**Total service cost ($ million)**	**Average cost per attendance ($)**
2013-14	267	420
2014-15	286	445
2015-16	315	495
2016-17	338	510
2017-18 (Revised Estimate)	365	540

The CGAT service costs include direct staff costs (such as doctors and nurses) for providing services to patients; expenditure incurred for clinical support services (such as pharmacy); and other operating costs (such as travelling expenses). The average cost per attendance represents an average computed with reference to the total CGAT service costs and the corresponding activities (in terms of attendances) provided.

(c)

HA has been strengthening CGAT service in phases since 2015-16 in enhancing end-of-life care for elderly patients living in RCHEs. HA has deployed additional resources of around $16.5 million on the enhancement. CGATs are working in partnership with the Palliative Care teams and RCHEs to improve medical and nursing care for elderly patients living in RCHEs facing terminal illness, and to provide training for RCHE staff.

HA will regularly review the demand for various medical services, including support for elderly patients facing terminal illness, plan for the development of its services having regard to such factors as population growth and changes, advancement of medical technology and healthcare manpower, and collaborate with community partners to better meet the needs of patients.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)365

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4243)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Hong Kong Children's Hospital, will the Government advise on the number of staff (doctors, nurses and allied health professionals) the hospital currently recruits, the number of beds to be provided and the departments to be run upon service commencement and how the services offered deviate from the original service capacity?

Asked by: Hon KWOK Ka-ki (Member Question No.: 164)

Reply:

The Hong Kong Children's Hospital (HKCH) will commence service by phases, with the first phase from the fourth quarter of 2018 to the second quarter of 2019 beginning with specialist outpatient service, followed by the gradual opening of inpatient service. The phased approach is to ensure patient safety, service quality and smoothness in operation.

HKCH has a planned capacity of 468 inpatient and day beds. During the first phase of service commissioning, it is expected that about 230 inpatient and day beds will be provided at HKCH, and the following clinical services will gradually commence:

(a) oncology;
(b) cardiology and cardiac surgery;
(c) nephrology;
(d) paediatric surgery;
(e) anaesthesia;
(f) paediatric intensive care;
(g) neonatal intensive care;
(h) critical care transport;
(i) radiology;
(j) pathology;
(k) palliative care; and
(l) primary cleft and palate surgery.

Under the agreed hub-and-spoke model, HKCH and the regional hospitals will form a coordinated and coherent paediatric service network in the Hospital Authority, whereby some tertiary services (i.e. oncology, nephrology, cardiology and paediatric surgery) will be translocated from regional hospitals to HKCH. The healthcare teams to be translocated to HKCH are continuing to work in their original units, pending transfer alongside with the respective services. Separately, HKCH has started the advance recruitment of healthcare staff since 2015. They are now attached to various public hospitals for training to equip with the necessary skills and clinical experience to prepare for service commissioning.

The staff recruitment progress as of 31 December 2017 is as follows:

	To be translocated from other hospitals	**Through internal transfer or recruitment exercises**	**Total**
Medical	32	23	55
Nursing	108	110	218
Allied health	1	55	56

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4244)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In respect of meeting the growing demand arising from population growth and ageing, will the Government advise on the following:

a. What are the details of the measures undertaken by the Government, as well as the expenditure, manpower and ranks of the staff involved? If no, what are the reasons?

b. 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: Hon KWOK Ka-ki (Member Question No. (LegCo use): 165)
Reply:

a.

The overall recurrent subvention to the Hospital Authority (HA) in 2018-19 amounts to $61.5 billion, representing an increase of 10.7% over the 2017-18 revised estimate ($55.5 billion). With the additional financial provision of the Government, HA will implement new initiatives and enhance various types of services including the following key measures :

(a) increasing 574 public hospital beds;

(b) re-engaging healthcare professional retirees to provide service in various pressurised specialties for training and knowledge transfer, and recruiting non-locally trained doctors through limited registration subject to the approval by the Medical Council of Hong Kong to help alleviate manpower shortage;

(c) supporting healthcare training (including clinical practicum, specialty and higher training) and enhancing proficiency of healthcare professionals; and

(d) enhancing psychiatric services; palliative care services; services of nurse clinics in specialist outpatient services; pharmacy services, etc.

The number of medical, nursing and allied health staff in 2018-19 is expected to increase by, on a full-time equivalent basis, 230, 830 and 230 respectively when compared to 2017-18. HA will deploy existing staff and recruit additional staff to cope with the implementation of the initiatives. The detailed arrangement for manpower deployment is being worked out and is not yet available.

b.

HA has earmarked an additional provision of around $656.37 million in 2018-19 for implementing initiatives to better manage growing service demand and improve quality of medical services in New Territories West Cluster (NTWC). These measures include:

(a) opening 92 acute inpatient beds in NTWC, which comprise:

(i) 22 in Tuen Mun Hospital;

(ii) 38 in Pok Oi Hospital (POH); and

(iii) 32 in Tin Shui Wai Hospital (TSWH);

(b) extending the operating hour of Accident and Emergency service in TSWH to 24-hour in the fourth quarter of 2018;

(c) adding 10 magnetic resonance imaging sessions per week in POH;

(d) increasing quotas for general out-patient services by 16 500 attendances;

(e) providing 24-hour intra-venous thrombolysis service for acute ischaemic stroke patients through a cluster-based network;

(f) catering for around 5 860 patients under the General Outpatient Clinic Public-Private Partnership Programme; and

(g) extending rehabilitation services to cover weekends and public holidays for patients with lower limb fracture and arthroplasty in POH with the provision of 1 150 additional physiotherapy attendances.

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 is being worked out and is not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4245)

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) (Ms Elizabeth Tse)

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: Hon KWOK Ka-ki (Member Question No. (LegCo use): 166)

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 2015-16 to 2017-18 is as follows:

Financial Year	Attendance	
	Teaching Patients	Private Fee Paying Patients
2015-16	119 520	1 512
2016-17	100 768	1 512
2017-18 (as at 28 February 2018)	72 185	1 705

The Hospital does not have a breakdown of its subvention/expenditure/ manpower showing the amount for individual services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4246)

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) (Ms Elizabeth Tse)

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 in the next 5 and 10 years and the target ratios of dentist to population to be achieved respectively?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 167)

Reply:

(a) As at end December 2017, there were 2 287 dentists on the list of registered dentists resident in Hong Kong under the Dentists Registration Ordinance (Chapter 156). The ratio of resident dentist to population was 1: 3 240. According to the 2015 Health Manpower Survey on dentists conducted by the Department of Health, the distribution of those economically active dentists who were practising in different sectors is set out in the following table –

Sector of Work*	Government	Private	Others+
Percentage of Dentists	19.5%	74.0%	6.5%

Notes:

* Figures refer to the sector for the main job.

\+ Figure included Hospital Authority, subvented sector, academic sector and Prince Philip Dental Hospital.

(b) According to the manpower projections conducted under the Strategic Review of Healthcare Manpower Planning and Professional Development, the manpower of dentists will be in shortage in the medium to long term.

To meet the anticipated demand for dental manpower, the Government has increased the annual intake of University Grants Committee ("UGC")-funded training places in dentistry from 53 to 73 by 20 (about 40%) in the 2016/17-2018/19 triennium. The Government is discussing with UGC further increase for the 2019/20-2021/22 triennium.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4276)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide by cause of disease the number of Accident and Emergency attendances in various districts.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 197)

Reply:

The table below sets out the number of Accident & Emergency (A&E) attendances in each hospital cluster under the Hospital Authority (HA) in 2017-18 (up to 31 December 2017).

2017-18 (up to 31 December 2017) [Provisional figures]

Districts	**Corresponding Hospital Cluster**	**Number of A&E attendances**
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	163 013
Central & Western, Southern	HKWC	94 819
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	242 948
Kwun Tong, Sai Kung	KEC	225 142
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	362 549
Sha Tin, Tai Po, North	NTEC	282 592
Tuen Mun, Yuen Long	NTWC	282 584
Overall Hong Kong		**1 653 647**

HA does not assign codes to A&E patients by disease type. Hence, the number of A&E attendances by cause of disease is not available.

Note

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4277)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide by cause of disease the number of specialist outpatient attendances in various districts.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 198)

Reply:

The table below sets out the number of specialist outpatient (SOP) attendances by major specialty in each hospital cluster under the Hospital Authority (HA) in 2017-18 (up to 31 December 2017).

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 Mong, Wong Tai Sin
- KEC – Kwun Tong, Sai Kung
- KWC – Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
- NTEC – Sha Tin, Tai Po, North
- NTWC – Tuen Mun, Yuen Long

2017-18 (up to 31 December 2017) [Provisional figures]

Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
HKEC	34 079	17 179	222 681	14 828	98 829	46 017	12 130	63 789	67 712	626 206
HKWC	27 697	32 819	206 211	30 346	65 578	50 804	29 616	48 253	102 142	674 376
KCC	46 346	52 574	312 894	83 746	172 241	77 419	43 718	49 442	139 484	1 102 602
KEC	27 177	32 328	173 068	25 968	101 232	64 452	30 334	82 116	92 511	663 081
KWC	44 424	22 227	333 461	17 958	133 164	79 624	31 866	178 642	110 677	1 008 921
NTEC	44 821	32 042	260 795	37 061	142 136	88 487	32 017	106 424	88 258	922 245

Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
NTWC	35 436	25 607	203 852	34 056	133 004	67 529	23 462	120 482	84 169	787 827
HA Overall	**259 980**	**214 776**	**1 712 962**	**243 963**	**846 184**	**474 332**	**203 143**	**649 148**	**684 953**	**5 785 258**

In view that some patients may seek medical consultation for more than one disease at a time, the categorisation of attendances by disease type does not appropriately reflect the SOP clinic patient profile. HA does not assign codes to SOP clinic patients by disease type. Hence, the numbers of SOP attendances by cause of disease are not available.

Note

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on/after 1 April 2017 are therefore not directly comparable.

Abbreviations

Specialties:
ENT – Ear, Nose & Throat
GYN – Gynaecology
MED – Medicine
OBS – Obstetrics
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology
PAE – Paediatrics
PSY – Psychiatry
SUR – Surgery

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

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)371

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4278)

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

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

Programme: (2) Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide by cause of disease the number of general outpatient clinic attendances in various districts.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 199)

Reply:

The table below sets out the number of general outpatient (GOP) attendances in each hospital cluster under the Hospital Authority (HA) in 2017-18 (up to 31 December 2017).

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 Mong, Wong Tai Sin
- KEC – Kwun Tong, Sai Kung
- KWC – Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
- NTEC – Sha Tin, Tai Po, North
- NTWC – Tuen Mun, Yuen Long

2017-18 (up to 31 December 2017) [Provisional figures]

	Cluster							**HA Overall**
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Number of GOP attendances	456 565	295 907	893 943	730 348	814 093	726 889	645 379	**4 563 124**

The common diseases among patients attending the general outpatient clinics (GOPCs) include hypertension, lipid disorder, diabetes mellitus, upper respiratory tract infection, gout and benign prostatic hypertrophy. In view that some patients may seek medical consultation for more than one disease at a time, the categorisation of attendances by disease type does not appropriately reflect the GOPC patient profile.

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

HKEC – Hong Kong East Cluster
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- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4291)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the utilisation of hospital services, will the Government please provide the following information with a breakdown by cluster:

a. the admission rate for patients aged below 6 months, 6 months to 12, 13 to 17, 18 to 65 and that for elderly patients aged above 65, as well as their unplanned readmission rate within 28 days; and

b. the average number of bed-days occupied by inpatients aged below 6 months, 6 months to 12, 13 to 17, 18 to 65 and that by elderly inpatients aged above 65?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 212)

Reply:

The table below sets out:

(i) number of inpatient discharges and deaths (IP D&D);

(ii) number of inpatient and day inpatient discharges and deaths (IPDP D&D);

(iii) inpatient unplanned readmission rate (IP URR); and

(iv) inpatient average length of stay (IP ALOS (days))

for all general specialties (acute & convalescent) by age group in each cluster under the Hospital Authority (HA) in 2017-18 (up to 31 December 2017).

2017-18 (up to 31 December 2017) [Provisional figures]

All general specialties (acute & convalescent)	**Cluster**							**HA Overall**
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Aged below 6 months								
IP D&D	2 825	4 035	11 527	5 597	5 748	7 995	6 135	43 862

IPDP D&D	6 100	4 974	12 636	6 097	6 361	11 012	6 406	53 586
IP URR	2.3%	1.7%	2.9%	2.4%	2.5%	2.2%	4.9%	2.8%
IP ALOS (days)	3.1	6.1	4.0	2.6	2.8	3.8	3.3	3.5
Aged 6 months - 12 years								
IP D&D	3 340	4 776	8 987	7 843	11 172	10 593	7 569	54 280
IPDP D&D	3 944	10 128	12 981	8 637	13 363	14 277	9 508	72 838
IP URR	4.2%	5.2%	6.0%	4.2%	4.7%	4.4%	5.5%	4.9%
IP ALOS (days)	4.8	5.0	4.3	3.4	3.7	4.5	4.1	4.2
Aged 13 - 17 years								
IP D&D	708	939	1 465	1 048	2 245	1 381	1 669	9 455
IPDP D&D	941	2 048	2 209	1 278	2 906	2 182	2 188	13 752
IP URR	3.3%	4.4%	2.9%	3.8%	4.9%	5.0%	5.1%	4.3%
IP ALOS (days)	2.8	5.4	4.9	3.4	3.0	4.3	3.2	3.8
Aged 18 - 64 years								
IP D&D	33 670	37 570	62 583	35 858	59 699	55 036	52 671	337 087
IPDP D&D	58 114	77 040	119 751	64 208	97 896	108 890	97 018	622 917
IP URR	5.6%	5.5%	6.3%	7.1%	7.6%	6.4%	7.4%	6.7%
IP ALOS (days)	3.8	5.0	5.0	4.4	3.9	5.1	4.6	4.6
Aged 65 years and above								
IP D&D	47 247	42 841	81 615	51 202	74 004	65 968	45 286	408 163
IPDP D&D	70 313	68 119	115 272	70 478	98 884	97 915	63 878	584 859
IP URR	14.1%	15.0%	16.4%	16.4%	18.6%	14.8%	17.2%	16.3%
IP ALOS (days)	6.5	6.6	8.4	7.1	6.5	7.5	8.1	7.3

Note:

(1) 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 discharges and deaths includes that of both inpatients and day inpatients. The calculation of inpatient average length of stay, on the other hand, does not include that of day inpatients.

(2) 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.

(3) Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are

continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

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HKWC – Hong Kong West Cluster
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KEC – Kowloon East Cluster
KWC – Kowloon West Cluster
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NTWC – New Territories West Cluster

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)373

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4145)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the provision of sign language interpretation services in the past 5 years, will the Government inform this Committee of the following:

1. Whether sign language interpretation services were provided. If yes, please advise on the frequency, occasions and causes for providing sign language interpretation services in each year;

2. The number of sign language interpreters involved, their pay and the organisations to which they belong, as well as the total expenditure involved in each year; and

3. Whether the Government will consider allocating more resources to improve the services for communicating with the deaf and/or persons with hearing impairment in future. If yes, what are the details (including measures, manpower and expenditure involved and timetable, etc.)? If not, what are the reasons?

Asked by: Hon LEUNG Yiu-chung (Member Question No. (LegCo use): 83)

Reply:

In the past 5 years (as at 28 February 2018), the Food and Health Bureau (Health Branch) has not received any request for sign language interpretation services. Sufficient resources would be allocated for the provision of the services to improve the communication with deaf and/or hearing-impaired persons on a need basis.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4176)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the provision of sign language interpretation services in the past 5 years, will the Government inform this Committee of the following:

1. The frequency, occasions and causes for providing sign language interpretation services in each year;

2. The number of sign language interpreters involved in each year, their pay and the organisations to which they belong;

3. The total expenditure involved in each year;

4. The breakdown of the respective numbers of requests by patients for sign language interpretation services accepted and rejected by specialty;

5. The average waiting time of patients for sign language interpretation services by specialty;

6. The breakdown of the number of cases in which treatment was delayed because of the wait for sign interpretation services by specialty;

7. Whether the Government will consider allocating more resources in future to improve the services for communicating with the deaf and/or persons with hearing impairment such as providing video sign language interpretation services for the deaf and basic sign language training for nurses. If yes, what are the details (including measures, manpower and expenditure involved and timetable, etc.)? If not, what are the reasons?

8. Whether the Government will consider extending the scope of sign language interpretation services to cover non-emergency services, including physiotherapy treatment,

ward rounds by doctors and follow-up consultation. If yes, what are the details? If not, what are the reasons?

Asked by: Hon LEUNG Yiu-chung (Member Question No. (LegCo use): 124)

Reply:

(1), (2) & (3)

Hospital Authority (HA)'s sign language interpretation services are provided through a service contractor and part-time court interpreters. The service contractor provides 12 sign language interpreters and will continue to recruit additional ones. HA has no information on the salary of the sign language interpreters recruited by the service contractor.

The table below sets out the statistics of sign language interpretation services provided by HA to meet the daily operational needs:-

Year	**Sign Language Interpretation Services (number of cases)**
2013-14	54
2014-15	190
2015-16	308
2016-17	447
2017-18 (April to November 2017)	612
Total:	**1 611**

The table below sets out the expenditure for the provision of sign language interpretation services in HA for the past five years:-

Year	**Expenditure ($ million)**
2013-14	0.02
2014-15	0.09
2015-16	0.16
2016-17	0.24
2017-18 (April to November 2017)	0.31

(4), (5) & (6)

HA does not maintain statistics on sign language interpretation services by specialties, or the waiting time by specialties. In general, interpreters are able to arrive on time for scheduled cases**.** For urgently arranged sign language interpretation services, the average waiting time is normally within one hour.

HA has no record of cases of patient treatment affected by delay of sign language interpretation services.

(7) & (8)

Interpretation services for sign language are arranged for patients in need of such services in public hospitals and clinics of HA, covering all services delivery points in HA on need basis. HA has formulated guidelines for its staff on the procedures for arranging sign language interpretation services. Hospital staff will arrange on-site sign language interpretation services according to the needs of each case or at the request of patients.

Apart from providing sign language interpretation services, HA also prepares response cue cards, disease information sheets and patient consent forms to enhance communication between hospital staff and patients in the registration process and provision of services. These documents contain information about common diseases (e.g. headache, chest pain and fever), treatment procedures (e.g. blood transfusion and safety issues of radiation therapy) and details of HA's services (e.g. fees and charges and triage system of the Accident and Emergency department).

HA will continue to explore means to improve the communication with hearing impaired patients, including the feasibility of utilising mobile applications, such as application developed by Non-Governmental Organisation, to facilitate real-time sign language interpretation via video conference.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)375

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4183)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the attendances at hospitals under the Hospital Authority (HA) arising from injury at work in the past 5 years, please inform the Committee of the following:

1. the number of attendances and the healthcare expenditure involved in each year;

2. the respective numbers of accumulated and new cases of injury at work receiving specialist outpatient services (including Orthopaedics, Ear, Nose and Throat, Medicine, Ophthalmology, Orthopaedics & Traumatology, Surgery and Psychiatry) and professional treatment such as magnetic resonance imaging, physiotherapy and occupational therapy at various HA hospitals in each year; and

3. the respective waiting time of these cases for the above specialist outpatient services and professional treatment in each year.

Asked by: Hon LEUNG Yiu-chung (Member Question No. (LegCo use): 131)

Reply:

The Hospital Authority (HA) does not have complete statistics on the treatment for work-related injuries. As general information for reference, the number of attendances of the Accident & Emergency (A&E) Departments in HA arising from industrial trauma, the number of subsequent attendances for specialist outpatient (clinical) services and allied health (outpatient) services among the aforementioned patients, and the corresponding estimated cost incurred in 2013-14, 2014-15, 2015-16, 2016-17 and 2017-18 (up to 31 December 2017) are set out in the table below.

	Number of A&E attendances arising from industrial trauma (A)	Among those patients as described in (A) who subsequently made a booking for the corresponding outpatient services within 28 days after their A&E attendances or inpatient discharges (B)			Estimated cost* ($ million)
		Number of specialist outpatient (clinical) attendances	Number of allied health (outpatient) attendances for occupational therapy treatment	Number of allied health (outpatient) attendances for physiotherapy treatment	
2013-14	69 268	48 142	37 383	67 271	175
2014-15	67 812	47 485	38 455	65 506	185
2015-16	66 755	48 134	35 591	64 115	193
2016-17	65 980	48 541	39 156	65 318	201
2017-18 (up to 31 December 2017) [Provisional figures]	49 136	26 790	21 540	37 064	139

Related statistics on magnetic resonance imaging and average waiting time for those patients as described in (B) are not readily available.

It should be noted that not all the medical treatment subsequently received by the above patients after their A&E attendance are necessarily related to industrial trauma. Hence the estimated cost should not be taken as the total expenditure for the treatment for industrial trauma.

Note:

* The estimated cost is calculated on the basis of HA overall actual / projected (for 2017-18) average cost of A&E, specialist outpatient (clinical) and allied health (outpatient) services and activities (in terms of attendances) arising from industrial trauma.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6340)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the care and support services for the elderly with dementia and their carers as stated under the Programme, what are the respective numbers of elderly persons referred by elderly health centres, district elderly community centres, Community Geriatric Assessment Teams and elderly psychiatric outreach service teams to the Hospital Authority for dementia screening in the past 2 years?

Asked by: Hon LUK Chung-hung (Member Question No. (LegCo use): 36)

Reply:

The table below sets out the number of dementia patients who are new to the Hospital Authority (HA) in 2015 and 2016 –

	2015	**2016**
Number of dementia patients who are new to HA	12 600	12 900

Notes:

3. Figures are rounded to the nearest hundred.
4. HA has aligned the method to estimate the number of patients with dementia by using diagnosis coding, drug dispensing and/or laboratory results information, and therefore such figures may not be comparable to those released in the past due to difference in methodology and data scope.

HA does not maintain the statistics on the number of referrals from the respective sources to HA for dementia assessment.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)377

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5434)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Will the Food and Health Bureau/Hospital Authority advise on the following:

a. the average waiting time of pre-school children suspected of having special education needs for assessment by general practitioners and psychiatric doctors in 2017-18 (listed by the categories of Priority 1, Priority 2 and Routine cases); and

b. the number of pre-school children who are still waiting for assessment in 2017-18?

Asked by: Hon MA Fung-kwok (Member Question No. (LegCo use): 97)

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 (SOP) clinics for further assessment and treatment. Those with special education needs but no medical concern would be referred to other service providers as appropriate. HA has a triage system in place to ensure that patients with urgent conditions requiring early intervention are treated with priority.

The table below sets out the number of paediatrics and C&A psychiatric SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in HA in 2017-18 (up to 31 December 2017) [provisional figures]. HA does not have the number of pre-school children waiting for assessment.

2017-18 (up to 31 December 2017) [provisional figures]	Priority 1		Priority 2		Routine	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
Paediatrics SOP clinics	4 225	<1	4 037	5	11 663	13
C&A psychiatric SOP clinics	168	1	637	5	7 201	85

- End –

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5436)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the annual balance, injections from the Government, incomes from investment and other sources, and total expenditures of the following funds in 2016-17 and 2017-18. Please also provide such information for funds that are within the purview of the Bureau but not listed below.

1. Samaritan Fund
2. Health Care and Promotion Fund
3. Health and Medical Research Fund

Asked by: Hon MA Fung-kwok (Member Question No. (LegCo use): 99)

Reply:

1. Samaritan Fund

The Samaritan Fund's balance, interest and other income, and total expenditure in 2016-17 and 2017-18 (up to 31 December 2017) are listed in the table below. There was no injection of fund from the Government during this period.

Year	Annual balance as at 31 March ($ million)	Interest and other income Note ($ million)	Total expenditure ($ million)
2016-17	10,884	335	427
2017-18 (up to 31 December 2017)	10,802	245	326

Note:
Interest and other income mainly included interest income, donation income and reimbursements from the Social Welfare Department.

2. Health Care and Promotion Fund

The Health Care and Promotion Fund's balance, interest income and total expenditure in 2016-17 and 2017-18 are listed below. There was no injection of fund from the Government during this period.

Year	Annual balance as at 31 March ($ million)	Interest income ($ million)	Total expenditure ($ million)
2016-17	25.1	0.4	7.0
2017-18 (up to 30 September 2017)	24.6	0.2	0.7

3. Health and Medical Research Fund (HMRF)

The HMRF's balance, government injection and total expenditure in 2016-17 and 2017-18 are listed below. No investment income is generated from the HMRF which is a commitment of government expenditure nor is there income from other sources.

Year	Annual balance as at 31 March ($ million)	Government injection ($ million)	Total expenditure ($ million)
2016-17	2,327	1,500	185
2017-18 (up to 31 December 2017)	2,164	0	164

4. Hospital Authority (HA) Public-Private Partnership (PPP) Fund

The HA PPP Fund's balance, interest and other income, and total expenditure in 2016-17 and 2017-18 are listed in the table below. There was no injection of fund from the Government during this period.

Year	Annual balance as at 31 March ($ million)	Interest and other income ($ million)	Total expenditure ($ million)
2016-17	10,504	244	182
2017-18 (projected)	10,603	339	240

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6123)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Diabetes patients have been on the increase and becoming younger. In this connection, will the Government advise on the following:

1. the number of patients diagnosed with diabetes in the past 5 years by age and type of diabetes;

2. measures supporting different types of diabetes patients by cluster and by hospital (please provide details in the table below); and

Cluster	Hospital	Measures supporting diabetes patients	
	/	Type 1 diabetes patients	Type 2 diabetes patients

3. whether new measures will be considered and introduced and additional resources be allocated by the Government to enhance support for diabetes patients.

Asked by: Hon MO Claudia (Member Question No. (LegCo use): 58)

Reply:

(1)

The Government does not maintain statistics on the number of patients with newly diagnosed diabetes mellitus (DM) in the past 5 years.

The table below sets out the number of patients with DM treated in the Hospital Authority (HA) in the past 5 years.

Age group[3]	**Number of HA patients[1,2]**				
	2012	**2013**	**2014**	**2015**	**2016**
Below 18	500	500	500	600	600
18-64	175 600	185 100	192 900	198 800	205 200
65 or above	197 900	212 100	226 400	241 100	256 300
Overall	**374 000**	**397 800**	**419 800**	**440 500**	**462 000**

Note:
1. Calendar year figures rounded to the nearest hundred.
2. Individual figures may not add up to the total due to rounding.
3. Referring to age as at 30 June of the reporting year.
4. HA has aligned the method to estimate the number of patients with DM, by using diagnosis coding, drug dispensing and/or laboratory results information, and therefore such figures may not be comparable to those released in the past due to difference in methodology and data scope.

(2) and (3)

Patients with chronic diseases such as DM are targeted to keep their disease well controlled and prevent development of complications by providing continuation of care, regular assessment, patient self-management and treatment intensification. In this regard, HA has developed and implemented/ will implement various services and programmes for DM patients as follows:-

General Outpatient Clinic (GOPC) Services
A community-based primary care service is delivered by GOPCs for patients with chronic diseases with stable conditions and less complex comorbidities.

General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP)
The programme was launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts in mid-2014. The target group of the GOPC PPP is the HA's existing GOPC patients having DM and/or hypertension (with or without hyperlipidemia). Initial implementation has generally been smooth. On top of the three piloting districts, from the third quarter of 2016, the programme has been rolled out by phases and is currently covering 16 districts of Hong Kong. The remaining two districts (Yau Tsim Mong and North) will be covered in 2018-19. As at end-December 2017, 19 497 patients were participating in the programme.

Patient Empowerment Programme (PEP)
PEP aims to improve chronic disease patients' knowledge of their own disease conditions, enhance their self-management skills and promote partnership with the community.

Suitable patients with DM or hypertension in primary and secondary care settings are referred to non-governmental organisations to attend empowerment sessions in the community. Funding has been allocated for more than 133 000 patients under the programme starting from 2010-11. An additional 14 000 patients are expected to be enrolled in 2018-19.

Risk Factor Assessment and Management Programme (RAMP)

RAMP provides targeted health risk assessment for DM and hypertension patients. Patients will undergo comprehensive risk assessment and stratification for complications identification and receive targeted interventions from multi-disciplinary teams for better control of disease progression at selected GOPCs of HA. Since RAMP was 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.

Targeted Active Intervention (TAI)

To improve the management of patients with DM in specialist outpatient clinics (SOPCs), an enhancement programme has started in 2017-18 in New Territories West Cluster to target 2 100 patients. Patients under the care of medical SOPCs with poor DM control especially those who are younger in age, will receive risk assessment, treatment intensification and empowerment by a multi-disciplinary team with nurses and allied health professionals in the DM Centre. The programme will be extended to Kowloon East Cluster, Kowloon West Cluster, and New Territories East Cluster in 2018-19 to benefit an additional 6 300 patients.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5732)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Policy Address that the Hospital Authority will establish a Big Data Analytics Platform to identify useful information that will support the formulation of healthcare policies, facilitate biotechnological research, and improve clinical and healthcare services. This will promote innovation in healthcare services. Please advise on the details of the Big Data Analytics Platform project, its timetable, the areas of the datasets to be covered, and the financial resources and manpower required for the development of the Platform.

Asked by: Hon MOK Charles Peter (Member Question No. (LegCo use): 103)

Reply:

As mentioned in the Chief Executive's 2017 Policy Address, the Hospital Authority (HA) will establish a Big Data Analytics Platform (the Platform) to identify useful information that will support the formulation of healthcare policies, facilitate biotechnological research, improve clinical and healthcare services, and promote innovation in healthcare services.

In view that big data analytics is a relatively new concept in Hong Kong, HA will first launch a one-year pilot in the second half of 2018, under which local academic institutions may apply to explore information from HA's Clinical Management System to identify useful datasets and analyse de-identified clinical data in a controlled environment under the HA Data Collaboration Lab. Information to be made available on the Platform includes unstructured health data such as images and textual data for development of machine learning models and algorithms, etc. Researchers may formulate ideas on research projects, in collaboration with HA, based on the outcomes of their exploration and analyses. For protection of patient privacy, data integrity and system security, a regulatory mechanism in line with the local privacy legislation, research ethics requirements and international norms will be in place. To familiarise stakeholders with data analytics, HA will also organise health informatics and data exploration workshops. With the experience of the pilot and the outcome of a study on international experience to be conducted, HA aims to formally

launch the Platform in 2019.

About $7 million has been earmarked for HA to embark on the initiative from 2018-19, for setting up the Platform, developing data support functions, and hiring staff. Further resources for the initiative will be sought in accordance with the established mechanism if necessary.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)381

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5759)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the work of overseeing the development of the second stage of the Electronic Health Record Sharing System (eHRSS), will the Government inform this Committee of:

(1) the detailed breakdown of the expenditure involved in the second stage development.

(2) the progress of the following component-projects:
New Data Standards
Radiology Image Sharing
Chinese Medicine Information System On-Ramp
Sharing Restriction
Patient Portal
Access Control
Clinical Management System Extension Enhancements
Security and Functional Enhancement

(3) the measures to be taken in 2018-19 to promote the eHRSS among patients and healthcare personnel in the private sector as well as the estimated manpower and expenditure involved; and

(4) the detailed breakdown of the capital expenditure of the electronic health record development programme incurred in purchasing software and hardware, procuring information technology (IT) operational services (such as network services), hiring contractors and supplementary contract IT staff and outsourcing certain work assignments to the private IT sector in the past 3 financial years?

Asked by: Hon MOK Charles Peter (Member Question No. (LegCo use): 140)

Reply:

(1) The breakdown of the estimated capital expenditure involved in the development of Stage Two Electronic Health Record Sharing System (eHRSS) by electronic health record (eHR) components is as follows:

Components	Expenditure ($M)
(a) To broaden the scope of data sharing and develop the technical capability for sharing of radiological images and Chinese Medicine (CM) information	279.690
(b) To enhance patient's choice over the scope of data sharing and to facilitate patient access to the system	78.580
(c) To improve and enhance the core functionalities and security/privacy protection	63.922
Total	**422.192**

(2) Development of Stage Two eHRSS commenced in July 2017. The system architecture design, definition of user requirements, data standards, business workflow, study on new functionalities and engagement activities are generally on steady progress for various component-projects. Key highlights are as follows:

- Stakeholders, including representatives from professional bodies, have been consulted on the user requirements and high level scope for sharing of radiological images.
- Engagement with stakeholders of the CM sector is also ongoing. The Chinese Medicine Information System On-ramp, a turn-key clinic management system for CM practitioners, is being developed together with the standardisation of CM terminologies.
- A consultancy study on the sharing restrictions and Patient Portal features has commenced since December 2017, with a view to better understanding the relevant international experience and finding out local stakeholders' views on the two features. The study is progressing smoothly and is expected to complete by Q2 2018.

(3) We will conduct a series of publicity and promotional activities for patients and healthcare providers in 2018-19, including -

- on-site patient registration campaigns at healthcare outlets of the Hospital Authority (HA) and Department of Health, district community centres, elderly homes and other community venues such as shopping centres managed by the Housing Authority;
- expansion of number of registration desks at private healthcare organisations;
- setting up of promotional booths at various conventions and exhibitions;
- production of eHealth News, publicity materials and promotional/ training videos;
- engagement meetings and briefings for stakeholders, healthcare professional bodies and patient groups; and

- training for IT vendors under the eHR Service Provider scheme to provide support services to healthcare providers for using Government-developed eHR system (namely, Clinical Management System On-ramp) and installing security software.

We are unable to provide a breakdown of the manpower involved because many of these activities constitute only part of the duties performed by the relevant staff of the Food and Health Bureau and HA. The estimated expenditure on the relevant outsourced contracts is around $16 million with a breakdown as follows -

- design and production of publicity materials: $2.8 million;
- promotional booths: $0.7 million; and
- registration campaigns and engagement activities: $12.5 million.

(4) Non-recurrent expenditures of the eHRSS for procurement of IT equipment/services and outsourcing of technical and professional services in the past 3 financial years are listed below -

Item	**2015-16 ($M) (actual)**	**2016-17 ($M) (actual)**	**2017-18 ($M) (estimates)**
(a) Computer software	0.09	0.90	0.73
(b) Computer hardware	2.39	1.20	1.82
(c) Communication line and equipment / Data centre	1.31	0.45	0.52
(d) Technical and professional services outsourced	23.16	21.41	2.94

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5890)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that the Financial Secretary has "proposed to provide a tax deduction for people who purchase eligible health insurance products for themselves or their dependants under the Scheme. The annual tax ceiling of premium for tax deduction is $8,000 per insured person." What is the expected number of beneficiaries? What is the approximate amount to be incurred for tax deduction?

Asked by: Hon OR Chong-shing, Wilson (Member Question No. (LegCo use): 59)

Reply:

Voluntary Health Insurance Scheme (VHIS) is a policy initiative launched by the Food and Health Bureau (FHB) to regulate individual indemnity hospital insurance products. The scheme is based on voluntary participation by insurance companies and consumers. Under the scheme, the participating insurance companies will offer hospital insurance plans that are certified by FHB (Certified Plans) for consumers to purchase on a voluntary basis.

Premiums paid by a person for himself/herself and his/her dependants will be allowed for tax deduction. The annual ceiling for tax deduction of premiums paid is $8,000 per insured person. There is no cap on the number of dependants eligible for tax deduction. It is expected that the uptake of Certified Plans will gradually increase. In the third year of VHIS implementation, about 1 million taxpayers and their dependants may enjoy the tax deduction. The concerned tax revenue forgone will be about $800 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5516)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

With respect to women's health (in particular, the adoption of safeT21 prenatal screening, free HPV vaccination, free breast cancer screening, support for breastfeeding and policies to promote childbearing), what specific measures will be taken by the Government in 2018-19? What are the manpower and expenditure involved?

Asked by: Hon QUAT Elizabeth (Member Question No. (LegCo use): 66)

Reply:

The Government has taken specific measures with respect to women's health including the followings –

T21 test

The Hospital Authority (HA) has been exploring the facilities required and making preparation for professional training and service arrangements for the introduction of "T21 test", a kind of non-invasive prenatal test which examines the foetal DNA present in a pregnant woman's plasma, in Hong Kong Children's Hospital (HKCH) as a second-tier prenatal screening test for Down syndrome. Under the current plan, the service of "T21 test" will be launched at the HKCH in the first quarter of 2019. The expenditure incurred by "T21 test" may vary depending on factors including the scope of services, manpower required, and costs of testing equipment and consumables. As all these factors are uncertain, HA is unable to provide estimated expenditure for the provision of the testing service at this stage.

Breast Cancer

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 prevailing and increasing international evidence that questions overall benefits of population screening over harm, the CEWG considers there insufficient evidence to recommend for or against population-based breast cancer screening for asymptomatic women at average risk in Hong Kong. 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.

Women Health Service is provided by 3 Woman Health Centres (WHCs) and 10 Maternal and Child Health Centres (MCHCs) of the DH to women at or below 64 years of age for health promotion and disease prevention. The service includes health assessment, health education and counselling as well as appropriate screening tests. Mammography screening would be offered to women with high risk of developing breast cancer. If abnormalities are found, they will be referred to specialists for follow-up.

Breastfeeding

The DH will continue to promote and support breastfeeding through strengthening publicity and education on breastfeeding; encouraging the adoption of "Breastfeeding Friendly Workplace Policy" to support working mothers to continue breastfeeding after returning to work; promoting breastfeeding in public places through implementing the "Breastfeeding Friendly Premises Policy" and provision of babycare facilities so that the breastfeeding mothers can breastfeed their children or express milk anytime, anywhere; promulgating and evaluating the effectiveness of the Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children; and strengthening the surveillance on local breastfeeding situation. A provision of $6.0 million has been earmarked in 2018-19 for enhancing the effort for promotion of breastfeeding. The workload for implementing the initiatives will be absorbed by the existing manpower resources of the FHS, hence breakdown by items is not available.

Childbearing

The Family Health Service (FHS) of the DH also provides maternal health, family planning, and cervical screening services to women through its network of MCHCs. Antenatal service includes health assessment, education and appropriate antenatal screening tests. Antenatal clients attending MCHCs will be referred to Department of Obstetrics and Gynaecology of HA for prenatal Down Syndrome Screening. Family planning services are provided to women of childbearing age to enable them to decide freely and responsibly the number and spacing of the children. Appropriate contraceptive methods are prescribed according to individual needs. Client with subfertility problem will be referred to specialist services of HA for assessment and management. FHS provides a variety of services to children and women. Resources involved for the above activities have been subsumed under FHS's overall expenditure and manpower resources and cannot be separately identified by items.

HA has been enhancing the assisted reproductive technology services (ART) in public hospitals to meet the strong demand for ART service in the community. To build up the service capacity of In Vitro Fertilization (IVF), Queen Mary Hospital (QMH) provides additional 100 IVF cycles in 2016-17. Furthermore, nurse infertility triage services will be set up in QMH, Prince of Wales Hospital and Kwong Wah Hospital to shorten the waiting time for infertility clinic referral in the HA Annual Plan 2017-18. The Government and HA will continue to monitor closely the demand for assisted reproductive technology service in order to review the service provision for 2018-19 and assist women with advanced maternal age in childbearing. HA at this stage is unable to provide estimated expenditure for the provision of the testing service.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4476)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1) From 2014-15 to 2016-17, the Hospital Authority's Human Immunodeficiency Virus clinics saw significant increases in the number of persons receiving post-exposure prophylaxis (PEP) prescription and the corresponding expenditure on the drug. Will the authority revisit the current position of following the recommendations issued in 2006 by the Scientific Committee [on AIDS and Sexually Transmitted Infections] and relax the stringent requirements for receiving PEP treatment in 2018-19? Please set out the specific timetable and estimated expenditure involved.

2) Please provide the estimated number of persons requesting PEP, estimated expenditure and financial provision involved in 2018-19.

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 280)

Reply:

The Hospital Authority (HA) manages Human Immunodeficiency Virus (HIV) patients, including in prescription of HIV post-exposure prophylaxis (PEP), based on clinical risk assessment and in accordance with the recommendations of the Scientific Committee on Acquired Immune Deficiency Syndrome and Sexually Transmitted Infections under the Department of Health (DH).

HIV PEP may be given to the patients by DH or HA. In DH, it is estimated that 140 cases will be given HIV PEP in 2018-19. The estimated expenditure is not available as it has been subsumed as part of the HIV care services provided by the DH. In HA, it is estimated that 40 cases will be given HIV PEP in 2018-19, and the estimated expenditure on the drug is around $347,720.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4925)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the numbers of new cancer drugs incorporated into the Drug Formulary by the Food and Health Bureau and their percentage shares in the total number of new drugs listed on the Drug Formulary in each of past 5 years.

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 86)

Reply:

The Hospital Authority (HA) has established mechanisms to regularly evaluate new drugs and review the existing drugs list on the HA Drug Formulary (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. Appraisal of new drugs is an on-going process driven by evolving medical evidence, latest clinical development and market dynamics.

The following table sets out the number of new cancer drugs reviewed by the HA Drug Advisory Committee and listed on the HADF, and their percentage share in the total number of new drugs listed on the HADF in the past 5 years from 2013-14 to 2017-18:

	2013-14	**2014-15**	**2015-16**	**2016-17**	**2017-18**
Number of new cancer drugs listed on HADF	4	6	3	4	5
Percentage share in the total number of new drugs listed on HADF	22%	29%	21%	19%	15%

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4926)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the incorporation of cancer drugs into the Drug Formulary, please advise on the average time taken to list the drugs on the Drug Formulary for various hospital clusters upon completion of review and appraisal by the Drug Advisory Committee in each of the past 5 years.

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 87)

Reply:

Appraisal of new drugs is an on-going process driven by evolving medical evidence, latest clinical development and market dynamics. Once the new drugs are approved for listing on the Hospital Authority Drug Formulary (HADF), the Drug Advisory Committee will notify the Cluster / Hospital Drug and Therapeutics Committees for consideration of incorporating them into the cluster / hospital drug formulary. Each hospital will select drugs from the HADF to draw up its own drug formulary to meet its specific clinical service needs.

The Hospital Authority does not maintain statistics on the time taken to incorporate cancer drugs newly listed on the HADF into the cluster / hospital drug formulary.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4927)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

What were the respective estimated and actual expenditures of various hospital clusters on cancer drugs in each of the past 5 years?

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 88)

Reply:

The Hospital Authority does not have estimated budget on cancer drugs. The table below sets out the drug consumption expenditure on all cancer drugs by cluster from 2013-14 to 2017-18 (projection as of 31 December 2017):

Cluster	**2013-14 ($ million)**	**2014-15 ($ million)**	**2015-16 ($ million)**	**2016-17 ($ million)**	**2017-18 (Projection as of 31 December 2017) ($ million)**
HKEC	35.8	39.2	36.8	33.7	31.1
HKWC	87.9	98.7	102.6	100.4	97.2
KCC	137.6	148.6	159.6	161.3	154.0
KEC	32.7	37.0	39.9	40.6	36.5
KWC	102.7	87.7	91.7	92.4	86.5
NTEC	79.2	76.9	80.9	80.7	74.4
NTWC	56.8	75.9	74.8	84.0	86.3

Note:

A drug may have different therapeutic indications and the above drug consumption expenditure covers all therapeutic uses of the concerned drugs including treatment of cancers. The use of drugs varies with the clinical conditions of the patients. Hence, the drug consumption expenditures among clusters are not directly comparable.

Abbreviations

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

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)388

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4961)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the number of cases of medical procedures for termination of pregnancy performed in public hospitals under the Hospital Authority carrying out such procedures in the past 5 financial years, the number of doctors involved and the actual expenditure incurred.

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 151)

Reply:

Obstetrics and gynaecology (O&G) departments under the Hospital Authority (HA) will perform medical procedure for termination of pregnancy (MPTP) according to the clinical needs of pregnant women and in compliance with the law.

For providing MPTP to a pregnant woman at O&G department of public hospital, the pregnant woman and her foetus of less than 24 weeks of gestation must be assessed by two registered medical practitioners and both are of the opinion that continuous pregnancy will involve risk to the life of or constitute serious physical/mental health hazards to the pregnant woman, or the child would suffer from serious physical or mental abnormality if it were born.

The table below sets out the number of medical abortions in public hospitals from 2012 to 2016:

Year	Number of Medical Abortions*
2012	799
2013	918

Year	Number of Medical Abortions*
2014	868
2015	892
2016	858

(*Remark: The number of medical abortions is calculated based on the number of inpatient discharges and deaths in hospitals by disease group.)

Since healthcare professionals who perform MPTP also provide clinical services for other patients, HA does not have the breakdown of the manpower and expenditure involved in handling MPTP in public hospitals.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5023)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

(1) What were the total number of children and adolescents who received psychiatric treatments in each of the past 5 years (from 2013-2014 to 2017-2018)? Please provide a breakdown of the number of such patients by age group (below 5/ aged 6 to 11/aged 12 to 17).

(2) Please provide a breakdown of child and adolescent patients who received psychiatric treatments by disease type (autism, attention problems and hyperactivity disorder, behavioural and emotional disorders, psychosis and depression) in each of the past 5 years (from 2013-2014 to 2017-2018). What is the breakdown of the numbers of patients of each type of disease by age group?

Number of Child and Adolescents who Received Psychiatric Treatments (By Age Group and Type of Disease)															
	2013-2014			2014-2015			2015-2016			2016-2017			2017-2018		
	Age<=5	Aged 6-11	Aged 12-17	Age<=5	Aged 6-11	Aged 12-17	Age<=5	Aged 6-11	Aged 12-17	Age<=5	Aged 6-11	Aged 12-17	Age<=5	Aged 6-11	Aged 12-17
Autism															
Attention Problems and Hyperactivity Disorder															
Behavioural and Emotional Disorders															
Psychosis															
Depression															

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 278)

Reply:

(1)

The table below sets out the number of psychiatric patients aged below 18 treated in the Hospital Authority (HA) by age group from 2013-14 to 2017-18 (projection as of 31 December 2017) –

	Number of psychiatric patients aged below 18[1,2]			
	Aged[1] below 6	**Aged[1] from 6 to 11**	**Aged[1] from 12 to 17**	**Total[3]**
2013-14	2 800	12 300	9 040	24 150
2014-15	2 860	13 790	9 830	26 470
2015-16	2 870	15 170	10 780	28 810
2016-17	3 450	16 680	12 170	32 310
2017-18 (projection as of 31 December 2017)	3 100	17 150	13 680	33 930

Note:

1. Referring to age of the patients as at 30 June of the respective year.
2. Figures are rounded to the nearest ten.
3. Individual figures may not add up to total due to rounding.

(2)

The table below sets out the number of psychiatric patients aged below 18 by age group who were treated in HA and diagnosed with autism spectrum disorder, attention-deficit hyperactivity disorder, behavioural and emotional disorders, schizophrenic spectrum disorder or depression / depressive disorders from 2013-14 to 2017-18 (projection as of 31 December 2017) –

Number of psychiatric patients aged below 18 [1,2]		**Autism spectrum disorder**	**Attention-deficit hyperactivity disorder**	**Behavioural and emotional disorders**	**Schizophrenic Spectrum Disorder**	**Depression/ Depressive Disorders**
2013-14	Aged[1] below 6	1 860	190	40	-	-
	Aged[1] from 6 to 11	3 770	5 040	580	10	10
	Aged[1] from 12 to 17	2 010	3 270	930	330	350
	Total[3]	7 640	8 500	1 540	340	350
2014-15	Aged[1] below 6	1 850	160	40	-	-
	Aged[1] from 6 to 11	4 290	5 530	590	10	10
	Aged[1] from 12 to 17	2 270	3 700	890	330	390
	Total[3]	8 410	9 390	1 520	340	390
2015-16	Aged[1] below 6	1 720	200	50	-	-
	Aged[1] from 6 to 11	4 870	6 670	680	10	20
	Aged[1] from 12 to 17	2 660	4 260	900	350	430
	Total[3]	9 260	11 140	1 620	360	450
2016-17	Aged[1] below 6	1 810	240	30	-	-
	Aged[1] from 6 to 11	5 520	7 540	740	10	20
	Aged[1] from 12 to 17	3 050	4 940	920	360	590
	Total[3]	10 380	12 720	1 700	370	610
2017-18 (projection as of 31 December 2017)	Aged[1] below 6	1 790	190	30	-	-
	Aged[1] from 6 to 11	6 030	7 690	690	10	10
	Aged[1] from 12 to 17	3 500	5 750	940	340	640
	Total[3]	11 330	13 630	1 660	350	660

Note:

3. Referring to age of the patients as at 30 June of the respective year.
4. Figures are rounded to the nearest ten.
5. Individual figures may not add up to total due to rounding.
6. "-" represents nil.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5025)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. What was the median waiting time of new cases at the psychiatric outpatient clinics and the child and adolescent (C&A) psychiatric outpatient clinics in each of the past 5 years (i.e. from 2012-2013 to 2016-2017)?

2. What were the ratios of cases handled by each doctor to each nurse in both psychiatric and C&A psychiatric services in each of the past 5 years (i.e. from 2012-2013 to 2016-2017)?

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 287)

Reply:

1)

The table below sets out the number of psychiatric specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in the Hospital Authority (HA) from 2012-13 to 2016-17 –

Year	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)
2012-13	4 327	1	8 718	4	33 594	16
2013-14	3 632	1	9 580	4	33 898	20
2014-15	3 589	1	9 651	4	34 404	22
2015-16	3 675	<1	9 387	4	35 200	22
2016-17	3 365	1	9 089	4	35 744	20

The table below sets out the number of child and adolescent (C&A) psychiatric SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in HA from 2012-13 to 2016-17 –

Year	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)
2012-13	222	<1	610	3	10 039	23
2013-14	169	<1	653	3	10 324	42
2014-15	201	1	756	4	10 950	56
2015-16	202	1	915	4	11 472	65
2016-17	267	1	875	4	10 532	69

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 healthcare professionals providing C&A psychiatric services in HA also support other psychiatric services, HA does not have ready breakdown on the requested staffing ratios which may not reflect the actual level of service provision.

The table below sets out the number of psychiatric doctors and psychiatric nurses working in psychiatric stream in HA in the past 5 years (from 2012-13 to 2016-17) –

Year	Psychiatric doctors[1 & 2]	Psychiatric Nurses[1 & 3] (including Community Psychiatric Nurses)
2012-13	332	2 296
2013-14	335	2 375
2014-15	333	2 442
2015-16	344	2 472
2016-17[4]	349	2 493

Note :

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but exclude those in HA Head Office. Individual figures may not add up to the total due to rounding.
2. 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 (SLH)], nurses working in psychiatric departments of other non-psychiatric hospitals, as well as all other nurses in psychiatric stream.
4. Starting from 2016-17, psychiatric doctors also include doctors working in SLH.

The tables below set out the doctor-to-patient ratios from 2012-13 to 2016-17 in Psychiatry for inpatients and day inpatients in HA –

	Ratio per 1 000 inpatient discharges and deaths	**Ratio per 1 000 inpatient and day inpatient discharges and deaths**
2012-13	18.9	18.7
2013-14	18.6	18.4
2014-15	19.1	19.0
2015-16	19.5	19.4
2016-17	19.2	19.0

The tables below set out the nurse-to-patient ratios from 2012-13 to 2016-17 in Psychiatry for inpatients and day inpatients in HA –

	Ratio per 1 000 inpatient discharges and deaths	**Ratio per 1 000 inpatient and day inpatient discharges and deaths**
2012-13	126.3	125.3
2013-14	127.1	126.1
2014-15	133.7	132.7
2015-16	133.5	132.5
2016-17	132.5	131.5

Note :

1. For the ratios of manpower per 1 000 inpatient discharges and deaths, the manpower position refers to that as at 31 March of the respective years; whereas the numbers of inpatient and day inpatient discharges and deaths refer to the throughput for the whole financial year.
2. HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, but not by patient headcount as the latter is unable to reflect in full the services (e.g. admission/attendances, discharges, transfers, etc. involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. Therefore, the requested ratio to patients is calculated based on discharges and deaths instead of headcount.
3. 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.
4. Psychiatry specialty includes services for the mentally handicapped.
5. It is important to note that doctors and nurses 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.
6. 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. 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 by clusters which may not reflect the actual level of service provision due to the above reasons.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)391

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5442)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that the Government would help local Chinese medicines traders with the production and registration of Chinese proprietary medicines. Please provide the details of the relevant measures and a breakdown of the estimated expenditure.

Asked by: Hon SHIU Ka-fai (Member Question No. (LegCo use): 63)

Reply:

In response to the suggestion of the Chinese medicine sector, the Government has decided to set up a $500 million fund to drive the development of Chinese medicine in Hong Kong which aims to benefit Chinese medicine practitioners and the Chinese medicines industry. Support will be provided in areas including but not limited to applied research, Chinese medicine specialisation, knowledge exchange and cross-market co-operation, and helping local Chinese medicines traders with the production and registration of Chinese proprietary medicines. The Government is currently mapping out details of the operation of the fund and support schemes in consultation with the Chinese Medicine Development Committee and the industry. The estimated expenditure of the fund in 2018-19 is $25 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6035)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

During 2018-19, the Health Branch will develop legislative options for regulating health products for advanced therapies. Will the Government inform this Committee of the products to be covered, the industries involved and the relevant legislative timetable, and whether additional funding has to be earmarked for this purpose?

Asked by: Hon SHIU Ka-fai (Member Question No. (LegCo use): 65)

Reply:

Advanced therapy products (ATPs) are medical products for human use based on genes, cells and tissues. All processes on cells, tissues, and health products for advanced therapies for human application including collection, storage and manipulation should be subject to regulation according to the extent of risks involved.

In 2012, the Food and Health Bureau set up the Steering Committee on Review of Regulation of Private Healthcare Facilities with 4 working groups to conduct in-depth study on 4 priority areas. One of these working groups was the Working Group on Regulation of Premises Processing Health Products for Advanced Therapies (the Working Group). In 2014, the Working Group recommended the Government should introduce a new legislation with an overarching authority to effectively regulate cells, tissues and health products for advanced therapies through a comprehensive set of regulatory controls in the longer run. The Government is formulating new legislative proposals including licensing requirements for premises, accreditation of premises, compliance with guidelines, etc. As the development of ATPs is evolving rapidly and is one of the fast moving areas in the medical fields, the Government is carefully working out the regulatory framework, in consultation with various stakeholders, with an aim to ironing out the details as soon as possible. A Task Force including experts of the field and a representative of drug industry has already been formed to discuss the regulatory framework. A two-month public consultation has been launched on 3 April 2018. Besides, as per the recommendation of the Working

Group, the Department of Health has published educational information on ATPs for the public and the industry. Details are available at www.advancedtherapyinfo.gov.hk.

To undertake the preparatory work on the regulation of ATPs, an additional funding of $8.1 million has been earmarked for 2018-19, including the creation of 8 civil service posts in the Department of Health, for the purpose.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5247)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

According to the Framework Agreement on Hong Kong/Guangdong Co-operation, further support will be given to Hong Kong service providers to set up out-patient clinics in Guangdong and they are also encouraged to set up wholly-owned hospitals and convalescent hospitals in Guangdong. How many Hong Kong service providers have set up out-patient clinics, hospitals and convalescent hospitals in Guangdong on a wholly-owned or joint- venture basis? Please set out the names of these out-patient clinics, hospitals and convalescent hospitals and the total number of doctors from Hong Kong working there each year?

Asked by: Hon TAM Man-ho, Jeremy (Member Question No. (LegCo use): 705)

Reply:

Under the framework of Mainland and Hong Kong Closer Economic Partnership Arrangement, Hong Kong service suppliers are allowed to set up wholly-owned medical institutions[1] or medical institutions in the form of equity joint venture or contractual joint venture with Mainland medical institutions, companies, enterprises and other economic organizations in the Mainland. As of December 2017, 27 medical institutions such as

[1] According to the "Rules of Implementation for the Regulations on the Administration of Medical Institutions" (Order No. 35 of the Ministry of Health, People's Republic of China), medical institutions are classified into the following: (1) integrated hospitals, Chinese medicine hospitals, integrated Chinese and Western medicine hospitals, nationality medicine hospitals, specialist hospitals, rehabilitation hospitals; (2) maternal and child healthcare centres; (3) community health service centres, community health service stations; (4) central health centres, township health centres, street health centres; (5) convalescent hospitals; (6) integrated outpatient clinics, specialist outpatient clinics, Chinese medicine outpatient clinics, integrated Chinese and Western medicine outpatient clinics, nationality medicine outpatient clinics; (7) clinics, Chinese medicine clinics, nationality medicine clinics, health centres, infirmaries, health care centres, health stations; (8) village health stations (centres); (9) first aid centres, first aid stations; (10) clinical test centres; (11) specialist disease prevention and treatment hospitals, specialist disease prevention and treatment institutes, specialist disease prevention and treatment stations; (12) nursing homes, nursing stations; (13) other medical institutions.

clinics, hospitals or out-patient clinics were set up by the Hong Kong service suppliers in the Guangdong Province, the details of which are listed in the table below (with Chinese names only). The Food and Health Bureau and the Department of Health do not have the information on the number of Hong Kong doctors working in the Mainland.

Item	Medical institutions set up by Hong Kong service providers (Chinese names only)
1.	順德北滘雷良耳鼻喉咽科診所
2.	順德北滘鄧民愛內科診所
3.	深圳吳瑋綜合門診部
4.	廣州萬治（香港）內科門診部
5.	中山三角廣文綜合門診部
6.	深圳朱勝吉口腔門診部
7.	順德龍江廣文綜合門診部
8.	江門宗醫館中醫門診部
9.	深圳福田志浩綜合門診部
10.	順德容桂廣文綜合門診部
11.	深圳愛麗斯醫療美容門診部
12.	深圳桂洪口腔門診部
13.	深圳環宇一家綜合門診部
14.	南海獅山雷良綜合門診部
15.	深圳希瑪林順潮眼科醫院
16.	深圳思莉醫療美容門診部
17.	番禺石基雷良綜合門診部
18.	廣州白雲銀海口腔門診部
19.	廣州百皋醫學檢驗所
20.	嚴春洪中醫診所
21.	廣州鴻嘉怡美醫療美容門診部
22.	中山林培鈞口腔門診部
23.	周智偉中醫診所
24.	深圳愛麗斯醫療美容醫院
25.	南海獅山卓良綜合門診部
26.	順德北滘卓良綜合門診部
27.	廣州保柏高德置地廣場綜合門診部

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5248)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Are the healthcare standards of out-patient clinics, hospitals and convalescent hospitals in Guangdong set up by Hong Kong-invested hospitals under the Framework Agreement on Hong Kong/Guangdong Co-operation or the Mainland and Hong Kong Closer Economic Partnership Arrangement the same as those in Hong Kong? Is there any mechanism for the Department of Health in Hong Kong to intervene in case of medical incidents?

Asked by: Hon TAM Man-ho, Jeremy (Member Question No. (LegCo use): 706)

Reply:

Under the framework of Mainland and Hong Kong Closer Economic Partnership Arrangement (CEPA), Hong Kong service suppliers are allowed to set up wholly-owned medical institutions[2] or medical institutions in the form of equity joint venture or contractual joint venture with Mainland medical institutions, companies, enterprises and other economic organizations in the Mainland. The standards and requirements of these medical institutions, except the wholly-owned hospitals and wholly-owned convalescent

[2] According to the "Rules of Implementation for the Regulations on the Administration of Medical Institutions" (Order No. 35 of the Ministry of Health, People's Republic of China), medical institutions are classified into the following: (1) integrated hospitals, Chinese medicine hospitals, integrated Chinese and Western medicine hospitals, nationality medicine hospitals, specialist hospitals, rehabilitation hospitals; (2) maternal and child healthcare centres; (3) community health service centres, community health service stations; (4) central health centres, township health centres, street health centres; (5) convalescent hospitals; (6) integrated outpatient clinics, specialist outpatient clinics, Chinese medicine outpatient clinics, integrated Chinese and Western medicine outpatient clinics, nationality medicine outpatient clinics; (7) clinics, Chinese medicine clinics, nationality medicine clinics, health centres, infirmaries, health care centres, health stations; (8) village health stations (centres); (9) first aid centres, first aid stations; (10) clinical test centres; (11) specialist disease prevention and treatment hospitals, specialist disease prevention and treatment institutes, specialist disease prevention and treatment stations; (12) nursing homes, nursing stations; (13) other medical institutions.

hospitals, shall be subject to those applicable to medical institutions established by the Mainland entities and individuals. The Department of Health does not have jurisdiction in the regulation of healthcare facilities outside Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5249)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

According to the 2017 Work Plan of the Framework Agreement on Hong Kong/Guangdong Co-operation, the feasibility of launching a pilot scheme for cross-boundary transfer of non-urgent patients by land transport will be explored. Will the Government inform this Committee of the progress now and under what circumstances will patients seeking medical consultation in Hong Kong be transferred across the border to hospitals in Guangdong Province?

Asked by: Hon TAM Man-ho, Jeremy (Member Question No. (LegCo use): 707)

Reply:

Under the Framework Agreement on Hong Kong/Guandong Co-operation, cross-boundary transfer of Hong Kong patients is regarded as a priority item.

The Food and Health Bureau had conducted preliminary discussions with the Health and Family Planning Commission of Guangdong Province. Both sides have agreed to focus on cross-boundary transfer of non-urgent patients from the Mainland to Hong Kong. Further discussion between both sides is required.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No.5960)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

One of the priority areas of the Hospital Authority is to provide acute and emergency care. Will the Government inform this Committee of the following:

1. the increase in the ratio of training for doctors in the Accident and Emergency (A&E) specialty;
2. the arrangements and plan of the 24-hour service of Tin Shui Wai Hospital (including all wards except the A&E department); and
3. whether more resources will be allocated to general outpatient services to divert the flow of non-urgent and semi-urgent A&E attendances, so that the A&E department can deliver its functions more effectively. If yes, please provide the details of the plan; if not, please explain in detail the reasons.

Asked by: Hon TAM Man-ho, Jeremy (Member Question No. (LegCo use): 127)

Reply:

(1)

In 2017-18, 33 Resident Trainees were recruited to the Accident and Emergency (A&E) service in the Hospital Authority (HA) for specialist training in Emergency Medicine. As at 31 December 2017, there were a total of 487 doctors in the A&E specialty in HA. HA assesses the manpower situation of doctors and recruits Resident Trainees by taking into account various factors, including service demand, service development needs, staff turnover and market supply.

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

(2)

The A&E services of Tin Shui Wai Hospital (TSWH) commenced operation on 15 March 2017, providing eight-hour services from 8:00 am to 4:00 pm daily at the initial stage. TSWH has extended its A&E services to 12 hours (8:00 am to 8:00 pm daily) since 21 March 2018 to cater for the community's need. HA is now working on the manpower and resources deployment for TSWH to provide 24-hour A&E services and acute inpatient services with 32 acute beds in the fourth quarter of 2018.

(3)

HA will continue to implement the A&E Support Session Programme in 2018-19 which 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 manage semi-urgent and non-urgent cases so that the pressure and workload of A&E staff can be reduced, thus allowing them to focus their effort on more urgent cases.

To improve patients' access to general out-patient clinics (GOPCs) services, HA plans to increase the quota for GOPCs in five clusters, namely Kowloon Central Cluster, Kowloon East Cluster, Kowloon West Cluster, New Territories East Cluster and New Territories West Cluster, by 55 000 in 2018-19 and a total of 99 000 in 2019-20.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5839)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Voluntary Health Insurance Scheme, as announced in the Budget Speech, does not cover certain key elements such as a high risk pool, guaranteed acceptance and coverage of pre-existing conditions. There are also reports saying that patients insured under the Scheme may still have to pay nearly half of the surgical fees after the amount of compensation claimed is deducted. As such, the Scheme is criticised by many for losing its appeal as there is hardly any incentive for joining.

In light of the above concerns, will the Financial Secretary consider raising the ceiling of premium for tax deduction to provide more incentives for people to join the Scheme?

Asked by: Hon TSE Wai-chun, Paul (Member Question No. (LegCo use): 99)

Reply:

Voluntary Health Insurance Scheme (VHIS) is a policy initiative launched by the Food and Health Bureau (FHB) to regulate individual indemnity hospital insurance products (IHIPs). The scheme is based on voluntary participation by insurance companies and consumers. Under the scheme, the participating insurance companies will offer hospital insurance plans that are certified by FHB (Certified Plans) for consumers to purchase on a voluntary basis.

Compared with many existing IHIPs, Certified Plans under VHIS are more attractive to the policy holders and the insured in a number of ways, including features such as guaranteed renewal, no "lifetime benefit limit", cooling off period, coverage extended to include unknown pre-existing conditions, etc.

As an added incentive for the public to purchase Certified Plans, premiums paid by a person for himself/herself and his/her dependants will be allowed for tax deduction. The annual

ceiling for tax deduction of premiums paid is $8,000 per insured person. There is no cap on the number of dependants eligible for tax deduction. It is expected that the uptake of Certified Plans will gradually increase. In the third year of VHIS implementation, about 1 million taxpayers and their dependants may enjoy the tax deduction. The concerned tax revenue forgone will be about $800 million.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)398

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5840)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The number of public complaints about insurance claims denial has been increasing in recent years. What polices will the Financial Secretary put in place, alongside the announcement of Voluntary Health Insurance Scheme (VHIS), to further protect the interests of policyholders of medical insurance so as to minimise such disputes?

Asked by: Hon TSE Wai-chun, Paul (Member Question No. (LegCo use): 100)

Reply:

VHIS is a policy initiative launched by the Food and Health Bureau (FHB) to regulate individual indemnity hospital insurance products. The scheme is based on voluntary participation by insurance companies and consumers. Under the scheme, the participating insurance companies will offer hospital insurance plans that are certified by FHB (Certified Plans) for consumers to purchase on a voluntary basis.

Currently, complaints concerning individual indemnity hospital insurance products can be filed to the concerned insurance companies directly, relevant self-regulatory organisations for insurance intermediaries or to the Insurance Authority (IA). In case of disputes, consumers can also make use of alternative dispute resolution means, including but not limited to mediation and adjudication through the Insurance Complaints Bureau, and other means of mediation and arbitration as mutually agreed between consumers and the insurance companies, before a dispute is referred to a court.

After the setting up of the VHIS Office, complaints related to VHIS-specific requirements, including product compliance and availability, features of Certified Plans, etc. will be handled by the VHIS Office. Complaints that may amount to suspected "misconduct" of insurers as defined under section 41P of the Insurance Ordinance (Cap. 41) may be referred to IA.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)399

CONTROLLING OFFICER'S REPLY

(Question Serial No.5459)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the general outpatient services under this Programme, please inform this Committee of the following:

1) What were the average hourly attendances (A) in the daytime sessions from Mondays to Saturdays; and (B) in other time slots (if daytime and evening outpatient services were provided during public holidays) at the following general outpatient clinics in the past 12 months? Have the attendances at these clinics reached the maximum quota limit? Has the Hospital Authority (HA) assessed whether the consultation services provided by these clinics during non-office hours can meet the demands?

I) East Kowloon General Out-patient Clinic
II) Hong Kong Buddhist Hospital General Out-patient Clinic
III) Our Lady of Maryknoll Hospital Family Medicine Clinic
IV) Robert Black General Out-patient Clinic
V) Wang Tau Hom Jockey Club General Out-patient Clinic
VI) Wu York Yu General Out-patient Clinic
VII) Kowloon Bay Health Centre General Out-patient Clinic
VIII) Kwun Tong Community Health Centre
IX) Lam Tin Polyclinic General Out-patient Clinic
X) Ngau Tau Kok Jockey Club General Out-patient Clinic
XI) Shun Lee General Out-patient Clinic

2) It is mentioned in the Programme that the HA will "increase quotas for specialist and general outpatient services". Please provide a breakdown of the estimated increase in the quota for general outpatient services of each district by hospital cluster.

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 169)

Reply:

(1)

At present, the Hospital Authority (HA) operates a total of 73 General Out-patient Clinics (GOPCs) located in various districts throughout the territory. Patients under the care of HA's GOPCs comprise two major categories, namely chronic disease patients with stable medical conditions (such as those with diabetes mellitus or hypertension) and episodic disease patients with relatively mild symptoms (such as those suffering from influenza, cold and gastroenteritis). Episodic disease patients can book, through HA's telephone appointment system, consultation timeslots at GOPCs for the next 24 hours. As for chronic disease patients requiring follow-up consultations, they will be assigned a visit timeslot after each consultation and do not need to call to make separate appointments. The service hours of GOPCs are from 9 am to 1 pm and 2 pm to 5 pm from Monday to Friday, and from 9 am to 1 pm on Saturday. Some of the GOPCs provide evening clinic service from 6 pm to 10 pm on Monday to Friday; Sunday clinic service from 9 am to 1 pm; and/or Public Holiday clinic service from 9 am to 1 pm and 2 pm to 5 pm. The GOPC service is of high volume and the utilisation is over 95%.

The table below sets out the number of general outpatient attendances of the concerned GOPCs in 2017-18 (up to 31 December 2017).

Clinic	**2017-18 (up to 31 December 2017) [Provisional figures]**
East Kowloon General Out-patient Clinic	77 670
Hong Kong Buddhist Hospital General Out-patient Clinic	32 853
Our Lady of Maryknoll Hospital Family Medicine Clinic*	110 666
Robert Black General Out-patient Clinic*	62 766
Wang Tau Hom Jockey Club General Out-patient Clinic	28 996
Wu York Yu General Out-patient Clinic	27 442
Kowloon Bay Health Centre General Out-patient Clinic	52 868
Kwun Tong Community Health Centre*	176 340
Lam Tin Polyclinic General Out-patient Clinic	86 270
Ngau Tau Kok Jockey Club General Out-patient Clinic	117 855
Shun Lee General Out-patient Clinic	49 395

* With evening, Sunday and Public Holidays clinic services

(2)

To improve patients' access to GOPC service, HA plans to increase the quota for GOPCs in five clusters, namely Kowloon Central Cluster, Kowloon East Cluster, Kowloon West Cluster, New Territories East Cluster and New Territories West Cluster, by 55 000 in 2018-19 and a total of 99 000 in 2019-20.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5460)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Since the launch of the General Outpatient Clinic Public-Private Partnership 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 Programme? What was the total expenditure involved?
(2) how many doctors and patients have withdrawn from the Programme? Have the HA and the Government assessed the reasons for that?
(3) has any enhancement measures such as the extension of the scope of the Programme to cover more illnesses been taken by the HA? When does the HA expect to extend the Programme to other districts?

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 170)

Reply:

(1)
The General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP) was launched by the Hospital Authority (HA) in mid-2014 in 3 pilot districts, namely Kwun Tong, Wong Tai Sin and Tuen Mun. Since October 2016, the programme has been rolled out by phases and is currently covering 16 districts of Hong Kong. Since the programme launch up to end-December 2017, 362 private doctors and 21 353 patients have participated in the programme. The estimated expenditure in 2017-18 is $52.7 million.

(2)

Since the programme launch up to end-December 2017, 52 private doctors have ceased their participation in the GOPC PPP while 1 104 patients have chosen to withdraw from the programme after paying the first visit to their selected private doctors under the programme. Assessment showed that the major reasons for doctors' withdrawal were that they had stopped practicing in the designated districts or retired, whilst withdrawing patients indicated they preferred HA service.

(3)

HA had completed the interim review of the GOPC PPP in 2016. Having regard to the feedback from external and internal stakeholders, enhancements on key areas including the arrangement for providing programme drugs, information technology platform, operation matters and stakeholders' communication platform were implemented by phases.

In addition to the 3 piloting districts, the GOPC PPP has been further rolled out by phases since October 2016 and is currently covering 16 districts. The remaining 2 districts (Yau Tsim Mong and North) will be covered in 2018-19.

Having regard to the responses from private doctors and patients as well as the findings of the interim review, HA may consider expanding the scope of chronic diseases and number of patients benefitting under the programme where appropriate.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5461)

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) (Ms Elizabeth Tse)

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, would the Government advise this Committee of 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 not, 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 primary acute care or other accident and emergency services?

3) As for the following projects, namely A) the expansion of United Christian Hospital; B) the refurbishment of Hong Kong Buddhist Hospital; C) the redevelopment of Kwong Wah Hospital and Kwai Chung Hospital; and D) the construction of a new acute hospital at Kai Tak Development Area, what are the progress in 2018-19, estimated expenditures involved, expected completion dates and service commencement dates?

4) Was there any plan for the future development of Queen Elizabeth Hospital in 2017-18? If yes, what are the details? What are the expenses and manpower involved in the plan for 2018-19?

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 171)

Reply:

The first ten-year Hospital Development Plan (HDP) is funded under the Capital Works Reserve Fund and is **outside** the scope of the Estimates being examined. Details on the status of individual works projects may be elaborated at the Health Services Panel, Public

Works Subcommittee or Finance Committee when Government seeks funding to upgrade these projects.

The Food and Health Bureau has not secured extra resources for 2018-19 for the planning of the HDP.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5463)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

As mentioned in the 2016-17 Budget, $200 billion was set aside for the ten-year hospital development plan of the Hospital Authority. In this regard, please advise this Committee of the following:

1) What are the details (including the number of additional beds and operating theatres, and the estimated annual capacity of specialist outpatient clinic and general outpatient clinic attendances) of the development projects for each year in each hospital cluster, and the expenditure and additional manpower involved?

2) What are the expected progress of such projects in 2018-19?

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 172)

Reply:

The ten-year Hospital Development Plan (HDP) is funded under the Capital Works Reserve Fund which is outside the scope of the Estimates being examined.

Funding approval for 6 projects under the ten-year HDP of the Hospital Authority (HA) was obtained from the Finance Committee (FC) of the Legislative Council in 2016-17 and 2017-18:

(i) The substructure and utilities diversion works for the extension of the Operating Theatre (OT) Block for Tuen Mun Hospital (TMH) project was approved at $167.2 million in money-of-the-day (MOD) prices and the works commenced in May 2016. The main works for the project was approved at $2,729.7 million in MOD prices and commenced in September 2017 for completion of the whole project in 2021;

(ii) The Phase 1 of the redevelopment of Kwai Chung Hospital (KCH) project was approved at $750.8 million in MOD prices and the works commenced in May 2016 for completion in 2018;

(iii) The demolition and substructure works for Phase 1 of the redevelopment of Kwong Wah Hospital (KWH) project was approved at $654.8 million in MOD prices and the works commenced in June 2016. Subject to funding approval by the FC on the remaining works, the whole redevelopment project is planned for completion in 2025;

(iv) The expansion of Haven of Hope Hospital (HHH) project was approved at $2,073 million in MOD prices and the works commenced in July 2016 for completion in 2021;

(v) The preparatory works for the New Acute Hospital (NAH) at Kai Tak Development Area project was approved at $769.3 million in MOD prices and the preparatory works commenced in September 2017. Subject to funding approval by the FC on the remaining works, the whole project is planned for completion in 2024; and

(vi) The preparatory works for the redevelopment of Prince of Wales Hospital (PWH), Phase 2 (Stage 1) was approved at $1,231.1 million in MOD prices on 19 July 2017 and the preparatory works commenced in September 2017. Subject to funding approval by the FC on the remaining works, the whole project is planned for completion in 2027.

We plan to seek funding approval from FC this year for 5 projects under the ten-year HDP. They include the superstructure and associated works for Phase 1 of the redevelopment of KWH; the foundation, excavation and lateral support, and basement excavation works for the NAH at Kai Tak Development Area; the preparatory works for Phase 1 of the redevelopment of Grantham Hospital (GH); the preparatory works for the redevelopment of Our Lady of Maryknoll Hospital (OLMH); and the main works for Phase 1 of the redevelopment of Queen Mary Hospital (QMH).

For the remaining 7 HDP projects[1], HA and relevant government departments 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 and cost estimate for individual projects.

The ten-year HDP will provide a total of around 5 000 additional beds and other additional hospital facilities. 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 HDP.

Hospital Cluster	Proposed projects	Estimated Additional Provisions [2]			
		beds	**operating theatres**	**annual capacity of specialist outpatient clinic attendances**	**annual capacity of general outpatient clinic attendances**
Hong Kong West	Redevelopment of GH, Phase 1	-	3	-	-
	Redevelopment of QMH, Phase 1 - main works	-	14	-	-
	Sub-total	***-***	***17***	-	-
Kowloon Central [3]	Redevelopment of OLMH	16 [4]	-	75 900	20 800
	NAH at Kai Tak Development Area	2 400	37	1 410 000	-
	Redevelopment of KWH - main works	380	10	255 600	-
	Community Health Centre (CHC) at ex-Mong Kok Market site	-	-	-	88 000
	Sub-total	***2 796***	***47***	***1 741 500***	***108 800***
Kowloon East	Expansion of HHH	160	-	-	-
	Expansion United Christian Hospital (UCH) - main works (superstructure and remaining works)	560	5	681 800	-
	Sub-total	***720***	***5***	***681 800***	***-***
Kowloon West	Redevelopment of KCH, Phase 1	80	-	254 500	-
	Redevelopment of KCH, Phases 2 & 3				
	Expansion of Lai King Building in Princess Margaret Hospital	400	-	-	-
	Hospital Authority Supporting Services Centre	-	-	-	-
	CHC in Shek Kip Mei	-	-	-	154 000
	Sub-total	***480***	***-***	***254 500***	***154 000***
New Territories East	Redevelopment of PWH, Phase 2 (Stage 1)	450	16	-	-
	Expansion of North District Hospital	600	-	180 000	-
	Development of a CHC in North District	-	-	-	176 000
	Sub-total	***1 050***	***16***	***180 000***	***176 000***

Hospital Cluster	Proposed projects	Estimated Additional Provisions [2]			
		beds	**operating theatres**	**annual capacity of specialist outpatient clinic attendances**	**annual capacity of general outpatient clinic attendances**
New Territories West	Extension of OT Block for TMH	-	9	-	-
	Sub-total	***-***	***9***	***-***	***-***
	HA's Total	***5 046***	***94***	***2 857 800***	***438 800***

Note:

1. Including the main works for the expansion of UCH project, which had its funding for the preparatory works and foundation works approved by the FC in July 2012 and July 2015 respectively.
2. Actual deliverables of individual projects may be adjusted in the future subject to detailed planning and design.
3. Wong Tai Sin District and Mong Kok area, including OLMH and KWH, have been re-delineated from Kowloon West Cluster to Kowloon Central Cluster since 1 December 2016.
4. Hospital Authority will re-arrange the planning of some facilities in the redevelopment of OLMH so as to make available space to allow addition of more beds. As a preliminary estimate, 40 more beds may be added.

The detailed operational requirements for the projects under the ten-year HDP, such as estimated expenditure and manpower requirements, will be worked out at a later stage when the respective detailed design and commissioning plans are finalised.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5464)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Under "Matters Requiring Special Attention in 2017-18" of the programme, the Health Branch stated that it would "continue to oversee primary care development in Hong Kong, including the implementation of initiatives in accordance with the primary care development strategy". Will the Government inform this Committee of:

1) the details of the relevant services in 2016-17 and 2017-18 and list by each item of the above initiatives the estimated numbers of attendances, the facilities required, and the manpower and expenditure involved; and

2) the work plans of the Government on early examination and prevention (including various forms of health screening), which are important elements of primary care, in the next 24 months and the expenditure and manpower involved?

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 173)

Reply:

(1) 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 expenditure on primary care services cannot be separately identified. 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 is in progress while the promulgation of the existing reference frameworks to healthcare professionals through Continuous Medical

Education seminars continues. Public seminars were also conducted to deliver child health messages.

(b) Primary Care Directory (PCD)

The website and mobile website of the sub-directories for doctors, dentists and Chinese medicine practitioners have been launched. We will continue to promote the PCD to the public for searching primary care providers as well as to primary care service providers for enrolment.

(c) Community Health Centres (CHCs)

3 purpose-built CHCs were established under the management of the Hospital Authority. The first CHC located in Tin Shui Wai North was commissioned in February 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 September 2013 and March 2015 respectively. PCO would provide professional advice to the Food and Health Bureau in their planning and implementation of the pilot district health centre in Kwai Tsing.

(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 the DH have been implementing projects and initiatives seeking to enhance primary care in Hong Kong such as health promotion and education, prevention of non-communicable diseases, the Vaccination Subsidy Scheme, Government Vaccination Programme, Elderly Health Care Voucher Scheme, Colorectal Cancer Screening Pilot Programme and Outreach Dental Care Programme for the Elderly.

(2) Launched in September 2016, the Colorectal Cancer Screening Pilot Programme currently provides subsidised screening to asymptomatic Hong Kong residents born from 1946 to 1955. In 2018-19, DH will prepare for regularisation of the screening programme which will eventually cover eligible persons aged between 50 and 75 in phases. DH is in the process of working out the implementation details and will make announcements in due course. This initiative will incur a total expenditure of $940 million over the coming 5 years.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5465)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Hospital Authority Drug Formulary (the Formulary), please advise this Committee on:

1) the number of standard drugs added to or deleted from the Formulary and the expenditure involved in subsidising the use of standard drugs in 2016-17 and 2017-18;

2) the names of drugs to be added to the Formulary in 2018-19, expected number of patients to use these drugs, amount paid by patients purchasing these drugs at their own expenses, and the estimated expenditure involved in introducing these drugs as standard drugs;

3) the names of drugs in the Formulary whose use will be expanded in 2018-19, number of patients using these drugs, and the estimated expenditure involved in expanding the use of these drugs; and

4) the number of target therapy drugs for treating cancers 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 2 years? What will be the expenditure involved?

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 174)

Reply:

(1)

The table below sets out the number of drugs newly incorporated into and those removed from the Hospital Authority Drug Formulary (HADF) in 2016-17 and 2017-18.

	2016-17	2017-18
Number of new drugs incorporated into the HADF	39	50
Number of drugs removed from the HADF	44	86

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 2016-17 and 2017-18 (projection based on expenditure figure as at 31 December 2017) are $5.02 billion and $5.28 billion respectively.

(2)

In 2018-19, the Hospital Authority (HA) will reposition 2 Self-financed drugs as Special drugs in the HADF. The table below sets out the name of these 2 Self-financed drugs and the total amount of patients' contribution to purchase these drugs in 2016-17 and 2017-18 (up to 31 December 2017).

Drug Name / Class	Amount of patients' contribution ($ million)	
	2016-17	2017-18 (Up to 31 December 2017)
i) Rituximab	94.32	69.69
ii) Thyrotropin Alfa	2.75	2.37

The amount of patients' contribution has included the expenditure of all patients prescribed with these drugs as Self-financed drugs for a variety of therapeutic uses other than those incorporated into the HADF in 2018-19.

The table below sets out the additional recurrent resources involved and the estimated number of patients who will be benefited from the above-said drugs to be repositioned as Special drugs in the HADF in 2018-19 for specified clinical conditions.

Drug Name / Class and Therapeutic Use	Additional Recurrent Resources Involved ($ million)	Estimated Number of Patients to be Benefited
iii) Rituximab for Granulomatosis with polyangiitis and microscopic polyangiitis	3.06	38
iv) Thyrotropin Alfa for Adjunctive treatment for radioiodine ablation of thyroid tissue remnants	1.1	100

(3)

In 2018-19, HA will extend the therapeutic applications of 6 Special drugs/ drug classes in the HADF. The table below sets out the additional recurrent resources involved and the estimated number of patients who will be benefited from the extended therapeutic applications of these Special drugs/ drug classes in 2018-19.

Drug Name / Class and Therapeutic Use	Additional Recurrent Resources Involved ($ million)	Estimated Number of Patients Benefited
vii) Long-acting β adrenoceptor agonists/ Long-acting muscarinic antagonists inhalers for chronic obstructive pulmonary disease	3.65	2 000
viii) Selective sodium-glucose cotransporter-2 inhibitor for diabetes mellitus	16.3	8 537
ix) Atorvastatin for General Outpatient Clinics	4.1	29 678
x) Ticagrelor for non ST-segment elevation myocardial infarction	6.8	800
xi) Anti-Hepatitis B Viral drugs for Pre-emptive treatment for patients on immunosuppressive therapy with high and moderate risk of hepatitis B reactivation	19.85	4 506
xii) Febuxostat for hyperuricaemia	7.48	1 340

(4)

HA has established mechanisms 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. In 2015-16, 2016-17 and 2017-18, HA incorporated 3, 4 and 5 target therapy drugs into the HADF respectively for treatment of cancers.

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 new target therapy drugs to be added in the next 2 years are not yet known, HA is unable to provide the estimated expenditure on target therapy drugs in the next 2 years.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)405

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5467)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

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

1) the utilisation rates, numbers of attendances, numbers of patients of various triage categories and their average and longest waiting times in each A&E Department in 2016-17 and 2017-18; and

2) the numbers of A&E attendances in various time slots in 2016-17 and 2017-18; if such information is available, please set out the service capacity of the time slots in each A&E Department.

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 175)

Reply:

(1)

The tables below set out the number of attendances in various triage categories in each Accident and Emergency (A&E) Department of the Hospital Authority (HA) in 2016-17 and 2017-18 (up to 31 December 2017).

2016-17

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	1 567	2 766	40 182	83 576	5 982
	RH	828	1 664	15 234	52 083	6 028
	SJH	42	91	2 422	6 500	224
HKWC	QMH	892	3 036	40 301	77 953	4 459
KCC	QEH	3 637	4 767	97 756	72 821	4 882
KEC	TKOH	747	1 885	43 528	77 404	4 856
	UCH	2 460	5 396	68 570	89 596	12 466
KWC	CMC	1 527	1 680	33 840	80 139	14 671
	KWH	1 548	2 837	55 200	60 787	4 490
	NLTH	194	611	15 819	73 165	2 981
	PMH	1 172	2 903	61 171	59 252	5 995
	YCH	980	2 510	37 632	82 682	4 450
NTEC	AHNH	365	1 104	22 579	103 057	6 917
	NDH	780	1 667	40 563	58 766	4 199
	PWH	1 677	6 015	41 952	92 962	885
NTWC	POH	629	2 588	33 461	72 007	10 366
	TMH	1 159	5 952	72 048	120 744	13 276
	TSWH^	6	19	473	1 874	518
Overall HA		**20 210**	**47 491**	**722 731**	**1 265 368**	**107 645**

2017-18 (up to 31 December 2017) [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	1 252	2 239	30 843	58 254	3 814
	RH	654	1 193	11 825	36 204	3 824
	SJH	34	59	1 763	4 814	167
HKWC	QMH	703	2 454	30 964	55 616	2 683
KCC	KWH	1 316	2 152	43 040	44 109	2 653
	QEH	2 730	3 690	73 583	51 770	3 881
KEC	TKOH	725	1 737	36 466	47 898	1 540
	UCH	1 916	4 236	52 995	63 451	8 109
KWC	CMC	1 118	1 385	25 811	60 130	9 895
	NLTH	190	508	12 210	50 741	1 483
	PMH	882	2 267	47 211	41 028	3 650
	YCH	732	1 953	28 558	59 337	3 084
NTEC	AHNH	330	1 252	18 614	69 658	4 345
	NDH	599	1 296	31 928	42 156	2 634
	PWH	1 167	4 459	33 070	69 053	541
NTWC	POH	462	2 214	23 943	51 898	6 034
	TMH	766	4 599	51 553	76 721	7 262
	TSWH^	70	399	7 420	32 294	7 588
Overall HA		**15 646**	**38 092**	**561 797**	**915 132**	**73 187**

The tables below set out the average waiting time for A&E services in various triage categories in each A&E Department in 2016-17 and 2017-18 (up to 31 December 2017).

2016-17

Cluster	Hospital	Average waiting time (minutes) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	0	6	16	111	142
	RH	0	6	17	82	138
	SJH	0	8	14	26	32
HKWC	QMH	0	8	24	101	174
KCC	QEH	0	7	29	142	180
KEC	TKOH	0	7	17	112	119
	UCH	0	8	23	131	197
KWC	CMC	0	8	20	56	53
	KWH	0	6	30	116	127
	NLTH	0	8	15	32	52
	PMH	0	8	19	93	132
	YCH	0	5	17	113	143
NTEC	AHNH	0	4	14	36	39
	NDH	0	6	23	104	145
	PWH	0	12	46	177	180
NTWC	POH	0	5	23	114	126
	TMH	0	6	30	133	154
	TSWH^	0	6	17	45	67
Overall HA		**0**	**8**	**24**	**103**	**126**

2017-18 (up to 31 December 2017) [Provisional figures]

Cluster	Hospital	Average waiting time (minutes) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	0	6	15	107	134
	RH	0	7	18	83	138
	SJH	0	7	14	25	30
HKWC	QMH	0	10	27	105	170
KCC	KWH	0	7	38	134	141
	QEH	0	8	33	167	203
KEC	TKOH	0	8	24	145	153
	UCH	0	9	27	168	228
KWC	CMC	0	8	22	59	55
	NLTH	0	8	14	29	46
	PMH	0	8	19	100	135
	YCH	0	5	17	122	154
NTEC	AHNH	0	6	16	52	56
	NDH	0	7	24	106	149
	PWH	0	11	40	209	193
NTWC	POH	0	5	19	101	104
	TMH	0	7	26	169	182
	TSWH^	0	5	14	51	59
Overall HA		**0**	**8**	**26**	**114**	**127**

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

(2)

The tables below set out the number of attendances at various timeslots in each A&E Department in 2016-17 and 2017-18 (up to 31 December 2017).

2016-17

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	17 838	58 670	39 791	4 258	10 823	9 140
	RH	7 963	32 837	22 566	2 062	7 252	4 986
	SJH	1 005	2 628	3 256	289	1 123	978
HKWC	QMH	15 889	53 262	37 815	4 101	10 215	8 392
KCC	QEH	22 743	82 929	56 586	5 794	14 880	11 716
KEC	TKOH	16 640	55 466	38 691	3 947	10 640	8 483
	UCH	25 908	72 378	53 406	6 085	13 613	11 572
KWC	CMC	16 313	53 250	41 571	3 835	10 620	9 701
	KWH	15 900	56 755	38 379	3 905	10 060	8 291
	NLTH	8 313	36 220	32 866	2 020	8 178	7 425
	PMH	17 079	55 999	39 058	4 089	10 212	8 267
	YCH	17 248	55 263	36 910	4 166	11 089	8 253
NTEC	AHNH	16 108	54 429	39 928	3 778	11 036	9 198
	NDH	14 846	42 013	30 840	3 466	8 339	7 102
	PWH	18 644	60 825	40 436	4 375	11 407	8 662
NTWC	POH	15 992	52 192	34 352	3 940	9 743	7 679
	TMH	30 151	90 485	62 053	7 115	16 644	13 390
	TSWH^	2	2 659	9	0	262	0
Overall HA		**278 582**	**918 260**	**648 513**	**67 225**	**176 136**	**143 235**

2017-18 (up to 31 December 2017) [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	12 656	41 493	28 293	3 294	8 296	6 747
	RH	5 408	23 132	15 924	1 566	5 522	3 845
	SJH	798	1 987	2 272	233	871	676
HKWC	QMH	11 402	38 289	27 461	3 256	7 972	6 439
KCC	KWH	11 824	42 211	28 535	3 007	7 980	6 502
	QEH	16 012	59 811	41 777	4 342	11 423	9 524
KEC	TKOH	10 949	37 717	25 681	2 819	7 707	6 201
	UCH	18 463	52 189	38 228	4 899	10 984	9 305
KWC	CMC	12 069	38 953	30 422	3 141	8 561	7 444
	NLTH	6 020	25 191	22 263	1 593	6 249	5 496
	PMH	12 283	40 208	27 908	3 175	7 901	6 513
	YCH	12 384	40 000	26 509	3 360	8 537	6 369
NTEC	AHNH	11 410	37 500	27 636	2 887	8 248	6 889
	NDH	10 753	30 966	22 547	2 778	6 562	5 580
	PWH	13 799	44 809	30 638	3 485	9 108	6 997
NTWC	POH	11 547	34 990	25 377	2 951	7 006	6 305
	TMH	20 730	55 056	43 158	5 167	11 131	10 129
	TSWH^	0	40 065	106	0	8 852	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
Overall HA		**198 507**	**684 567**	**464 735**	**51 953**	**142 910**	**110 975**

Note:

^ TSWH has commenced A&E services since March 2017 by phases, initially with eight-hour A&E services daily from 0800hrs – 1600hrs.

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

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
KWH – Kwong Wah Hospital
QEH – Queen Elizabeth Hospital
TKOH – Tseung Kwan O Hospital
UCH – United Christian Hospital
CMC – Caritas Medical Centre
NLTH – North Lantau Hospital
PMH – Princess Margaret Hospital
YCH – Yan Chai Hospital
AHNH – Alice Ho Miu Ling Nethersole Hospital
NDH – North District Hospital
PWH – Prince of Wales Hospital
POH – Pok Oi Hospital

TMH – Tuen Mun Hospital
TSWH – Tin Shui Wai Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3685)

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:

Will the Government inform this Committee of:

1. the respective numbers of prosecutions initiated by the Tobacco Control Office (TCO) and successful prosecutions in the past 3 years?
2. the operational expenses, staff establishment and annual payroll costs of the TCO in the past 3 years as well as its operational expenses, staff establishment and annual payroll cost in the coming year?

Asked by: Hon CHAN Chi-chuen (Member Question No. (LegCo use): 181)

Reply:

(1) The Tobacco Control Office (TCO) of the Department of Health (DH) conducts inspections at venues concerned in response to smoking complaints. The numbers of fixed penalty notices (FPNs) / summonses issued by the TCO for the period from 2015 to 2017 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:

		2015	**2016**	**2017**
FPNs issued (for smoking offences)		7 693	8 650	9 711
Summonses issued	for smoking offences	163	207	149
	for other offences (such as wilful obstruction and failure to produce identity document)	80	79	78
	(as of 6 March 2018) - convicted - pending hearing results	 (221) (16)	 (258) (21)	 (170) (52)

	- not convicted	(6)	(7)	(5)

(2) The expenditures (including personal emoluments of civil service posts) for the TCO in 2015-16, 2016-17, 2017-18 (Revised Estimate) and 2018-19 (Estimate) are $178.7 million, $184.5 million, $188.9 million and $193.4 million respectively. The expenditures for personal emoluments of civil service posts in 2015-16, 2016-17, 2017-18 (Revised Estimate) and 2018-19 (Estimate) are $48.7 million, $50.3 million, $52.7 million and $52.8 million respectively. The staff establishment of the TCO from 2015-16 to 2018-19 is at Annex.

Annex

Staff Establishment of the Department of Health's Tobacco Control Office

Rank	2015-16	2016-17	2017-18	2018-19
Head, TCO				
Principal Medical & Health Officer	1	1	1	1
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	1	1	1	1
Land Surveyor	1	1	1	1
Police Officer	5	5	5	5
Overseer/ Senior Foreman/ Foreman	89	89	89	89
Senior Executive Officer/ Executive Officer	9	9	9	9
Sub-total	***106***	***106***	***106***	***106***
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	1	1	1	1
Scientific Officer (Medical)	2	2	2	2
Nursing Officer/ Registered Nurse	3	3	3	3
Hospital Administrator II	4	4	4	4
Sub-total	***11***	***11***	***11***	***11***
Administrative and General Support				
Senior Executive Officer/ Executive Officer	4	4	4	4
Clerical and support staff	17	17	17	17
Motor Driver	1	1	1	1
Sub-total	***22***	***22***	***22***	***22***
Total no. of staff:	**140**	**140**	**140**	**140**

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)407

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3759)

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:

Quite a number of members of the public have reflected that many patrons of the cooked food centres in public markets often smoke there, causing nuisance to other patrons. In this regard, will the Government inform this Committee of :

(1) the number of inspections conducted by the Tobacco Control Office (TCO) in respect of the cooked food centres in public markets in each of the past 3 years; and

(2) the number of summonses issued by the TCO in respect of illegal smoking in the cooked food centres in public markets in each of the past 3 years.

Asked by: Hon CHAN Chi-chuen (Member Question No. (LegCo use): 257)

Reply:

(1)&(2)

The numbers of inspections conducted and fixed penalty notices (FPNs) / summonses issued by the Tobacco Control Office (TCO) for the period from 2015 to 2017 for smoking offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) at food premises are as follows:

	2015	**2016**	**2017**
Inspections conducted	3 225	3 538	3 838
FPNs issued	515	592	656
Summonses issued	4	6	16

Note : The TCO does not have separate figures for cooked food centres in public markets

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3884)

Head: (37) Department of Health

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

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. How many children were assessed as having developmental disorders by the Child Assessment Centres (CACs) for the past 5 financial years? Please provide a breakdown by developmental problem of such children.

2. How many children were waiting for assessment in the CACs and what were their longest, average and shortest waiting times for the past 5 financial years?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 2758)

Reply:

1. The number of newly diagnosed cases of developmental conditions in the Child Assessment Service (CAS) in the past 5 years are as follows:

Developmental conditions	**Number of newly diagnosed cases**				
	2013	**2014**	**2015**	**2016**	**2017 (Provisional figure)**
Attention/Hyperactive Problems/Disorders	2 325	2 541	2 890	2 809	2 855
Autism Spectrum Disorder	1 478	1 720	2 021	1 905	1 716
Borderline Developmental Delay	1 915	2 073	2 262	2 205	2 371
Developmental Motor Coordination Problems/Disorders	1 928	1 849	1 888	1 822	2 124
Dyslexia & Mathematics Learning Disorder	482	535	643	506	507
Hearing Loss (Moderate to profound grade)	88	109	76	67	71
Language Delay/Disorders and Speech Problems	3 098	3 308	3 487	3 627	3 585
Physical Impairment (i.e. Cerebral	55	41	61	60	40

Palsy)					
Significant Developmental Delay/Intellectual Disability	1 213	1 252	1 443	1 323	1 311
Visual Impairment (Blind to Low Vision)	41	36	43	29	38

Note: A child might have been diagnosed with more than 1 developmental disability/problem.

2. In the past 5 years, nearly all new cases were seen within 3 weeks after registration. Due to the continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months has dropped from 89% in 2013 to 55% in 2017. 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. 3887)

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) what were the numbers of new cases, broken down by age group (age under 3, age 3-5 and age 6 or above), in the Child Assessment Centres (CACs) and their sources of referral (such as Maternal and Child Health Centres, private doctors and psychologists) for the past 5 years;

(b) what were the average, median and longest times required for children aged under 6 to complete assessment in the CACs for the past 5 years; and

(c) only 71% of the new cases met the target of completing assessment within 6 months in 2015-16. What measures will the Government implement to bring about improvements?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 2766)

Reply:

(a) The Child Assessment Service (CAS) of the Department of Health (DH) receives referrals from doctors and clinical psychologists for clinical assessment of children under the age of 12 years with suspected symptoms of developmental problems. New cases are referred from various channels, including Maternal and Child Health Centres (MCHCs), Hospital Authority (HA), private practitioners and psychologists. In the past 5 years, the CAS received new cases referred from the following sources:

Channels of Referral	**Number of cases**				
	Year 2013	Year 2014	Year 2015	Year 2016	Year 2017 (provisional figures)
MCHCs and other specialties (DH)	5 132	5 731	6 328	6 554	6 812
Paediatricians, Out-Patient Clinics and other specialties (HA)	1 226	1 344	1 368	1 416	1 422
Doctors in private practice	1 859	1 844	1 652	1 611	1 533
Psychologists (including HA, Education Bureau, Social Welfare Department, non-governmental organisations & private psychologists)	424	548	505	600	655
Others	134	27	19	7	16
TOTAL	8 775	9 494	9 872	10 188	10 438

A further breakdown of the above figures by age is not available.

(b) In the past 5 years, nearly all new cases at the CAS were seen within 3 weeks after registration. Due to the continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months has dropped from 89% in 2013 to 55% in 2017. 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. DH has not compiled statistics on the average, the median or the longest waiting time for assessment of new cases.

(c) Noting the continuous increase in demand for the services provided by the CAS, the DH has been preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to meet the rising number of referred cases. As an interim measure, the Government has allocated additional funding from 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities. The setting up of a temporary CAC involved creation of 16 civil service posts in the DH and 2 civil service posts in Social Welfare Department. The temporary CAC has commenced operation in January 2018. Of the 16 civil service posts approved for DH, the recruitment of 1 Senior Medical and Health Officer and 2 Medical and Health Officers are underway. With the establishment and full functioning of the new CAC, it is expected that the situation will be improved.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3894)

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:

What was the average time required for registration of pharmaceutical products in the past 5 years? Please also advise on the relevant registration procedures and the reasons for refusal.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 2781)

Reply:

According to the Pharmacy and Poisons Ordinance (Cap. 138) (PPO), all pharmaceutical products must be registered with the Pharmacy and Poisons Board (PPB), a statutory body set up under the PPO, before they can be sold or distributed in Hong Kong. The Department of Health (DH) has been tasked to provide professional and executive support to the PPB. Applications of registration of pharmaceutical products are classified into two main categories, namely New Chemical Entity (NCE) and non-NCE (generic) products.

The PPB will approve applications which satisfy the registration criteria of safety, quality and efficacy. For NCE products containing new active ingredients, the PPB would also recommend the suitable sales control for the concerned new active ingredients and the relevant legislation will become effective after relevant amendments to the Pharmacy and Poisons Regulations (Cap. 138A) have been gazetted. The amendment legislation will also be tabled in the Legislative Council for negative vetting.

The DH has a performance pledge of 5 months for approving an application for registration of pharmaceutical products when the applicant has submitted the documents as stated in the Guidance Notes of Registration of Pharmaceutical Products/Substances, and satisfied the registration criteria of safety, quality and efficacy. The statistics for the registration of pharmaceutical products approved by the PPB between 2013 and 2017 are provided in the table below. In the past 5 years, over 90% of the registered pharmaceutical products were approved within the performance pledge of 5 months.

Year	2013	2014	2015	2016	2017
Number of new pharmaceutical products approved in the year:	807	882	871	663	583
of which – (a) approvals granted within 5 months	796	869	838	660	580
(b) approvals granted exceeding 5 months' time	11	13	33	3	3
Percentage of registered pharmaceutical products approved within the performance pledge of 5 months	99%	99%	96%	99%	99%

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3947)

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 in each of the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 2700)

Reply:

The number of newly diagnosed cases of developmental conditions in the Child Assessment Service (CAS) in the past 5 years are as follows:

Developmental conditions	**Number of newly diagnosed cases**				
	2013	**2014**	**2015**	**2016**	**2017 (Provisional figure)**
Attention/Hyperactive Problems/Disorders	2 325	2 541	2 890	2 809	2 855
Autism Spectrum Disorder	1 478	1 720	2 021	1 905	1 716
Borderline Developmental Delay	1 915	2 073	2 262	2 205	2 371
Developmental Motor Coordination Problems/Disorders	1 928	1 849	1 888	1 822	2 124
Dyslexia & Mathematics Learning Disorder	482	535	643	506	507
Hearing Loss (Moderate to profound grade)	88	109	76	67	71
Language Delay/Disorders and Speech Problems	3 098	3 308	3 487	3 627	3 585
Physical Impairment (i.e. Cerebral Palsy)	55	41	61	60	40
Significant Developmental Delay/Intellectual Disability	1 213	1 252	1 443	1 323	1 311

Visual Impairment (Blind to Low Vision)	41	36	43	29	38

Note: A child might have been diagnosed with more than 1 developmental disability/problem.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3951)

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 tabulate the following information for the past 5 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 enrolment quota, quota for new members, and number of members from other districts of 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 they accounted for) of each EHC, as well as the average waiting time for enrolment as an EHC member each year (please provide a breakdown by EHC); and

(7) the average waiting time for having a health check at an EHC.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 2706)

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
2013-14	$1,190	$470
2014-15	$1,250	$495

2015-16	$1,310	$515
2016-17	$1,360	$535
2017-18	$1,395	$550

(3) The cost per attendance for health education activities organised by the EHCs and the Visiting Health Teams (VHTs) are not available. Information on the total expenditure of the 18 EHCs and the 18 VHTs is as follows:

Year	Total expenditure of the 18 EHCs ($ million)	Total expenditure of the 18 VHTs[#] ($ million)
2013-14 (Actual)	121.7	74.9
2014-15 (Actual)	130.6	76.7
2015-16 (Actual)	140.0	77.8
2016-17 (Actual)	150.7	84.5
2017-18 (Revised Estimate)	151.2	83.6

[#] The expenditure also includes Public Health & Administration Section of the Elderly Health Service (EHS).

(4) The Department of Health does not have breakdown of operating cost by EHC. The average operating expenditure of each EHC in the past 5 years is as follows:

Year	Average operating expenditure of each EHC ($ million)
2013-14	6.8
2014-15	7.3
2015-16	7.8
2016-17	8.4
2017-18*	8.4

* Provisional figure

(5) The total number of enrolments and the number of new members in the 18 EHCs are as follows:

EHC	Total number of enrolments					Number of new members				
	2013	2014	2015	2016	2017*	2013	2014	2015	2016	2017*
Sai Ying Pun	2 120	2 177	2 288	2 310	2 315	120	162	698	642	761
Shau Kei Wan	2 196	2 213	2 224	2 205	2 213	204	326	665	800	668
Wan Chai	2 156	2 143	3 614	4 546	4 651	183	249	1 878	2 251	2 118
Aberdeen	2 124	2 164	2 182	2 148	2 188	163	183	467	452	494
Nam Shan	2 193	2 212	2 225	2 218	2 223	166	244	490	795	687
Lam Tin	2 218	2 220	2 220	2 223	2 220	268	410	560	634	655
Yau Ma Tei	2 079	2 162	2 216	2 254	2 215	104	128	487	930	778
San Po Kong	2 122	2 123	2 134	2 142	2 321	175	168	550	640	535
Kowloon City	2 193	2 211	2 211	2 211	2 212	98	104	554	536	742
Lek Yuen	2 121	2 129	3 541	2 550	4 897	440	238	1 629	681	1 442
Shek Wu Hui	2 119	2 155	2 162	2 144	2 131	264	210	450	716	724

Tseung Kwan O	2 136	2 136	2 136	3 471	2 130	163	191	537	1 406	708
Tai Po	2 125	2 122	2 124	2 124	2 126	192	278	581	729	633
Tung Chung	2 224	2 226	2 330	2 319	2 321	407	244	461	731	503
Tsuen Wan	2 092	2 114	2 116	2 516	2 114	386	396	520	1 032	682
Tuen Mun Wu Hong	2 109	2 127	2 149	2 208	2 215	275	360	514	653	700
Kwai Shing	2 212	2 221	2 310	2 277	2 286	184	371	620	551	641
Yuen Long	2 198	2 215	2 219	2 270	2 316	332	275	420	739	626
Total	**38 737**	**39 070**	**42 401**	**44 136**	**45 094**	**4 124**	**4 537**	**12 081**	**14 918**	**14 097**

* Provisional figures

The number of members from other districts in each EHC are as follows:

EHC	**Number of members from other districts**				
	2013	**2014**	**2015**	**2016**	**2017***
Sai Ying Pun	568	621	608	559	390
Shau Kei Wan	71	72	66	60	47
Wan Chai	1 070	1 079	1 956	2 878	2 240
Aberdeen	40	48	58	51	33
Nam Shan	802	809	835	870	629
Lam Tin	129	180	196	174	106
Yau Ma Tei	790	858	853	929	721
San Po Kong	532	510	582	654	557
Kowloon City	875	935	899	867	652
Lek Yuen	46	49	76	62	71
Shek Wu Hui	106	92	119	83	89
Tseung Kwan O	266	257	238	325	126
Tai Po	308	319	246	257	169
Tung Chung	1 332	1 372	1 325	1 195	959
Tsuen Wan	729	761	734	930	584
Tuen Mun Wu Hong	82	48	42	38	17
Kwai Shing	550	532	564	580	480
Yuen Long	82	101	115	126	94
Total	**8 378**	**8 643**	**9 512**	**10 638**	**7 964**

* Provisional figures as at September 2017

(6) and (7) The number of members enrolled in a year who did not renew their membership by 2 years and their percentage among the total number of enrolments in 18 EHCs are as follows:

EHC	**EHC members who did not return by**									
	2013		**2014**		**2015**		**2016**		**2017***	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**	**Number**	%
Sai Ying Pun	499	24%	443	21%	467	22%	527	24%	678	30%
Shau Kei Wan	533	24%	441	20%	520	24%	559	25%	723	33%
Wan Chai	372	17%	358	17%	358	17%	411	19%	1082	30%
Aberdeen	420	20%	395	19%	404	19%	404	19%	512	23%
Nam Shan	467	21%	456	21%	437	20%	495	22%	586	26%
Lam Tin	577	26%	546	24%	500	23%	543	24%	666	30%

Yau Ma Tei	465	22%	427	20%	370	18%	426	20%	744	34%
San Po Kong	513	24%	495	23%	467	22%	493	23%	636	30%
Kowloon City	470	21%	464	21%	482	22%	497	22%	631	29%
Lek Yuen	679	31%	549	26%	618	29%	597	28%	1413	40%
Shek Wu Hui	551	26%	508	24%	492	23%	580	27%	732	34%
Tseung Kwan O	478	22%	435	20%	462	22%	502	24%	662	31%
Tai Po	329	15%	348	16%	324	15%	456	21%	578	27%
Tung Chung	391	17%	420	19%	386	17%	430	19%	536	23%
Tsuen Wan	549	26%	534	25%	569	27%	659	31%	849	40%
Tuen Mun Wu Hong	492	23%	500	23%	508	24%	602	28%	740	34%
Kwai Shing	499	23%	434	20%	473	21%	491	22%	616	27%
Yuen Long	403	18%	440	20%	420	19%	430	19%	589	27%
Total	**8 687**	**22%**	**8 193**	**21%**	**8 257**	**21%**	**9 102**	**23%**	**12 973**	**31%**

* Provisional figures as at September 2017

As health assessment is conducted on the day of enrolment, the waiting time for enrolment as a new member and the waiting time for first-time health assessment is the same. The median waiting time for enrolment as a new member of individual EHCs is as follows:

EHC	**Median waiting time (months)**				
	2013	**2014**	**2015**	**2016**	**2017***
Sai Ying Pun	22.8	30.5	30.0	6.0	7.5
Shau Kei Wan	21.5	24.9	23.5	2.4	6.9
Wan Chai	27.8	34.4	34.3	1.4	5.4
Aberdeen	11.5	16.2	14.5	4.3	7.0
Nam Shan	17.3	18.2	15.8	2.2	5.8
Lam Tin	11.1	15.0	12.0	4.0	7.5
Yau Ma Tei	25.4	32.9	34.2	7.6	6.9
San Po Kong	15.9	24.0	18.6	1.5	6.3
Kowloon City	23.4	31.4	34.4	8.5	5.7
Lek Yuen	22.8	21.9	4.5	8.7	7.7
Shek Wu Hui	10.8	14.3	16.4	7.9	6.7
Tseung Kwan O	20.5	27.0	29.0	2.8	6.8
Tai Po	28.6	22.4	16.3	3.8	6.9
Tung Chung	10.4	12.9	15.0	6.3	3.9
Tsuen Wan	12.7	15.8	17.8	12.0	5.9
Tuen Mun Wu Hong	15.0	17.3	15.8	11.3	10.2
Kwai Shing	10.4	13.7	7.0	1.5	4.8
Yuen Long	8.7	10.7	13.4	6.0	6.7
Overall	**16.6**	**20.1**	**16.3**	**5.2**	**6.8**

* Provisional figures

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3952)

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 inform this Committee of:

(1) the annual number of attendances of the elderly receiving the services, broken down 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: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 2707)

Reply:

(1) The Outreach Dental Care Programme for the Elderly (ODCP) was implemented since October 2014. The number of attendances under ODCP for annual oral check and dental treatments was about 138 400 between October 2014 and September 2017, and about 21 100 between October 2017 and January 2018. 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 implementing the ODCP was $25.1 million in 2014-15, $44.5 million in 2015-16, $44.8 million in 2016-17, $44.9 million each in 2017-18 and 2018-19.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3960)

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:

The Government stated that the Department of Health would set up an additional Child Assessment Centre. Please give a detailed account of the particulars, relevant allocation of resources, staff establishments and effectiveness related to this project in the past 3 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 2743)

Reply:

Noting the continuous increase in demand for the services provided by the Child Assessment Service (CAS), the Department of Health (DH) has been preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to meet the rising number of referred cases. As an interim measure, the Government has allocated additional funding from 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities. The setting up of a temporary CAC involved creation of 16 civil service posts in the DH and 2 civil service posts in Social Welfare Department. The temporary CAC has commenced operation in January 2018. Of the 16 civil service posts approved for DH, the recruitment of 1 Senior Medical and Health Officer and 2 Medical and Health Officers are underway. A recurrent provision of $11.8 million was approved for setting up of the temporary CAC in 2017-18. With the establishment and full functioning of the new CAC, it is expected that the situation will be improved.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3961)

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 5 financial years? Please provide a breakdown by developmental problem of such children.

2. What were the longest, average and shortest waiting times for assessment in the CACs for the past 5 financial years?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 2744)

Reply:

1. The number of newly diagnosed cases of developmental conditions in the Child Assessment Service (CAS) in the past 5 years are as follows:

Developmental conditions	**Number of newly diagnosed cases**				
	2013	**2014**	**2015**	**2016**	**2017 (Provisional figure)**
Attention/Hyperactive Problems/Disorders	2 325	2 541	2 890	2 809	2 855
Autism Spectrum Disorder	1 478	1 720	2 021	1 905	1 716
Borderline Developmental Delay	1 915	2 073	2 262	2 205	2 371
Developmental Motor Coordination Problems/Disorders	1 928	1 849	1 888	1 822	2 124
Dyslexia & Mathematics Learning Disorder	482	535	643	506	507
Hearing Loss (Moderate to profound grade)	88	109	76	67	71
Language Delay/Disorders and Speech Problems	3 098	3 308	3 487	3 627	3 585

Physical Impairment (i.e. Cerebral Palsy)	55	41	61	60	40
Significant Developmental Delay/Intellectual Disability	1 213	1 252	1 443	1 323	1 311
Visual Impairment (Blind to Low Vision)	41	36	43	29	38

Note: A child might have been diagnosed with more than 1 developmental disability/problem.

2. In the past 5 years, nearly all new cases at CAS were seen within 3 weeks after registration. Due to the continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months has dropped from 89% in 2013 to 55% in 2017. 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 2018-19 Reply Serial No.

FHB(H)416

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3962)

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 queues and waiting times (the shortest, longest and median) in respect of each child assessment centre for the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 2745)

Reply:

In the past 5 years, nearly all new cases at the Child Assessment Service (CAS) were seen within 3 weeks after registration. Due to the continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months has dropped from 89% in 2013 to 55% in 2017. 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 median, the longest or the shortest waiting time for assessment of new cases.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4578)

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 in each of the past 5 years.

Type of developmental disorder	2014	2015	2016	2017	2018
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)					

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 1069)

Reply:

The number of newly diagnosed cases of developmental conditions in the Child Assessment Service (CAS) in the past 5 years are as follows:

Developmental conditions	**Number of newly diagnosed cases**				
	2013	**2014**	**2015**	**2016**	**2017 (Provisional figure)**
Attention/Hyperactive Problems/Disorders	2 325	2 541	2 890	2 809	2 855
Autism Spectrum Disorder	1 478	1 720	2 021	1 905	1 716
Borderline Developmental Delay	1 915	2 073	2 262	2 205	2 371
Developmental Motor Coordination Problems/Disorders	1 928	1 849	1 888	1 822	2 124
Dyslexia & Mathematics Learning Disorder	482	535	643	506	507
Hearing Loss (Moderate to profound grade)	88	109	76	67	71
Language Delay/Disorders and Speech Problems	3 098	3 308	3 487	3 627	3 585
Physical Impairment (i.e. Cerebral Palsy)	55	41	61	60	40
Significant Developmental Delay/Intellectual Disability	1 213	1 252	1 443	1 323	1 311
Visual Impairment (Blind to Low Vision)	41	36	43	29	38

Note: A child might have been diagnosed with more than 1 developmental disability/problem.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5342)

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. What were the number of students attending the Student Health Service, the number and type of referrals to the Special Assessment Centres as well as the specialist clinics of the Department of Health and the Hospital Authority for follow-up, and the unit cost for handling each case for each school year from 2014/2015 to 2017/2018 (if applicable)?

2. What were the number of schools and students joining the Adolescent Health Programme, the number of school visits made and activities arranged, and the expenditure involved for each school year from 2014/2015 to 2017/2018 (if applicable)?

Asked by: Hon IP Kin-yuen (Member Question No. (LegCo use): 74)

Reply:

1. The number of students attended the Student Health Service Centres and referrals to Special Assessment Centres and specialist clinics with breakdown by specialties in school years 2014/2015, 2015/2016 and 2016/2017 are shown in the table below. Figures for school year 2017/2018 are not yet available.

School Year	2014/2015	2015/2016	2016/2017
Number of students attended Student Health Service Centres	415 365	413 456	415 913
Number of referrals to Special Assessment Centre *	71 088	72 492	71 637
Number of referrals by specialty including Department of Health and Hospital Authority *			

School Year	2014/2015	2015/2016	2016/2017
Ophthalmology	475	494	469
Ear, Nose, Throat	1 248	1 380	1 379
Paediatrics	5 060	5 490	5 808
Medicine	115	102	113
Surgery	2 219	2 343	2 350
Orthopaedics	1 049	1 103	1 194
Gynaecology	395	411	362
Psychiatry	461	489	631
Adolescent Medicine	15	9	6
Dermatology	824	919	995
Child Assessment Service	92	109	82
Family Medicine	23	27	15
Others	82	91	82
Total	12 058	12 967	13 486

Note : * A student might have more than 1 referral.

The unit cost per attendance under Student Health Service for 2014-15, 2015-16, 2016-17 and 2017-18 is as follows:

Financial Year	Unit cost per attendance ($)
2014-15	530
2015-16	555
2016-17	580
2017-18	590

2. For school years 2014/2015, 2015/2016 and 2016/2017, the number of schools enrolled to Adolescent Health Programme (AHP) and the number of students joined the AHP are as follows:

School Year	2014/2015	2015/2016	2016/2017
No. of schools	317	318	314
No. of students	75 000	69 000	66 000

Figures for school year 2017/2018 are not yet available.

During the same period, the number of school visits made and the number of activities arranged are as follows:

School Year	2014/2015	2015/2016	2016/2017
Number of school visits for programme delivery	2 600	2 600	2 400

School Year	**2014/2015**	**2015/2016**	**2016/2017**
Number of briefing/debriefing sessions with teachers/school management	5 500	5 500	5 200

The expenditure of AHP for 2014-15, 2015-16, 2016-17 and 2017-18 is as follows:

Financial Year	**Amount**
	$ million
2014-15 (Actual)	68.0
2015-16 (Actual)	74.0
2016-17 (Actual)	73.4
2017-18 (Revised Estimate)	75.2

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5345)

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 set out the respective numbers of students who received seasonal influenza vaccination in the maternal and child health centres and student health service centres of the Department of Health (DH) and subvented clinics in each of the past school years from 2015/2016 to 2017/2018, as well as the respective percentages of students vaccinated in the age groups to which they belong.

2. What is the quantity of vaccines procured in each school year and the unit cost per dose?

3. What is the expenditure on subventing private medical practitioners under the Childhood Influenza Vaccination Subsidy Scheme in each school year?

4. The DH sends inoculation teams to schools to provide vaccination for primary one and primary six students under the existing Childhood Immunisation Programme. What are the staff establishments of the inoculation teams as well as the manpower and expenditure involved in each year?

5. How many schools are provided with vaccination services and how many students have received vaccination in each school year?

6. Will the DH consider including the seasonal influenza vaccination in the Childhood Immunisation Programme on a regular basis and sending inoculation teams to schools to provide vaccination for students every year so as to boost the vaccination rates? If so, what are the details? If not, why?

Asked by: Hon IP Kin-yuen (Member Question No. (LegCo use): 75)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elders and other target groups at clinics of DH and the Hospital Authority; and

- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elders and other target groups through the involvement of private doctors.

(1) – (3)

The number of seasonal influenza (SI) vaccines administered to eligible children by Maternal and Child Health Centres (MCHCs) and Student Health Service Centres (SHSCs) in the past 3 years are as follows –

Year	Number of doses administered to children by MCHS	Number of doses administered to children by SHSCs
2015-16	3 160	Not Applicable [@]
2016-17	1 569	359
2017-18	1 732 (as at 10 March 2018)	481 (as at 4 March 2018)

[@] Starting from 2016-17 season, children who are from families receiving CSSA or holders of certificate for medical waiver of medical charges can receive free vaccinations at SHSCs.

The number and percentage of children who received SIV under GVP and VSS in the past 3 vaccination seasons are detailed at Annex I. As some children may have received SIV outside the Government's vaccination programme/schemes, they are not included in the above statistics.

The following figures are the quantities of seasonal influenza (SI) vaccines that the Government procured under GVP in the past 3 years and the contract amount:

Year	Number of doses	Amount ($ million)
2015-16	400 000	21.0
2016-17	430 000	23.3
2017-18	527 000[~]	28.0[~]

[~] This includes 20 000 doses of Southern Hemisphere SIV which have been procured for the 2017-18 vaccination season at the contract price of $1.16 million.

The subsidy of SIV under VSS was $160 per dose in 2015-16 season and was raised to $190 per dose starting from the 2016-17 season. The total amount of subsidy claimed by enrolled doctors for eligible children receiving SIV under VSS in 2015-16, 2016-17 and 2017-18 (as at 4 March 2018) were $9.3 million, $25.9 million and $32.9 million respectively.

(4)
Under the Hong Kong Childhood Immunisation Programme (HKCIP), the School Immunisation Team (SIT) of the DH provides 'Measles, Mumps and Rubella vaccine' (MMR) and 'Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus vaccine' to all primary 1 students, and 'Diphtheria, Tetanus, acellular Pertussis (reduced dose) and Inactivated Poliovirus vaccine' to all primary 6 students. The SIT also provides mop-up vaccination for MMR and hepatitis B vaccine for a small number of primary 6 students who have not completed the vaccination. The establishment of the SIT from 2015-16 to 2017-18 is shown in the following table –

Rank*	**Number**
Senior Nursing Officer	1
Nursing Officer	2
Registered Nurse	9
Enrolled Nurse	12
Senior Inoculator	4
Inoculator	28
Assistant Clerical Officer	2
Total:	**58**

* Not including 4 drivers and 4 workmen providing logistic support

The total annual recurrent cost of these 58 posts in 2017-18 is $18.9 million.

(5)
As school year 2017/2018 is yet to complete, the number of primary schools and students covered by SIT in the previous 3 school years (September to August) is shown in the following table (as of 15 March 2018) –

School year#	**Number of schools**	**Number of students covered**	**Number of vaccine doses administered**
2014/2015	634	113 204	167 005
2015/2016	638	112 464	164 152
2016/2017	639	116 021	167 710

September to August

(6)
The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection (CHP) of the DH makes recommendations regarding the HKCIP from the public health perspective. Although seasonal influenza vaccination is not included in the HKCIP, the SCVPD recommends that all members of the public aged 6 months or above, except those with known contraindications, should receive SI vaccine for personal protection. In addition, the SCVPD recommends children between the age of 6 months to 11 years as one of the priority groups for SIV in Hong Kong.

To encourage more schools to arrange outreaching vaccination activities under VSS, the Government has established contact with many school organisations to encourage and facilitate their schools in organising outreaching vaccination for their students. We have

also been providing outreaching guidelines, assistance and support to school management and healthcare professionals through briefing sessions and online publications. Meanwhile, extensive promotion on SIV has been made through multiple channels, including press conferences, press releases, TV/radio, expert interviews/videos, online information, posters and leaflets.

There is room for improvement to encourage more children taking SIV through enhancing the awareness of the public on the need for vaccination and improving the availability of vaccination service to young school students. The Government will continue to explore measures to further increase the SIV coverage for children.

Annex I

Number of children who received SIV under GVP and VSS in the past 3 years -

Target groups	Vaccination programme/ scheme	2015-16	
		No. of recipients	Percentage of population in the age group
Children between the age of 6 months and less than 6 years	GVP	2 400	15.1%
	CIVSS &	45 200	

Target groups	Vaccination programme/ scheme	2016-17		2017-18 (as at 4 March 2018)	
		No. of recipients	Percentage of population in the age group	No. of recipients	Percentage of population in the age group
Children between the age of 6 months and less than 12 years	GVP	1 600	17.4%	1 700	22.4%
	VSS &	110 600		145 800	

& Starting from 2016-17, Childhood Influenza Vaccination Subsidy Scheme (CIVSS), Elderly Vaccination Subsidy Scheme and Persons with Intellectual Disabilities Vaccination Subsidy Scheme were merged into a single VSS.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3766)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2018-19 that the Health Branch will continue the effort for promotion of breastfeeding. In this connection, will the Government inform this Committee of the following:

a. the specific measures for promoting breastfeeding as well as the expenditure, manpower and resources involved and the intended effectiveness of each measure;

b. the breastfeeding rates of infants in the first 6 months, 1 year and 2 years after discharge from hospitals in the past 5 years;

c. the respective numbers of venues with breastfeeding rooms (BF rooms) and baby-sitting rooms (BS rooms) for public use in Government office buildings, recreational and sports facilities under the Leisure and Cultural Services Department, public transport interchanges, public markets under the Food and Environmental Hygiene Department, MTR stations and shopping centres in Hong Kong, and their percentages in the total number of the venues concerned (set out in the table below); whether the Government has any specific plans to encourage shopping centres to provide BF rooms and BS rooms; if it has, of the details; if not, the reasons for that;

Year	Government office buildings		Recreation and sports facilities		Public transport interchanges		Public markets		MTR stations		Shopping centres	
	BF rooms	BS rooms	BF rooms	BS rooms	BF rooms	BS rooms	BF rooms	BS rooms	BF rooms	BS rooms	BF rooms	BS rooms
2017 Number												
Percentage												
2016 Number												
Percentage												
2015 Number												
Percentage												

2014 Number												
Percentage												
2013 Number												
Percentage												

d. whether it has any specific breastfeeding-friendly measures to encourage employers to provide BF rooms and BS rooms in the workplace and provide breast pumping and breastfeeding time to employees; if it has, of the details; if not, whether it has any plans to put in place such measures; and

e. whether it has promoted breastfeeding to the public (including the mass media) through different channels; if it has, of the details, and the publicity activities and expenditures involved in the past 5 years?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 62)

Reply:

(a.)

In 2018-19, the Department of Health (DH) will continue to promote and support breastfeeding through strengthening publicity and education on breastfeeding; encouraging the adoption of "Breastfeeding Friendly Workplace Policy" to support working mothers to continue breastfeeding after returning to work; promoting breastfeeding in public places through implementing the "Breastfeeding Friendly Premises Policy" and provision of babycare facilities so that the breastfeeding mothers can breastfeed their children or express milk anytime, anywhere; promulgating and evaluating the effectiveness of the Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children; and strengthening the surveillance on local breastfeeding situation.

A provision of $6.0 million has been earmarked in 2018-19 for enhancing the effort for promotion of breastfeeding. The workload for implementing the initiatives will be absorbed by the existing manpower resources of the Family Health Service, hence breakdown by items is not available.

(b.)

The DH conducted regular surveys to monitor the local trend of breastfeeding. Information available in the past years as included in the table below shows the breastfeeding rates of children born in 2010, 2012, 2014 and 2016, collected through surveys conducted in 2011, 2013, 2015 and 2017:

		Year of birth			
		2010	2012	2014	2016
Ever breastfeeding rate[a] at hospital discharge		80%	85%	86%	87%
Breastfeeding rate[b]	At 1 month of age	60%	69%	73%	78%
	At 2 months of age	45%	56%	61%	67%
	At 4 months of age	34%	44%	50%	56%

	At 6 months of age	25%	33%	41%	47%
	At 12 months of age	10%	14%	25%	28%
Exclusive breastfeeding rate[c]	At 1 month of age	19%	22%	31%	34%
	At 2 months of age	18%	22%	30%	33%
	At 4 months of age	15%	19%	27%	31%

Note:

[a] "Ever breastfeeding rate" refers to the percentage of newborn babies who had ever been breastfed.

[b] "Breastfeeding rate" refers to the percentage of children who are on any form of breastfeeding, including children exclusively breastfed as well as those breastfed children who are supplemented with formula milk and/or solid food feeding.

[c] "Exclusive breastfeeding rate" refers to the percentage of children who are on breastmilk only (either directly from breast or indirectly from expressed breastmilk).

(c.)-(e.)

The Government has been proactively promoting the provision of babycare facilities in public and private premises. Measures included such as:

i) the "Advisory Guidelines on Babycare Facilities" issued in August 2008 to encourage incorporation of desirable babycare facilities in public premises under government's management;
ii) the "Practice Note on the Provision of Babycare Rooms in Commercial Buildings" issued in February 2009 to encourage and facilitate the provision of babycare rooms in private commercial premises;
iii) a circular issued in May 2014 to set out the Government's accommodation policy on the provision of lactation rooms for staff in government premises;
iv) DH issued relevant guidelines including "Employers' Guide to Establishing Breastfeeding Friendly Workplace" and "Employee's Guide to Combining Breastfeeding with Work", and promulgated the "Breastfeeding Friendly Workplace Policy" to private and public sectors in the community;
v) to impose mandatory requirement in the sale conditions of government land sale sites for new commercial developments comprising office premises and/or retail outlets, eating places, etc. to enhance provision of babycare rooms and lactation rooms in the community; and
iv) to impose mandatory requirements for certain new government premises to provide babycare rooms and lactation rooms.

As at December 2017, there are a total of 294 babycare rooms in government premises which are listed in the table below:

Government department/organisation	Venue type	No. of babycare rooms
Department of Health	Maternal and child health centres	31
	Health education centre	1
Hospital Authority	Hospitals and clinics in Hospital Authority clusters	84
	General out-patient clinics	10

Home Affairs Department	Community halls/centres	7
Housing Department	Shopping centres managed by the Housing Authority	10
Immigration Department	Birth registries	2
	Immigration branch offices	1
Leisure and Cultural Services Department	Performance venues	5
	Libraries	8
	Museums	5
	Music Centre	1
	Leisure venues (Note 1)	76
Airport Authority	Passenger Terminal Buildings	39
Others	Others (Note 2)	14
Total		**294**

(Note 1) Including sports centres, swimming pools, sports grounds, stadia, tennis courts, parks, etc.

(Note 2) Including the Central Government Complex, departmental headquarters buildings, Wetland Park, etc.

A list of babycare rooms in government premises with location details is available in the website of Family Health Service (FHS) at:
http://www.fhs.gov.hk/english/breastfeeding/babycare_facilities_list.html

To further enhance support from various sectors of the community on breastfeeding, the Hong Kong Committee for the United Nations Children's Fund in collaboration with the Food and Health Bureau and the DH, have launched a promotion campaign entitled "Say Yes to Breastfeeding" since July 2015. The campaign aims to encourage private organisations to implement the "Breastfeeding Friendly Workplace Policy" and introduce breastfeeding friendly initiatives in public places such as restaurants and shopping malls.

Various public transport including some ferry routes and Mass Transit Railway stations have provided babycare rooms for breastfeeding mothers to breastfeed their children. The Government will continue to collaborate with different sectors and organisations to promote and support breastfeeding in various aspects.

The DH also collaborates with relevant professional healthcare bodies, academia as well as the private and public birthing hospitals in the following areas to promote and support breastfeeding -

i) providing training for maternal and child health personnel and producing a training kit on breastfeeding for their reference;
ii) providing health information on breastfeeding for parents through workshops and individual counselling;
iii) production and distribution of educational materials;
iv) providing guidance and skill support for breastfeeding mothers; and
v) conducting publicity activities such as production and broadcasting Announcements in the Public Interest on television, radio, and public buses; disseminating messages through newspapers, parent magazines; conducting poster campaigns, to promote public awareness and acceptance of breastfeeding.

The expenditure on promotion of breastfeeding in 2013-14 and 2014-15 was absorbed by FHS of the DH and cannot be separately identified. The expenditures on promotion of breastfeeding in the financial years 2015-16, 2016-17 and 2017-18 (revised estimate) were $5.0 million, $5.0 million and $6.0 million respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3802)

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 programmes/schemes to provide pneumococcal vaccination for elders and young children, will the Government advise on:

(a) the numbers of elders who received pneumococcal vaccination in the past 3 years, the estimated number of elders who will receive pneumococcal vaccination in 2018-19, the percentage of the elderly population who had received pneumococcal vaccination, as well as the expenditure involved;

(b) the numbers of young children who received pneumococcal vaccination in the past 3 years, the estimated number of young children who will receive pneumococcal vaccination in 2018-19, the percentage of the young children population who had received pneumococcal vaccination, as well as the expenditure involved;

(c) the number of private clinics which have enrolled in the programmes/schemes to provide pneumococcal vaccination; and

(d) whether it has any measures to increase the coverage rate of pneumococcal vaccination among local residents. If so, what are the measures and the expenditure involved?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 60)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide pneumococcal vaccination to eligible elders and children –

- Government Vaccination Programme (GVP), which provides free pneumococcal vaccination to eligible elders aged 65 or above;

- Vaccination Subsidy Scheme (VSS), which provides subsidised pneumococcal vaccination to elderly aged 65 or above; and

- Hong Kong Childhood Immunisation Programme, which includes provision of pneumococcal conjugate vaccine (PCV) to eligible children at 2, 4, 6 months of age followed by a booster dose at 12 months at DH's Maternal and Child Health Centres (MCHCs)

(a) Relevant statistics and estimated number of recipients for the 2017-18 vaccination season, and the expenditure are detailed at Annex 1. It should be noted that some elders may have received pneumococcal vaccination outside GVP and VSS and hence not included in these statistics.

(b) The statistics on PCV vaccinations administered by MCHCs in the past 3 years are tabulated as follows, children may have received PCV outside MCHCs and they are not included in these statistics.

Year	Number of PCV doses administered by MCHCs	Cost of total administered doses of PCV($ million)
2015	218 900	77.9
2016	215 000	76.5
2017	212 000	78.9

Based on the figure of 2017, the number of PCV doses administered by MCHCs in 2018 is estimated to be about 212 000 and the vaccine cost is $78.9 million.

According to an immunisation survey conducted by the DH in 2015, the PCV vaccination coverage among surveyed local children for the 1st, 2nd, 3rd and the booster dose were 99.6%, 99.2%, 98.5% and 95.8% respectively.

(c) As at 4 March 2018, 1 280 doctors (involving 1 596 clinics) have enrolled in VSS providing subsidised pneumococcal vaccination to eligible elders.

(d) Both GVP and VSS have been providing the 23-valent pneumococcal polysaccharide vaccine (23vPPV) to eligible persons aged 65 or above since 2009. Starting from October 2017, an additional dose of free or subsidised PCV13 has been offered to people aged 65 or above who have high-risk conditions. The aim is to provide them with better protection against invasive pneumococcal diseases in accordance with the latest recommendations of Scientific Committee on Vaccine Preventable Diseases. Upon implementation of the above new initiative, eligible elders with high-risk conditions will receive 1 dose of free/subsidised PCV13 on top of 1 dose of free/subsidised 23vPPV. For elders without high risk conditions, they are eligible for receiving 1 dose of subsidised 23vPPV under VSS.

In 2017-18, $77.2 million has been provided for implementing the above initiative. The expenses include cost for procuring and administering the vaccines under the GVP, payment of subsidies under VSS, cost for employing extra staff and other administrative costs, etc.

Annex 1

Pneumococcal vaccination for elders under GVP and VSS

Target groups	Vaccination programme/ scheme	2015-16*			2016-17*		
		No. of recipients[#]	**Subsidy claimed ($ million)**	**Accumulative percentage of population in the age group vaccinated[+]**	**No. of recipients[#]**	**Subsidy claimed ($ million)**	**Accumulative percentage of population in the age group vaccinated[+]**
People aged 65 or above	GVP	19 600	Not applicable	33.9%	27 500	Not applicable	34.1%
	VSS	15 400	2.9		15 600	3.0	
Total:		**35 000**	**2.9**		**43 100**	**3.0**	

Pneumococcal vaccination for elders under GVP and VSS

Target groups	**Vaccination programme/ scheme**		**2017-18 (as at 4 March 2018)***		
			No. of recipients#	**Subsidy claimed ($ million)**	**Accumulative percentage of population in the age group vaccinated+**
People aged 65 or above	GVP	23vPPV	1 500	Not applicable	37.7%
		PCV13	38 500 ^		
	VSS	23vPPV	14 400	2.7	
		PCV13	5 000 ^	3.7	
Total:			**59 400**	**6.4**	

* Elderly people aged 65 or above received a single dose of 23vPPV in 2015-16 and 2016-17. Starting from October 2017, an additional dose of free or subsidised PCV13 has been offered to people aged 65 or above who have high-risk conditions.

\# Refers to new recipients only.

^ This does not include a total of 37 500 mop up doses administered under GVP (26 500 doses) and VSS (11 000 doses at a cost of $8 million) respectively.

+ Based on the accumulated number of recipients excluding those already deceased.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4189)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the Elderly Health Care Voucher Scheme, please advise on the following for each of the past 5 years:

a. the number of eligible persons;

b. the actual number and percentage of eligible persons who had used the vouchers, the number of vouchers used, the total amount claimed, with a breakdown by gender and age group (65-69, 70-74, 75-79, 80-84, 85 or above);

c. the actual expenditure incurred in the Elderly Health Care Voucher Scheme;

d. the number of healthcare service providers enrolled in the Scheme, with a breakdown by profession (medical practitioners, Chinese medicine practitioners, dentists, chiropractors, registered and enrolled nurses, physiotherapists, occupational therapists, radiographers, medical laboratory technologists and optometrists);

e. the number of persons whose voucher account balance was less than $200 before the issuance of new vouchers on 1 January, and the percentage of such persons out of the total population of elderly persons aged 65 or above;

f. the number of complaints received in relation to the Elderly Health Care Vouchers, the types of complaints, the categories of healthcare services involved and the number of substantiated complaints;

g. the number of complaints received about shops/medical centres misleading elderly persons into purchasing products with the vouchers, with a breakdown by (1) medication; (2) spectacles; (3) dried seafood; (4) medical equipment; and (5) other products, as well as the amount of money and the number of shops/medical centres involved;

h. the number of government-initiated inspections concerning shops/medical centres which had misled elderly persons into purchasing products with the vouchers, and the number of "decoy operations" carried out, with a breakdown by (1) medication; (2) spectacles; (3) dried seafood; (4) medical equipment; and (5) other products, as well as the amount of money and the number of shops/medical centres involved; and

i. the number of complaints received or the number of government-initiated inspections concerning medical centres which had charged elderly voucher users different fees, the number of substantiated complaints, the number of clinics or medical centres involved, as well as the follow-up actions taken by the Government.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 56)

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 cumulative voucher amount involved in the past 5 years, broken down by gender and age group:

	2013			2014			2015			2016			2017		
	Number of elders	% of eligible elders	Cumulative Amount of vouchers claimed by end of the year^ (in $'000)	Number of elders	% of eligible elders	Cumulative Amount of vouchers claimed by end of the year^ (in $'000)	Number of elders	% of eligible elders	Cumulative Amount of vouchers claimed by end of the year^ (in $'000)	Number of elders	% of eligible elders	Cumulative Amount of vouchers claimed by end of the year^ (in $'000)	Number of elders	% of eligible elders	Cumulative Amount of vouchers claimed by end of the year^ (in $'000)
a. Number of eligible elders (i.e. elders aged 65/70[Note 1] or above)*	724 000	-	-	737 000	-	-	760 000	-	-	775 000	-	-	1 221 000	-	-
b. Cumulative number of elders who had made use of vouchers by the end of the year	488 000	67%	629,814	551 000	75%	1,194,029	600 000	79%	2,034,342	649 000	84%	3,002,792	953 000	78%	4,361,095
(i) By gender															
- Male	211 000	65%	263,482	242 000	73%	504,467	266 000	77%	871,622	290 000	83%	1,300,122	430 000	75%	1,905,267
- Female	277 000	70%	366,332	309 000	76%	689,562	334 000	80%	1,162,720	359 000	85%	1,702,670	523 000	80%	2,455,828
(ii) By age group															
- 65 – 69[Note 1]	-	-	-	-	-	-	-	-	-	-	-	-	239 000	58%	278,966
- 70 – 74	124 000	58%	133,323	142 000	67%	249,793	158 000	74%	429,291	183 000	82%	636,517	225 000	90%	870,863
- 75 – 79	150 000	71%	209,470	164 000	78%	389,961	172 000	82%	644,873	174 000	84%	910,025	175 000	88%	1,178,283
- 80 – 84	119 000	75%	164,669	133 000	81%	314,084	142 000	85%	529,917	150 000	89%	786,312	157 000	91%	1,069,326
- 85 or above	95 000	66%	122,352	112 000	74%	240,191	128 000	77%	430,261	142 000	80%	669,938	157 000	84%	963,657

Note 1: The eligibility age for the Elderly Health Care Voucher (EHV) Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

* Source: Hong Kong Population Projections 2012 – 2041, Hong Kong Population Projections 2015 – 2064 and Hong Kong Population Projections 2017 – 2066, Census and Statistics Department

^ Face value of each voucher was changed from $50 to $1 on 1 July 2014.

c. The actual/estimated voucher expenditures for 2013-14 to 2017-18 are as follows:

Financial year	Voucher Expenditure (in $ million)
2013-14 (Actual)	341.0
2014-15 (Actual)	682.2
2015-16 (Actual)	914.5
2016-17 (Actual)	1,102.3
2017-18 (Revised Estimate)	1,910.1

d. The table below shows the number of healthcare service providers enrolled in the EHV Scheme in the past 5 years, broken down by types of healthcare professionals:

	As at 31.12.2013	As at 31.12.2014	As at 31.12.2015	As at 31.12.2016	As at 31.12.2017
Medical Practitioners	1 645	1 782	1 936	2 126	2 387
Chinese Medicine Practitioners	1 282	1 559	1 826	2 047	2 424
Dentists	408	548	646	770	895
Occupational Therapists	39	45	45	51	69
Physiotherapists	267	306	312	344	396
Medical Laboratory Technologists	25	26	30	35	48
Radiographers	19	21	21	24	40
Nurses	79	108	124	148	182
Chiropractors	45	51	54	66	71
Optometrists	167	185	265	533	641
Sub-total (Hong Kong)	3 976	4 631	5 259	6 144	7 153
University of Hong Kong - Shenzhen Hospital Note 2	-	-	1	1	1
Total:	3 976	4 631	5 260	6 145	7 154

Note 2: The Pilot Scheme for use of vouchers at the University of Hong Kong - Shenzhen Hospital was launched on 6 October 2015.

e. The number of elders with voucher balance at $200 or less as at end of 2017 and its percentage as compared to the eligible elderly population are as follows:

	2017
Number of elders with voucher balance at $200 or less as at end of the year	278 000
Number of eligible elders (i.e. elders aged 65 Note 3 or above)*	1 221 000
Percentage of eligible elders with voucher balance at $200 or less as at end of the year	23%

Note 3: The eligibility age for the EHV Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

*Source: Hong Kong Population Projections 2017 – 2066, Census and Statistics Department

The relevant statistics for previous years are not readily available.

f. Below are the number of complaints against the EHV Scheme handled by the Department of Health (DH) in the past 5 years, involving the coverage of the scheme, operational procedures, administrative and supporting services, suspected fraud, improper voucher claims and issues related to service charges of participating service providers.

	2013	**2014**	**2015**	**2016**	**2017**
Number of complaints against the EHV Scheme	14	11	24	42	72

Among 128 cases with investigation completed, 36 cases were found to be substantiated or partially substantiated.

g. & h.

The DH has put in place measures and procedures for checking and auditing voucher claims to ensure proper disbursement of public monies in handling reimbursements. These include routine checking, monitoring and investigation of aberrant patterns of transactions and, where necessary, investigation of complaints. Since the EHV Scheme was launched in 2009 and up till December 2017, the DH has conducted checking of over 309 000 claim transactions (representing about 2% of all claim transactions made). The checking has identified 258 anomalous cases involving 3 294 claims (amounting to some $1.6 million). These cases included the improper use of vouchers on the purchase of products. Breakdown of the cases by nature is not readily available.

i. To protect the interest of elders, it is stipulated under the terms and conditions of the EHV Scheme Agreement that participating service providers should ensure that the voucher amount used by an elder does not exceed the fee for the healthcare service received. They should not charge the elders any fees for creating a voucher account or using voucher. In general, if any participating service provider fails to comply with the terms and conditions of the EHV Scheme Agreement, the voucher claims will not be reimbursed by the Government. In case reimbursement has been made, the Government will recover the amount from the service provider concerned. Between 2013 and 2017, the DH has handled 37 complaints related to the service fees charged by enrolled healthcare providers under the EHV Scheme. After investigation, 2 cases were found to be substantiated. The DH has issued advisory letters and asked the service providers concerned to stop the improper practice and also take remedial actions as appropriate.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4193)

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 advise on the following:

(a) What were the respective numbers of children waiting for assessments in the Government CACs, children who had received assessments and children assessed as having developmental disorders for the past 3 years? Please provide a breakdown by developmental problem of such children.

(b) What were the lower quartile, median, average and longest waiting times for new cases in the CACs for the past 3 years?

(c) What are the staff establishments of the CACs? What types of professional staff as well as healthcare staff are involved? Please provide a breakdown by post of the professional and healthcare staff.

(d) Will follow-up services be 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 problem of such children.

(e) What were the numbers of parents and children who were provided with support by the CACs through interim counselling, talks and support groups for the past 3 years? What were the percentages of the total numbers of help-seeking parents and children such parents and children accounted for?

(f) Please 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 3 years.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 64)

Reply:

(a) The number of newly referred cases received and the number of children assessed by the Child Assessment Service (CAS) in the past 3 years are as follows:

	2015	**2016**	**2017 (provisional figures)**
Number of new cases referred to CAS	9 872	10 188	10 438
Number of children assessed by CAS	15 958	15 395	15 589

The number of newly diagnosed cases of developmental conditions in the CAS in the past 3 years are as follows:

Developmental conditions	**Number of newly diagnosed cases**		
	2015	**2016**	**2017 (Provisional figure)**
Attention/Hyperactive Problems/Disorders	2 890	2 809	2 855
Autism Spectrum Disorder	2 021	1 905	1 716
Borderline Developmental Delay	2 262	2 205	2 371
Developmental Motor Coordination Problems/Disorders	1 888	1 822	2 124
Dyslexia & Mathematics Learning Disorder	643	506	507
Hearing Loss (Moderate to profound grade)	76	67	71
Language Delay/Disorders and Speech Problems	3 487	3 627	3 585
Physical Impairment (i.e. Cerebral Palsy)	61	60	40
Significant Developmental Delay/Intellectual Disability	1 443	1 323	1 311
Visual Impairment (Blind to Low Vision)	43	29	38

Note: A child might have been diagnosed with more than 1 developmental disability/problem.

(b) In the past 3 years, nearly all new cases at the CAS were seen within 3 weeks after registration. Due to the continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months has dropped from 71% in 2015 to 55% in 2017. 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 CAS as at 31 March 2018 is as follows:

Grades	Number of posts
Medical Support	
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	23
Nursing Support	
Senior Nursing Officer / Nursing Officer / Registered Nurse	30
Professional Support	
Scientific Officer (Medical)	5
Senior Clinical Psychologist / Clinical Psychologist	22
Occupational Therapist I	8
Physiotherapist I	6
Optometrist	2
Speech Therapist	13
Technical Support	
Electrical Technician	1
Administrative and General Support	
Senior Executive Officer / Executive Officer II	2
Hospital Administrator II	1
Clerical Officer / Assistant Clerical Officer	12
Clerical Assistant	20
Office Assistant	1
Personal Secretary I	1
Workman II	12
Total:	**160**

(d) The CAS provides comprehensive assessments and diagnosis, formulates rehabilitation plan, provides interim child and family support, conducts public health education activities, as well as reviews 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, CAS will provide interim support to their parents, such as seminars, workshops and practical training etc., with a view to enhancing the parents' understanding of their children and community resources so that the parents could provide home-based training to facilitate the development and growth of the children.

The multi-disciplinary group of healthcare and professional staff in 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 the specific circumstances of individual needs. Statistics on the average and the longest follow-up period by developmental disorders/problems are not available.

(e) The number of cases who participated in interim support activities such as counselling, talks and workshops and the number of new cases referred to CAS in the past 3 years are as follows. The children and their families may join these interim support activities before or after the assessment.

	2015	**2016**	**2017 (provisional figures)**
Number of cases participated in interim support	8 187	8 524	7 994
Number of new cases referred to CAS	9 872	10 188	10 438

(f) The number of cases referred to pre-school and school placement for training, remedial and special education are 13 197 in 2015, 12 903 in 2016 and 14 294 (provisional) in 2017. Case statistics by support service are not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4194)

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:

The target completion rate of assessment for new cases in the Child Assessment Centres (CACs) within 6 months is set at over 90%, yet the actual figures for 2016 and 2017 were 61% and 55% respectively. In this regard, will the Government advise on:

(a) the reasons for failing to meet the target; whether there are plans for improvement and if so, what are the details as well as the staff establishment and resources involved; if not, why; and

(b) why the planned target rate for 2018 is lowered to over 60%?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 88)

Reply:

The Department of Health (DH) was unable to meet the target of 90% of completion of assessment for new cases in the Child Assessment Centres (CACs) within 6 months mainly due to the increasing demand for the services provided by the Child Assessment Service (CAS), as well as the high turnover rate and difficulties in recruitment of doctors to the CAS.

Noting the continuous increase in demand for the services provided by the CAS, the DH has been preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to meet the rising number of referred cases. As an interim measure, the Government has allocated additional funding from 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities. The setting up of a temporary CAC involved creation of 16 civil service posts in the DH and 2 civil service posts in Social Welfare Department. The temporary CAC has commenced operation in January 2018. Of the 16 civil service posts approved for DH, the recruitment of 1 Senior Medical and Health Officer and 2 Medical and Health Officers are underway. A recurrent provision of $11.8 million was approved for setting up of the temporary CAC in 2017-18. With the establishment and full functioning of the new CAC, it is expected that the situation will be improved.

Due to the above reasons, the target for completion time for assessment of new cases in CACs within 6 months in 2018 has been adjusted accordingly to over 60%.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4196)

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 please advise on the following:

(a) What is the current total number of CMPs in Hong Kong? What are the numbers of listed CMPs and registered CMPs? What is the ratio of CMPs to the Hong Kong population?

(b) What were the numbers of training places for CMPs in the past 3 years and the respective numbers of enrolment applications, successful enrolments, graduates and registration cases in each year?

(c) 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 in the past 3 years? Please set out the numbers by location of training.

(d) Does the Government have any five-year or ten-year plan in respect of the number of CMPs? If so, what are the details? If not, why?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 92)

Reply:

(a) As at 28 February 2018, there were a total of 10 078 Chinese medicine practitioners ("CMPs") in Hong Kong. Amongst these CMPs, 7 457 were registered CMPs and 2 621 were listed CMPs. The ratio of registered CMPs and listed CMPs to the Hong Kong population as at end of 2016 were 1:1 016 and 1:2 786 respectively.

(b) At present, there are 3 local universities offering full-time Chinese medicine ("CM") undergraduate programme accredited by the Chinese Medicine Practitioners Board ("PB") of the Chinese Medicine Council of Hong Kong, namely 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 CM in Hong Kong. The number of undergraduates from the 3 local universities who passed the CMPLE and got registered in 2015, 2016 and 2017 were 61, 67 and 68 respectively.

(c) In addition, there are 30 universities in the Mainland offering full-time CM degree courses recognised by the PB. Those who have successfully completed the above courses in the Mainland are eligible to sit for the CMPLE. Candidates who have passed the CMPLE are qualified to apply for registration as registered CMPs for practising CM in Hong Kong. In 2015, 2016 and 2017, the number of non-locally trained graduates who passed the CMPLE and got registered were 87, 114 and 102 respectively.

(d) According to the manpower projection conducted under the Strategic Review of Healthcare Manpower Planning and Professional Development, there will be sufficient manpower of CMPs in the short term and a slight shortage in the medium term. There is no urgent need to adjust the training places for CMPs considering that there will be sufficient manpower in the profession in the next 10 years. The Government will kick-start a new round of manpower projection exercise to update the demand and supply projection of healthcare professionals (including CMPs).

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4203)

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:

Despite substantial funding allocated by the Government to HIV testing and venue outreach activities for the prevention of HIV/AIDS in recent years, the HIV epidemic has become more serious at a rapid pace. According to the statistics compiled by the Department of Health, the cumulative number of HIV infection cases has increased by over 45% (46%) during the 5 years from 2011 to 2015. The failure to contain the HIV/AIDS epidemic implies that the Government would need to cover the lifelong medical expenses of an increasing number of patients and bear heavy healthcare burden.

Given the critical situation of the HIV/AIDS epidemic mentioned above, please advise on the following issues concerning the treatment of patients with sexually transmitted infections and the control of such infections:

1. How much resources were allocated for healthcare staff to provide HIV/AIDS treatment and care in the public healthcare system in the past 3 years? Will additional resources be allocated to prepare for a rising epidemic in the future? Please provide a detailed breakdown of the expenditure involved.

2. With regard to the resources allocated for the prevention of HIV/AIDS amongst heterosexual men in the past 3 years, will the Government please provide a detailed breakdown of the expenditure involved?

3. Although cases of heterosexual contacts accounted for almost 20% of all new HIV cases, many AIDS service organisations indicated that the resources allocated by the AIDS Trust Fund for HIV/AIDS prevention amongst heterosexual men had been reduced substantially in recent years. Will additional resources be allocated to the Fund, Centre for Health Protection and AIDS service organisations for reducing the prevalence of HIV/AIDS amongst heterosexuals in the future? Please provide a detailed breakdown of the resources involved.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 104)

Reply:

1.

From 2015-16 to 2017-18, there are a total of 25 healthcare staff providing treatment services for HIV infected patients at the HIV/AIDS clinic of the Department of Health (DH). The annual recurrent cost (revised estimate) for the HIV/AIDS clinic in 2017-18 is $17 million, which is solely used to cover the manpower cost of the posts and the breakdown of the recurrent cost by rank is set out in the following table.

Rank	Number of posts	Annual Recurrent Cost in 2017-18 ($)
Senior Medical and Health Officer	2	2,779,080
Medical and Health Officer	2	2,152,200
Senior Nursing Officer	1	903,840
Nursing Officer	9	6,309,900
Registered Nurse	11	4,861,560
Total	**25**	**17,006,580**

The Government will keep in view the demand in the coming years for resource allocation.

2.

Based on the "Recommended HIV/AIDS Strategies for Hong Kong 2012-2016" issued by the Hong Kong Advisory Council on AIDS (ACA), the AIDS Trust Fund (the Fund) has accorded priority to provide funding to programmes targeted at 5 high risk groups, which include male clients of female sex workers (MCFSW). From 2015-16 to 2017-18, the Fund approved a total of $4.9 million for 4 projects targeted at MCFSW. The Fund also supported projects other than the 5 high risk groups (including cross border travellers, prisoners, ethnic minorities and general public) to prevent HIV transmission through heterosexual contacts. A total of $11.9 million was granted for 12 projects for the prevention of HIV infection, including via heterosexual contacts. Besides, the Fund granted a total of $3.1 million for 2 projects which served more than 1 high risk group including MCFSW.

The DH also allocates resources in Student Health Services (SHS), Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service for HIV prevention. The DH has been providing educational information and conducting promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on HIV and sex by SPP, as well as online resources on sex education. The DH will continue to promote sex education and regularly review and update the content and approach so as to address the needs of the adolescents. The SPP is also committed to expanding the community's response to HIV/AIDS, support the development of evidence-based AIDS strategies, and cultivate expertise in clinical and public health HIV medicine and infectious diseases. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public

awareness of AIDS and foster acceptance and care of people with HIV/AIDS. Breakdown of resources targeted at heterosexual men is not available.

3.

The Government has set up the Fund since April 1993, with a commitment of $350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV-infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An additional injection of $350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund.

Among the newly reported case received by the DH, the proportion of HIV infections acquired through heterosexual contact has decreased from 70% in 1996 to 16% in 2017. On the contrary, HIV infection through homosexual/bisexual contact has increased from 17% to 63% during the same period. Moreover, assessment conducted by the DH showed that the prevalence (number of infection per 100 persons) of men who have sex with men (MSM) (men who practiced homosexual/bisexual contact) was 5.9% in 2014, while that of heterosexual males was less than 0.1%. In response to the latest situation, the Fund will accord priority among the 5 targeted high risk groups, which MCFSW is one of them, to fund programmes. Other than the 5 high risk groups, the Fund would also assess and grant funding to proposals serving other groups for prevention of HIV transmission, including via heterosexual contact.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4204)

Head: (37) Department of Health

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

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide a detailed breakdown of the expenditures on counselling and treatment provided for patients living with HIV/AIDS by the Department of Health (DH) in the past 3 years.

2. It is estimated that the number of patients attending HIV/AIDS services will increase in 2017. Will the DH allocate additional resources to provide counselling and treatment for patients living with HIV/AIDS? Please provide a detailed breakdown of the resources involved.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 105)

Reply:

1. & 2.

Psychological and social counselling and management are integral components of the medical treatment and care for HIV patients. The Department of Health does not maintain separate figures on expenditures of different components of medical treatment and care provided to HIV patients.

The Government will keep in view the demand in the coming years for resource allocation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4205)

Head: (37) Department of Health

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

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide a breakdown of the numbers of people from most-at-risk populations for HIV requesting post-exposure prophylaxis (PEP), the numbers of PEP recipients and the expenditures involved in the past 3 years.

2. Please provide a breakdown of the research expenditures on HIV pre-exposure prophylaxis (PrEP) in the past 3 years.

3. Please advise on the estimated expenditure involved if the Government proposes incorporating PrEP into the Drug Formulary to subsidise most-at-risk populations for HIV to prevent HIV infection in 2018-19.

4. Please advise on the estimated number of people requesting PEP, the estimated number of PEP recipients as well as the estimated expenditure and financial provision involved in 2018-19.

5. Please advise on the estimated expenditure on PEP if the stringent requirements for receiving such treatment is relaxed in 2018-19.

6. Please provide a breakdown of the medical expenses for each HIV patient in the past 3 years.

7. Please provide a breakdown of the expenditures incurred in preventing HIV infection for each person from most-at-risk populations for HIV in the past 3 years.

8. Please provide a breakdown of the expenditures on HIV prevention researches in the past 3 years.

9. Please advise on the economic cost as measured by the difference between the expenditure incurred in preventing HIV infection for each person from most-at-risk populations and the lifelong medical expense for each HIV patient.

10. Why does the Government not consider allocating more resources on HIV prevention, including the provision of PrEP and PEP, legislation against discrimination on the grounds of sexual orientation, provision of sexuality education catering for present-day circumstances as well as vigorous promotion of the pathological knowledge of "U=U", to minimise the number of infected people, thereby reducing the lifelong expenses on HIV treatment and the economic loss arising from the reduction in workforce?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 106)

Reply:

1.

The number of clients prescribed with HIV post-exposure prophylaxis (PEP) for post-sexual exposure by the Department of Health (DH) were 53, 62 and 91 in 2015-16, 2016-17 and 2017-18 respectively. The expenditure involved is not available as it has been subsumed as part of the HIV care services provided by the DH.

2.

The Council for the AIDS Trust Fund (the Fund) approved a sum of $5.8 million from 2015-16 to 2017-18 to support the following research studies –

(a) Operability of a pilot incentivised pre-exposure prophylaxis (PrEP) programme for men who have sex with men (MSM) in Hong Kong;
(b) A pilot needs assessment of MSM who obtain PrEP in Bangkok, Thailand and use it in Hong Kong ("PrEP tourists");
(c) An exploratory study of pharmacologic measure of Tenofovir diphosphate and Emtricitabine triphosphate in dried blood spots as adherence testing for monitoring PrEP; and
(d) PrEP with on-demand versus daily TDF/FTC in MSM at high risk of HIV infection – a crossover study.

Breakdown of the research expenditure is not available.

3.

The Scientific Committee on AIDS and STI (the Scientific Committee), set up under the Centre for Health Protection (CHP) of the DH, is responsible for advising the Government, on the basis of scientific evidence, on the prevention, care and control of AIDS and sexually transmitted infections (STI). In December 2016, the Scientific Committee issued an interim statement on HIV PrEP which states that, among others –

(a) before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention effectiveness; and
(b) further studies are needed to ascertain acceptability and demand of PrEP among high risk groups, their willingness to pay and, above all, effective ways to reach the targeted population. Similarly, data from local studies and experience of implementation should be collected, especially in relation to the setting of delivery, adherence, safety, level of risk compensation and overall prevention effectiveness. As

such experience accumulates, estimation of demand can be made and the appropriate model of PrEP delivery determined.

The CHP encourages relevant studies on PrEP and is aware of the several local PrEP studies supported by the Fund. It is expected that results of the PrEP-related projects could provide more local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery. In the meantime, the CHP will keep abreast of the continuing development of PrEP locally and internationally. At this stage, the Government has no plan to incorporate PrEP into the Drug Formulary.

4.

For 2018-19, it is estimated that 140 cases will be given HIV PEP for post-sexual exposure from the DH. The estimated expenditure is not available as it has been subsumed as part of the HIV care services provided by the DH.

5.

In January 2014, the Scientific Committee updated the recommendations on the management and PEP of occupational needlestick injury or mucosal contact to hepatitis B virus, hepatitis C virus and HIV. The Scientific Committee has been monitoring the latest scientific evidence and, if necessary, will consider updating the above recommendation. As the Scientific Committee's recommendation on PEP announced in January 2014 remains valid, we have no plan to adjust the recommendations for prescribing PEP for occupational exposure.

For non-occupational PEP (nPEP) to sexual or injection exposure, the current position of the Scientific Committee, as issued in 2006, is that it should not be used routinely. This position is due to be revisited by the Scientific Committee in 2018.

6.

Treatment and care for HIV/AIDS is complex and varies among patients and the stage of disease. Components such as psychological counselling and health education are integrated into patient care and the cost incurred cannot be separately identified. In addition, drug costs vary greatly with the regimen used and will be adjusted with time and patient profile. Hence, medical cost of HIV/AIDS treatment per person cannot be readily computed.

7.

Based on the "Recommended HIV/AIDS Strategies for Hong Kong 2012-2016" issued by the Hong Kong Advisory Council on AIDS (ACA), higher funding priorities would be accorded to the applications under the Fund for programmes targeted at the 5 high risk groups, namely men who have sex with men (MSM); male clients of female sex workers (MCFSW); injecting drug users (IDU); sex workers (SW); and people living with HIV (PLHIV).

From 2015-16 to 2017-18, the Fund approved a total of $69.2 million for 50 projects with

the breakdown as follows –

Target high risk group of the project	Amount of funding approved
MSM	$37.8 million
MCFSW	$4.9 million
IDU	$4.1 million
SW	$5.2 million
PLHIV	$14.1 million
More than 1 high risk group	$3.1 million

8.

From 2015-16 to 2017-18, the Fund approved a total of $17.7 million for conducting 22 researches with the breakdown as follows –

Target high risk group of the research	Amount of funding approved
MSM	$7 million
IDU	$0.5 million
PLHIV	$10.2 million

9.

Treatment and care for HIV/AIDS is complex and varies among patients and the stage of disease. In addition, drug costs vary greatly with the regimen used and will be adjusted with time and patient profile. Hence, the estimated unit cost of life-long medical expenses cannot be readily computed. In addition, it is difficult to estimate the number of infection that would have occurred if there was no preventive measures at all (the baseline), we cannot predict the number of infections that might have been averted with the current preventive measures, and also the number of people that would have to be treated under these 2 scenarios.

HIV treatment by itself also has prevention effect as it helps reduce the risk of transmitting the virus to others. Therefore, it may not be appropriate to assess the economic cost by just comparing the prevention cost and treatment cost of HIV.

10.

The Government has been allocating substantial resources for the prevention and control of HIV/AIDS which includes –

(a) setting up ACA in 1990. ACA is tasked to review the local and international trends and development relating to HIV infection and AIDS; to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to advise on the co-ordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong.

(b) setting up the Fund since April 1993 with a commitment of $350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV-infected haemophiliacs; to strengthen medical and support services; and to

enhance public education on AIDS. An additional injection of $350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund. From 2015-16 to 2017-18, the Fund approved a total of $69.2 million for 50 projects for the prevention of HIV among 5 high risk groups.

(c) allocation of resources by DH on Student Health Services (SHS), Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service for HIV prevention. The DH has been providing educational information and conducting promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on HIV and sex by SPP, as well as online resources on sex education. The DH will continue to promote sex education and regularly review and update the content and approach so as to address the needs of the adolescents. The SPP is also committed to expanding the community's response to HIV/AIDS, support the development of evidence-based AIDS strategies, and cultivate expertise in clinical and public health HIV medicine and infectious diseases. As effective treatment results in viral suppression thus prevents onward transmission, the SPP has been promoting early HIV testing, and hence early linkage to medical care and treatment. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS.

(d) Regarding PrEP, DH currently adopts the recommendations by the Scientific Committee in its interim statement issued in December 2016. The statement stated that before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention effectiveness. The statement also called for local research and pilot studies targeting young and high risk MSM to gauge relevant information on the use of PrEP, including local acceptance, service demand, drug adherence, risk compensation and cost-effectiveness, to facilitate the deliberation of public health approach to PrEP as well as the most appropriate delivery model. The Fund has granted funding support to PrEP-related projects from 2015-16 to 2017-18. It is expected that results of the projects could bring local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery.

(e) As for PEP, in January 2014, the Scientific Committee updated the recommendations on the management and PEP of occupational needlestick injury or mucosal contact to hepatitis B virus, hepatitis C virus and HIV. The Scientific Committee has been monitoring the latest scientific evidence and, if necessary, will consider updating the above recommendation. As the Scientific Committee's recommendation on PEP announced in January 2014 remains valid, DH does not have plan to adjust the recommendations for prescribing PEP for occupational exposure. For non-occupational PEP (nPEP) to sexual or injection exposure, the current position of the Scientific Committee, as issued in 2006, is that it should not be used routinely. This position is due to be revisited by the Scientific Committee in 2018.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4206)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the Elderly Health Care Voucher Scheme, would the Government please advise this Committee of the following:

1. The numbers of elderly people participating in the scheme in each of the past 5 financial years and the expenditures involved;

2. The numbers and percentages of private medical service providers participating in the scheme by healthcare discipline and District Council district in each of the past 5 financial years;

3. The numbers and percentages of the participating elders who have used their vouchers for preventive care services and acute illness treatments in each of the past 5 financial years.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 107)

Reply:

1. Under the Elderly Health Care Voucher (EHV) Scheme, eligible elders are issued with the annual voucher amount on a calendar year basis. Below are the number of elders who had made use of vouchers under the EHV Scheme in the past 5 years:

	2013	**2014**	**2015**	**2016**	**2017**
Cumulative number of elders who had made use of vouchers by the end of the year	488 000	551 000	600 000	649 000	953 000

The amount of vouchers claimed is $314.7 million in 2013, $597.5 million in 2014, $906.3 million in 2015, $1,070.6 million in 2016 and $1,500.4 million in 2017.

2. The table below shows the number of healthcare service providers enrolled in the EHV Scheme in the past 5 years, broken down by types of healthcare professionals:

	As at 31.12.2013	As at 31.12.2014	As at 31.12.2015	As at 31.12.2016	As at 31.12.2017
	Number of Service Providers	Number of Service Providers	Number of Service Providers	Number of Service Providers	Number of Service Providers (Percentage [Note 1])
Medical Practitioners	1 645	1 782	1 936	2 126	2 387 (45%)
Chinese Medicine Practitioners	1 282	1 559	1 826	2 047	2 424 (38%)
Dentists	408	548	646	770	895 (49%)
Occupational Therapists	39	45	45	51	69 (7%)
Physiotherapists	267	306	312	344	396 (24%)
Medical Laboratory Technologists	25	26	30	35	48 (5%)
Radiographers	19	21	21	24	40 (5%)
Nurses	79	108	124	148	182 (1%)
Chiropractors	45	51	54	66	71 (37%)
Optometrists	167	185	265	533	641 (78%)
Sub-total (Hong Kong)	3 976	4 631	5 259	6 144	7 153
University of Hong Kong - Shenzhen Hospital [Note 2]	-	-	1	1	1
Total:	3 976	4 631	5 260	6 145	7 154

Note 1: Amongst all the registered healthcare professionals in Hong Kong, some 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 EHV Scheme, we have excluded them.

Note 2: The Pilot Scheme for use of vouchers at the University of Hong Kong - Shenzhen Hospital was launched on 6 October 2015.

A service provider can register more than 1 place of practice for accepting the use of vouchers. A breakdown of the places of practice by enrolled healthcare professions and 18 districts in Hong Kong in the past 5 years are at the Annex.

3. The table below shows the number of voucher claim transactions made by enrolled service providers in Hong Kong for preventive care and management of acute episodic condition in the past 5 years, and its percentage as compared to the total number of voucher claim transactions in the respective years:

Type of Service	2013	2014	2015	2016	2017
	Number of voucher claim transactions (Percentage)	Number of voucher claim transactions (Percentage)	Number of voucher claim transactions (Percentage)	Number of voucher claim transactions (Percentage)	Number of voucher claim transactions (Percentage)
Preventive care	99 986 (7%)	177 300 (8%)	246 090 (9%)	305 610 (11%)	465 155 (13%)
Management of acute episodic condition	981 512 (67%)	1 404 249 (63%)	1 647 390 (61%)	1 632 758 (58%)	1 874 310 (54%)

- End -

Annex

Breakdown of Places of Practice by Enrolled Healthcare Professionals and 18 Districts in Hong Kong
(Position as at 31 December 2013)

Healthcare Professionals / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	153	97	40	8	33	3	4	2	14	7	361
Eastern	152	112	46	7	23	0	0	6	5	16	367
Southern	39	37	11	0	2	1	1	0	0	0	91
Wan Chai	122	148	43	3	42	3	1	9	3	47	421
Kowloon City	129	66	34	6	38	1	0	20	1	68	363
Kwun Tong	189	158	75	13	20	10	6	26	3	4	504
Sham Shui Po	93	117	12	3	14	4	1	1	0	1	246
Wong Tai Sin	77	74	29	0	6	0	0	1	0	68	255
Yau Tsim Mong	294	242	80	12	107	15	8	25	35	86	904
Sha Tin	110	91	29	7	24	0	0	8	1	29	299
Tai Po	76	89	35	1	4	2	2	19	0	3	231
Sai Kung	105	68	17	6	15	3	1	3	0	8	226
North	51	56	16	0	2	1	0	0	8	1	135
Kwai Tsing	100	66	27	3	10	0	0	4	1	66	277
Tsuen Wan	126	117	22	4	22	6	5	8	7	8	325
Tuen Mun	108	117	17	2	9	0	1	2	0	3	259
Yuen Long	130	59	25	0	6	0	0	4	5	1	230
Islands	32	12	3	0	2	0	0	0	0	0	49
Total	**2 086**	**1 726**	**561**	**75**	**379**	**49**	**30**	**138**	**83**	**416**	**5 543**

Breakdown of Places of Practice by Enrolled Healthcare Professionals and 18 Districts in Hong Kong
(Position as at 31 December 2014)

Healthcare Professionals / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	198	147	70	7	34	3	4	4	15	8	490
Eastern	161	161	66	7	25	0	1	9	5	17	452
Southern	41	51	13	0	2	1	1	0	0	0	109
Wan Chai	146	189	70	3	45	2	1	10	5	48	519
Kowloon City	136	105	48	9	44	1	0	20	1	73	437
Kwun Tong	227	213	96	13	32	10	6	29	3	9	638
Sham Shui Po	96	138	26	4	20	4	1	3	0	1	293
Wong Tai Sin	84	115	41	5	19	0	0	2	0	75	341
Yau Tsim Mong	381	363	136	15	130	16	8	29	34	93	1 205
Sha Tin	129	121	46	13	30	0	0	10	1	31	381
Tai Po	83	109	41	1	8	3	2	23	0	3	273
Sai Kung	129	75	27	8	22	3	1	2	0	8	275
North	54	78	24	0	2	1	0	0	8	1	168
Kwai Tsing	109	78	38	3	11	0	0	15	1	70	325
Tsuen Wan	137	145	25	4	26	5	6	11	9	9	377
Tuen Mun	131	141	33	2	12	0	1	2	0	3	325
Yuen Long	145	80	39	0	8	0	0	6	5	1	284
Islands	35	27	6	0	3	0	0	0	0	0	71
Total	**2 422**	**2 336**	**845**	**94**	**473**	**49**	**32**	**175**	**87**	**450**	**6 963**

Breakdown of Places of Practice 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**

Breakdown of Places of Practice by Enrolled Healthcare Professionals and 18 Districts in Hong Kong
(Position as at 31 December 2016)

Healthcare Professionals / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	385	274	144	7	48	5	4	9	21	62	959
Eastern	229	277	95	7	34	3	3	13	3	109	773
Southern	44	175	16	3	4	0	0	0	0	7	249
Wan Chai	209	293	100	4	53	7	2	11	9	110	798
Kowloon City	147	267	60	8	36	1	0	21	2	104	646
Kwun Tong	280	453	118	20	49	12	4	51	3	65	1 055
Sham Shui Po	111	259	49	4	34	4	1	3	0	53	518
Wong Tai Sin	86	347	53	7	22	0	0	4	0	108	627
Yau Tsim Mong	638	504	224	14	139	25	10	36	42	228	1 860
Sha Tin	185	296	91	11	46	2	0	19	4	105	759
Tai Po	98	166	52	1	10	3	2	12	4	13	361
Sai Kung	173	158	55	7	30	3	0	2	2	71	501
North	68	186	32	0	3	1	0	1	8	11	310
Kwai Tsing	138	163	51	4	17	0	0	29	1	105	508
Tsuen Wan	155	283	44	3	41	7	8	11	9	52	613
Tuen Mun	148	385	46	1	16	0	1	2	0	43	642
Yuen Long	194	205	66	0	10	1	0	11	5	32	524
Islands	44	82	11	0	3	0	0	0	0	8	148
Total	**3 332**	**4 773**	**1 307**	**101**	**595**	**74**	**35**	**235**	**113**	**1 286**	**11 851**

Breakdown of Places of Practice by Enrolled Healthcare Professionals and 18 Districts in Hong Kong
(Position as at 31 December 2017)

Healthcare Professionals / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	421	399	162	3	47	13	5	9	21	145	1 225
Eastern	243	485	114	8	35	3	2	11	3	166	1 070
Southern	44	267	14	2	4	0	0	0	0	26	357
Wan Chai	239	324	116	4	60	15	8	16	9	201	992
Kowloon City	172	351	69	7	34	1	0	19	2	145	800
Kwun Tong	290	640	135	17	50	18	5	60	3	112	1 330
Sham Shui Po	110	386	62	3	40	4	2	5	0	97	709
Wong Tai Sin	102	516	70	7	22	0	0	3	0	136	856
Yau Tsim Mong	801	666	284	14	165	48	22	39	45	379	2 463
Sha Tin	279	413	114	12	43	2	0	33	5	169	1 070
Tai Po	105	196	61	2	10	3	3	13	3	24	420
Sai Kung	190	277	60	11	28	3	0	3	2	109	683
North	66	254	31	0	5	2	1	3	10	21	393
Kwai Tsing	140	220	66	4	21	0	0	29	0	124	604
Tsuen Wan	175	422	61	4	44	14	7	12	9	92	840
Tuen Mun	157	579	55	4	22	0	1	5	0	66	889
Yuen Long	203	313	84	1	10	1	1	13	4	91	721
Islands	34	101	12	0	1	0	0	0	0	7	155
Total	**3 771**	**6 809**	**1 570**	**103**	**641**	**127**	**57**	**273**	**116**	**2 110**	**15 577**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4229)

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, the former Secretary for Food and Health, Dr KO Wing-man, attended the 69th World Health Assembly (WHA) of the World Health Organisation. At the WHA, environmental and social determinants of health were discussed and a resolution was passed to draw up a draft road map for an enhanced global response to the adverse health effects of air pollution.

Air pollution, as the most important environmental determinant, has not only significantly increased the morbidity caused by non-communicable diseases, but also led to premature deaths of more than 7 million persons around the globe. As a participant of the WHA, Hong Kong should implement the air pollution control measures of the draft road map. In this connection, will the Government inform this Committee of whether it has allocated manpower and provision in the Estimates this year for stepping up education and publicity efforts to raise public awareness of the adverse health effects of air pollution as a major environmental determinant. If yes, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 149)

Reply:

The Government has policies and measures to support cleaner transport, more energy-efficient power generation and so on to support the reduction of urban air pollution. The Environment Bureau (ENB), in collaboration with the Transport and Housing Bureau, the Food and Health Bureau and the Development Bureau, published "A Clean Air Plan for Hong Kong" in 2013 to outline the challenges Hong Kong was facing with regard to air quality and to give an overview of the relevant air quality improvement policies and measures. The Department of Health (DH) takes part in the Air Quality Objectives Review Working Group led by ENB and Environmental Protection Department (EPD), with a view to adopting the World Health Organization (WHO) Air Quality Guidelines as a long-term goal for protection of public health. DH also worked with EPD in developing the Air Quality Health Index (AQHI) and has maintained communication with EPD on AQHI forecast so as to offer timely and appropriate advice to the general public.

Resources for these activities are absorbed by the DH's overall provision for disease prevention and cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4247)

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 Government advise on the following:

(a) What were the numbers of enrolment in each EHC for the past 3 years? Please provide a breakdown by age group.

(b) What were the numbers of elders waiting for health assessments and medical consultations for the past 3 years? What were the median and longest waiting times?

(c) Does the Government have any plans to enhance the services of the EHCs? If so, what are the details and expenditure involved? If not, why?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 168)

Reply:

(a) The number of enrolment in each of the Elderly Health Centres (EHCs) by age group in the past 3 years is as follows:

EHC	2015					
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	Total
Sai Ying Pun	449	442	572	540	285	2 288
Shau Kei Wan	456	387	488	579	314	2 224
Wan Chai	1 130	720	794	598	372	3 614
Aberdeen	428	365	504	581	304	2 182
Nam Shan	406	473	548	523	275	2 225
Lam Tin	482	419	466	524	329	2 220
Yau Ma Tei	260	389	534	608	425	2 216
San Po Kong	354	355	482	621	322	2 134

Kowloon City	292	385	610	643	281	2 211
Lek Yuen	1 141	662	692	648	398	3 541
Shek Wu Hui	394	415	412	559	382	2 162
Tseung Kwan O	346	500	571	477	242	2 136
Tai Po	451	389	532	472	280	2 124
Tung Chung	564	688	572	366	140	2 330
Tsuen Wan	421	398	498	496	303	2 116
Tuen Mun Wu Hong	533	485	474	399	258	2 149
Kwai Shing	551	503	522	494	240	2 310
Yuen Long	498	499	498	467	257	2 219
Total	9 156	8 474	9 769	9 595	5 407	42 401

EHC	**2016**					
	Age 65-69	**Age 70-74**	**Age 75-79**	**Age 80-84**	**Age 85 or over**	**Total**
Sai Ying Pun	500	518	507	459	326	2 310
Shau Kei Wan	592	401	393	508	311	2 205
Wan Chai	1 642	955	823	720	406	4 546
Aberdeen	440	438	431	513	326	2 148
Nam Shan	600	473	449	408	288	2 218
Lam Tin	572	460	392	475	324	2 223
Yau Ma Tei	561	445	416	473	359	2 254
San Po Kong	453	406	401	547	335	2 142
Kowloon City	329	368	535	654	325	2 211
Lek Yuen	615	470	518	557	390	2 550
Shek Wu Hui	519	450	386	443	346	2 144
Tseung Kwan O	970	779	767	632	323	3 471
Tai Po	584	398	431	448	263	2 124
Tung Chung	658	650	496	367	148	2 319
Tsuen Wan	769	510	481	454	302	2 516
Tuen Mun Wu Hong	614	513	396	452	233	2 208
Kwai Shing	557	507	465	491	257	2 277
Yuen Long	691	515	432	387	245	2 270
Total	11 666	9 256	8 719	8 988	5 507	44 136

EHC	**2017***					
	Age 65-69	**Age 70-74**	**Age 75-79**	**Age 80-84**	**Age 85 or over**	**Total**
Sai Ying Pun	522	400	304	296	222	1 744
Shau Kei Wan	438	366	303	310	247	1 664
Wan Chai	1 481	889	483	381	261	3 495
Aberdeen	398	390	268	335	250	1 641
Nam Shan	507	381	317	298	215	1 718

Lam Tin	479	385	254	304	247	1 669
Yau Ma Tei	358	386	283	355	284	1 666
San Po Kong	407	354	286	403	295	1 745
Kowloon City	389	384	294	366	224	1 657
Lek Yuen	1 164	873	556	605	483	3 681
Shek Wu Hui	476	331	248	307	248	1 610
Tseung Kwan O	514	420	297	256	147	1 634
Tai Po	506	357	244	318	218	1 643
Tung Chung	465	530	377	277	103	1 752
Tsuen Wan	406	394	279	276	234	1 589
Tuen Mun Wu Hong	464	481	269	257	195	1 666
Kwai Shing	522	426	301	284	193	1 726
Yuen Long	475	437	307	312	213	1 744
Total	9 971	8 184	5 670	5 940	4 279	34 044

*Provisional figures as at September 2017

(b) For the past 3 years, the number of elders on the waiting list for first-time health assessment, the median waiting time and 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.

	2015	**2016**	**2017***
Number of elders on the waiting list for first-time health assessment (as at end of December each year)	12 439	11 226	21 815
Median waiting time for first-time health assessment (months)	16.3	5.2	6.8
Longest median waiting time for first-time health assessments among all EHCs (months)	34.4 (Kowloon City EHC)	12.0 (Tsuen Wan EHC)	10.2 (Tuen Mun Wu Hong EHC)

*Provisional figures

(c) A provision of $11.1 million has been provided to the Department of Health (DH) in 2018-19 to enhance the service capacity of Elderly Health Service, including establishment of 2 new clinical teams. 1 new clinical team will commence operation in July 2018. Another new clinical team will be established within 2018-19. Each clinical team will comprise a doctor and 3 nurses; and is supported by a clerical staff and a workman grade staff. The 2 new clinical teams together are expected to contribute an additional 4 250 enrolments and around 19 300 attendances for health assessment and medical consultations each year. DH will flexibly deploy the additional clinical teams and continue to closely monitor the waiting time for health assessments.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4248)

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:

(a) What were the numbers of enrolment in each Woman Health Centre (WHC) and Maternal and Child Health Centre (MCHC) for the past 3 years?

(b) What were the numbers of women waiting for woman health service in each WHC and MCHC for the past 3 years? What were the respective median and longest waiting times?

(c) Does the Government have any plans to enhance the services of the WHCs and MCHCs? If so, what are the details and expenditure involved? If not, why?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 169)

Reply:

(a) Women aged 64 or below can enrol for woman health service provided by Woman Health Centres (WHCs) or Maternal and Child Health Centres (MCHCs) operated by the Department of Health. At present, there are 3 WHCs and 10 MCHCs providing woman health service on full-time and sessional basis respectively. In 2015, 2016 and 2017, the number of enrolment for woman health service in individual centres are:

Centre	**No. of enrolment**		
	2015	**2016**	**2017**
Chai Wan WHC	4 204	3 698	3 371
Lam Tin WHC	5 056	4 891	4 603
Tuen Mun WHC	4 908	4 341	3 823
Ap Lei Chau MCHC	231	227	248
Fanling MCHC	488	550	607
Lek Yuen MCHC	640	643	634
Ma On Shan MCHC	352	292	340
Sai Ying Pun MCHC	36	28	28

South Kwai Chung MCHC	168	189	196
Tseung Kwan O Po Ning Road MCHC	214	176	124
Tsing Yi MCHC	141	112	106
Wang Tau Hom MCHC	130	118	122
West Kowloon MCHC	234	263	225
Total (nearest hundred)	**16 800**	**15 500**	**14 400**

(b) 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 1 week to 11 weeks, with a median waiting time of 2 weeks.

(c) The Government does not have plan to increase women health services provided by WHCs and MCHCs. DH will continue to monitor the demand on women health service.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4249)

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 advise on the following:

(a) What were the numbers of women waiting for the said service as well as the median and longest waiting times in the past 3 years?

(b) What were the numbers of attendances for the said service, broken down by age group, in the past 3 years?

(c) What were the numbers of recipients of the screening service found to be in need of referral for treatment, broken down by age group, in the past 3 years?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 170)

Reply:

Maternal and Child Health Centres (MCHCs) under the Family Health Service (FHS) of the Department of Health provide cervical screening service. Clients are given an appointment for cervical screening service within 4 weeks through telephone booking. In the past 3 years, the actual appointment varied from 2 days to 4 weeks each year.

In 2015, 2016 and 2017, the numbers of attendance for cervical screening service provided at MCHCs were 97 000, 102 000 and 103 000 respectively. Based on information kept by the Cervical Screening Information System, the age distribution of women receiving cervical screening tests at MCHCs in these 3 years was fairly constant. The proportion of screened women belonging to age groups 25-34, 35-44, 45-54 and 55-64 were 21.5%, 31.2%, 28.1% and 18.1% respectively. A total of 4 911, 5 179, and 5 256 referrals to specialists were made for further management in the corresponding years. The FHS does not keep the age breakdown of clients who have been referred to specialists.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4250)

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 elders with services including oral check-up, scaling and polishing as well as 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: Hon KWOK Ka-ki (Member Question No. (LegCo use): 171)

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 7 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, 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.

In recent years, the Government prioritises its resources and care for persons with special dental care needs, especially elderly with financial difficulties.

The Elderly Health Care Voucher (EHV) Scheme was launched in 2009 to subsidise eligible elderly persons to use primary care services in the private sector, including dental services. In the 2018-19 Budget, the Government proposed to enhance the EHV Scheme in 2018 by raising, as a regular measure, the accumulation limit of the vouchers from $4,000 to $5,000 to allow greater flexibility to users and to provide, on a one-off basis, an additional $1,000 worth of vouchers to eligible elderly persons. The above initiatives will be implemented within a month after passage of the Appropriation Bill 2018.

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.

In September 2012, the Elderly Dental Assistance Programme with funding provided under the Community Care Fund was launched for provision of free removable dentures and related dental services to low-income elders who are users of the home care service or home help service schemes subvented by the Social Welfare Department. The programme was expanded in phases in September 2015, October 2016 and July 2017 to cover elders who are Old Age Living Allowance recipients aged 80 or above, 75 or above and 70 or above respectively.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)435

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4251)

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:

Will the Oral Health Survey, which has not been undertaken again since 2001, be conducted in 2018-19? If so, what are the plan, resources and manpower involved? If not, why? What is the timetable for the next survey?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 172)

Reply:

The Department of Health (DH) conducts the Oral Health Survey (OHS) every 10 years. DH conducted the first and second OHS in 2001 and 2011 respectively. The next survey will be conducted in 2021. DH will seek resources for implementation of the OHS in accordance with established procedures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4252)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

With regard to the Pilot Colorectal Cancer Screening Programme (the Pilot Programme), will the Government advise on the following:

a. What were the number of recipients of the screening service, number of cases with symptoms detected, and number of cases referred for further examinations during the previous 3 phases of the Pilot Programme?
b. What were the provisions, manpower and expenditure involved?
c. The Financial Secretary stated that the Pilot Programme would be regularised. In this regard, what are the anticipated number of participants each year and the effectiveness of the Pilot Programme? What are the provisions, manpower and expenditure involved?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 173)

Reply:

a. Launched in September 2016, the Colorectal Cancer Screening Pilot Programme (the Pilot Programme) currently provides subsidised screening to asymptomatic Hong Kong residents born from 1946 to 1955. Assuming that 30% of eligible persons who are users of the electronic Health Record Sharing System will enrol in the three-year Pilot Programme, the Department of Health (DH) expects some 300 000 numbers of participants. As at the end of February 2018, over 65 000 eligible persons have participated in the Pilot Programme. Among the participants, 428 colorectal cancer cases have been diagnosed and referred to public or private sector for further management.

b. The revised estimates in 2016-17 and 2017-18 are $51.7 million and $119.3 million respectively. The civil service posts involved in 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**

c. In 2018-19, the DH will prepare for regularisation of the screening programme which will eventually cover around 2.39 million eligible persons aged between 50 and 75 in phases. The DH will make reference to the participation rates in the Pilot Programme in projecting participation response and step up publicity and educational activities to promote screening. DH is in the process of working out the implementation details and will make announcements in due course. This initiative will incur a total expenditure of $940 million over the coming 5 years.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4253)

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 for implementing a breast cancer screening programme for women in the 2018-19 Estimates? If so, what are the details of the programme as well as the manpower and expenditure involved? If not, why?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 174)

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 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. 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 a healthy lifestyle as the primary cancer prevention strategy, which includes avoidance of alcohol, having regular physical activity and healthy eating, as well as maintenance of a healthy body weight and waistline. DH also encourages breastfeeding and raises women's breast awareness to seek early attention should abnormal changes be noted. Mammography is offered to high risk women receiving DH's woman health services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4254)

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 for implementing a health programme for men that covers such services as physical examination, prostate examination, reproductive health check-up, counselling service etc. in the 2018-19 Estimates? If so, what are the details of the programme as well as the manpower and expenditure involved? If not, why?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 175)

Reply:

DH operates a Men's Health Programme which provides through the Men's Health website, customer-centric information, useful links and advice upon request to raise public awareness and increase understanding of men's health issues. Other communication channels include printed materials, media and web-based publicity and a telephone education hotline. The Programme does not include health check and personalised counselling which are provided primarily in the private and non-governmental sectors. Regarding screening for prostate cancer, the Cancer Expert Working Group on Cancer Prevention and Screening considers that there is insufficient evidence to recommend for or against population-based screening in asymptomatic men.

Resources for the above activities are absorbed by the Department's overall provision for disease prevention and cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4255)

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:

(a) What are the minimum, average and maximum numbers of antenatal check-ups undergone by pregnant women?

(b) What are the minimum, average and maximum numbers of postnatal check-ups undergone by pregnant women?

(c) What are the manpower and expenditure involved for each antenatal and postnatal check-up?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 176)

Reply:

Maternal and Child Health Centres (MCHCs) of the Department of Health, in collaboration with the Department of Obstetrics and Gynaecology of hospitals under the Hospital Authority (HA), provide an antenatal shared care programme to pregnant women. In 2017, there were 27 700 pregnant women registered in MCHCs and a total of 137 700 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 obstetrics department for follow up and management if necessary.

In 2017, there were 29 100 postnatal women registered in MCHCs and a total of 29 700 attendances for postnatal care in MCHCs. Postnatal check-up is provided in the first postnatal attendance. Follow-up appointment for further assessment or referral will be arranged if necessary.

The maximum number of antenatal and postnatal check-ups 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 -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)440

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4256)

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:

As stated in "Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases", the strategic framework for non-communicable diseases (NCD) should encompass such goals as: 1) to create an environment conducive to promoting health; 2) to prevent and/or delay the onset of NCD for individuals and population groups; and 3) to reduce avoidable hospital admissions and healthcare procedures. However, the number of registered deaths related to respiratory and cardiovascular diseases increased by 8.2% from 19 168 to 20 737 during the 5 years between 2011 and 2015.

Regarding the goals of the above NCD strategic framework, will the Government advise this Committee of the following:

1) Whether the Government considers that the goal of "creating an environment conducive to promoting health" has been achieved? If so, what are the details? If not, what are the reasons?

2) What are the causes for the increase in the number of registered deaths related to respiratory and cardiovascular diseases and whether measures and policy objectives are put in place by the Department of Health (DH) to reduce the number of such registered deaths? If so, what are the details? If not, what are the reasons?

3) Whether estimation can be made by the DH regarding the number of hospital admissions and healthcare procedures that will be avoided each year due to improvement in air quality as well as the consequential cost effectiveness, given that air pollution is the most significant determinant of public health environment as revealed by the World Health Organization? If so, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 177)

Reply:

(1) The Government launched the "Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases" in 2008 and established a high-level steering committee (SC) chaired by the Secretary of Food and Health to deliberate on and oversee the overall roadmap for implementation. Spearheaded by the SC, the Department of Health (DH) actively promotes healthy lifestyle through a life-course and setting-based approach in order to make healthy choices easier for the community. Various ongoing programmes include:

(a) StartSmart@school.hk Campaign targeting on pre-primary institutions;
(b) EatSmart@school.hk Campaign targeting on primary schools;
(c) EatSmart@restaurant.hk Campaign offering healthier dishes for the general public;
(d) Joyful@Healthy Workplace Programme promoting workplace health; and
(e)"I'm So Smart" Community Health Promotion Programme supporting healthy living in the neighbourhood.

These programmes will be strengthened and adjusted to meet changing circumstances.

(2) Factors like population growth and ageing population contribute to the increase in the number of registered deaths due to diseases of the circulatory system and respiratory system. After removing the effects of these factors by using age-standardisation methods, the overall mortality rate (per 100 000 standard population) of diseases of the circulatory system and respiratory system has decreased from 130.8 in 2012 to 116.0 in 2016. The details on age-standardised mortality rates during 2012-2016 are shown in the Table below:

Type of diseases	2012	2013	2014	2015	2016
Diseases of the circulatory system	70.8	64.8	66.6	62.0	60.1
Diseases of the respiratory system	60.0	54.9	56.5	57.3	55.9
Overall rate	130.8	119.7	123.1	119.3	116.0

Note: The age-standardised rates were compiled based on the world standard population specified in GPE Discussion Paper Series: No.31, EIP/GPE/EBD, World Health Organization, 2001.

(3) During the development of Air Quality Health Index by the Environmental Protection Department (EPD) with support from the DH, experts and academics on health and air science, the risk of emergency hospital admissions for respiratory and cardiovascular diseases for the general population was found to increase by 0.45%, 0.51%, 0.28% and 0.14% for every $10\mu g/m^3$ rise in concentration of nitrogen dioxide, ozone, respirable suspended particulates and sulphur dioxide respectively.

Recently, the DH takes part in the Air Quality Objectives Review Working Group led by Environment Bureau and EPD to assess, among other things, air quality improvements and health benefits brought about by different air pollution control scenarios. The DH will continue to work closely with EPD on air pollution issues.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4258)

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", please provide the following information:

1) the attendances of elders for the services under the Programme in different districts over the past 5 years and their age distribution;
2) the establishment of each outreach dental team, the manpower involved and the costs of the services; details of the services provided to the elders, including oral care training and on-site oral health assessment; the length of each service session and the number of elders served;
3) the expenditures on the various services under the Programme in the past 5 years; and
4) the estimated expenditures on the various services under the Programme in 2018-19.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 179)

Reply:

1) & 2)

The Outreach Dental Care Programme for the Elderly (ODCP) was implemented since October 2014 to provide free on-site oral check-up for elders and oral care training to caregivers of residential care homes (RCHEs), day care centres (DEs) and similar facilities in 18 districts of Hong Kong through outreach dental teams set up by non-governmental organisations. If the elder is considered suitable for further curative treatment, free dental treatments will be provided on-site or at dental clinic. The outreach dental teams also design oral care plans for elders to suit their oral care needs and self-care abilities. Each outreach dental team comprises at least 1 dentist and 1 dental surgery assistant.

The number of attendances under ODCP was about 138 400 between October 2014 and September 2017, and about 21 100 between October 2017 and January 2018. The distribution of the participating RCHEs and DEs by the administrative districts of the Social Welfare Department under ODCP from October 2014 to September 2017 and from October 2017 to January 2018 are at **Annex (1)** and **Annex (2)** respectively.

3) The financial provision for implementing ODCP was $25.1 million in 2014-15, $44.5 million in 2015-16, $44.8 million in 2016-17 and $44.9 million in 2017-18.

4) For 2018-19, $44.9 million has been earmarked for implementing ODCP.

Annex (1)

Distribution of the participating RCHEs and DEs
by Administrative District of the Social Welfare Department

	2014-15 Service Year of ODCP Note 1			2015-16 Service Year of ODCP Note 1			2016-17 Service Year of ODCP Note 1		
	(a)	**(b)**	**(a)/(b) %**	**(a)**	**(b)**	**(a)/(b) %**	**(a)**	**(b)**	**(a)/(b) %**
Central, Western, Southern and Islands	69	110	63%	88	109	81%	88	109	81%
Eastern and Wan Chai	76	102	75%	81	103	79%	84	105	80%
Kwun Tong	44	66	67%	52	69	75%	53	71	75%
Wong Tai Sin and Sai Kung	54	69	78%	57	72	79%	61	72	85%
Kowloon City and Yau Tsim Mong	103	130	79%	109	134	81%	120	134	90%
Sham Shui Po	58	88	66%	56	91	62%	60	91	66%
Tsuen Wan and Kwai Tsing	78	110	71%	92	110	84%	96	110	87%
Tuen Mun	47	54	87%	49	54	91%	49	54	91%
Yuen Long	54	59	92%	56	60	93%	58	60	97%
Sha Tin	48	64	75%	49	64	77%	52	65	80%
Tai Po and North	74	92	80%	84	93	90%	89	93	96%
Total:	**705**	**944**	**75%**	**773**	**959**	**81%**	**810**	**964**	**84%**

Note 1: Service year refers to the period from 1 October of the current year to 30 September of the following year.

(a): No. of Participating RCHEs and DEs

(b): Total no. of RCHEs and DEs

Annex (2)

Distribution of the participating RCHEs and DEs
by Administrative District of the Social Welfare Department

	2017-19 Service Year of ODCP[Note 2] (position as at 31 January 2018)		
	(a)	**(b)**	**(a)/(b) %**
Central, Western, Southern and Islands	13	104	13%
Eastern and Wan Chai	22	107	21%
Kwun Tong	26	67	39%
Wong Tai Sin and Sai Kung	34	67	51%
Kowloon City and Yau Tsim Mong	81	136	60%
Sham Shui Po	35	93	38%
Tsuen Wan and Kwai Tsing	65	116	56%
Tuen Mun	44	57	77%
Yuen Long	43	59	73%
Sha Tin	38	63	60%
Tai Po and North	64	93	69%
Total:	**465**	**962**	**48%[Note 3]**

Note 2: 2017-19 Service year refers to the period from 1 October 2017 to 31 March 2019.

Note 3: This figure represents the participation rate of the first 4 months of 2017-19 Service Year, and this rate will be increased gradually throughout the Service Year.

(a): No. of Participating RCHEs and DEs

(b): Total no. of RCHEs and DEs

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4259)

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 advise on the following:

(a) What were the respective numbers of children waiting for assessments in the Government CACs, children who had received assessments and children assessed as having developmental disorders for the past 3 years? Please provide a breakdown by developmental problem of such children.

(b) What were the lower quartile, median, average and longest waiting times for new cases in the CACs for the past 3 years?

(c) What are the staff establishments of the CACs? What types of professional staff as well as healthcare staff are involved? Please provide a breakdown by post of the professional and healthcare staff.

(d) Will follow-up services be 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 problem of such children.

(e) What were the numbers of parents and children who were provided with support by the CACs through interim counselling, talks and support groups for the past 3 years? What were the percentages of the total numbers of help-seeking parents and children such parents and children accounted for?

(f) Please 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 3 years.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 180)

Reply:

(a) The number of newly referred cases received and the number of children assessed by the Child Assessment Service (CAS) in the past 3 years are as follows:

	2015	**2016**	**2017 (provisional figures)**
Number of new cases referred to CAS	9 872	10 188	10 438
Number of children assessed by CAS	15 958	15 395	15 589

The number of newly diagnosed cases of developmental conditions in the CAS in the past 3 years are as follows:

Developmental conditions	**Number of newly diagnosed cases**		
	2015	**2016**	**2017 (Provisional figure)**
Attention/Hyperactive Problems/Disorders	2 890	2 809	2 855
Autism Spectrum Disorder	2 021	1 905	1 716
Borderline Developmental Delay	2 262	2 205	2 371
Developmental Motor Coordination Problems/Disorders	1 888	1 822	2 124
Dyslexia & Mathematics Learning Disorder	643	506	507
Hearing Loss (Moderate to profound grade)	76	67	71
Language Delay/Disorders and Speech Problems	3 487	3 627	3 585
Physical Impairment (i.e. Cerebral Palsy)	61	60	40
Significant Developmental Delay/Intellectual Disability	1 443	1 323	1 311
Visual Impairment (Blind to Low Vision)	43	29	38

Note: A child might have been diagnosed with more than 1 developmental disability/problem.

(b) In the past 3 years, nearly all new cases at the CAS were seen within 3 weeks after registration. Due to the continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months has dropped from 71% in 2015 to 55% in 2017. 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 CAS as at 31 March 2018 is as follows:

Grades	Number of posts
Medical Support	
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	23
Nursing Support	
Senior Nursing Officer / Nursing Officer / Registered Nurse	30
Professional Support	
Scientific Officer (Medical)	5
Senior Clinical Psychologist / Clinical Psychologist	22
Occupational Therapist I	8
Physiotherapist I	6
Optometrist	2
Speech Therapist	13
Technical Support	
Electrical Technician	1
Administrative and General Support	
Senior Executive Officer / Executive Officer II	2
Hospital Administrator II	1
Clerical Officer / Assistant Clerical Officer	12
Clerical Assistant	20
Office Assistant	1
Personal Secretary I	1
Workman II	12
Total:	**160**

(d) The CAS provides comprehensive assessments and diagnosis, formulates rehabilitation plan, provides interim child and family support, conducts public health education activities, as well as reviews 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, CAS will provide interim support to their parents, such as seminars, workshops and practical training etc., with a view to enhancing the parents' understanding of their children and community resources so that the parents could provide home-based training to facilitate the development and growth of the children.

The multi-disciplinary group of healthcare and professional staff in 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 the specific circumstances of individual needs. Statistics on the average and the longest follow-up period by developmental disorders/problems are not available.

(e) The number of cases who participated in interim support activities such as counselling, talks and workshops and the number of new cases referred to CAS in the past 3 years are as follows. The children and their families may join these interim support activities before or after the assessment.

	2015	**2016**	**2017 (provisional figures)**
Number of cases participated in interim support	8 187	8 524	7 994
Number of new cases referred to CAS	9 872	10 188	10 438

(f) The number of cases referred to pre-school and school placement for training, remedial and special education are 13 197 in 2015, 12 903 in 2016 and 14 294 (provisional) in 2017. Case statistics by support service are not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4261)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out the expenditures on different dental services, including the School Dental Care Service, outpatient services of dental clinics and the services provided under the Outreach Dental Care Programme for the Elderly, etc. in the past 5 years. What are the estimated expenditures on the aforesaid services in 2018-19?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 182)

Reply:

The expenditure of School Dental Care Service of the Department of Health (DH) in financial years 2013-14, 2014-15, 2015-16, 2016-17, 2017-18 and 2018-19 are as follows:-

Financial Year	Annual Expenditure ($ million)
2013-14 (Actual)	227.8
2014-15 (Actual)	229.4
2015-16 (Actual)	240.1
2016-17 (Actual)	259.7
2017-18 (Revised estimate)	262.1
2018-19 (Estimate)	277.4

The Outreach Dental Care Programme for the Elderly (ODCP) was implemented since October 2014. The financial provision for ODCP since implementation is as follows:

Financial Year	Amount ($ million)
2014-15	25.1
2015-16	44.5
2016-17	44.8
2017-18	44.9
2018-19	44.9

Under Programme (4), DH provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. 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 mid-2018, the Government will launch a three-year programme in collaboration with non-governmental organisations to provide dental care services for adult persons with intellectual disability. The financial provision in 2018-19 is $10.1 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4280)

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 Undesirable Medical Advertisements Ordinance, will the Government advise on the following: in the past 5 years, the work of the Government in screening products claimed as health food products, medicines, etc. in the market. Please tabulate the numbers of screening, categories of products, offences, prosecutions instituted and convictions.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 201)

Reply:

The Undesirable Medical Advertisements Ordinance (UMAO) (Cap. 231) aims to protect public health through prohibiting or restricting advertisements, which may lead to the seeking of improper management of certain diseases and health conditions. The Department of Health has an established protocol for screening medical advertisements and enforcement of the UMAO.

Figures regarding screening of advertisements and related enforcement actions from 2013 to 2017 are tabulated as follows:

Year	No. of advertisements screened			No. of warning letters issued	No. of convicted cases
	Medicines*	Health Food	Surgical Appliances and Treatments		
2013	10 696	29 281	28 174	1 930	12
2014	9 729	30 840	31 425	1 881	11
2015	8 726	31 496	31 071	1 786	6
2016	6 898	28 172	22 254	1 705	7
2017	6 786	27 665	24 127	1 421	5

*Medicines include registered pharmaceutical products under the Pharmacy and Poisons Ordinance (Cap. 138) and proprietary Chinese medicines under the Chinese Medicine Ordinance (Cap. 549).

- 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:

According to "Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases" published by the Government, urban air pollution is among the top ten risk factors for mortality. Its mortality rate is similar to that of high body mass index and physical inactivity. To enhance public capability in preventing non-communicable diseases, will the Government advise this Committee on the following:

Does the Government have any data on the increase in morbidity and mortality risks of non-communicable diseases attributable to various air pollutants? If so, please set out in table form the increase in morbidity and mortality risks by type of pollutants and diseases. If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 254)

Reply:

According to the World Health Organization Air Quality Guidelines (Guidelines), for every $10\mu g/m^3$ increase in average level of fine suspended particulates PM2.5, there will be an increase of 2 to 11%, or an average of about 6%, of annual mortality rates for long-term exposure. The Guidelines do not provide an exposure-response relationship for long term exposure to nitrogen dioxide, ozone and sulphur dioxide. Locally, during the development of Air Quality Health Index by the Environmental Protection Department (EPD) with support from the Department of Health (DH), experts and academics on health and air science, the risk of emergency hospital admissions for respiratory and cardiovascular diseases for the general population was found to increase by 0.45%, 0.51%, 0.28% and 0.14% for every $10\mu g/m^3$ rise in concentration of nitrogen dioxide, ozone, respirable suspended particulates and sulphur dioxide respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6351)

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:

a. the service sessions, maximum numbers of discs available per service session, actual numbers of discs given out, actual numbers of attendances and numbers of health care voucher claims in respect of public dental clinics with general public sessions (GP sessions) in the past 3 years;

b. the number of cases of repeated visits in the past 3 years, broken down by the number of visits (i. 2 times; ii. 3 times; iii. 4 times; iv. 5 times or more);

c. a breakdown of the improvements made in response to the problems with public dental services as pointed out in Report No. 68 of the Director of Audit, including unutilised disc quota of GP sessions, etc; as well as the manpower and resources required for implementing the improvement measures; and

d. whether the Government has any plans to provide GP sessions on a daily basis or extend GP sessions to cover dental clinics in all 18 districts in the long run so as to provide convenience to members of the public seeking consulations; if so, the details; if not, the reasons why?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 30)

Reply:

a. 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 2015-16, 2016-17 and 2017-18 (up to 31 January 2018), the maximum numbers of disc allocated and total number of attendances for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session[@]	No. of attendances (No. of discs allocated)		
			2015-16	2016-17	2017-18 (up to 31 January 2018)
Kowloon City Dental Clinic	Monday (AM)	84	5 177 (5 220)	5 329 (5 341)	4 554 (4 587)
	Thursday (AM)	42			
Kwun Tong Dental Clinic*	Wednesday (AM)	84	4 028 (4 065)	4 295 (4 310)	3 414 (3 424)
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	5 905 (5 940)	6 903 (6 951)	5 743 (5 783)
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 218 (2 230)	2 356 (2 371)	1 954 (1 954)
Mona Fong Dental Clinic	Thursday (PM)	42	1 952 (1 965)	1 909 (1 930)	1 605 (1 625)
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1 978 (2 026)	2 026 (2 035)	1 700 (1 712)
Tsuen Wan Dental Clinic[#]	Tuesday (AM)	84	7 193 (7 237)	7 567 (7 621)	6 732 (6 756)
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 071 (2 072)	2 152 (2 152)	1 696 (1 696)
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 769 (3 780)	3 999 (4 007)	3 323 (3 331)
	Friday (AM)	42			
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	97 (97)	95 (96)	81 (82)
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	192 (193)	152 (152)	177 (184)

* Kwun Tong Jockey Club Dental Clinic was renamed as Kwun Tong Dental Clinic with effect from January 2015.

[#] Tsuen Wan Dental Clinics (TWDC) was temporarily closed for renovation and the GP session was relocated to Tsuen Wan Government Offices Dental Clinic with effect from 1 September 2015. GP session was resumed in TWDC in January 2017 after the completion of renovation.

[@] The maximum numbers of disc allocated per session at individual dental clinics remain the same in the 3 years.

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.

b. DH does not maintain information on the number of cases of repeated visits in the past 3 years.

c. To enhance utilisation rate of disc quotas of GP sessions, DH has stepped up effort to promote the service of the GP sessions at Kennedy Town Community Complex Dental Clinic (KTCCDC) and Kowloon City Dental Clinic (KCDC), including handing out clinic's information leaflet to encourage the public who are unable to obtain disc quota from other government dental clinics to visit the KTCCDC and KCDC. With the above promotional effort, and following the provision of MTR service in Kennedy Town and Whampoa, the percentage of unutilised disc quota of KTCCDC has dropped from 25.2% (in 2015-16) to 14.45% (in 2016-17) and KCDC from 15% (in 2015-16) to 11.24% (in 2016-17). We anticipate that the percentage of unutilised disc quota will continue to decrease. DH will absorb any additional workload by flexible redeployment of resources.

d. 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 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.

In addition to the GP sessions, the DH provides specialist dental treatment to hospital in-patients, groups with special oral healthcare needs and dental emergency in the Oral Maxillofacial Surgery & Dental Units of 7 public hospitals.

Since 2013/2014 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 August 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 Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme. Besides, eligible elders may also use elderly health care vouchers for private dental services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5955)

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), please inform this Committee of the following:

(a) What were the respective numbers of new cases and total attendances at the CACs for each of the past 5 years? Please set out the figures in tabular form.

(b) The percentages of new cases in the CACs with an appointment time given within 3 weeks for 2016 and 2017 were both 100%, yet the planned percentage for 2018 has been set at only "over 90%"; why?

(c) The target completion rate of assessment for new cases in the CACs within 6 months has been set at over 90%, yet the actual figures for 2016 and 2017 were 61% and 55% respectively. In this connection, (i) what were the actual numbers of cases handled in these 2 years; (ii) why were the actual figures far below the target; and (iii) what follow-up work were carried out upon completion of the assessment?

(d) Why has the planned completion rate of assessment for 2018 been set at only "over 60%"? What measures will the Government implement in view of the situation? Please provide a detailed breakdown of the expenditure on such measures in tabular form.

Asked by: Hon KWOK Wing-hang, Dennis (Member Question No. (LegCo use): 25)

Reply:

(a) The number of newly referred cases received by and the total attendance at the Child Assessment Service (CAS) in the past 5 years are as follows:

	2013	2014	2015	2016	2017 (provisional figures)
Number of new cases referred to CAS	8 775	9 494	9 872	10 188	10 438
Attendance at CAS	33 600	34 600	37 400	37 200	37 400

(b) In view of the continuous increase in the number of new referrals received by the CAS, the target for appointment time for new cases in Child Assessment Centres (CACs) within 3 weeks has been kept at over 90%.

(c)(i) The number of children assessed by the CAS in the past 2 years are 15 395 (2016) and 15 589 (provisional figure for 2017).

(ii) The Department of Health (DH) was unable to meet the target of 90% of completion of assessment for new cases in the CACs within 6 months mainly due to the increasing demand for the services provided by the CAS, as well as the high turnover rate and difficulties in recruitment of doctors to the CAS.

(iii) The CAS provides comprehensive assessments and diagnosis, formulates rehabilitation plan, provides interim child and family support, conducts public health education activities, as well as reviews 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, CAS will provide interim support to their parents, such as seminars, workshops and practical training etc., with a view to enhancing the parents' understanding of their children and community resources so that the parents could provide home-based training to facilitate the development and growth of the children.

(d) Due to the above reasons, the target for completion time for assessment of new cases in CACs within 6 months in 2018 has been adjusted accordingly to over 60%.

Noting the continuous increase in demand for the services provided by the CAS, the DH has been preparing for the establishment of a new CAC with a view to strengthening the manpower support and enhancing service capacity to meet the rising number of referred cases. As an interim measure, the Government has allocated additional funding from 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities. The setting up of a temporary CAC involved creation of 16 civil service posts in the DH and 2 civil service posts in Social Welfare Department. The temporary CAC has commenced operation in January 2018. Of the 16 civil service posts approved for DH, the recruitment of 1 Senior Medical and Health Officer and 2 Medical and Health Officers are underway. A recurrent provision of $11.8 million was approved for setting up of the temporary CAC in 2017-18. With the establishment and full functioning of the new CAC, it is expected that the situation will be improved.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5349)

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 temporary Government Chinese Medicines Testing Institute (GCMTI) currently set up at the Hong Kong Science Park has commenced operation in phases since early 2017 to conduct research on reference standards and testing methods of Chinese medicines. The Chinese Medicines Herbarium is housed in the GCMTI with an aim to promote public knowledge of Chinese medicines. In this regard, will the Government please inform this Committee of the following;

1. What is the provision for the GCMTI for 2018-19?

2. Will the Government draw up a schedule for setting up a permanent GCMTI?

3. Having published the Hong Kong Chinese Materia Medica Standards last year, what are the work objectives of the GCMTI for the coming year?

4. What is the number of visitors to the Chinese Medicines Herbarium in the past year? Has it organised any guided tour to promote public understanding of Chinese medicines? If yes, what are the numbers of guided tours and participants? If no, why?

Asked by: Hon LAU Ip-keung, Kenneth (Member Question No. (LegCo use): 26)

Reply:

1. The financial provision for the temporary Government Chinese Medicines Testing Institute (GCMTI) in 2018-19 is about $47.7 million.

2. To develop Hong Kong into an international hub for scientific research on Chinese medicines testing and quality control, the Government will speed up the establishment of the permanent GCMTI. The Food and Health Bureau is liaising with other works department on the capital works project.

3. The Hong Kong Chinese Materia Medica Standards (HKCMMS) Volume 8 was published in March 2017, with its Volume 9 planned for issuance in the third quarter of

2018. Research work for the HKCMMS project is ongoing and the results will be published by volumes once available.

4. Last year, about 100 scientific research personnel and representatives from the Chinese medicines industry visited the herbarium at the temporary GCMTI at the Hong Kong Science Park. Pending the establishment of the GCMTI at a permanent site, the existing herbarium will only cater for visitors on scientific research, exchange, training and study purposes.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5372)

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. What measures were put in place by the Department to promote breastfeeding in 2017-18? What was the actual expenditure involved?

2. What are the specific work plan and estimated expenditure for 2018-19?

Asked by: Hon MA Fung-kwok (Member Question No. (LegCo use): 96)

Reply:

1.

The Government has been proactively promoting the provision of babycare facilities in public and private premises. Measures included such as:

(a) the "Advisory Guidelines on Babycare Facilities" issued in August 2008 to encourage incorporation of desirable babycare facilities in public premises under government's management;
(b) the "Practice Note on the Provision of Babycare Rooms in Commercial Buildings" issued in February 2009 to encourage and facilitate the provision of babycare rooms in private commercial premises;
(c) a circular issued in May 2014 to set out the Government's accommodation policy on the provision of lactation rooms for staff in government premises;
(d) the Department of Health (DH) issued relevant guidelines including "Employers' Guide to Establishing Breastfeeding Friendly Workplace" and "Employee's Guide to Combining Breastfeeding with Work", and promulgated the "Breastfeeding Friendly Workplace Policy" to private and public sectors in the community;
(e) to impose mandatory requirement in the sale conditions of government land sale sites for new commercial developments comprising office premises and/or retail outlets, eating places, etc. to enhance provision of babycare rooms and lactation rooms in the community; and
(f) to impose mandatory requirements for certain new government premises to provide babycare rooms and lactation rooms.

To further enhance support from various sectors of the community on breastfeeding, the Hong Kong Committee for the United Nations Children's Fund in collaboration with the Food and Health Bureau and the DH, have launched a promotion campaign entitled "Say Yes to Breastfeeding" since July 2015. The campaign aims to encourage private organisations to implement the "Breastfeeding Friendly Workplace Policy" and introduce breastfeeding friendly initiatives in public places such as restaurants and shopping malls.

Various public transport including some ferry routes and Mass Transit Railway stations have provided babycare rooms for breastfeeding mothers to breastfeed their children. The Government will continue to collaborate with different sectors and organisations to promote and support breastfeeding in various aspects.

In addition, the voluntary Hong Kong Code of Marketing of Formula Milk and Related Products and Food Products for Infants and Young Children (HK Code) was launched in June 2017 with the aims to protect breastfeeding and contribute to the provision of safe and adequate nutrition for infants and young children aged below 36 months.

The DH also collaborates with relevant professional healthcare bodies, academia as well as the private and public birthing hospitals in the following areas to promote and support breastfeeding -

(a) providing training for maternal and child health personnel and producing a training kit on breastfeeding for their reference;
(b) providing health information on breastfeeding for parents through workshops and individual counselling;
(c) production and distribution of educational materials;
(d) providing guidance and skill support for breastfeeding mothers; and
(e) conducting publicity activities such as production and broadcasting Announcements in the Public Interest on television, radio, and public buses; disseminating messages through newspapers, parent magazines; conducting poster campaigns, to promote public awareness and acceptance of breastfeeding.

The actual expenditure in 2017-18 on the promotion of breastfeeding was $6.0 million. Breakdown by items are as follows:

Items	**Expenditure ($ million)**
Publicity (e.g. celebrating events, broadcasting of promotional video and health messages, health talks and briefings)	2.4
Production of a series of video to strengthen the promotion of breastfeeding, infant and young child nutrition	1.8
Production and dissemination of health education resources and guidelines for establishing "Breastfeeding Friendly Workplace Policy", "Breastfeeding Friendly Premises Policy" and HK Code	1.0
Research and studies on breastfeeding and child nutrition	0.3
Implementation of a programme on peer support for lactating mothers	0.5

2.

A provision of $6.0 million has been earmarked in 2018-19 for enhancing the effort for promotion of breastfeeding.

In 2018-19, the DH will continue to promote and support breastfeeding through strengthening publicity and education on breastfeeding; encouraging the adoption of "Breastfeeding Friendly Workplace Policy" to support working mothers to continue breastfeeding after returning to work; promoting breastfeeding in public places through implementing the "Breastfeeding Friendly Premises Policy" and provision of babycare facilities so that the breastfeeding mothers can breastfeed their children or express milk anytime, anywhere; promulgating and evaluating the effectiveness of the HK Code; and strengthening the surveillance on local breastfeeding situation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5437)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the respective year-end balances, capital injections, incomes from investments or other sources and total expenditures in respect of the AIDS Trust Fund in 2016-17 and 2017-18. If the Department has other funds under its purview, please also provide such information.

Asked by: Hon MA Fung-kwok (Member Question No. (LegCo use): 100)

Reply:

The Government has set up the AIDS Trust Fund (the Fund) since April 1993, with a commitment of $350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV-infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An additional injection of $350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund.

The Director of Accounting Services is responsible for keeping the accounts of the Fund which are audited annually by the Director of Audit. According to the Audited Accounts, the balances of the Fund as at 31 March of 2016 and 2017 were $310.3 million and $289.6 million respectively. The income and expenditure in 2016-17 are $9.5 million and $30.1 million respectively, while those in 2017-18 is not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6352)

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:

For a better understanding of the mixed staff situation of the Hospital Authority, will the Government please advise on:

(a) the number of civil servants in 2017-18 and the estimated figure for 2018-19.

Asked by: Hon POON Siu-ping (Member Question No. (LegCo use): 22)

Reply:

(a) The number of civil servants working in the Hospital Authority as at 1 April 2017 is 1 354 and the estimated figure as at 1 April 2018 is 1 166.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5474)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the *Matters Requiring Special Attention in 2018-19* that the Department of Health will continue the effort for promotion of breastfeeding and implementation of "Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children". What are the specific initiatives? What relevant ancillary facilities will the Government provide to promote breastfeeding (especially the provision of more babycare rooms and breastfeeding rooms for the public)? What is the expenditure involved?

Asked by: Hon QUAT Elizabeth (Member Question No. (LegCo use): 63)

Reply:

In 2018-19, the Department of Health (DH) will continue to promote and support breastfeeding through strengthening publicity and education on breastfeeding; encouraging the adoption of "Breastfeeding Friendly Workplace Policy" to support working mothers to continue breastfeeding after returning to work; promoting breastfeeding in public places through implementing the "Breastfeeding Friendly Premises Policy" and provision of babycare facilities so that the breastfeeding mothers can breastfeed their children or express milk anytime, anywhere; promulgating and evaluating the effectiveness of the Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children; and strengthening the surveillance on local breastfeeding situation.

The Government has been proactively promoting the provision of babycare facilities in public and private premises. Measures included such as:

(a) the "Advisory Guidelines on Babycare Facilities" issued in August 2008 to encourage incorporation of desirable babycare facilities in public premises under government's management;
(b) the "Practice Note on the Provision of Babycare Rooms in Commercial Buildings" issued in February 2009 to encourage and facilitate the provision of babycare rooms in private commercial premises;
(c) a circular issued in May 2014 to set out the Government's accommodation policy on the provision of lactation rooms for staff in government premises;

(d) DH issued relevant guidelines including "Employers' Guide to Establishing Breastfeeding Friendly Workplace" and "Employee's Guide to Combining Breastfeeding with Work", and promulgated the "Breastfeeding Friendly Workplace Policy" to private and public sectors in the community;
(e) to impose mandatory requirement in the sale conditions of government land sale sites for new commercial developments comprising office premises and/or retail outlets, eating places, etc. to enhance provision of babycare rooms and lactation rooms in the community; and
(f) to impose mandatory requirements for certain new government premises to provide babycare rooms and lactation rooms.

To further enhance support from various sectors of the community on breastfeeding, the Hong Kong Committee for the United Nations Children's Fund in collaboration with the Food and Health Bureau and the DH, have launched a promotion campaign entitled "Say Yes to Breastfeeding" since July 2015. The campaign aims to encourage private organisations to implement the "Breastfeeding Friendly Workplace Policy" and introduce breastfeeding friendly initiatives in public places such as restaurants and shopping malls.

Various public transport including some ferry routes and Mass Transit Railway stations have provided babycare rooms for breastfeeding mothers to breastfeed their children. The Government will continue to collaborate with different sectors and organisations to promote and support breastfeeding in various aspects.

A provision of $6.0 million has been earmarked in 2018-19 for enhancing the effort for promotion of breastfeeding.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)453

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4924)

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 list out, in each of the past 3 years, the number of people who were found to have colorectal cancer when participating in the Colorectal Cancer Screening Pilot Programme (the Pilot Programme), the median age of those diagnosed with the cancer, and the number of people who enrolled in the Pilot Programme.

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 85)

Reply:

Launched in September 2016, the Colorectal Cancer Screening Pilot Programme (the Pilot Programme) currently provides subsidised screening to asymptomatic Hong Kong residents born from 1946 to 1955. As at the end of February 2018, over 65 000 eligible persons have participated in the Pilot Programme. Among the participants, 428 colorectal cancer cases have been diagnosed and their median age at diagnosis is 68.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4954)

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. How many cases of children whose parent(s) is/are suspected to have substance abuse were handled by the Maternal and Child Health Centres (MCHCs) in the past 3 years?

2. What follow-up actions had been taken by the MCHCs on such cases?

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 137)

Reply:

(1) and (2)

The Maternal and Child Health Centres (MCHCs) of the Department of Health (DH) provide a range of health promotion and disease prevention services for children from birth to 5 years of age through an integrated child health and development programme which include immunisation services, growth and developmental surveillance, and health education for parents.

The Comprehensive Child Development Service (CCDS), jointly implemented by the Labour and Welfare Bureau, the Education Bureau, the DH, the Hospital Authority (HA) and the Social Welfare Department, aims to identify at an early stage various health and social needs of children and those of their families and to provide the necessary services to foster the healthy development of children. Through MCHCs, HA hospitals and other relevant service units, such as Integrated Family Service Centres, Integrated Services Centres and pre-primary institutions, CCDS identifies at-risk pregnant women and family (including parent(s) who is/are suspected to have substance abuse), and children with health, developmental and behavioural problems.

Families and children whose parent(s) is/are suspected to have substance abuse will be referred to relevant service units including social services with a view to strengthening family's capability in taking care of children, and paediatric service of HA for management if necessary.

The number of children with mother having history of substance abuse identified in MCHCs in 2015, 2016 and 2017 were 410, 427 and 497 respectively.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)455

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4965)

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) What are the numbers of attendances for AIDS counselling provided by the divisions under the Department of Health (DH) and its partnering organisations, as well as the manpower for providing the service over the past 5 financial years?

b) What is the utilisation of the AIDS telephone enquiry service provided by the divisions under the DH and its partnering organisations over the past 5 financial years?

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 156)

Reply:

(a)

The number of attendances for HIV counselling and testing at the AIDS Counselling and Testing Services (ACTS) under the Department of Health (DH) in the past 5 financial years are as follows:

Financial year	Number of attendances
2013-14	3 610
2014-15	3 047
2015-16	2 869
2016-17	2 876
2017-18*	2 295

* Figures updated as of 28 February 2018

The number of staff providing HIV counselling and testing services to the clients at the ACTS remained the same from 2013-14 to 2017-18 as follows:

Rank	Number of staff
Nursing Officer	2
Registered Nurse	3
Clerical Assistant	1
Workman II	1
Total	**7**

(b)

The number of telephone enquiries handled by the AIDS Hotline Unit under DH in the past 5 financial years are as follows:

Financial year	Number of telephone enquiries
2013-14	24 451
2014-15	21 865
2015-16	25 076
2016-17	22 484
2017-18*	15 856

* Figures updated as of 28 February 2018

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5029)

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) Does the Government allocate additional resources to healthcare services in view of the ever-increasing number of HIV infection cases reported in recent years?

2) Did the Government, in view of a growing population, allocate additional resources or manpower to strengthen the Social Hygiene Service for preventing sexually transmitted infections and HIV infections in Hong Kong in the past 10 years?

3) Will the Government please list the staff establishments and the estimates for the Social Hygiene Service in the past 5 financial years?

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 299)

Reply:

1. The Government is committed to providing quality care for HIV infected persons. Resources have been allocated to allow antiretroviral treatment for all patients in line with international recommendations. For 2017-18, the annual recurrent cost (revised estimate) for the establishment of professional staff of the HIV/AIDS clinic under the Department of Health (DH) is $17 million.

   The Government will keep in view service demand in the coming years for resource allocation.

2. For the past 10 years, the level of manpower of Social Hygiene Service (SHS) in prevention and control of sexually transmitted infections maintained at a similar level. The number of new cases of sexually transmitted diseases recorded in the Social Hygiene Clinics have remained stable.

3. The financial provision and manpower establishment of SHS in prevention and control of sexually transmitted infections for the past 5 financial years are shown as follows:

Financial Provision of SHS in Prevention and Control of Sexually Transmitted Infections from 2013-14 to 2017-18

	Expenditure ($ million)
2013-14 (Actual)	63.0
2014-15 (Actual)	67.8
2015-16 (Actual)	68.1
2016-17 (Actual)	68.9
2017-18 (Revised Estimate)	69.4

Establishment of SHS from 2013-14 to 2017-18

	Establishment as at				
Rank	31.3.2014	31.3.2015	31.3.2016	31.3.2017	1.3.2018
Consultant	2	2	2	2	2
Senior Medical and Health Officer	5	5	5	5	5
Medical and Health Officer	23	23	23	23	23
Senior Nursing Officer	2	2	2	2	2
Nursing Officer	18	18	18	18	18
Registered Nurse	86	86	86	86	86
Enrolled Nurse	12	12	12	12	12
Senior Dispenser	1	1	1	1	1
Dispenser	2	2	2	2	2
Executive Officer II	1	1	1	1	1
Clerical Officer	1	1	1	1	1
Assistant Clerical Officer	9	9	9	9	9
Clerical Assistant	22	22	22	22	22
Office Assistant	5	5	5	5	5
Personal Secretary I	1	1	1	1	1
Statistical Officer II	1	1	1	1	1
Workman II	17	17	15	15	15
Total :	*208*	*208*	*206*	*206*	*206*

Note: Some Social Hygiene Clinics also provide outpatient dermatological service.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5030)

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 list the expenditures incurred by the Government for the procurement of anti-HIV drugs in the past 5 financial years.

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 302)

Reply:

The total drug expenses in HIV clinic under the Department of Health (DH) for the past 5 financial years are set out as below. The DH does not maintain breakdown of the expenses by drug items.

Financial Year	Amount ($ million)
2013-14	186.6
2014-15	211.0
2015-16	245.3
2016-17	275.7
2017-18 (up to December 2017)	220.2

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5031)

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:

1) The use of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) as a public strategy to prevent the spread of HIV infection has become more and more common worldwide. Does the Government have any plans to include these 2 types of medication as part of the local measures for HIV prevention as soon as practicable in 2018-19?

2) Please provide a breakdown of the research expenditures on HIV PrEP in the past 3 years, apart from the funding granted to the research project titled "Perceptions on Pre-exposure Prophylaxis and Post-exposure Prophylaxis among Men who have Sex with Men in Hong Kong" by the Council for the AIDS Trust Fund in 2014-15.

3) Please advise on the estimated expenditure involved if the Government proposes incorporating PrEP into the Drug Formulary to subsidise most-at-risk populations for HIV to prevent HIV infection in 2018-19.

4) Please advise on the economic cost as measured by the difference between the expenditure incurred in preventing HIV infection for each person from most-at-risk populations and the lifelong medical expense for each HIV patient.

5) Will the Government consider allocating more resources in 2018-19 on HIV prevention, including the provision of PrEP and PEP, legislation against discrimination on the grounds of sexual orientation as well as provision of sexuality education catering for present-day circumstances, to minimise the number of infected people, thereby reducing the lifelong expenses on HIV treatment and the economic loss arising from the reduction in workforce?

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 304)

Reply:

1 & 3

The Scientific Committee on AIDS and STI (the Scientific Committee), set up under the Centre for Health Protection (CHP) of the Department of Health (DH), is responsible for advice, on the basis of scientific evidence, on the prevention, care and control of AIDS and sexually transmitted infections (STI). In December 2016, the Scientific Committee issued an interim statement on HIV pre-exposure prophylaxis (PrEP) which states that, among others –

(a) before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention effectiveness; and

(b) further studies are needed to ascertain acceptability and demand of PrEP among high risk groups, their willingness to pay and, above all, effective ways to reach the targeted population. Similarly, data from local studies and experience of implementation should be collected, especially in relation to the setting of delivery, adherence, safety, level of risk compensation and overall prevention effectiveness. As such experience accumulates, estimation of demand can be made and the appropriate model of PrEP delivery determined.

The CHP encourages relevant studies on PrEP and is aware of the several local PrEP studies supported by the AIDS Trust Fund (the Fund). It is expected that results of the PrEP-related projects could bring local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery. In the meantime, the CHP will keep abreast of the continuing development of PrEP locally and internationally. At this stage, the Government has no plan to incorporate PrEP into the Drug Formulary.

Regarding post-exposure prophylaxis (PEP), in January 2014, the Scientific Committee updated the recommendations on the management and PEP of occupational needlestick injury or mucosal contact to hepatitis B virus, hepatitis C virus and HIV. The Scientific Committee has been monitoring the latest scientific evidence and, if necessary, will consider updating the above recommendation. As the Scientific Committee's recommendation on PEP announced in January 2014 remains valid, we have no plan to adjust the recommendations for prescribing PEP for occupational exposure. For non-occupational PEP (nPEP) to sexual or injection exposure, the current position of the Scientific Committee, as issued in 2006, is that it should not be used routinely. This position is due to be revisited by the Scientific Committee in 2018.

2)

The Council for the Fund (the Fund) approved a sum of $5.8 million from 2015-16 to 2017-18 to support the following research studies –

(a) Operability of a pilot incentivised PrEP programme for men who have sex with men (MSM) in Hong Kong;

(b) A pilot needs assessment of MSM who obtain PrEP in Bangkok, Thailand and use it in Hong Kong ("PrEP tourists");

(c) An exploratory study of pharmacologic measure of Tenofovir diphosphate and Emtricitabine triphosphate in dried blood spots as adherence testing for monitoring PrEP; and

(d) PrEP with on-demand versus daily TDF/FTC in MSM at high risk of HIV infection – a crossover study.

Breakdown of the research expenditure is not available.

4)

Treatment and care for HIV/AIDS is complex and varies among patients and the stage of disease. In addition, drug costs vary greatly with the regimen used and will be adjusted with time and patient profile. Hence, the estimated unit cost of life-long medical expenses cannot be readily computed. In addition, it is difficult to estimate the number of infection that would have occurred if there was no preventive measures at all (the baseline); we cannot predict the number of infections that might have been averted with the current preventive measures, and also the number of people that would have to be treated under these two scenarios.

HIV treatment by itself also has prevention effect as it helps reduce the risk of transmitting the virus to others. Therefore, it may not be appropriate to assess the economic cost by just comparing the prevention cost and treatment cost of HIV.

5)

The Government has been allocating substantial resources for the prevention and control of HIV/AIDS which includes –

(a) setting up Hong Kong Advisory Council on AIDS (ACA) in 1990. ACA is tasked to review the local and international trends and development relating to HIV infection and AIDS; to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to advise on the co-ordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong.

(b) setting up the Fund since April 1993 with a commitment of $350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV-infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An additional injection of $350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund. From 2015-16 to 2017-18, the Fund approved a total of $69.2 million for 50 projects for prevention of HIV among 5 high risk groups, namely MSM, male clients of female sex workers, injecting drug users, sex workers and people living with HIV.

(c) allocation of resources by DH on Student Health Services (SHS), Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service for HIV prevention. The DH has been providing educational information and conducting promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on HIV and sex by SPP, as

well as online resources on sex education. The DH will continue to promote sex education and regularly review and update the content and approach so as to address the needs of the adolescents. The SPP is also committed to expanding the community's response to HIV/AIDS, support the development of evidence-based AIDS strategies, and cultivate expertise in clinical and public health HIV medicine and infectious diseases. As effective treatment results in viral suppression thus prevents onward transmission, the SPP has been promoting early HIV testing, and hence early linkage to medical care and treatment. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS.

(d) Regarding PrEP, DH currently adopts the recommendations by the Scientific Committee in its interim statement issued in December 2016. The statement stated that before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention effectiveness. The statement also called for local research and pilot studies targeting young and high risk MSM to gauge relevant information on the use of PrEP, including local acceptance, service demand, drug adherence, risk compensation and cost-effectiveness, to facilitate the deliberation of public health approach to PrEP as well as the most appropriate delivery model. The Fund has granted funding support to PrEP-related projects from 2015-16 to 2017-18. It is expected that results of the projects could bring local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery.

(e) As for PEP, in January 2014, the Scientific Committee updated the recommendations on the management and PEP of occupational needlestick injury or mucosal contact to hepatitis B virus, hepatitis C virus and HIV. The Scientific Committee has been monitoring the latest scientific evidence and, if necessary, will consider updating the above recommendation. As the Scientific Committee's recommendation on PEP announced in January 2014 remains valid, we have no plan to adjust the recommendations for prescribing PEP for occupational exposure. For non-occupational PEP (nPEP) to sexual or injection exposure, the current position of the Scientific Committee, as issued in 2006, is that it should not be used routinely. This position is due to be revisited by the Scientific Committee in 2018.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5033)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1) With regard to the resources allocated for the prevention of HIV/AIDS amongst heterosexual men in the past 3 years, will the Government please provide a detailed breakdown of the expenditure involved?

2) Although cases of heterosexual contacts accounted for almost 20% of all new HIV cases, many AIDS service organisations indicated that the resources allocated by the AIDS Trust Fund for HIV/AIDS prevention amongst heterosexual men had been reduced substantially in recent years. Will additional resources be allocated to the Fund, Centre for Health Protection and AIDS service organisations for reducing the prevalence of HIV/AIDS amongst heterosexuals in the future? Please provide a detailed breakdown of the resources involved.

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 306)

Reply:

1)

Based on the "Recommended HIV/AIDS Strategies for Hong Kong 2012-2016" issued by the Hong Kong Advisory Council on AIDS, the AIDS Trust Fund (the Fund) has accorded priority to provide funding to programmes targeted at 5 high risk groups, which include male clients of female sex workers (MCFSW). From 2015-16 to 2017-18, the Fund approved a total of $4.9 million for 4 projects targeted at MCFSW. The Fund also supported projects other than the 5 high risk groups (including cross border travellers, prisoners, ethnic minorities and general public) to prevent HIV transmission through heterosexual contacts. A total of $11.9 million was granted for 12 projects for the prevention of HIV infection, including via heterosexual contacts. Besides, the Fund granted a total of $3.1 million for 2 projects which served more than 1 high risk group including MCFSW.

The Department of Health (DH) has been allocating resources to Student Health Services (SHS), Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene

Service for HIV prevention. The DH has been providing educational information and conducting promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on HIV and sex by SPP, as well as online resources on sex education. The DH will continue to promote sex education and regularly review and update the content and approach so as to address the needs of the adolescents. The SPP is also committed to expanding the community's response to HIV/AIDS, support the development of evidence-based AIDS strategies, and cultivate expertise in clinical and public health HIV medicine and infectious diseases. As effective treatment results in viral suppression thus prevents onward transmission, the SPP has been promoting early HIV testing, and hence early linkage to medical care and treatment. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS. Breakdown on the resources spent for various target populations, including heterosexuals is not available.

2)

The Government has set up the Fund since April 1993, with a commitment of $350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV-infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An additional injection of $350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund.

Among the newly reported case received by the DH, the proportion of HIV infections acquired through heterosexual contact has decreased from 70% in 1996 to 16% in 2017. On the other hand, HIV infection through homosexual/bisexual contact has increased from 17% to 63% during the same period. Moreover, assessment conducted by the DH showed that the prevalence (number of infection per 100 persons) of men who have sex with men (MSM) (men who practiced homosexual/bisexual contact) was 5.9% in 2014, while that of heterosexual males was less than 0.1%. In response to the latest situation, the Fund will accord priority among the 5 targeted high risk groups, which MCFSW is one of them, to fund programmes. Other than the 5 high risk groups, the Fund would also assess and grant funding to proposals serving other groups for prevention of HIV transmission, including via heterosexual contact.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5034)

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 stated in Objective 1 of the UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People, improving the human rights situation for men who have sex with men and transgender people is the cornerstone to an effective response to HIV. How much resources did the Government allocate to conduct a study on legislation against discrimination on the grounds of sexual orientation in the past 3 years in response to the recommendations by the UNIAIDS for reducing the infection rate of HIV and sexually-transmitted diseases? Please provide a detailed breakdown.

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 307)

Reply:

The Government has been allocating substantial resources for the prevention and control of HIV/AIDS. The Hong Kong Advisory Council on AIDS (ACA), which was formed in 1990, has been tasked to keep under review local and international trends and development relating to HIV infection and AIDS; to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to advise on the co-ordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong.

The ACA had noted the opinion of legislating against discrimination on the grounds of sexual orientation and had deliberated on the issue during formulating the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)". Having considered the available evidence, the ACA concluded that there was insufficient scientific evidence to show that enactment of protective laws for sexual minorities would impact directly on the HIV epidemic in Hong Kong. Nevertheless, the ACA is of the view that the immediate goal should be towards health care that is discrimination-free and accepting, facilitating people of different sexual orientations to access HIV related services. This view is also in line with the recommendations of UNAIDS.

In this regard, the Department of Health has been providing training on HIV/AIDS to health care workers, staff of residential care homes and non-governmental organisations (NGOs), including social workers. The content of training includes basic HIV knowledge and counselling skills. Acceptance of people living with HIV (PLHIV) and sensitivity training to raise the awareness of the needs of PLHIV was also included.

Moreover, the Government has been collaborating with NGOs to conduct events to promote public awareness of AIDS and foster acceptance and care of PLHIV. The Government is also conducting, using existing resources, a further study on the experience of other jurisdictions in tackling discrimination on the grounds of sexual orientation through legislative and non-legislative measures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5221)

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 Department of Health regularly collect water samples for testing and modify the testing parameters based on scientific evidence at present? If so, what are the details? If not, why?

Asked by: Hon TAM Man-ho, Jeremy (Member Question No. (LegCo use): 615)

Reply:

The Water Supplies Department (WSD) implements a water quality monitoring programme through a series of physical, chemical, bacteriological, biological and radiological tests to carry out surveillance of drinking water quality and to facilitate review of drinking water standards for Hong Kong. On an ongoing basis, the Department of Health provides health advice to WSD on water safety matters taking reference from the World Health Organization's Guidelines for Drinking-water Quality.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5233)

Head: (37) Department of Health

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

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

(a) What is the amount of funds allocated by the Hong Kong Government each year for conducting scientific researches on antibiotics and drug resistance? Has it considered making reference to the regulation of the use of antibiotics through legislation in the European Union and the United States?

(b) Please provide in table form the total number of complaints and reported cases relating to the misuse of antibiotics received by the Department of Health and the number of substantiated cases among them over the past 5 years.

Asked by: Hon TAM Man-ho, Jeremy (Member Question No. (LegCo use): 627)

Reply:

(a) The "One Health" approach has been regarded as a major element of antimicrobial resistance (AMR) control and prevention strategies by international agencies, including the World Health Organization, the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health. An incremental approach has been adopted by the Administration in the battle against AMR. The Hong Kong Strategy and Action Plan on AMR (the Action Plan) outlined fact, research and gap analysis as a start, which should proceed alongside stakeholder engagement and consultation, with a view to gauging the difficulties faced by stakeholders, and which in turn would facilitate the formulation of a pragmatic implementation plan that induce improvement among the stakeholders.

Currently, the Pharmacy and Poisons Ordinance (Cap. 138) and the Antibiotics Ordinance (Cap. 137) regulate the possession and supply of antibiotics. The Import and Export Ordinance (Cap. 60) also provides that all pharmaceutical products must be imported and exported under authorised licenses.

The Antibiotics Ordinance also stipulated that no person shall administer by way of treatment any such substance or preparation unless he is such a medical practitioner, dentist or veterinary surgeon or a person acting in accordance with the written

directions of any such medical practitioner, dentist or veterinary surgeon, or a holder of a valid permit issued by the Director of Agriculture, Fisheries and Conservation. The Drug Office of the Department of Health (DH), the drug regulatory agency, and the Customs and Excise Department, the law enforcement agency regarding import and export, perform regular and surprise inspections on drug traders to ensure compliance of regulations. Enhanced unannounced inspections and unannounced test purchases by undercover agents are conducted to authorised sellers of poisons, i.e. pharmacies. The DH has advised the Pharmacy and Poisons Board of Hong Kong to consider reviewing disciplinary actions against offenders so as to increase the deterrent effect. With the above strengthened measures, the DH will timely review the effect of the measures taken.

The CHP recognises the importance of supporting development and researches in the area of AMR as part of the control strategy. It has commissioned research institutions to conduct surveys and studies to fill the information gaps identified in AMR. Following the launch of the Action Plan, research priorities have been identified by experts and were included by the Health and Medical Research Fund (HMRF) as one of the thematic priorities to stimulate research in important areas. Apart from that, the CHP has initiated various studies to understand the situation of AMR locally, such as the prevalence of AMR; the supply of antibiotics; prevention and control strategies of multi-drug resistant organisms in hospitals; risk factors and control factors for AMR in community settings, as well as knowledge, attitude and practices towards AMR and antibiotic use among the general public. Expenditures on the aforesaid studies form part of the infection control projects and initiatives conducted by the CHP and other divisions of the DH. As these services form an integral part of the respective services, such expenditures could not be separately identified.

(b) According to the Antibiotics Ordinance, antibiotics must be supplied by registered medical practitioners, registered dentists or registered veterinary surgeons; or by pharmacies under the authority of a prescription. Illegal sale of antibiotics is an offence and the maximum penalty is a fine of $30,000 and imprisonment for 12 months upon conviction.

The number of complaints received and the number of convicted cases handled by the Drug Office of the DH from 2013 to 2017 that involved illegal sale of antibiotics are tabulated as follows:

Year	Number of complaints which involved illegal sale of antibiotics	Number of convicted cases which involved illegal sale of antibiotics
2013	16	7
2014	13	3
2015	9	1
2016	9	4
2017	18	2

- End -