Index page

Director of Bureau: Secretary for Health, Welfare and Food
Session No. 15
File name: S-HWFB-el.doc

Reply Serial No.	Question Serial No.	Reply Serial No.	Question Serial No.	Reply Serial No.	Question Serial No.
S-HWFB01	SV22	S-HWFB27	S60		
S-HWFB02	S88	S-HWFB28	S66		
S-HWFB03	S51	S-HWFB29	S87		
S-HWFB04	S52	S-HWFB30	S68		
S-HWFB05	S53	S-HWFB31	S71		
S-HWFB06	S54	S-HWFB32	S72		
S-HWFB07	S61	S-HWFB33	S73		
S-HWFB08	S63	S-HWFB34	S74		
S-HWFB09	S64	S-HWFB35	S75		
S-HWFB10	S65	S-HWFB36	S76		
S-HWFB11	S77	S-HWFB37	SV31		
S-HWFB12	S78	S-HWFB38	SV29		
S-HWFB13	S79				
S-HWFB14	S80				
S-HWFB15	S81				
S-HWFB16	S82				
S-HWFB17	S83				
S-HWFB18	S84				
S-HWFB19	S85				
S-HWFB20	S86				
S-HWFB21	S46				
S-HWFB22	S47				
S-HWFB23	S48				
S-HWFB24	S67				
S-HWFB25	S57				
S-HWFB26	S58				

Replies to supplementary questions raised by Finance Committee Members in examining the Estimates of Expenditure 2006-07

Director of Bureau: Secretary for Health, Welfare and Food
Session No. 15

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
S-HWFB01	SV22	CHOY So-yuk	49	Food Safety and Public Health
S-HWFB02	S88	SIN Chung-kai	37	Curative Care
S-HWFB03	S51	WONG Kwok-hing	49	
S-HWFB04	S52	TAM Heung-man	149	
S-HWFB05	S53	TAM Heung-man	149	Agriculture, Fisheries and Food Safety
S-HWFB06	S54	TAM Heung-man	149	Agriculture, Fisheries and Food Safety
S-HWFB07	S61	KWOK Ka-ki	149	Subvention: Hospital Authority
S-HWFB08	S63	KWOK Ka-ki	149	Subvention: Hospital Authority
S-HWFB09	S64	KWOK Ka-ki	149	Subvention: Hospital Authority
S-HWFB10	S65	KWOK Ka-ki	149	Subvention: Hospital Authority
S-HWFB11	S77	KWOK Ka-ki	149	Subvention: Hospital Authority
S-HWFB12	S78	KWOK Ka-ki	149	Health
S-HWFB13	S79	KWOK Ka-ki	149	Health
S-HWFB14	S80	KWOK Ka-ki	149	Health
S-HWFB15	S81	KWOK Ka-ki	149	Health
S-HWFB16	S82	KWOK Ka-ki	149	Subvention: Hospital Authority
S-HWFB17	S83	KWOK Ka-ki	149	Subvention: Hospital Authority
S-HWFB18	S84	KWOK Ka-ki	149	Agriculture, Fisheries and Food Safety

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
S-HWFB19	S85	KWOK Ka-ki	149	Subvention: Hospital Authority
S-HWFB20	S86	KWOK Ka-ki	149	Subvention: Hospital Authority
S-HWFB21	S46	WONG Kwok-hing	170	Services for Elders
S-HWFB22	S47	WONG Kwok-hing	170	Services for Elders
S-HWFB23	S48	WONG Kwok-hing	170	Young People
S-HWFB24	S67	KWOK Ka-ki	170	Services for Elders
S-HWFB25	S57	CHAN Yuen-han	170	Social Security
S-HWFB26	S58	CHAN Yuen-han	170	Rehabilitation and Medical Social Services
S-HWFB27	S60	CHAN Yuen-han	170	Family and Child Welfare
S-HWFB28	S66	KWOK Ka-ki	170	Services for Elders
S-HWFB29	S87	KWOK Ka-ki	170	Family and Child Welfare
S-HWFB30	S68	KWOK Ka-ki	170	Services for Elders
S-HWFB31	S71	CHEUNG Chiu-hung, Fernando	170	Services for Elders
S-HWFB32	S72	CHEUNG Chiu-hung, Fernando	170	Services for Elders
S-HWFB33	S73	CHEUNG Chiu-hung, Fernando	170	Services for Elders
S-HWFB34	S74	CHEUNG Chiu-hung, Fernando	170	Services for Elders
S-HWFB35	S75	CHEUNG Chiu-hung, Fernando	170	Services for Elders
S-HWFB36	S76	CHAN Yuen-han	170	Social Security
S-HWFB37	SV31	CHEUNG Chiu-hung, Fernando	149	Subvention: Hospital Authority
S-HWFB38	SV29	KWOK Ka-ki	149	Subvention: Hospital Authority

Reply Serial No.

S-HWFB01

Question Serial No.

SV22

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Head : 49 Food and Environmental Hygiene Department

Subhead (No. & title) :

Programme : (1) Food Safety and Public Health

Controlling Officer : Director of Food and Environmental Hygiene

Director of Bureau : Secretary for Health, Welfare and Food

Question :

In relation to Hon CHOY So-yuk's concern on health effects when using Styrofoam lunch boxes in schools, the Administration undertook to provide information on a survey to assess food safety and suitability of using such containers conducted by the Consumer Council in collaboration with the Food and Environmental Hygiene Department.

Asked by : Hon. CHOY So-yuk

Reply :

Food and Environmental Hygiene Department and Consumer Council had completed a joint study on the disposable plastic containers for take-away meals. The purpose of the study was to determine the suitability of the use of such containers for containing food under different conditions. The results of the study were published in Choice magazine on 15 December 2005.

The study found that all disposable plastic container samples tested, including those made of Styrofoam, met the safety standards for heavy metals and residual styrene monomers. Used properly, these disposable plastic containers would unlikely cause a food safety problem. The Department will prepare guidelines on the use of disposable plastic containers for reference by the food trade.

Signature	
Name in block letters	GREGORY LEUNG
Post Title	Director of Food and Environmental Hygiene
Date	17 March 2006

Reply Serial No.

S-HWFB02

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S88

Head : 37 Department of Health Subhead (No. & title) :

Programme : (4) Curative Care

Controlling Officer : Director of Health

Director of Bureau : Secretary for Health, Welfare and Food

Question :

Regarding the provision of dental service for groups with special oral healthcare needs and emergency cases, please provide information on the following:

(a) What are the respective definitions of "groups with special oral healthcare needs" and "emergency cases"? Are patients with periodontal disease included? If no, what is/are the reason(s)?

(b) How many government dental clinics are currently providing dental service to the public? Among members of the public, who are eligible for receiving treatment at government dental clinics? What is the waiting time? What are the charges? and

(c) What kinds of treatment are included in the emergency treatment provided by dental clinics to the public?

Asked by : Hon. SIN Chung-kai

Reply :

(a) Patients who are medically compromised, physically or mentally disabled or those who have facial deformities are regarded as "groups with special oral healthcare needs". Patients who have dental pain and trauma are regarded as "emergency cases". Patients with dental pain caused by periodontal diseases are also included.

(b) There are 11 designated government dental clinics, eight school dental clinics and seven hospital dental units in Hospital Authority hospitals providing dental service to the

public. The eligibility, waiting time and charges of these clinics are as follows -

- Designated government dental clinics: They provide emergency dental treatment to the public in designated sessions. The service is free of charge. About 40 discs per dentist are distributed before each session, and patients getting a disc will be treated on the same day.

- School dental clinics: All primary school children are eligible to join the School Dental Care Service. Enrolled children will be provided with an annual check up within the same school year. Follow up appointments will also be arranged if necessary in the same school year. The annual enrolment fee is $20.

- Hospital dental units: They provide specialist treatment to patients with special oral healthcare needs. Patients with emergency needs will be given immediate consultation and treatment. The waiting time of other patients will depend on the severity and nature of their dental conditions, ranging from one week to eight months. Eligible Persons have to pay a gazetted Specialist Outpatient Clinic charge of $100 for the first attendance and $60 for each subsequent attendance.

(c) Emergency dental treatments include pain relief and extraction of teeth.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 17 March 2006

Reply Serial No.

S-HWFB03

Question Serial No.

S51

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Head : 49 Food and Environmental Hygiene Department

Subhead (No. & title) : 000 Operational Expenses

Programme :

Controlling Officer : Director of Food and Environmental Hygiene

Director of Bureau : Secretary for Health, Welfare and Food

Question :

With reference to Reply HWFB 281, please advise on the following:

(a) About $300 million of the $492.9 million increase in 2006-07 will be used for sustaining temporary jobs, largely through outsourced services. What are the services to be outsourced? Please list out in detail the types of these services.

(b) What are the temporary jobs to be sustained? Please give details.

(c) Will the salaries of these temporary jobs be reduced?

Asked by : Hon. WONG Kwok-hing

Reply :

(a) The services to be outsourced include enhanced cleansing and related services for public places/venues (such as cooked food markets/bazaars/public toilets/aqua privies), rodent and pest control work and removal of unauthorized bills/posters.

(b) The Department will engage about 2 730 temporary jobs through contractors, including about 790 for cleansing and related services, 1 580 for rodent and pest control work and 360 for removal of unauthorized bills/posters. In addition to these, the Department will engage about 560 temporary non-civil service contract (NCSC) staff to carry out environmental nuisance investigations, to provide administrative and transport support

and to perform cleansing duties. The overall number of temporary jobs to be created will remain at 3 291 in 2006-07. The actual number for individual service areas might vary in accordance with the prevailing operational needs.

(c) The salaries of the workers to be engaged by contractors will be determined by the successful contractors in their tenders, but they will not be less than the overall average monthly salaries for related services as published in the latest Quarterly Report of Wage and Payroll Statistics by the Census and Statistics Department by the tender closing date. There will not be salary reduction for our temporary NCSC staff in 2006 as compared to 2005.

Signature	
Name in block letters	GREGORY LEUNG
Post Title	Director of Food and Environmental Hygiene
Date	17 March 2006

Reply Serial No.

S-HWFB04

Question Serial No.

S52

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Head : 149 Government Secretariat : Health, Welfare and Food Bureau

Subhead (No. & title) : 000 Operating Expenses

Programme :

Controlling Officer : Permanent Secretary for Health, Welfare and Food

Director of Bureau : Secretary for Health, Welfare and Food

Question :

It was only stated in Reply Serial No. HWFB305 that the increase in provision was due to a series of work. Will the Administration provide details of the expenses and specific work plan for each of the work items?

Asked by : Hon. TAM Heung-man

Reply :

As the provision under the general departmental expenses is to be used for a wide range of initiatives and activities, it is not possible for us to break down the estimate by individual items. We would, however, like to highlight a few major items of expenditure. For example, we have set aside about $54 million in 2006-07 to meet various contingencies for combating a possible influenza pandemic, such as an urgent need to step up port health or other health measures that have not been bugeted for.

On the other hand, a sum of $10 million has been reserved for strengthening family education by launching a series of family education, publicity and community involvement programmes to promote the values, ethics and individual responsibility needed for family harmony. Funds are also earmarked for other initiatives such as the organisation of the International Festival of Inclusive Arts, public education to promote mental health and purchase of more Rehabuses.

Signature	
Name in block letters	Mrs Carrie YAU
Post Title	Permanent Secretary for Health, Welfare and Food
Date	17 March 2006

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB05

Question Serial No.

S53

Head: 149 Government Secretariat: Health, Welfare and Food Bureau

Subhead (No. & title):

Programme: (5) Agriculture, Fisheries and Food Safety

Controlling Officer: Permanent Secretary for Health, Welfare and Food

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Regarding Reply Serial No. HWFB121, the Administration stated that the additional provision was earmarked for contingency measures against avian influenza. Would $3 million be sufficient in case of a pandemic? If not, how would the Administration deal with the situation? Has the Administration formulated any contingency plan against avian influenza?

Asked by: Hon. TAM Heung-man

Reply:

The additional $3 million one-off provision for food safety regulation under Head 149 is earmarked for a number of purposes including contingency measures e.g. publicity and education programmes to deal with unforeseen events such as avian influenza outbreak. Separately, the Food and Environmental Hygiene Department has earmarked a total of $17.5 million under Head 49 on avian influenza prevention while the Agriculture, Fisheries and Conservation Department has earmarked $28.5 million under Head 22 to address the same problem in 2006/07.

The Administration has publicized the "Emergency Preparedness for Influenza Pandemic in Hong Kong" that set out our plans for different circumstances of influenza pandemic.

Signature	
Name in block letters	Mrs Carrie YAU
Post Title	Permanent Secretary for Health, Welfare and Food
Date	17.3.2006

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB06

Question Serial No.

S54

Head: 149 Government Secretariat: Health, Welfare and Food Bureau

Subhead (No. & title):

Programme: (5) Agriculture, Fisheries and Food Safety

Controlling Officer: Permanent Secretary for Health, Welfare and Food

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Regarding Reply Serial No. HWFB122, the Administration stated that it would allocate resources to conduct policy research on poultry slaughtering. Please advise the manpower and resources required, the work plan and the schedule for the research.

Asked by: Hon. TAM Heung-man

Reply:

Except that $1.3 million has been tentatively earmarked for engaging a consultant to prepare tender documentation for the poultry slaughtering plant project, we will absorb the additional work involved at the preparatory stage by existing staff and resources. We aim to have a suitable site for the plant identified and draw up the broad development programme including the mode of operation of the plant by mid-2006.

Signature _____

Name in block letters Mrs Carrie YAU

Post Title Permanent Secretary for Health, Welfare and Food

Date 17.3.2006

Reply Serial No.

S-HWFB07

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial

S61

Head: 149 Government Secretariat: Health, Welfare and Food Bureau

Subhead (No. & title): 000

Programme (9) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food

Director of Bureau: Secretary for Health, Welfare and Food

Question :

The Hospital Authority (HA) introduced a charge for accident and emergency service in 2002 and increased the charges for in-patient, specialist and out-patient services in 2003. Where will the revenue generated from these fees and charges imposed by the Administration in 2006-07 go to, the Administration or the HA? How will the additional revenue be allocated? Is there any detailed plan in this regard?

Asked by: Hon. KWOK Ka-ki

Reply:

In 2006-07, the income resulted from the introduction of charges for accident and emergency service in 2002 will be shared between the Government and the Hospital Authority (HA) while those arising from the 2003 fee increase will be kept by the Government. The increase in medical income, like other incomes that the HA may have, will be used to support the overall operation of the HA.

Signature	
Name in block letters	Mrs Carrie YAU
Post Title	Permanent Secretary for Health, Welfare and Food
Date	17 March 2006

Reply Serial No.

S-HWFB08

Question Serial No.

S63

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Head : 149 Government Secretariat: Health, Welfare and Food Bureau

Subhead (No. & title) : 000 Operational expenses

Programme : (9) Subvention: Hospital Authority

Controlling Officer : Permanent Secretary for Health, Welfare and Food

Director of Bureau : Secretary for Health, Welfare and Food

Question :

Regarding the HWFB-commissioned study conducted by the Hong Kong University, in the *Survey Report on Hong Kong's Domestic Health Expenditure from 1989/90 to 2001/02* released in February 2006, it is pointed out that the percentage of health expenditure relative to GDP has increased from 3.8% in 1989/90 to 5.5% in 2001/02, representing a year-on-year growth rate of 7%. In particular, the percentage has surged from 4.7% in 1997/98 to 5.3% in 1998/99 before plateauing at over 5% in the subsequent years. Please explain how the percentage of health expenditure during this period was calculated and why there was an upsurge within a particular year. Are all calculations of annual percentage of expenditure in the report based on the criteria adopted by the Organization of Economic Co-operation and Development (OECD) in 2000? Please set out in detail the differences between the past calculation criteria and the 2000 OECD criteria, and state if the existing calculation is in line with those in other countries.

Asked by : Hon. KWOK Ka-ki

Reply :

The Health, Welfare and Food Bureau has updated the Domestic Health Accounts (DHA) in Hong Kong from 1989/90 to 2001/02 which adopted the framework of the International Classification for Health Accounts (ICHA) developed by the Organization of Economic Co-operation and Development (OECD) in 2000. All health expenditures are grouped

according to standardised classifications. As such, DHA has provided a more complete and comparable picture of the health expenditure from 1989/90 to 2001/02 and facilitated international comparison.

Table: Total domestic health expenditure, 1996/97 – 2001/02*

	1996/97	**1997/98**	**1998/99**	**1999/00**	**2000/01**	**2001/02**
Total Health Expenditure (THE) ($M)	58,521	63,534	67,184	66,061	67,128	68,620
GDP ($M)	1,244,508	1,346,815	1,260,829	1,264,066	1,287,306	1,258,246
THE as a % of GDP	4.7	4.7	5.3	5.2	5.2	5.5

* Extracted from 'HONG KONG'S DOMESTIC HEALTH ACCOUNTS (HKDHA) - Estimates of Domestic Health Expenditure, 1989/90 – 2001/02'

As shown in the above table, the total health expenditure as a percentage of GDP increased from 4.7% to 5.3% from 1997/98 to 1998/99. Thereafter, the percentage remained at around 5%. This increase from 1997/98 to 1998/99 was contributed by (i) a significant drop in GDP of 86 billion as a result of the economic downturn starting from year 1997, and (ii) an increase in total health expenditure of 3.7 billion.

Signature	
Name in block letters	Mrs Carrie YAU
Post Title	Permanent Secretary for Health, Welfare and Food
Date	17 March 2006

Reply Serial No.

S-HWFB09

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial

S64

Head: 149 Government Secretariat: Health, Welfare and Food Bureau

Subhead (No. & title): 000

Programme (9) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food

Director of Bureau: Secretary for Health, Welfare and Food

Question :

Regarding the recent ruling in an action taken by the doctors in public hospitals to file a compensation claim to the Hospital Authority for their working hours, what is the government's estimated amount of compensation and where does the appropriation come from?

Asked by: Hon. KWOK Ka-ki

Reply:

The Hospital Authority (HA) is continuing discussion with the doctors on the way forward in the light of the court ruling. However, as the litigation has not been settled, it would not be appropriate or possible for the HA to advise on the compensation package, including the source of funding, if any.

Signature _____

Name in block letters Mrs Carrie YAU

Post Title Permanent Secretary for Health, Welfare and Food

Date 17 March 2006

Reply Serial No.

S-HWFB10

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial

S65

Head: 149 Government Secretariat: Health, Welfare and Food Bureau

Subhead (No. & title): 000

Programme (9) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food

Director of Bureau: Secretary for Health, Welfare and Food

Question :

With reference to Reply HWFB417, please provide specific figures and the amount involved regarding the following items since November 2002 when a charge was introduced in respect of services rendered at HA's Accident and Emergency Department, and since April 2003 when there was an increase in charges for inpatient, specialist outpatient and general outpatient services :

(a) The actual income from various medical services in each year;
(b) The number of CSSA recipients granted fee waiver by public hospitals and the amount involved; and
(c) The number of low income earners granted fee concessions and the amount involved.

Will the Administration make an assessment of how the introduction of and the increase in medical charges can improve the situation of service abuse and the imbalance between the public and private sectors? And is the safety net of fee waiver and concessions mentioned above sufficient for the provision of basic medical services and social security?

Asked by: Hon. KWOK Ka-ki

Reply:

(a) Incomes received by the Hospital Authority (HA) from its various services for 2002-03, 2003-04, 2004-05 and 2005-06 (as at 31 January 2006) are listed below:

Service	**2002-03** $ (Million)	**2003-04** $ (Million)	**2004-05** $ (Million)	**2005-06 (as at 31 Jan 06)** $ (Million)
Inpatient	404.4	445.3	536.7	542.1
Accident & Emergency	51.2	119.5	136.8	111.5
Specialist Outpatient	264.6	391.3	415.5	344.5
General Outpatient	35.6	127.9	155.5	126.1

(b)&(c)

Statistics on the number of CSSA recipients or low income earners granted fee waivers are not readily available. The number of cases/attendances waived for CSSA recipients and low income earners and the corresponding amounts are shown in the tables below:

CSSA recipients	**2002-03**		**2003-04**		**2004-05**		**2005-06 (as at 31 Jan 06)**	
	No. of waiver cases/ attendances	Amount Waived $ (Million)	No. of waiver cases/ attendances	Amount Waived $ (Million)	No. of waiver cases/ attendances	Amount Waived $ (Million)	No. of waiver cases/ attendances	Amount Waived $ (Million)
Inpatient	237,917	165.5	216,352	179.4	254,685	190.6	202,336	148.6
Accident & Emergency	148,867	14.4	367,412	36.3	454,838	45.0	369,371	36.6
Specialist Outpatient	1,083,202	48.3	1,102,106	93.0	1,197,275	104.6	1,009,698	88.4
General Outpatient	177,218	6.6	819,474	36.9	1,054,110	47.4	861,775	38.8

Low Income Earners *	**2002-03**		**2003-04**		**2004-05**		**2005-06 (as at 31 Jan 06)**	
	No. of waiver cases/ attendances	Amount Waived $ (Million)	No. of waiver cases/ attendances	Amount Waived $ (Million)	No. of waiver cases/ attendances	Amount Waived $ (Million)	No. of waiver cases/ attendances	Amount Waived $ (Million)
Inpatient	24,680	64.6	42,565	100.1	49,875	84.0	35,887	45.5
Accident & Emergency	4,813	0.5	21,573	2.5	32,157	3.8	26,232	2.7
Specialist Outpatient	73,179	3.5	144,310	12.3	195,072	16.1	170,020	13.9
General Outpatient	1,730	0.1	6,223	0.3	9,869	0.4	9,795	0.4

* Include both Eligible and Non-Eligible persons.

According to HA, in general, fee restructuring has been instrumental in reducing demand in particular for those services which are primarily demand driven such as Accident & Emergency (A&E) service. A reduction in the use of A&E service by non-urgent patients was recorded with the proportion of categories IV and V patients decreased from 75% of all A&E attendances in 2002 to 70% in 2004. The enhanced waiver system was effective in providing an adequate safety net for the vulnerable groups, which include low-income class, chronically ill patients and the elderly. It should be noted that introducing A&E charges and fee increase were not intended to seek to address the imbalance between the public and private sectors, hence no assessment on this aspect had been made.

Signature _____

Name in block letters Mrs Carrie YAU

Post Title Permanent Secretary for Health, Welfare and Food

Date 17 March 2006

Reply Serial No.

S-HWFB11

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial

S77

Head: 149 Government Secretariat: Health, Welfare and Food Bureau

Subhead (No. & title): 149

Programme (9) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food

Director of Bureau: Secretary for Health, Welfare and Food

Question:

Further to the reply with serial no. HWFB218, could the Administration provide us the number of cases regarding defaulting on payment for/attendances of the various medical services? Could the Administration inform us of the other specific categories apart from the two main categories of "eligible persons" and "non-eligible persons" and tabulate the nature of various cases? And, what are reasons, if known, for these persons under the two main categories and other specific categories to default payment? Under what circumstances will the Administration consider taking recovery action? What are the expenses involved? What is the number of successful recovery cases and the amount recovered? And, what is the number of cases in which the Administration has taken or considered to take legal actions in order to recover the arrears and how much resource is involved?

Asked by: Hon. KWOK Ka-ki

Reply:

The number of cases of write-off of medical fees in 2004-05 and the first ten months of 2005-06 for inpatient services (IP), Accident & Emergency services (A&E), specialist outpatient (SOP) and general outpatient services (GOP) classified by patient types are summarised below:

2004-05	**IP**	**A&E**	**SOP**	**GOP***
Write-off:				
No. of case (IP) /attendance (A&E, SOP and GOP)	18 337	25 560	325	24
Including:-				
❑ CSSA	Fees for CSSA recipients are fully waived, thus there are no write-off cases			
❑ EP – No. of case / attendance (% of respective total no. of write-off cases)	14 591 (79.6%)	17 786 (69.6%)	235 (72.3%)	7 (29.2%)
❑ NEP – No. of case / attendance (% of respective total no. of write-off cases)	3 746 (20.4%)	7 774 (30.4%)	90 (27.7%)	17 (70.8%)

2005-06 (for the 10 months ending 31 Jan 06)	**IP**	**A&E**	**SOP**	**GOP***
Write-off:				
No. of case (IP) / attendance (A&E, SOP and GOP)	10 759	14 747	118	162
Including:-				
❑ CSSA	Fees for CSSA recipients are fully waived, thus there are no write off cases			
❑ EP – No. of case / attendance (% of respective total no. of write-off cases)	8 434 (78.4%)	10 230 (69.4%)	86 (72.9%)	99 (61.1%)
❑ NEP – No. of case / attendance (% of respective total no. of write-off cases)	2 325 (21.6%)	4 517 (30.6%)	32 (27.1%)	63 (38.9%)

Note :

* Including injection and dressing

EP = Eligible Person

NEP = Non-eligible person

The Hospital Authority will recover the debts, wherever appropriate and possible, taking into account the amount in arrears and the chance of recovery.

Lack of financial means, invalid correspondence addresses and death of patients are the main reasons for non-recovery of debts.

After the standard procedures of sending bills and reminders, and following up with series of telephone calls to patients or their next-of-kin for settlement of outstanding bills, final notice will be sent to patients by courier for cases with valid correspondence address and legal actions would be taken as appropriate. About $0.2M of debt recovery expenditure is incurred each year for Small Claims Tribunal fees, probate charge and courier costs on top of staff costs. Legal actions, including submissions to Small Claims Tribunal, are taken against an average of about 1,100 cases per year. About $2M (or 400 cases) of bad debts is recovered each year.

Signature	
Name in block letters	Mrs Carrie YAU
Post Title	Permanent Secretary for Health, Welfare and Food
Date	17 March 2006

Reply Serial No.

S-HWFB12

Question Serial No.

S78

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Head : 149 Government Secretariat: Health, Welfare and Food Bureau

Subhead (No. & title) :

Programme : (3) Health

Controlling Officer : Permanent Secretary for Health, Welfare and Food

Director of Bureau : Secretary for Health, Welfare and Food

Question :

According to the reply of serial number HWFB420, the Administration has estimated that the total health expenditure has increased from $65 billion to $67 billion from 2002-03 to 2004-05. The increase was mainly contributed by the increase in private health expenditure. Would the Administration explain why there is an increase in the private health expenditure, whilst the public health expenditure shows a decrease? How would these changes affect the health services in Hong Kong?

Asked by : Hon. KWOK Ka-ki

Reply :

According to government estimates, the total health expenditure has increased from 65 billion to 67 billion from 2002/03 to 2004/05. The increase was mainly contributed by the increase in private health expenditure on medical treatment and the purchase of medicines and other health products.

Table : Health Expenditure from 2002/03 to 2004/05

	2002/03 Actual expenditure	**2003/04 Actual expenditure**	**2004/05 Actual expenditure**
	(% GDP)	**(% GDP)**	**(% GDP)**
Total health expenditure ($M)	65,114 (5.1%)	66,384 (5.4%)	67,467 (5.2%)
Private health expenditure ($M)	31,915 (2.5%)	32,153 (2.6%)	35,239 (2.7%)
2004/05 over 2002/03			10.4%
Public health expenditure ($M)	33,199 (2.6%)	34,231 (2.8%)	32,228 (2.5%)
2004/05 over 2002/03			-2.9%
Total subvention to Hospital Authority ($M)	29,836	29,549	28,218
2004/05 over 2002/03			-5.4%

There was also a 2.9% decrease in public health expenditure from 2002/03 to 2004/05 (table). This was contributed by the civil service pay cuts in years 2004 and 2005 and a reduction of 5.4% (table) on the subvention to the Hospital Authority (HA). The reduction of subvention to HA was partly caused by the need to contribute to efficiency savings which amounted to $917 million in 2004/05 and $524 million in 2003/04.

With the improvement in economy, it is expected that the private health expenditure will continue to increase. It is considered a healthy trend as this will help to reduce the huge imbalance in market share between the public and private hospitals. While the Government is devoted to implement reforms to ensure that our health care system is financially sustainable, the Government will not reduce its commitment in public health care services.

Signature	
Name in block letters	Mrs Carrie YAU
Post Title	Permanent Secretary for Health, Welfare and Food
Date	17 March 2006

Reply Serial No.

S-HWFB13

Question Serial No.

S79

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Head : 149 Government Secretariat: Health, Welfare and Food Bureau

Subhead (No. & title) :

Programme : (3) Health

Controlling Officer : Permanent Secretary for Health, Welfare and Food

Director of Bureau : Secretary for Health, Welfare and Food

Question :

Please advise on the standards and methods for calculating the total health expenditure as a percentage of our GDP as well as the matters requiring attention. Will international comparison be affected by the difference between the percentage derived currently in accordance with the standards of the Organisation for Economic Co-operation and Development and that calculated on the basis of the old standards? How can the derived percentage be used to evaluate whether the total health expenditure as a percentage of GDP in various places is high or low and the extent of increase or decrease?

Asked by : Hon. KWOK Ka-ki

Reply :

The Government has adopted the framework of the International Classification for Health Accounts (ICHA) developed by the Organization of Economic Co-operation and Development (OECD) in 2000 in compiling the Domestic Health Accounts (DHA). All health expenditures under the DHA are grouped according to standardised classifications. DHA can provide a more complete picture of the health expenditure and facilitate international comparison as many countries around the world have adopted the same framework in calculating their health care expenditures. DHA is compiled once every two years because of the magnitude of the exercise. At present, the DHA data are only available until 2001/02 and the figures from 2002/03 onwards will be available later.

As health expenditure estimates from DHA are not available from 2002/03 onwards, the Government has to rely on two other pieces of information to estimate the total health expenditure, namely the expenditure on the policy area of health and the private consumption expenditure on medical care and health expenses prepared by the Census and Statistics Department in compiling the Gross Domestic Product (GDP). However, it is worth noting that the differences between the two sets of estimates in terms of the total health expenditure as a percentage of GDP are generally within 0.5% in the past years.

The total health expenditure as a percentage of GDP varies substantially in different economies. The variations are accounted for by the differences in health care financing sources, modes of provision of services and efficiency of the health care systems. A direct comparison among the figures may not be meaningful. Compared with other economies, Hong Kong's total health expenditure as a percentage of GDP is not particularly high. However, it should be noted that our public health expenditure is financed mainly by tax. Hong Kong has a low tax rate when compared to other economies, and a narrow tax base with less than half of our total working population paying tax on earnings. We do not have other supplemental sources of tax, e.g. sales tax or value added tax. The ratio of our public health expenditure to our total tax revenue is thus among the highest when compared to other developed economies.

Signature	
Name in block letters	Mrs Carrie YAU
Post Title	Permanent Secretary for Health, Welfare and Food
Date	17 March 2006

Reply Serial No.

S-HWFB14

Question Serial No.

S80

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Head : 149 Government Secretariat: Health, Welfare and Food Bureau

Subhead (No. & title) :

Programme : (3) Health

Controlling Officer : Permanent Secretary for Health, Welfare and Food

Director of Bureau : Secretary for Health, Welfare and Food

Question :

According to the information provided in the consultation paper "Building a Healthy Tomorrow" published last July, the Government projected last year that for every $100 received from tax, about $22 was spent on health care services for 2004-05. The latest revenue and expenditure estimates show that for every $100 received from tax, about $19 is spent on health care services. Please advise us on the standard and method of calculation as well as the reason for the decrease. Please also explain how the Government arrives at the projection that for every $100 received from tax revenue, more than $50 will be spent on health care services by 2033.

Asked by : Hon. KWOK Ka-ki

Reply :

In compiling the ratio of amount spent on public health care services per $100 tax received, the numerator is the estimate of total public health expenditure and the denominator is the total amount of tax revenue. The ratio ($22 on public health care services per $100 tax received) quoted in the Discussion Paper "Building a Healthy Tomorrow" was based on the revised estimates in 2004-05, whereas the current figure ($19 on public health care services per $100 tax received) is based on the revised estimates in 2005-06. The decrease in ratio of public health expending over tax received is largely contributed by a substantial increase of

10% on tax ($15.7 billion) received in 2005-06 when compared with that in 2004-05.

In the Discussion Paper issued in July 2005, it was projected that the Government would have to spend well above $50 on health care services out of every $100 tax revenue collected by 2033. The assumptions and relevant figures adopted were as follows:-

- using the projected population demographics in 2033 prepared by the Census and Statistics Department and applying the 2001-02 health care utilisation rate and a net 1% annual increase in medical cost to project the total public health expenditure in 2033
- the total public expenditure maintaining at a maximum of 20% of GDP in 2033
- 65% of government revenue comes from tax revenue (2005-06 original estimate)

According to the above assumptions, the total public health expenditure would stand at about 6.4% of GDP in 2033, and the total amount of tax revenue has been projected to be 13% of GDP. Thus, the projected health spending in 2033 would be about $50 for every $100 tax received.

Signature	
Name in block letters	Mrs Carrie YAU
Post Title	Permanent Secretary for Health, Welfare and Food
Date	17 March 2006

Reply Serial No.

S-HWFB 15

Question Serial No.

S81

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Head : 149 Subhead (No. & title) :

Programme : (3) Health

Controlling Officer : Permanent Secretary for Health, Welfare and Food

Director of Bureau : Secretary for Health, Welfare and Food

Question :

According to Reply Serial No. HWFB261, one of the consultancy studies for which financial provision has been allocated for 2006-07 by the Government is the Studies on health care financing options. The project is still under planning but results are expected to be included in the consultation document to be issued by the Health and Medical Development Advisory Committee in mid-2006. Given the urgency of healthcare reform and financing in Hong Kong, will the Government inform this Committee of the amount which has been earmarked for the studies, and whether it can be ensured that the studies will be completed within three months and the consultation document issued in mid-2006 as scheduled?

Asked by : Hon. KWOK Ka-ki

Reply :

As one of the studies is still under planning, the total amount for the studies has yet to be ascertained. According to current estimation, the studies will be completed on schedule and the Health and Medical Development Advisory Committee intends to put forth recommendations in mid-2006 as planned.

Signature	
Name in block letters	Mrs Carrie Yau
Post Title	Permanent Secretary for Health, Welfare and Food
Date	17 March 2006

Reply Serial No.

S-HWFB16

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial

S82

Head: 149 Government Secretariat: Health, Welfare and Food Bureau

Subhead (No. & title): 000

Programme (9) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food

Director of Bureau: Secretary for Health, Welfare and Food

Question :

In Reply Serial No. HWFB254, the Government stated that sufficient resources had been provided for specialist training and that information on expenditure for training of medical officers was unavailable. How did the Hospital Authority's training committee plan for the training of medical officers in the past five years? Please provide details on their annual and long-term plans for training programmes, giving a breakdown of the estimated manpower and expenditure, actual expenditure and resource allocation.

Asked by: Hon. KWOK Ka-ki

Reply:

When planning for intake of doctors into specialist training programmes, the Hospital Authority would consider thoroughly a multitude of planning parameters including the existing manpower level, projected manpower requirements, training capacity, manpower mix etc. that are required to meet its service demands and fulfill its role in providing specialist training.

Since training of doctors is conducted in conjunction with service provision, information on estimated manpower, expenditure and resource allocation in providing specialist training programmes in HA is not separately identifiable.

Signature	
Name in block letters	Mrs Carrie YAU
Post Title	Permanent Secretary for Health, Welfare and Food
Date	17 March 2006

Reply Serial No.

S-HWFB17

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial

S83

Head: 149 Government Secretariat: Health, Welfare and Food Bureau

Subhead (No. & title): 000

Programme (9) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food

Director of Bureau: Secretary for Health, Welfare and Food

Question :

The Hospital Authority has put forward a new remuneration package and contractual arrangement, but there is no plan for setting up a training fund. Since the implementation of agreement terms of appointment, specialist training for the young medical officers has been hampered by their contract periods. In addition, training has been affected by the amount of annual provisions. In what ways will the government make improvement on training and provision of funds to solve the problems?

Asked by: Hon. KWOK Ka-ki

Reply:

Both the Government and the Hospital Authority (HA) attach great importance to specialist medical training in Hong Kong. An additional $10 million has been allocated to the HA starting from 2006-07 to enhance training for doctors. In addition, the extension of employment period to nine years for good performing doctors, which is part of the enhanced remuneration package, will allow specialist trainees sufficient time to fulfil their training requirements and accumulate valuable clinical experience in a hospital setting.

The above new initiatives are additional to the HA's continuous effort in providing specialist medical training. Despite its tight budgetary situation in recent years, the

HA has maintained the number of specialist trainees intake within the range of 260 to 300 per year since the introduction of contract terms employment in 1998. The HA has also improved the quality of specialist medical training in the past few years. With the introduction of more structured training, the HA is able to ensure more comprehensive coverage of the necessary knowledge and skills in its programmes and thereby providing greater assurance to the overall competence of newly qualified specialists. The HA will continue to assess the effectiveness of its specialist training programmes and strive for improvement where possible.

Signature	
Name in block letters	Mrs Carrie YAU
Post Title	Permanent Secretary for Health, Welfare and Food
Date	17 March 2006

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB18

Question Serial No.

S84

Head: 149 Government Secretariat: Health, Welfare and Food Bureau

Subhead (No. & title):

Programme: (5) Agriculture, Fisheries and Food Safety

Controlling Officer: Permanent Secretary for Health, Welfare and Food

Director of Bureau: Secretary for Health, Welfare and Food

Question:

1. On the comprehensive policy and strategy to address the problem of avian influenza to reduce the risk of outbreaks in poultry and human infection, please advise how many laboratories in Hong Kong meet the international standard and how many of them have assisted in testing for avian influenza virus?

2. Since the first recorded human case of avian influenza in 1997, how many samples of avian influenza virus were tested in Hong Kong? Where did these samples come from and how many were confirmed positive? What was the provision for tests on avian influenza and how much did they cost?

3. How will the Government monitor the mutation of avian influenza virus and step up notification with the Mainland. Does the Government provide any funding for the experts and doctors across the border to exchange information on the virus transmission and mutation? How much resources are required?

Asked by: Hon. KWOK Ka-ki

Reply:

1. The Veterinary Laboratory of the Agriculture, Fisheries and Conservation Department (AFCD) has been conducting avian influenza surveillance in poultry and wild birds since 1997. This laboratory has been accredited by the National Association of Testing Authorities, Australia on veterinary testing. The laboratory has also worked closely with two WHO reference laboratories in Hong Kong, the Microbiology Department of the University of Hong Kong and the National Influenza Centre of the Government Virus Unit of the Department of Health, in relation to genetic characterization of avian influenza virus isolates.

2. In keeping with the comprehensive and integrated avian influenza surveillance and monitoring program of Hong Kong, the Veterinary Laboratory of AFCD has gradually been increasing its testing capacity for avian influenza since 1997, and so far over 130,000 samples have been tested. Samples for avian influenza virus testing are routinely taken from local poultry farms, imported poultry consignments, poultry wholesales markets, poultry retail markets, imported pet bird consignments, local pet bird shops, local recreation parks with aviaries and wild birds.

Before the full implementation of biosecurity measures and H5 vaccination in local poultry farms and the introduction of rest days in markets, 20 local chicken farms and 20 poultry retail markets were confirmed to be affected by H5N1 viruses. H5N1 viruses were also confirmed in 2 recreation parks with captive waterfowl, Penfold Park and Kowloon Park, in late 2002. Since late 2002, isolated cases of H5N1 have been confirmed in wild birds in Hong Kong annually during the winter months (migratory bird season), and 27 cases have been reported as at 16 March 2006. Since June 2003, there has been no outbreak of H5N1 virus in local poultry farms and poultry retail markets despite the detection of isolated cases of H5N1 infection in wild birds every year.

In 2005/06, about HK$12 million was allocated for the avian influenza surveillance testing program.

3. The Veterinary Laboratory of AFCD will continue to work closely with the two WHO reference laboratories in Hong Kong in relation to genetic analysis and characterization of all H5N1 avian influenza viruses. All the genetic analysis results of local isolates are publicized via notification to the World Organization of Animal Health (OIE) and scientific publications.

We have been encouraging and facilitating exchanges between experts in Hong Kong and the Mainland through established channels including meetings and conferences. No separate provision has been made for these exchanges as the resources will be covered by the relevant departments.

Signature	
Name in block letters	Mrs Carrie YAU
Post Title	Permanent Secretary for Health, Welfare and Food
Date	18.3.2006

Reply Serial No.

S-HWFB19

Question Serial

S85

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Head: 149 Government Secretariat: Health, Welfare and Food Bureau

Subhead (No. & title): 000

Programme (9) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food

Director of Bureau: Secretary for Health, Welfare and Food

Question :

According to Reply Serial No. HWFB256, the bed occupancy rates of the Obstetrics and Gynaecology (O&G) Departments of public hospitals have seen an increasing trend over the past years while the number of O&G doctors has decreased during the same period. In last year, were there any public hospitals refusing to admit new O&G cases and suspending antenatal check-up and obstetrics services due to full quota? Which hospitals were they? Is there any monthly quota set for the provision of antenatal check-up and obstetrics services by each pubic hospital? If yes, please provide the respective quotas. By estimate, which public hospitals will have their obstetrics services quotas fully utilized in the coming year? What is the contingency plan that the Hospital Authority will adopt to address the situation?

Asked by: Hon. KWOK Ka-ki

Reply:

None of the public hospitals had refused admitting any patients requiring delivery services in 2005. There is no pre-set quota for such services in public hospitals.

In respect of antenatal examinations at Specialist Out-patient Departments, while three public hospitals, namely the Queen Elizabeth Hospital, Tuen Mun Hospital and Princess Margaret Hospital, had suspended new bookings near the end of 2005 due to capacity constraints, all three hospitals have resumed taking new bookings since February 2006. The capacity for antenatal examinations of the various Obstetrics and Gynaecology (O&G) Specialist Out-patient Departments in 2005 is given in the

table below.

Hospital	Capacity for Antenatal Examinations / Month
Prince of Wales Hospital	600
United Christian Hospital	450
Kwong Wah Hospital	450
Tuen Mun Hospital	450
Princess Margaret Hospital	230
Queen Elizabeth Hospital	434
Pamela Youde Nethersole Eastern Hospital	300
Queen Mary Hospital	407
Total	**3,321**

The Hospital Authority does not anticipate further substantial rise in deliveries in public hospitals in the coming year. Judging from birth statistics over the past few months, it appears that the new Obstetric Package Charge introduced in September 2005 is effective in reducing the utilization of the Obstetrics services in public hospitals by non-resident mothers, when compared with the relevant figures a year earlier. In 2006-07, the HA will closely monitor the demand for antenatal examinations and deploy the necessary resources as far as practicable.

Signature _____

Name in block letters Mrs Carrie YAU

Post Title Permanent Secretary for Health, Welfare and Food

Date 17 March 2006

Reply Serial No.

S-HWFB20

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial

S86

Head: 149 Government Secretariat: Health, Welfare and Food Bureau

Subhead (No. & title): 000

Programme (9) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food

Director of Bureau: Secretary for Health, Welfare and Food

Question :

According to the Hospital Authority, though there is plan to recruit additional doctors and nurses for its Obstetrics and Gynaecology Departments, it is impossible to predict the loss of such staff and thus difficult to project the growth in manpower strength. How does the Hospital Authority assess the demand for such staff and calculate the manpower ratio? Is there any specific plan in meeting the demand and what is the projected increase in fund allocation?

Asked by: Hon. KWOK Ka-ki

Reply:

The Hospital Authority (HA) assesses its manpower requirement mainly on the basis of past experience and the projected demand on its services. In 2006-07, the HA is planning to recruit 18 new medical graduates for Obstetrics and Gynaecology specialist training. The HA will also increase its intake of midwifery trainees to around 70 registered nurses in the coming year. The total estimated expenditure on these staff is about $23 million.

Signature	
Name in block letters	Mrs Carrie YAU
Post Title	Permanent Secretary for Health, Welfare and Food
Date	17 March 2006

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB21

Question Serial No.

S46

Head : 170 - Social Welfare Department

Programme : (3) Services for Elders

Controlling Officer : Director of Social Welfare

Director of Bureau : Secretary for Health, Welfare and Food

Question : According to the reply numbered HWFB096, there are service vacancies in the Integrated Home Care Services (IHCS) teams and the Enhanced Home and Community Care Services (EHCCS) teams. However, the Administration points out in part (b) that there are 2 000 cases on the waiting list and the waiting time varies from a couple of days to a few months. Could the Administration inform this Committee of the following:

(a) How many service vacancies are there at the moment?

(b) Why aren't those on the waiting list being served as soon as possible with the presence of vacancies?

(c) The service capacity of the teams has been increased by only 181 places since December 2005, which can hardly meet the demand of the 2 000 cases on the waiting list and the forthcoming cases. How much service capacity will be increased by the Administration in the coming year?

Asked by : Hon. WONG Kwok-hing

Reply : There are 60 agency and district based IHCS teams providing services to both frail and ordinary cases. Frail cases involve those elderly suffering from moderate to severe level of

impairment as confirmed by a standardised assessment. Ordinary cases involve those elderly suffering from no to mild level of impairment, persons with disabilities and families in need. No assessment is required. Also, there are 18 EHCCS teams which only serve the frail cases, i.e. the same target group of IHCS frail cases.

(a) Service vacancies are found in frail cases only. As at end February 2006, there were 580 vacancies for frail cases in both IHCS and EHCCS teams.

(b) There is no waiting list for frail cases for IHCS and EHCCS. The 2 000 elders on the waiting list are looking for services for ordinary cases. They are not urgent cases. For urgent cases, the service operators will mobilise resources to provide immediate services.

(c) The additional 181 places which we have generated in December 2005 are created in seven of the 18 EHCCS teams which serve frail cases. This was because the seven EHCCS teams were then facing service demand which were about reaching the maximum level of the agreed service capacity.

As mentioned in (b) above, the 2 000 cases on the waiting list are looking for services for ordinary cases. Services for ordinary cases are provided by IHCS (Ordinary Case). We aim to increase the service capacity of the IHCS (Ordinary Case) by deploying the additional $20m recurrent funding which the Financial Secretary has allocated to SWD for strengthening home care services for elders in need.

Signature	
Name in block letters	Paul TANG
Post Title	Director of Social Welfare
Date	18 March 2006

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB22

Question Serial No.

S47

Head : 170 - Social Welfare Department

Programme : (3) Services for Elders

Controlling Officer : Director of Social Welfare

Director of Bureau : Secretary for Health, Welfare and Food

Question : According to the reply numbered HWFB150, the number of places in self-care (S/C) hostels and homes for the aged (H/A), as well as care-and-attention (C&A) places without continuum of care provided by the Administration in the coming year will indeed be reduced when compared with before. Would it affect the elders who are occupying the residential places provided by the Government?

Asked by : Hon. WONG Kwok-hing

Reply : The conversion programme is designed in such a way which will, among other things, minimise the disturbance to the existing residents of the 75 residential care homes for the elderly (RCHEs) participating in the conversion exercise. Majority of the RCHEs participating in the conversion programme will be required to carry out the conversion at their existing premises (i.e. in-situ conversion). Conversion will be vacancy-led, which enables existing elders to stay in their existing RCHEs for as long as necessary. When a particular RCHE has accumulated a specific number of vacancies arising from natural wastage and there are no elders on the waiting list to fill them up, it may then start the conversion process. Also existing residents whose impairment level require C&A level of care will be given priority to occupy the C&A places as created in their RCHEs under the conversion programme, which will

continue to take care of them up to the nursing level under the principle of continuum of care.

In short, the conversion programme will improve the long-term care of residents presently staying in the RCHEs which will participate in the conversion programme.

Signature	
Name in block letters	Paul TANG
Post Title	Director of Social Welfare
Date	18 March 2006

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB23

Question Serial No.

S48

Head : 170 - Social Welfare Department

Programme : (7) Young People

Controlling Officer : Director of Social Welfare

Director of Bureau : Secretary for Health, Welfare and Food

Question : According to the reply numbered HWFB092, the integrated children and youth services centre (ICYSC) and District Youth Outreaching Social Work Team (DYOSWT) for shared use by Tung Chung, and Central, Western and Islands District are one in number respectively. In view of the increasing population in the new town in Tung Chung and the considerable numbers of new arrival families moving into the district, will the Administration set up additional DYOSWT and ICYSC rendering young night drifter (YND) service in the Islands District and Tung Chung separately?

Asked by : Hon. WONG Kwok-hing

Reply : Tung Chung comes under the administration of the Central and Western/Islands District (CW/Is District) of the Social Welfare Department. As stated in our reply numbered HWFB092, the CW/Is District has a lower youth crime rate and a smaller number of YNDs. The existing outreaching social work team and the designated ICYSC rendering YND services can therefore adequately serve Tung Chung. As a matter of fact, the designated ICYSC rendering YND services is located at Tung Chung rendering neighbourhood outreaching services for YNDs in a very convenient and efficient manner. In spite of the increase in general population including new arrival families

in Tung Chung, there is no solid evidence to suggest that the number of youth at risk in the area has markedly increased. Hence, we do not see a need to increase the provision of outreaching social work and YND services for Tung Chung and Islands.

Signature	
Name in block letters	Paul TANG
Post Title	Director of Social Welfare
Date	18 March 2006

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB24

Question Serial No.

S67

Head : 170 - Social Welfare Department

Programme : (3) Services for Elders

Controlling Officer : Director of Social Welfare

Director of Bureau : Secretary for Health, Welfare and Food

Question : Regarding the 2 000 cases on the waiting list as stated in the reply numbered HWFB329, please provide a detailed breakdown of the number of elders waitlisted for the home care services for the elderly, the longest and the average waiting time, the number of elders on the waiting list requiring only cleaning service and those requiring "meal delivery" and other services, by the 12 districts demarcated by the Social Welfare Department (SWD).

Asked by : Hon. KWOK Ka-ki

Reply : Those 2 000 elders on waiting list are looking for home care services for ordinary cases, which include meal delivery, cleaning and escort. They are not urgent cases. The waiting time varies from district to district, ranging from a couple of days to a few months. For urgent cases, e.g. meal delivery, the service operators will mobilise their resources to provide immediate services. More than 75% of the waiting cases require household cleaning services only and the remaining 25% require purchase and delivery of daily necessities, laundry and escort services. Detailed breakdown by the 12 district demarcated by the SWD is not readily available.

Signature	
Name in block letters	Paul TANG
Post Title	Director of Social Welfare
Date	18 March 2006

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB25

Question Serial No.

S57

Head : 170 - Social Welfare Department

Programme : (2) Social Security

Controlling Officer : Director of Social Welfare

Director of Bureau : Secretary for Health, Welfare and Food

Question : According to the reply numbered HWFB132, the achievement of the Intensive Employment Assistance Projects (IEAPs) is to assist the unemployed Comprehensive Social Security Assistance (CSSA) recipients to secure low income jobs so that they can move to the CSSA Low Earnings category. But please advise this Committee if there is any plan or measure to help those who have moved from unemployed to working poor leave the CSSA net altogether.

Asked by : Hon. CHAN Yuen-han

Reply : We believe the improving economy and our intensified efforts under the Support for Self-reliance Scheme have allowed many CSSA recipients under the unemployment and other categories to rejoin the workforce, even though they are not being able to leave the safety net altogether. The Disregarded Earnings arrangement under the CSSA Scheme also allows recipients to keep part of their earnings from paid work while staying in the CSSA Low Earnings category.

The number of low earnings cases represents about 6% of the total number of CSSA cases, as compared with 13.8% for unemployment cases and 13.3% for single parent cases. We will continue our effort in assisting CSSA recipients to achieve self-reliance. Our current priority is to help unemployed

CSSA recipients and single parents to take up paid work.

Signature	
Name in block letters	Paul TANG
Post Title	Director of Social Welfare
Date	18 March 2006

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB26

Question Serial No.

S58

Head : 170 - Social Welfare Department

Programme : (4) Rehabilitation and Medical Social Services

Controlling Officer : Director of Social Welfare

Director of Bureau : Secretary for Health, Welfare and Food

Question : In the reply numbered HWFB093, it is stated that the Administration will implement the Sunnyway – On the Job Training Programme for Young People with Disabilities. What are the details and the target clients of the programme? What are the differences between the services provided by this programme and those rendered by the existing sheltered workshops and integrated vocational rehabilitation services centres?

Asked by : Hon. CHAN Yuen-han

Reply : The Sheltered Workshop and Integrated Vocational Rehabilitation Services Centres provide people with disabilities, who are aged 15 or above, a working environment specially designed to accommodate the limitations arising from their disabilities, in which they can be trained to engage in income-generating work process, learn to adjust to normal work requirements, develop social skills and relationships and prepare for potential advancement to supported/open employment where possible.

The Sunnyway - On the Job Training Programme for Young People with Disabilities is especially targetted at young people

aged between 15 and 24 with disabilities or early signs of mental illness. The objectives of the programme are to enhance the employment of these people and provide incentives to encourage employers, especially those who have no experience in employing people with disabilities. It started in October 2005 providing 311 training places each year.

Under this programme, each participant receives an individual job-related counselling, guidance and support plan comprising a combination of the employment training (180 hours), job attachment (3 months), job trial in the open market with an employer (3 months) and post-placement service (6 months). An allowance of $1,250 per month for a maximum of three months is given to each participant attending job attachment. Employers offering job trial opportunities are also given an allowance of $3,000 per month per participant (or half of the wage to the participant, whichever is the lower) for a maximum of three months.

Signature	
Name in block letters	Paul TANG
Post Title	Director of Social Welfare
Date	18 March 2006

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB27

Question Serial No.

S60

Head : 170 - Social Welfare Department

Programme : (1) Family and Child Welfare

Controlling Officer : Director of Social Welfare

Director of Bureau : Secretary for Health, Welfare and Food

Question : According to the reply numbered HWFB286, a total of 500 training places will be provided on child abuse and spouse battering, 200 on elder abuse and another 150 on suicide. How many frontline social workers have not yet received the above training? How long is expected to take to provide training for all frontline staff? In addition, how long do these training activities take? Will these training activities put pressure on the work of the staff?

Asked by : Hon. CHAN Yuen-han

Reply : Currently about 4 400 social workers working in different settings have received various levels of training to deal with cases of child abuse, spouse battering, elder abuse and suicide. With growing complexity and changing developments, these cases require enhanced knowledge in early detection and prevention, advanced clinical skills in assessment and intervention, as well as concerted effort and collaboration from multi-disciplinary professionals. To meet the challenge, we see the continuing need to provide various training programmes for different groups of target participants. These include refresher programmes, advanced training and new treatment approaches. The following points are highlighted:

(i) The duration of these training programmes varies from half-day to two weeks. Apart from classroom training, seminar and skill-drilling workshop, the related training is also provided through other formats, such as e-learning

and peer-learning;

(ii) The training programmes are provided by the Social Welfare Department as well as the non-governmental organisations concerned and local training institutes; and

(iii) Attendance of the training programmes will help to enhance the social workers' competence and confidence in handling the cases at hand.

Signature	
Name in block letters	Paul TANG
Post Title	Director of Social Welfare
Date	18 March 2006

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB28

Question Serial No.

S66

Head : 170 - Social Welfare Department

Programme : (3) Services for Elders

Controlling Officer : Director of Social Welfare

Director of Bureau : Secretary for Health, Welfare and Food

Question : According to the last paragraph of the reply numbered HWFB330, an additional 181 places have been generated by the Enhanced Home and Community Care Services (EHCCS) teams since December 2005. Please state whether these places are provided by additional resources, how much resources are involved, and how many places have been taken up as at present.

Asked by : Hon. KWOK Ka-ki

Reply : The increase of 181 EHCCS places in December 2005 was funded by the Social Welfare Department through deployment of internal resources. The amount allocated for these additional places is about $6m per year. As at the end of February 2006, 49 of these additional places were filled up.

Signature	
Name in block letters	Paul TANG
Post Title	Director of Social Welfare
Date	18 March 2006

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB29

Question Serial No.

S87

Head : 170 - Social Welfare Department

Programme : (1) Family and Child Welfare

Controlling Officer : Director of Social Welfare

Director of Bureau : Secretary for Health, Welfare and Food

Question : Instead of providing an annual subsidy of $2.2m to the Rain Lily which offers a one-stop support service to victims of sexual violence, the Government states that it plans to focus on the integrated family services and is reviewing the services provided at Integrated Family Service Centres (IFSC). Does the Government plan to allocate provisions for IFSCs to enhance the support for victims of sexual violence? Please set out in detail the number of sexual violence cases handled by each IFSC, the cost for the services, and the manpower involved for the past five years. What is the estimate for the coming year?

Asked by : Hon. KWOK Ka-ki

Reply : At present, social workers of the Family and Child Protective Services Units (FCPSUs) of the Social Welfare Department (SWD), IFSCs as well as the Medical Social Service Units (MSSUs) operated by SWD and non-governmental organisations, provide a wide range of services to victims of sexual violence. These services include crisis intervention, counselling and support, and if necessary, arranging victims to receive other services according to their needs such as medical treatment, clinical psychological service, financial assistance, arrangement of accommodation and legal service. As social workers of FCPSUs, IFSCs and MSSUs also handle individual and family problems of nature other than sexual violence, the cost and manpower specifically allocated for handling sexual violence cases cannot be separately ascertained. We do not have statistics specifically on sexual violence cases handled by these units.

As regards long-term development of the service, we are in the process of reviewing the existing services and examining possible modes of service delivery with the aim of strengthening the collaboration among different disciplines (including the Hospital Authority, the Police and the forensic pathologists), co-ordination function of the case manager, and the synergy among related welfare service units to provide instant support to victims during crises according to the victims' needs. As the review is not yet completed, the implication on manpower and resources of the future service mode is yet to be assessed.

Signature	
Name in block letters	Paul TANG
Post Title	Director of Social Welfare
Date	18 March 2006

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB30

Question Serial No.

S68

Head : 170 - Social Welfare Department

Programme : (3) Services for Elders

Controlling Officer : Director of Social Welfare

Director of Bureau : Secretary for Health, Welfare and Food

Question : Regarding the 435 cases on the waiting list as stated in the reply numbered HWFB328, please provide a detailed breakdown of the average enrolment rates of the day care centres for the elderly, the percentage of unfilled day care places, and the longest and the average waiting time for such places by the 12 districts demarcated by the Social Welfare Department.

Asked by : Hon. KWOK Ka-ki

Reply : We do not keep statistics on the average enrolment rates and waiting time for day care places in the form of a breakdown by the 12 districts demarcated by our Department. We do have the percentage of unfilled day care places by the 12 districts demarcation. The position as at February 2006 is as follows:

	District	Unfilled Day Care Places
1.	Central Western and Islands	6.25%
2.	Eastern and Wan Chai	1.61%
3.	Southern	0%
4.	Kwun Tong	2.50%
5.	Wong Tai Sin and Sai Kung	0%
6.	Yau Tsim Mong and Kowloon City	6.17%
7.	Sham Shui Po	4.50%
8.	Sha Tin	0.88%

9.	Tai Po and North	2.27%
10.	Yuen Long	3.40%
11.	Tsuen Wan and Kwai Tsing	0%
12.	Tuen Mun	0%

Signature	
Name in block letters	Paul TANG
Post Title	Director of Social Welfare
Date	18 March 2006

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB31

Question Serial No.

S71

Head : 170 - Social Welfare Department

Programme : (3) Services for Elders

Controlling Officer : Director of Social Welfare

Director of Bureau : Secretary for Health, Welfare and Food

Question : It is stated in the reply numbered HWFB166 that "the anticipated increase in funding allocation under the Partnership Fund for the Disadvantaged (PFD) amounts to $21.9m". Please inform this Committee of the details of services to be provided for elders and whether they are new services. If no new services will be provided, to which existing services will the funding be allocated and how many elders are expected to be benefited?

Asked by : Hon. CHEUNG Chiu-hung, Fernando

Reply : The PFD projects may include those which are targeted for elders. The total number of projects relating to elders to be funded in 2006-07, the total amount of funding involved, the nature of the services to be delivered and the number of elderly beneficiaries will depend on the numbers and nature of the applications to be approved in 2006-07.

For accounting purpose, we have however put in the ballpark figure of $48.2m, representing an increase of $21.9m, as the provision for elderly projects to be funded under the PFD in 2006-07. The actual amount to be spent on elderly projects in 2006-07 under the PFD may ultimately differ from this ballpark figure.

Signature	
Name in block letters	Paul TANG
Post Title	Director of Social Welfare
Date	18 March 2006

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB32

Question Serial No.

S72

Head : 170 - Social Welfare Department

Programme : (3) Services for Elders

Controlling Officer : Director of Social Welfare

Director of Bureau : Secretary for Health, Welfare and Food

Question : In respect of answer HWFB333, please elaborate on the $20m to be used on providing infirmary care in non-hospital setting, including the number of Homes, the number of beds to be provided and the unit cost involved. Will these beds be allocated through competitive bidding? If not, what would be the allocation method?

Asked by : Hon. CHEUNG Chiu-hung, Fernando

Reply : The Social Welfare Department has earmarked $20m for the provision of infirmary care in a non-hospital setting for medically stable infirm elders on a trial basis with a view to enhancing the quality of their life. Eligible elders on the Central Infirmary Waiting List administered by the Hospital Authority (HA) are target users of the proposed services.

We consulted the Elderly Commission and the Legislative Council Panel on Welfare Services earlier on our proposal to launch the trial scheme. In the light of feedback from Panel members and the sector during the consultation process, we are considering the best way to take forward the proposal. In particular, we are working with the HA on the appropriate level of medical support for the proposed infirmary care services under the trial scheme. We aim to come up with detailed proposals, including the method of allocation, in the coming

few months.

Signature	
Name in block letters	Paul TANG
Post Title	Director of Social Welfare
Date	18 March 2006

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB33

Question Serial No.

S73

Head : 170 - Social Welfare Department

Programme : (3) Services for Elders

Controlling Officer : Director of Social Welfare

Director of Bureau : Secretary for Health, Welfare and Food

Question : In respect of answer HWFB334, please elaborate on how the $20m would be used to meet the service demand, including the number of cases to be served, the unit cost involved and the allocation method. The Department has mentioned that there are only 2 000 cases on the waiting list, but a recent data collection of the non-governmental organisation sector indicated that there are over 3 400 cases on the waiting list. Due to such discrepancy, does it mean that the $20m will not be able to fully meet the actual service demand? Will the resources be further increased to fill the gap? Is there any mechanism in this service for demand project and resources planning?

Asked by : Hon. CHEUNG Chiu-hung, Fernando

Reply : There are about 2 000 cases on the waiting list for home care services for ordinary cases, which are to be served by the Integrated Home Care Services (IHCS) teams. We aim to deploy the additional $20m recurrent funding to increase the service capacity of IHCS (Ordinary Case). We are in the process of working out the detailed arrangements.

In December 2005, we asked the service providers of all the 60 IHCS teams to report to us the number of cases waitlisting for their services respectively. On the basis of the data provided

by individual service operators, the total number of cases waitlisting for IHCS (Ordinary Case) added up to about 2 000. We believe that our figure is an accurate reflection of the actual waiting list situation.

We will continue to monitor service demand and the need for service enhancement.

Signature	
Name in block letters	Paul TANG
Post Title	Director of Social Welfare
Date	18 March 2006

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB34

Question Serial No.

S74

Head : 170 - Social Welfare Department

Programme : (3) Services for Elders

Controlling Officer : Director of Social Welfare

Director of Bureau : Secretary for Health, Welfare and Food

Question : In respect of answer HWFB335, please explain why $1.1m extra resources are required for Contract Management Section (CMS) when the number of Enhanced Home and Community Care Service (EHCCS) teams have remained constant? What are the additional monitoring duties after adding these extra resources?

Asked by : Hon. CHEUNG Chiu-hung, Fernando

Reply : The CMS is responsible for the contracting-out of services which includes the co-ordination and assessment of tenders in accordance with the Government's procurement regulations. It also oversees the monitoring and evaluation of service performance according to contract requirements. Its ambit covers contract home and the EHCCS, both of which are contract services. Additional provision of $1.1m is required to employ additional staff to meet the increasing number of contract homes planned over the years, to strengthen the management and monitoring of clinical issues of contract services, to enhance the monitoring mechanism and render coaching and supervision to those contracts that require close attention.

Signature	
Name in block letters	Paul TANG
Post Title	Director of Social Welfare
Date	18 March 2006

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB35

Question Serial No.

S75

Head : 170 - Social Welfare Department

Programme : (3) Services for Elders

Controlling Officer : Director of Social Welfare

Director of Bureau : Secretary for Health, Welfare and Food

Question : In respect of answer HWFB336, please elaborate on the service types of these bidding homes, i.e. the proportion of care-and-attention (C&A) Homes and Nursing Homes. Will these homes be required to provide infirmary care in non-hospital setting?

Asked by : Hon. CHEUNG Chiu-hung, Fernando

Reply : The three contract homes to be put out for tender in 2006-07 will comprise a mixture of C&A places providing continuum of care and nursing places for elders on admission. We plan to accord a higher proportion of places at nursing level on admission in these contract homes.

We have yet to develop a long-term model for providing infirmary care in a non-hospital setting for medically stable elders. In this regard, we are developing a proposal to launch a trial scheme to provide infirmary care places in a non-hospital setting. These contract homes will not be required to provide infirmary care.

Signature	
Name in block letters	Paul TANG
Post Title	Director of Social Welfare
Date	18 March 2006

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-HWFB36

Question Serial No.

S76

Head : 170 - Social Welfare Department

Programme : (2) Social Security

Controlling Officer : Director of Social Welfare

Director of Bureau : Secretary for Health, Welfare and Food

Question : According to the reply numbered HWFB090, the Administration has run a Community Work Experience and Training (CWET) Programme in Wong Tai Sin/Sai Kung Districts to provide 500 long-term unemployed Comprehensive Social Security Assistance (CSSA) recipients with Community Work (CW) and targeted job skills training per year. Please advise the effectiveness of the programme so far. (For example, how many recipients have been assisted by the programme and how many of them have secured employment?)

Asked by : Hon. CHAN Yuen-han

Reply : The Social Welfare Department has commissioned the Hong Kong Employment Development Service Limited to run a 2-year pilot CW project, the CWET Programme, from April 2005 to March 2007 to provide 1 000 (500 per year) long-term unemployed CSSA recipients in Wong Tai Sin/Sai Kung Districts with CW and targeted job skills training.

. Up to end of February 2006, 630 participants joined the project. 72 participants have been assisted to secure full-time job and stay in employment for three months or more. Another 116 participants have secured employment through their own efforts.

Signature	
Name in block letters	Paul TANG
Post Title	Director of Social Welfare
Date	18 March 2006

Reply Serial No.

S-HWFB37

Question Serial

SV31

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Head: 149 Government Secretariat: Health, Welfare and Food Bureau

Subhead (No. & title): 000

Programme (9) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food

Director of Bureau: Secretary for Health, Welfare and Food

Question :

At the request of Dr Hon Fernando CHEUNG, the Administration agreed to provide details of the mechanism and criteria for determining whether a new drug or new medical item should be classified as a privately purchased medical item.

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

At present, comprehensive medical services are provided in public hospitals and clinics at highly subsidized rates. There is an existing mechanism within the Hospital Authority (HA) to evaluate the suitability of new technology items (e.g. medical procedures, drugs and medical consumables) for inclusion as part of the standard service covered by Government subsidy. The evaluation of new drugs is performed by the HA's Drug Advisory Committee while that of non-drug technology items is the responsibility of the HA's Clinical Effectiveness Unit. For technology items with major financial implications, their suitability for introduction as part of the standard service will be considered by the HA in its annual planning process.

In the evaluation process, the HA is guided by the principle that public resources should be utilized with maximal healthcare effect. Other core values upheld by the

HA include evidence-based medical practice; rational use of public resources; targeted subsidy and opportunity cost considerations; and facilitation of patient's choice.

Not all new technology items will be included as part of the standard provision of public hospitals and clinics. Generally speaking, new technology items with only preliminary medical evidence; those offer marginal benefits over available alternatives but at significantly higher costs; and those for personal use or of mere personal choice would not be included. Patients who would like to make use of such items will be asked to bear the cost themselves.

There is a small number of new drugs which are proven to be of significant benefits but extremely expensive for the HA to provide as part of its subsidized service. A safety net is provided through the Samaritan Fund to patients who have difficulties in meeting the expenses for such drugs. Depending on their individual financial situations, patients in need may receive a partial subsidy or full reimbursement for their expenses on these drugs.

Signature	
Name in block letters	Mrs Carrie YAU
Post Title	Permanent Secretary for Health, Welfare and Food
Date	17 March 2006

Reply Serial No.

S-HWFB38

Examination of Estimates of Expenditure 2006-07

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial

SV29

Head: 149 Government Secretariat: Health, Welfare and Food Bureau

Subhead (No. & title): 000

Programme (9) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Health, Welfare and Food

Director of Bureau: Secretary for Health, Welfare and Food

Question :

At the request of Dr Hon KWOK Ka-ki, the Administration agreed to provide the number of doctors, nurses and allied health staff excluding those who were involved in the provision of specialized services and the relevant medical staff to population ratio in the respective hospital clusters for 2005-06 and 2006-07.

Asked by: Hon. KWOK Ka-ki

Reply:

Health care professionals involved in the provision of specialized services in hospitals have to provide a whole spectrum of services under their specialty. For example, professionals providing liver or renal transplant services also serve patients with other diseases of liver or kidney respectively. It is not possible to delineate those health care professionals with precision. Manpower figures excluding those who are involved in specialized services and relevant medical staff to population ratio are hence not readily available.

Signature _____

Name in block letters Mrs Carrie YAU

Post Title Permanent Secretary for Health, Welfare and Food

Date 17 March 2006